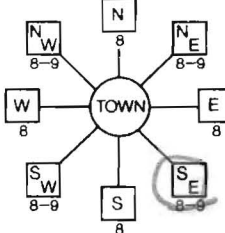
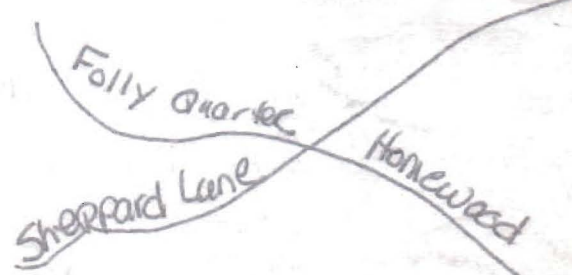


COUNTY



B 1 <b>5824</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526205 please type	STATE PERMIT NUMBER <b>HO-95-0731</b> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76 <b>Williamsburg Group LLC</b> <b>5485 Harpers Farm Rd</b> <b>Columbia, md 21044</b>		B 3 <b>Howard</b> LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 9 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>5</b> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <b>Allen Compton</b> MS D 009 76 License No. 81 Firm Name <b>Eagles Well Drilling</b> Address <b>580 obrecht RD</b> Signature <b>[Signature]</b> Date <b>1-23-07</b>		B 4 <b>Sheppards Manor</b> LOCATION OF WELL 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 30 37 DISTANCE FROM ROAD <b>54</b> ENTER FT OR MI 38 39 TAX MAP: <b>29</b> BLK: <b>1</b> PARCEL <b>268</b>	
DRILLER INFORMATION DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard (13) A518599</b> COUNTY NAME COUNTY NO. STATE SIGNATURE <b>Brian Baber</b> INSERT S → 41 DATE ISSUED <b>2/28/2007</b> CO SIGNATURE <b>2/28/2008</b> EXP. DATE 43 MM DD YY 48 NORTH GRID <b>514</b> 0 0 0 EAST GRID <b>819</b> 0 0 0 50 55 57 63	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8109</b> N <b>5104</b> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <b>AIR-ROTary</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <b>CABLE</b> 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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> 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"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <b>HO2005G007</b> PERMIT No. <b>HO-95-0731</b> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <b>Wells Must Be Drilled Per Approved Shared Septic Plan</b> <b>Sept. Must Collect Water Sample During Yield Test</b>			



Well Permit No. HO - 95-0731  
Location of property (road) Sheppard Manor Drive  
Subdivision Sheppard Manor Lot 9 Block      Plat      Sec.       
Well Driller Compton / Fogles Owner David Peddicord

Depth of well 400'  
Distance of measuring point (M.P.) above ground. 1'  
Static water level (S.W.L.) below M.P. 64'

Time pump started 10:30 Pumping rate 12  
Total time 15 min. to reach pumping water level 116' ft. below M.P.

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2643 FAX: (410)313-2643

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: Foxley Well Drilling Telephone #: 410-795-5670  
Address: 1625 Woodbine Rd  
Indersburg, MD 21752

(Must circle one) Licensed Member: Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the installation:  
Name (Print): Allen Foxley License #: 0050009  
\*A Licensed Well Driller must provide 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: Sheppard Manor Dr Telephone #: 410-795-5670  
Subdivision: Sheppard Manor Dr Lot #: 9 Well Tag #: HO-950731  
Site Address: 4635 Sheppard Manor Dr

Submittal: Complete Backflow: Not Required Well Cap and Electric Conduit  
Make: San Jose Make: San Jose Type: Whisper  
Model: SP-100 Model: SP-100 Standard: Standard  
Pump Capacity: 1.5 GPM Depth: 10' Cap secured to casing: yes  
Well Casing: CS NSF approved: yes Conduit min 12" B.G.: yes  
Depth of well: 10' If pump is installed, a switch is required by NSPC 1990 Section 12.8.4  
If pump is installed, a switch is required by NSPC 1990 Section 12.8.4  
Torque wrench on casing: yes - Must include one  
Safety caps used: yes - Must include one of well casing with eye bolt: N/A

Pipeline: Not Required Home Connections: Not Required  
Type: Not Required If a connection is made, it must be made to the main line.  
PSI: Not Required If a connection is made, it must be made to the main line.

Depth of well: 10' Sleeve material and fitted properly: yes

The water supply line must be installed from the septic tank, pump chamber, sewage piping, distribution line, etc. If this cannot be accomplished, contact this office for approval prior to installation.

Signature: Allen Foxley Date: 9/16/08  
Signature: Allen Foxley Date: 9/16/08

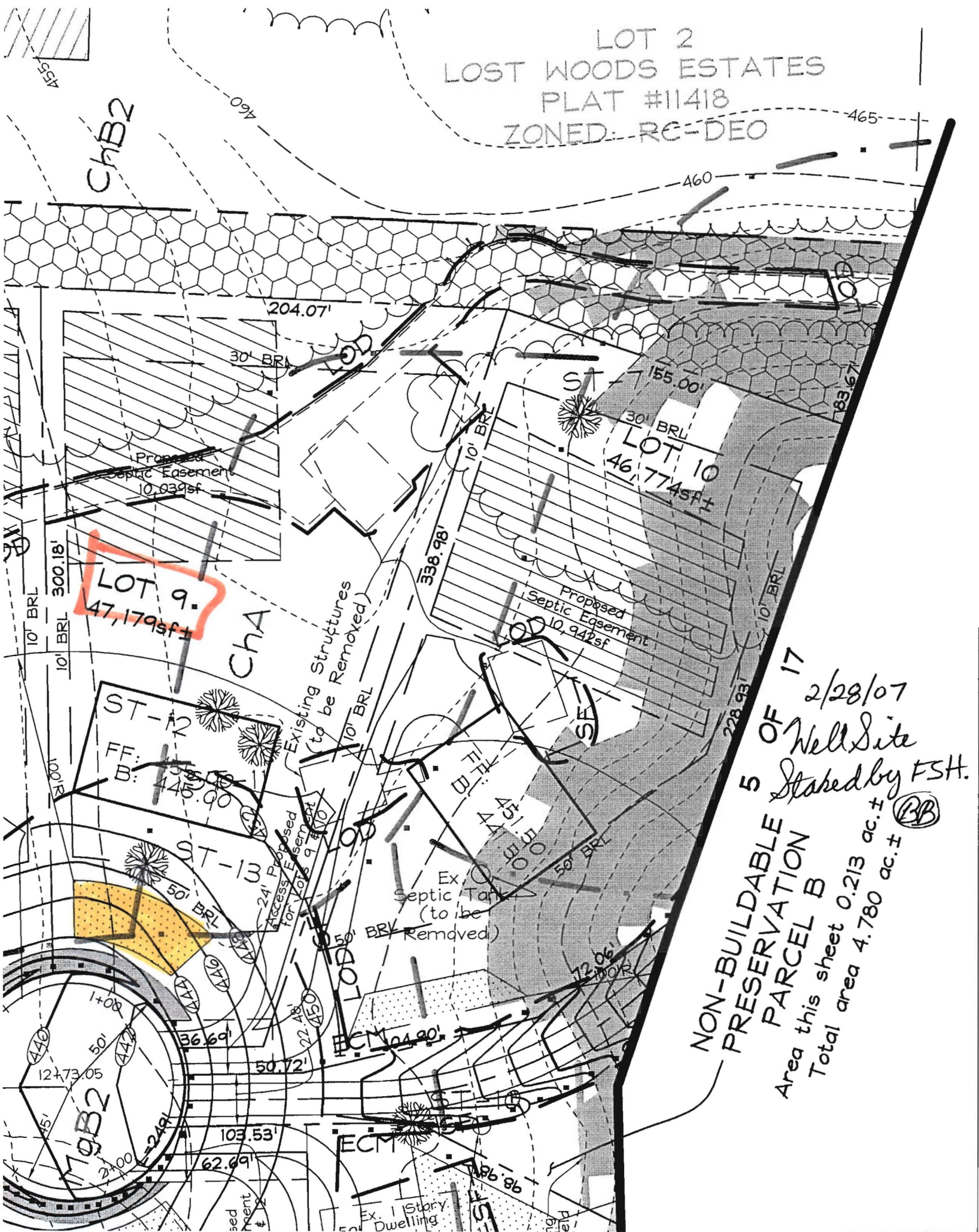
Date: 9/16/08 Inspector: BB

Inspection: Complete Inspect: 9/16/08 (BB)  
Two: yes Two: yes  
Sleeve: yes Sleeve: yes  
Sleeve: yes Sleeve: yes  
Sleeve: yes Sleeve: yes  
Sleeve: yes Sleeve: yes  
Sleeve: yes Sleeve: yes  
Sleeve: yes Sleeve: yes

Received



LOT 2  
LOST WOODS ESTATES  
PLAT #11418  
ZONED: RC-DEO



2/28/07  
Well Site  
Staked by FSH. (BB)  
NON-BUILDABLE  
PRESERVATION  
PARCEL B  
Area this sheet 0.213 ac.±  
Total area 4.780 ac.±

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

## ATTENTION WELL DRILLERS!!!

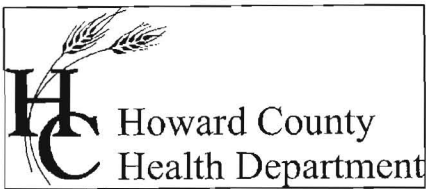
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by FSTH 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





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

November 20, 2008

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

FAX SENT VIA FACSIMILE 410-997-4358

RE: Sheppard Manor, Lot 9  
4635 Sheppard Manor Drive  
Ellicott City, MD 21042  
BP# B07003568  
Well Tag #: HO-95-0731

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 11/17/2008. Final approval of the well line connection to the dwelling was approved on 09/16/2008.**

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.

Gross Alpha and Beta samples were also collected on 03/29/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

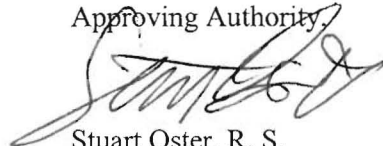
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0731. 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.**

Date of Water Samples: 11/12/2008  
Date of Samples for Gross Alpha & Gross Beta: 03/29/2007  
Date of Well Completion: 03/27/2007

Approving Authority,

A handwritten signature in black ink, appearing to read 'Stuart Oster', is written over the printed name.

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

14573 Old Taneytown Rd. Westminster, MD (410) 848-1044 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 69491 Account #: 4470  
 Reference: Williamsburg Group Lot 9 Company: Williamsburg Group LLC  
 Location: 4635 Shepherd Manor Drive Requested By: Chip Lundy/ Bob Corbett  
 Baltimore City, MD 21042 Source: Well Water  
 Date/ Time Collected: 11/12/2008 0950 Site: Pressure Tank  
 Date/Time Rec'd: 11/12/2008 1303 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 6.3  
 Collected By: J. Yeager 6176JY Well #: HO-95-0731

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/100 ml	<1.0	SM 18 9223	11/13/2008 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/100 ml	<1.0	SM 18 9223	11/13/2008 / 0800 / CCH
Nitrate	<1.0	mg/L	10	601	11/12/2008 / 1530 / CCH/CWM
Turbidity	1.98	NTU	<10	SM 18 2130B	11/12/2008 / 1414 / CCH
Sand	NS	mg/L	5	Visual/Gravimet	11/12/2008 / 1415 / CCH

## 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 #: 0703568

Date Reported: 11/13/2008

MD State Certification # 133



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](http://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#9  
Well Tag: HO-95-0731

To Whom It May Concern:

A sample was collected from a yield test on March 29, 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  $-.03 \pm 0.4$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $3.0 \pm 0.9$  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



Send Report To:

State of Maryland

DHMH - Laboratories Administration

Division of Environmental Chemistry

**RADIATION LABORATORY**

201 W. Preston Street, Baltimore, Maryland 21201

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

**LABORATORY ANALYSIS REQUEST**

Sample Bottle No. A: 40-95-0731 No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Sheppard Manor Lot 9 County: Howard

Sample Source: Sheppard Manor Dr. Location: 40-95-0731  
(well no., lab sink, sample tap, etc.)

County: ☐ ☒ Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒  
Landfill ☐  
Stream ☐  
Other ☐

Community ☐  
Non-community ☐  
Private ☐  
Other ☐

Source (raw water) ☐  
Distribution (treated) ☐  
MCL ☐

Emergency ☐  
Routine ☒  
Recheck ☐  
Special ☐

Collector: R. Wolf

Telephone No: 410-313-2645

Date Collected: 3/29/07

Time Collected: 10:15 a.m. 11:15 p.m.

Nitric Acid Preserved: Yes ☐ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data: \_\_\_\_\_

Remarks: Sample taken @ field test pH \_\_\_\_\_ Chlorine \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>703229-001</u>	<u>-0.03 ± 0.4</u>	<u>4/4/07</u>
✓	Gross Beta	4100		<u>3.0 ± 0.9</u>	
	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			

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor: \_\_\_\_\_