

C1 3609

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 06 27 2006

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 0343

OWNER Elm Street Development STREET OR RFD Cavey Lane TOWN Woodstock SUBDIVISION Saddlebrook Farm SECTION LOT Parcel F

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entry: Overburden Gray Rock, 0-25, x.

water at 56'

Handwritten: 8 ÷ 3.2 = 2.5

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 8 NO. OF POUNDS 350 GALLONS OF WATER 48 DEPTH OF GROUT SEAL 0 to 3.2 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 30

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) HO 30 300

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

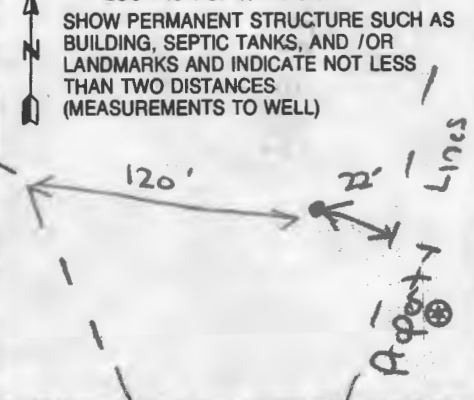
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20.00 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 46 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 49 50 51

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 766

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 6450

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524360 please type

STATE PERMIT NUMBER HO-95-0343 fill in this form completely

Date Received (APA) 3/17/06

OWNER INFORMATION

ELM Street Development SOA4 Dorsey Hall Drive Suite 104 Ellcott City MD 21042

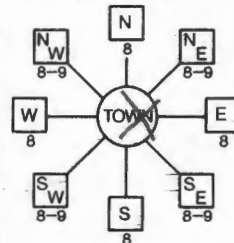
LOCATION OF WELL

Howard Saddlebrook Farm Parcel F Woodsstock

DRILLER INFORMATION

Michael Isom M SD 162 G Edgar Hair Sons Corp 12047 Falls Rd Cockeysville 21030

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Cavey Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST

WELL INFORMATION

APPROX. PUMPING RATE APPROX. 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 516525 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 4/10/06 CO SIGNATURE EXP. DATE 4/11/07 NORTH GRID 544 000 EAST GRID 837 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEMED AN EXISTING WELL

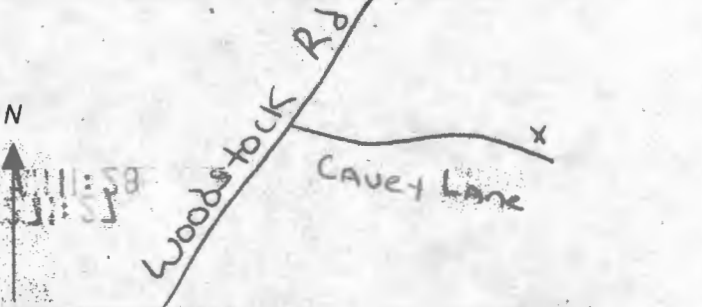
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 837 7 N 544 4

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER HA2005G009(01) PERMIT No. HO-95-0343

SPECIAL CONDITIONS

Include Radium/Radiation testing See attached letters

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 6-26-06 Permit Number: HO-95-0343
Address: Cavey Lane Subdivision: Saddlebrook Farm Parcel F
Owner Name: Elm Street Develo Election District:
Well Depth: 300 Ft Static Water Level: 29 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0900	29 ft		15 sec	20.00
0915	40		15	20.00
0930	43		15	20.00
0945	44		15	20.00
1000	45		15	20.00
1015	46		15	20.00
1030	46		15	20.00
1045	46		15	20.00
1100	46		15	20.00
1115	46		15	20.00
1130	46		15	20.00
1145	46		15	20.00
1200	46		15	20.00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barndt Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 2122

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: NV Homes Telephone #: 410-379-5936
Subdivision: Saddlebrook Farm Lot #: 13 Well Tag #: HO-95-0343
Site Address: 10191 Saddlebrook Farm Trail
Woodstock, MD 21163

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: STA-RITE Make: Campbell Two piece watertight cap:
Model # 51Dp4H507221 Model#: PT 800 Screened, vented well cap:
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 20 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

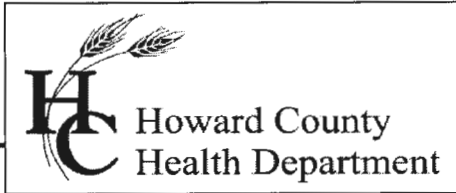
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 20'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 9/21/10
Inspection called in for late A.M. 9/9/10

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 9/9/2010 BB
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

October 8, 2010

Homeowner
10141 Saddlebrook Farm Trail
Woodstock, MD 21163

RE: Saddlebrook Farm, Pres Par F
10141 Saddlebrook Farm Trail
BP #: B10002025
Well Tag: HO-95-0343

Dear Homeowner:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 9/21/2010. Final approval of the well line connection to the dwelling was approved on 09/09/2010.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0343. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/04/2010
Date of Well Completion: 06/27/2006

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

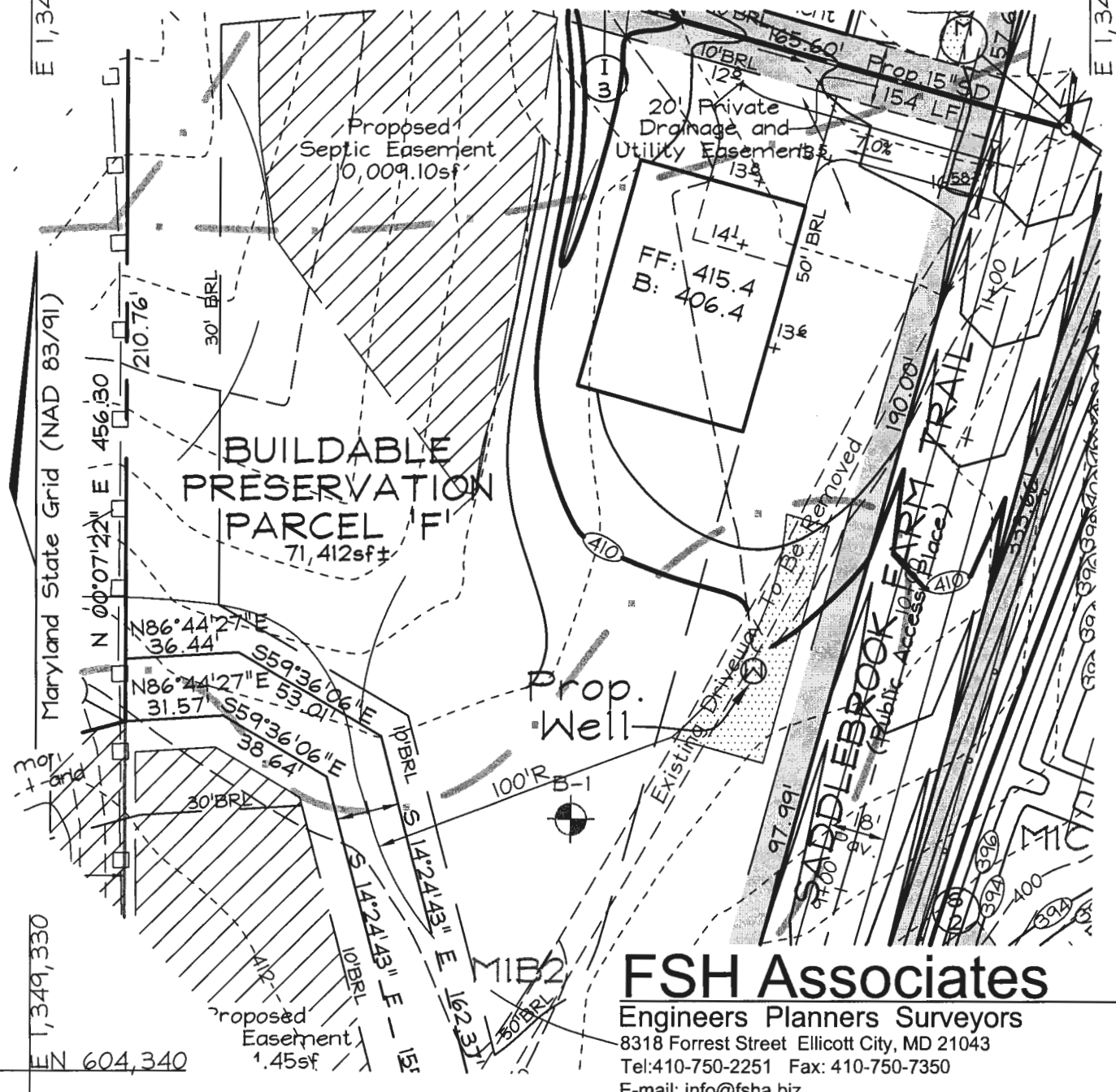
604,710

N 604,710

E 1,349,330Z

E 1,349,670

Note:
 The proposed well shown on this plan will be
 staked out in the field by FSH Associates,
 Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

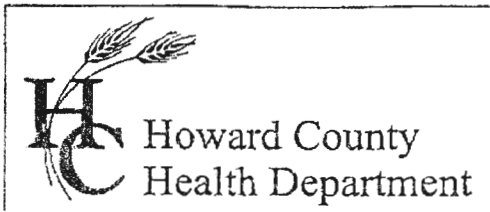
DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1" = 50'
 DATE: Mar. 13, 2006
 W.O. No.: 3165
 SHEET No.: 1 OF 11

WELL PERMIT PLAN SADDLEBROOK FARM

BUILDABLE PRESERVATION PARCEL 'F'

TAX MAP II GRID 13
 3RD ELECTION DISTRICT

PARCELS 19 & 32
 HOWARD COUNTY, MARYLAND



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH Inc on Saddlebrook Farm and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Richmond American Home of Maryland
 6200 Old Dobbin Lane Suite 190
 Columbia, MD 21045

S/O Number: 79025

Report Date: October 5, 2010

Property Sampled: 10141 Saddlebrook Farm Trail
Sample Location: Pressure Tank
Residual Chlorine: <0.1 mg/L

Building Permit #: 10002025
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: N/A

Subdivision: Saddle Brook Farms
Parcel: N/A

Lot #: 13

Date/Time Collected in Field: October 4, 2010 @ 12:00 pm
Date/Time Received in Lab: October 4, 2010 @ 1:50 pm

Well Tag #: HO-95-0343
Well Condition: 2 Piece Cap, Satisfactory Condition
Water Treatment: Softener, Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.6 Units	***
Sand		Negative	Negative	

Kara Waltimyer
 Kara Waltimyer
 Drinking Water Division

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.