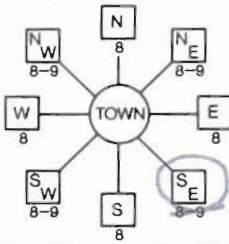
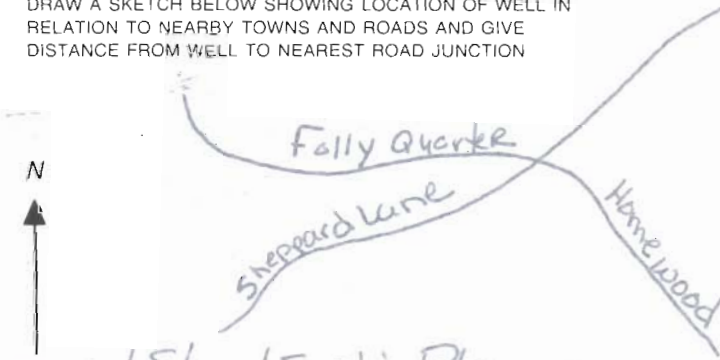


C 1		7012		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.							
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)										COUNTY NUMBER (13) A518599							
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 3 28 07		Depth of Well 22 125 26 5/31/07 (TO NEAREST FOOT) O.K. (BB)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0736				28 29 30 31 32 33 34 35 36 37							
OWNER Peddicord David		STREET OR RFD Sheppard Manor Drive		TOWN Ellicott City		SUBDIVISION Sheppard Manor		SECTION		LOT 4							
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1598 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 196L. WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 41 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible													
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		DESCRIPTION (Use additional sheets if needed)		FEET FROM TO 0 79 79 125 ✓ Brown sand-mud Gray Limestone		CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 84 60 61 63 64 66 70		OTHER CASING (if used) EACH CASING diameter depth (feet) ST 3 104 125		SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN BRONZE HOLE PL OT PLASTIC OTHER		C 2 DEPTH (nearest ft.) 1 2 84 125 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 } LAND SURFACE - below } 01 (nearest foot) 49 50 51		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND FOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 30' 110'	
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED Y N		CIRCLE APPROPRIATE LETTER A 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. 1 M 5 D 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			

B 1	5829	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526205 please type	STATE PERMIT NUMBER H0-95-0736 fill in this form completely
Date Received (APA) 8 MM DD YY 13 15 Last Name Owner First Name 34 36 5485 Harpers Farm Rd. 55 57 Columbia, Md. 21044 76			B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION Sheppard Manor 42 SECTION 44 46 LOT 14 48 50 52 NEAREST TOWN West Friendship 71 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78	
OWNER INFORMATION Driller's Name Allen Compton MS D 009 76 License No. 81 Firm Name Eagles Well Drilling Address 580 Obrecht Rd Signature Date 1-23-07			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Sheppard Manor Drive 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 30 37 NORTH 32 EAST WEST SOUTH DISTANCE FROM ROAD 30 FT 38 39 ENTER FT OR MI TAX MAP: 29 BLK: 1 PARCEL 268	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A518599 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 2/28/2007 Brian Baker 2/28/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 514 000 55 EAST GRID 818 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> E FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Radium Sample 2. Taken During 3. Yield Test (X) WRITE THE BOX NUMBER FROM THE MAP HERE E 8108 N 5104 000 000	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H02005.G007 PERMIT No. H0-95-0736 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS Wells Must Be Drilled Per Approved Shared Septic Plan Must Collect Water Sample During Yield Test				

Well Permit No. HO - 95-0736
Location of property (road) Sheppard Manor Drive
Subdivision Sheppard Manor Lot 14 Block Plat Sec.
Well Driller Compton / Eagles Owner David Peddicord

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20
Total time 15 min to reach pumping water level 4' ft. below M.P.

[illegible]

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 6603 Woodbine Rd
Woodbine, Md 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*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: Williamsburg Group Telephone #: _____
Subdivision: 4636 Sheppard Manor Lot #: 14 Well Tag #: HO-95-0736
Site Address: Ellicott City, Md 21042

Submersible Pump Data

Make: Campbell
Model #: 81550507-180
Pump Capacity 15 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 125 (feet)
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 N/A

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

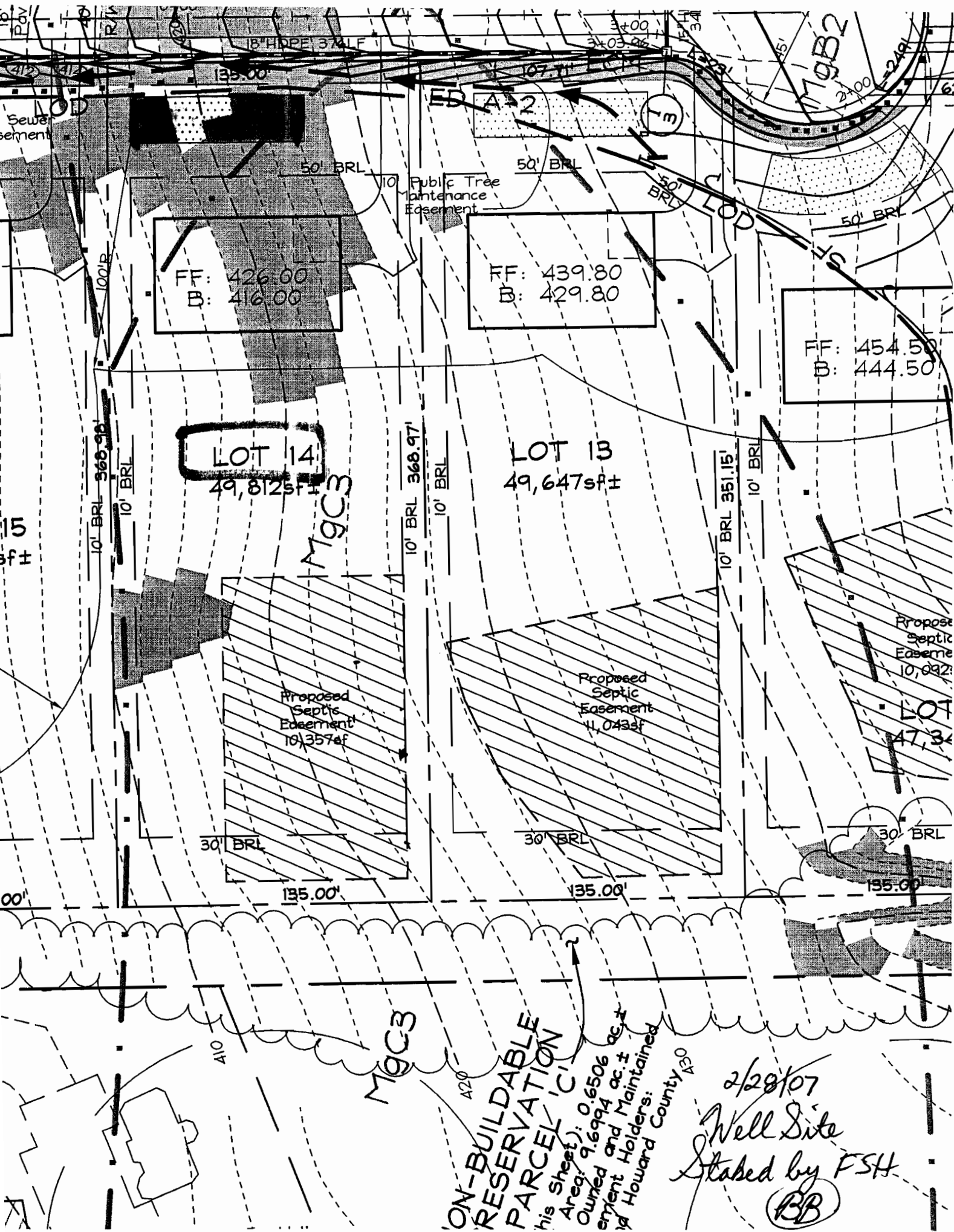
PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

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.

Allen Compton 2/5/08
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 1/8/08 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 ✓



LOST WOODS ESTATES

PLAT #1418

ZONED RC-DEO

MID2

ChB2

365°55'14"E 1218.00'



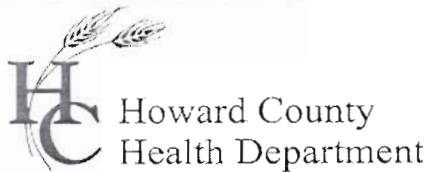
HUGH AND RUTH

GREGORY

GEORGE AND JANE

THE

PARCEL 5 LOT



Bureau of Environmental Health
7178 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 L. Beilenson, M.D., M.P.H., Health Officer

April 29, 2008

Williamsburg Group LLC
5485 Harpers Farm Road, #200
Columbia, MD 21044

SENT VIA FAX: 410-997-4358

RE: Sheppard Manor, Lot 14
4626 Sheppard Manor Drive
Ellicott City, MD 21042
BP #: B07003573
Well Permit # HO-95-0736

Dear Sir:

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 04/25/08. Final approval of the well line connection to the dwelling was approved on 01/08/2008.**

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.

Also, Gross Alpha and Beta samples were collected on 03/28/2007. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

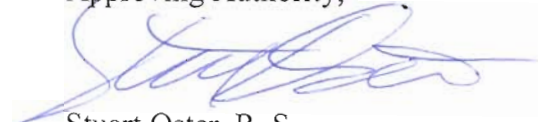
INTERIM CERTIFICATE OF POTABILITY

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-95-0736. 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. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Dates of Water Sample: 04/16/2008
Date of Samples for Gross Alpha and Gross Beta: 03/28/2007
Date of Well Completion: 03/28/2007

Approving Authority,

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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 Associates on 1-26-07 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

John M. DeBoy, Dr. P.H., Director

SM14BB950736

[illegible]

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: _____

Remarks: Sample Collected During Yield Test ^{pH} ^{Chlorine}

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	703231-004	12 ± 0.7	1/4/07
✓	Gross Beta	4100		34 ± 1.0	
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Supervisor: _____

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tuneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	67209	Account #:	4470
Reference:	Williamsburg Group LLC	Company:	Williamsburg Group LLC
Location:	4626 Sheppard Manor Drive	Requested By:	Chip Lundy/ Bob Corbett
	Ellicott City, MD 21042	Source:	Well Water
Date/ Time Collected:	4/16/2008 1044	Site:	Holding Tank
Date/Time Rec'd:	4/16/2008 1254	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.8
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0736

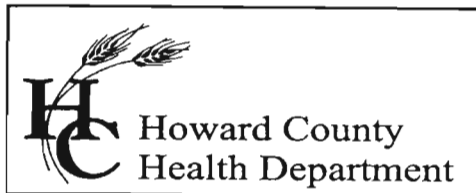
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2008 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2008 / 0900 / AD/BD
Nitrate	1.96	mg/L	10	601	4/17/2008 / 1025 / AD/BD
Turbidity	2.44	NTU	<10	SM18 2130B	4/17/2008 / 0810 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	4/17/2008 / 0810 / AD/BD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 07003573

Date Reported: 4/17/2008



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

April 11, 2007

Williamsburg Group LLC
5485 Harpers Farm Road
Columbia, Maryland 21044

RE: Sheppard Manor, Lot#14
Well Tag: HO-95-0736

To Whom It May Concern:

A sample was collected from a yield test on March 28, 2007 and submitted to GPL Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 1.2 ± 0.7 picocuries/liter (pCi/L); while the **Gross Beta** level was 3.4 ± 1.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File