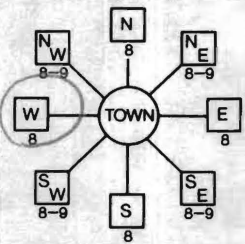
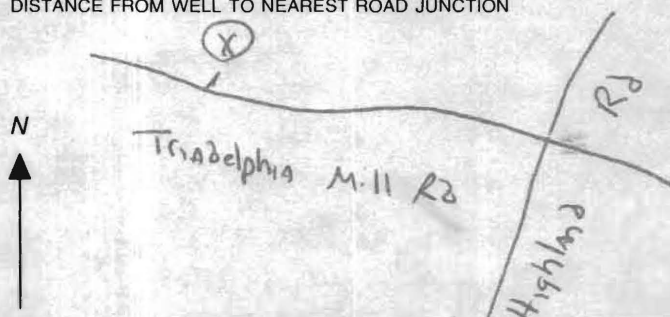


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------|-----------------------|------------------------|----------------------|--------------------|--|
| <b>C1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>0801</b>           | SEQUENCE NO.<br>(MDE USE ONLY)                | <b>STATE OF MARYLAND</b><br><b>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED.                     |                    |                       |                        |                      |                    |  |
| 1 2 3 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS)                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | DATE WELL COMPLETED<br>MM DD YY<br>10 26 2007 |                                                                                                          | Depth of Well<br>22 300 26<br>(TO NEAREST FOOT)                                              |                    |                       |                        |                      |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                               |                                                                                                          | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>HO - 95 - 1210<br>28 29 30 31 32 33 34 35 36 37 |                    |                       |                        |                      |                    |  |
| OWNER <u>Land Design &amp; Development</u><br>STREET OR RFD <u>Triadelphia Mill Road</u> TOWN <u>Chaptainsville</u><br>SUBDIVISION <u>Phelps Property</u> SECTION <u>1</u> LOT <u>1</u>                                                                                                                                                                                                                                                                                  |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>WELL LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| Not required for driven wells                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING                                                                                                                                                                                                                                                                                                                                                                              |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| DESCRIPTION (Use additional sheets if needed)                                                                                                                                                                                                                                                                                                                                                                                                                            | FEET                  | FROM                                          | TO                                                                                                       | check if water bearing                                                                       |                    |                       |                        |                      |                    |  |
| Mica Shale                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                     |                                               | 45                                                                                                       |                                                                                              |                    |                       |                        |                      |                    |  |
| Gray Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 45                    |                                               | 275                                                                                                      |                                                                                              |                    |                       |                        |                      |                    |  |
| Limestone                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 275                   |                                               | 300                                                                                                      | x                                                                                            |                    |                       |                        |                      |                    |  |
| water at 230' & 265'                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>GROUTING RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b><br>TYPE OF GROUTING MATERIAL (Circle one)<br>CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b><br>NO. OF BAGS <u>45 46 15</u> NO. OF POUNDS <u>45 46 1500</u><br>GALLONS OF WATER <u>90</u><br>DEPTH OF GROUT SEAL (to nearest foot)<br>from <u>0</u> TOP <u>52</u> ft. to <u>50</u> BOTTOM <u>58</u> ft.<br>(enter 0 if from surface)                                                                          |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>CASING RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| casing types insert appropriate code below<br><table style="width:100%; text-align: center;"> <tr> <td><b>ST</b><br/>STEEL</td> <td><b>CO</b><br/>CONCRETE</td> </tr> <tr> <td><b>PL</b><br/>PLASTIC</td> <td><b>OT</b><br/>OTHER</td> </tr> </table>                                                                                                                                                                                                                    |                       |                                               |                                                                                                          |                                                                                              | <b>ST</b><br>STEEL | <b>CO</b><br>CONCRETE | <b>PL</b><br>PLASTIC   | <b>OT</b><br>OTHER   |                    |  |
| <b>ST</b><br>STEEL                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>CO</b><br>CONCRETE |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>PL</b><br>PLASTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>OT</b><br>OTHER    |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>4</u> Total depth of main casing (nearest foot) <u>50</u><br>60 61 63 64 66 70                                                                                                                                                                                                                                                                                                           |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>OTHER CASING (if used)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| diameter inch depth (feet) from to<br>E A C H C A S I N G                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>SCREEN RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| screen type or open hole (insert appropriate code below)<br><table style="width:100%; text-align: center;"> <tr> <td><b>ST</b><br/>STEEL</td> <td><b>BR</b><br/>BRASS</td> <td><b>HO</b><br/>OPEN HOLE</td> </tr> <tr> <td><b>PL</b><br/>PLASTIC</td> <td><b>OT</b><br/>OTHER</td> <td></td> </tr> </table>                                                                                                                                                              |                       |                                               |                                                                                                          |                                                                                              | <b>ST</b><br>STEEL | <b>BR</b><br>BRASS    | <b>HO</b><br>OPEN HOLE | <b>PL</b><br>PLASTIC | <b>OT</b><br>OTHER |  |
| <b>ST</b><br>STEEL                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>BR</b><br>BRASS    | <b>HO</b><br>OPEN HOLE                        |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>PL</b><br>PLASTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>OT</b><br>OTHER    |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| WELL HYDROFRACTURED <b>Y</b> <b>N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| CIRCLE APPROPRIATE LETTER<br><b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED<br><b>E</b> ELECTRIC LOG OBTAINED<br><b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL                                                                                                                                                                                                                                                                                  |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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. <u>M 8 D 162</u><br>DRILLERS SIGNATURE <u>Mark D...</u><br>(MUST MATCH SIGNATURE ON APPLICATION)<br>LIC. NO. <u>MS D 066</u>                                                                                                                                                                                                                                                                                                                           |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)                                                                                                                                                                                                                                                                                                                                                                    |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>C2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| DEPTH (nearest ft.)<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100                                                                                                                                               |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q<br>70 72 74 75 76<br>TELESCOPE CASING LOG INDICATOR OTHER DATA                                                                                                                                                                                                                                                                                                                                              |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>C3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>PUMPING TEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| HOURS PUMPED (nearest hour) <u>3</u><br>PUMPING RATE (gal. per min.) <u>15.00</u><br>METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u><br>WATER LEVEL (distance from land surface)<br>BEFORE PUMPING <u>40</u> ft.<br>WHEN PUMPING <u>155</u> ft.<br>TYPE OF PUMP USED (for test)<br><b>A</b> air <b>P</b> piston <b>T</b> turbine<br><b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)<br><b>J</b> jet <b>S</b> submersible                     |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| <b>PUMP INSTALLED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <b>N</b><br>IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.<br>TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29<br>CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35<br>PUMP HORSE POWER 37 41<br>PUMP COLUMN LENGTH (nearest ft.) 43 47<br>CASING HEIGHT (circle appropriate box and enter casing height)<br><b>+</b> above <b>-</b> below LAND SURFACE (nearest foot)<br>49 50 51 |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |
| LOCATION OF WELL ON LOT<br>SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)<br>                                                                                                                                                                                                                                                                                                 |                       |                                               |                                                                                                          |                                                                                              |                    |                       |                        |                      |                    |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| B 1 <b>9880</b><br>1 2 3 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SEQUENCE NO.<br>(MDE USE ONLY) | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>527274 please type                                                                                                                                                                                                                                                                                                                                                              | STATE PERMIT NUMBER<br><u>HO-95-1210</u><br>70 fill in this form completely 79 |
| Date Received (APA)<br>8 MM DD YY 13<br><u>Land Design + Development</u><br>15 Last Name Owner First Name 34<br><u>5300 Dorsey Hall Drive</u><br>36 Street or RFD 55<br><u>Ellicott City MD 21043</u><br>57 Town 70 State 72 Zip 76                                                                                                                                                                                                                                                                                                                              |                                | B 3 <b>LOCATION OF WELL</b><br>8 COUNTY <u>Howard</u> 21<br>23 SUBDIVISION <u>Phelps Property</u> 42<br>SECTION <u>44</u> 46 LOT <u>1</u> 48 50<br><u>Clarksville</u><br>52 NEAREST TOWN 71<br>MILES FROM TOWN (enter 0 if in town) <u>2</u> M I<br>73 76 77 78                                                                                                                                                                                            |                                                                                |
| <b>OWNER INFORMATION</b><br>Driller's Name <u>Michael Isom</u> MS D1162 76 License No. 81<br>Firm Name <u>G Edgar Harr Sons Corp</u><br>Address <u>12047 Falls Rd 21030</u><br>Signature <u>[Signature]</u> Date <u>7/27/08</u>                                                                                                                                                                                                                                                                                                                                  |                                | B 4 <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b><br> 1 2<br>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)<br>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)<br>11 NEAR WHAT ROAD <u>Triadelphia Mill Rd</u> 30<br>34 1000 37<br>DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39<br>TAX MAP: <u>20</u> BLK: <u>14</u> PARCEL <u>300</u>                                   |                                                                                |
| <b>WELL INFORMATION</b><br>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u><br>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u><br>14 20                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | <b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION<br><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)<br><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING<br><input type="checkbox"/> P PUBLIC WATER SUPPLY WELL<br><input type="checkbox"/> T TEST, OBSERVATION, MONITORING<br><input type="checkbox"/> G GEO-THERMAL |                                                                                |
| APPROXIMATE DEPTH OF WELL <u>250</u> FEET<br>24 28<br>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH<br>NEAREST INCH                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | <b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b><br>COUNTY NAME <u>Howard</u> COUNTY NO. <u>A523126</u><br>STATE SIGNATURE <u>[Signature]</u> INSERT S →<br>DATE ISSUED <u>8/10/08</u> 41<br>43 MM DD YY 48<br>NORTH GRID <u>505</u> 000 EAST GRID <u>802</u> 000<br>50 55 57 63                                                                                                                                                           |                                                                                |
| <b>METHOD OF DRILLING (circle one)</b><br>BORED (or Augered) JETTED Jetted & DRIVEN<br>30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)<br>37 CABLE REVERSE-ROTary DRIVE-POINT<br>other _____                                                                                                                                                                                                                                                                                                                                                              |                                | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X<br>SOURCES OF DRILLING WATER<br>1. <u>Well</u><br>2.<br>3.<br>WRITE THE BOX NUMBER FROM THE MAP HERE<br>E <u>8002</u><br>N <u>5005</u><br>000 000                                                                                                                                                                                                                                                       |                                                                                |
| <b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b><br><input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br>39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS<br><input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 |                                | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION<br>                                                                                                                                                                                                                            |                                                                                |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| APPROP. PERMIT NUMBER _____ G _____<br>PERMIT No. <u>HO-95-1210</u><br>70 71 72 73 74 75 76 77 78 79                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |
| <b>SPECIAL CONDITIONS</b><br>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |

# HARR WELL DRILLING

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

## HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 10-26-07      Permit Number: HO-95-1210  
Address: Tridelphia Mill Road      Subdivision: Phelps Property L#1  
Owner: Land Design & Development      Election District:  
Well Depth: 300 Ft      Static Water Level: 40 Ft

| Time | Water Level | PSI<br>Existing Pump | Pumping Rate<br>Seconds to fill<br>5gallon bucket | Calculated<br>Flow-Gallons<br>Per Minute |
|------|-------------|----------------------|---------------------------------------------------|------------------------------------------|
| 0900 | 40 ft       |                      | 17 sec                                            | 17.64                                    |
| 0915 | 69          |                      | 17                                                | 17.64                                    |
| 0930 | 105         |                      | 18                                                | 16.66                                    |
| 0945 | 133         |                      | 20                                                | 15.00                                    |
| 1000 | 145         |                      | 20                                                | 15.00                                    |
| 1015 | 149         |                      | 20                                                | 15.00                                    |
| 1030 | 152         |                      | 20                                                | 15.00                                    |
| 1045 | 153         |                      | 20                                                | 15.00                                    |
| 1100 | 155         |                      | 20                                                | 15.00                                    |
| 1115 | 155         |                      | 20                                                | 15.00                                    |
| 1130 | 155         |                      | 20                                                | 15.00                                    |
| 1145 | 155         |                      | 20                                                | 15.00                                    |
| 1200 | 155         |                      | 20                                                | 15.00                                    |

## 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 BARNETT AVENUE  
SYRACUSE, MA 21744

(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: MDWELL HOME INC Telephone #: 410-984-2265  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 95-1210  
 Site Address: 1356 TRINITY PHIA MILL ROAD  
CLANVILLE, MARYLAND

Submersible Pump DataMake: STANLEYModel #: SBP4024LPump Capacity: 5 GPMWell Yield: 15 GPMDepth of well encountered at time of pump installation: 300 (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 ✓Pitless AdapterMake: CAMPBELLModel #: PARODDepth: 42 (36" min)NSF approved: ✓Well Cap and Electric ConduitTwo piece watertight cap: ✓Screened, vented well cap: ✓Cap secured to casing: ✓Conduit min 18" B.G.: ✓Conduit secured to well cap: ✓Piping to houseType: PVCPSI: 200 (160 psi min)Depth of supply line: 42 (36" min)House ConnectionPVC sleeved to undisturbed soil at wall penetration: ✓Approximate length of sleeve: 6'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

date

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: \_\_\_\_\_

Inspection Data: Pitless adapter and water supply line at least 16" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 15" 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 govt observed below pitless adapter



**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 1210  
Site Address: 13756 Trindale Rd NW Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

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

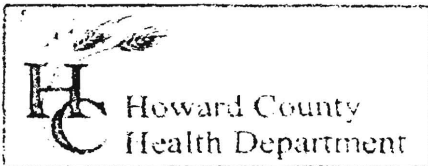
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/15/11      Date Insp. Approved: 7/26/11 (KW)  
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

Handwritten notes and signatures:  
✓ B-15 missing  
OK  
✓  
✓  
✓  
✓  
KW



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](http://www.hchealth.org)

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

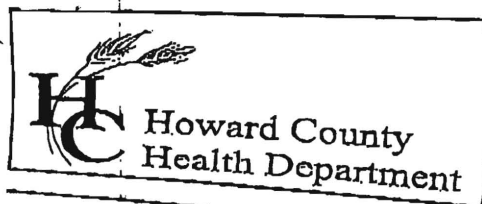
### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Well driller,  
(professional land surveyor or company employing professional land surveyors)  
on 5/26/11 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



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

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

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Phelps Property 1, 3 + 4 Philadelphia Mill Rd  
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Fisher Collins + Carter,  
(professional land surveyor or company employing professional land surveyors)  
on 7/27/07 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



## 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:

Mueller Homes, Inc.  
7520 Main Street, Suite 201  
Sykesville, Maryland 21784

S/O Number: 83516

Report Date: December 5, 2011

Property Sampled: 13756 Triadelphia Mill Road, 21029  
Sample Location: Laundry Utility Sink  
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003948  
Sampler ID #: 0765AR  
Samples Iced: Yes

County: Howard  
Map: 28

Subdivision: Phelps Prop Rsb Lt 1 & 2  
Parcel: 418

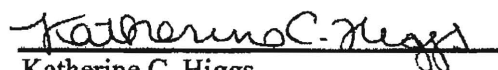
Lot #: 5

Date/Time Collected in Field: December 1, 2011 @ 3:35 pm  
Date/Time Received in Lab: December 1, 2011 @ 5:00 pm

Well Tag #: HO-95-1210  
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Sediment Filter (By-Passed)

| 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   | <1.0 mg/L as N | Pass      |
| Turbidity      | EPA 180.1 | 10 NTU         | 5.0 NTU        | Pass      |
| pH             | EPA 150.1 | *6.5-8.5 Units | 7.8 Units      | ***       |
| Sand           |           | Absent         | Absent         | Pass      |

  
Katherine C. Higgs  
Manager - Drinking Water Testing

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.