

C1 0804 SEQUENCE NO. (MDE USE ONLY)

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

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 29 2007

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO 95 1211
28 29 30 31 32 33 34 35 36 37OWNER Land Design & Development
STREET OR RFD Triadelphia Mill Road TOWN Clarksville
SUBDIVISION Phelps Property SECTION LOT 3

WELL LOG

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 | | check if water bearing |
|--|------|-----|------------------------------|
| | FROM | TO | |
| Soil | 0 | 10 | |
| Brown shale | 10 | 47 | |
| Blue slate | 47 | 400 | x |
| Water At 260' + 310' | | | |

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Casing TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)
PL 6 50
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASINGscreen 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 HO 50 400
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3
S 38 39 41 45 47 51
R
E
E
N
SLOT SIZE 1 2 3DIAMETER OF SCREEN (NEAREST INCH)
56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2.14
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37 ft.
WHEN PUMPING 305 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersiblePUMP 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)
+ above LAND SURFACE (nearest foot)
- below 49 50 51LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)To be provided by
Surveyor

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
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
WELLI 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. MS D 162

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D 0666

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

| | | | | |
|---|-------------------------|---|--|--|
| D 1 | 9881 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527274 please type | STATE PERMIT NUMBER HO-95-1211 fill in this form completely |
| Date Received (APA) 8 MM DD YY 13 | | OWNER INFORMATION | | |
| Land Design & Development | | | | |
| 15 | Last Name | Owner | First Name | 34 |
| 5300 Dorsey Hall Drive | | Street or RFD | | |
| 36 | Ellicott City MD | | 21043 | 55 |
| 57 | Town | 70 | State | 72 Zip 76 |
| DRILLER INFORMATION | | | | |
| Michael D. Isom | | M S D 162 | | |
| Driller's Name | | 76 | License No. | 81 |
| G. Edgar Harr Sons Corp. | | | | |
| Firm Name | | | | |
| 12047 Falls Road, Cockeysville 21030 | | | | |
| Address | | | | |
| Signature 7/27/07 | | | | |
| Date | | | | |
| B 2 | WELL INFORMATION | | | |
| 1 | 2 | APPROX. PUMPING RATE (GAL. PER MIN.) | 8 | 20 |
| AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) | | 14 | 750 | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | | | | |
| <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL | | | | |
| NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL | | | | |
| Howard | | | | |
| COUNTY NAME | | COUNTY NO. | | |
| STATE SIGNATURE | | | | |
| DATE ISSUED 8/10/07 | | | | |
| 43 MM DD YY 48 | | CO SIGNATURE | | |
| NORTH GRID 50 | | EAST GRID 55 | | |
| EXP. DATE 8/10/08 | | | | |
| TAX MAP: 26 BLK: 14 PARCEL: 300 | | | | |
| APPROXIMATE DEPTH OF WELL 250 FEET | | | | |
| APPROXIMATE DIAMETER OF WELL 6 INCH | | | | |
| METHOD OF DRILLING (circle one) | | | | |
| BORED (or Augered) JETTED Jettied & DRIVEN | | | | |
| 30 | AIR-ROtary | AIR-PERcussion | ROtARY (Hydraulic Rotary) | |
| 37 | CABLE | REVerse-ROtary | DRive-POINT | |
| other | | | | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) | | | | |
| <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL | | | | |
| PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 | | | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | | | |
| APPROX. PERMIT NUMBER | | | | |
| PERMIT No. HO-95-1211 | | | | |
| SPECIAL CONDITIONS | | | | |
| 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: 10-30-07 Permit Number: HO-95-1211
Address: 13760 Triadelphia Mill Rd Subdivision: Phelps Property L#3
Owner: Land Design & Development Election District:
Well Depth: 400 Ft Static Water Level: 37 Ft

| Time | Water Level | PSI Existing Pump | Pumping Rate Seconds to fill 1gallon bucket | Calculated Flow-Gallons Per Minute |
|------|-------------|----------------------|---|--|
| 0845 | 37 ft | | 3 sec | 20.00 |
| 0900 | 121 | | 4 | 15.00 |
| 0915 | 212 | | 4 | 15.00 |
| 0930 | 263 | | 5 | 12.00 |
| 0945 | 300 | | 19 | 3.15 |
| 1000 | 305 | | 28 | 2.14 |
| 1015 | 305 | | 28 | 2.14 |
| 1030 | 305 | | 28 | 2.14 |
| 1045 | 305 | | 28 | 2.14 |
| 1100 | 305 | | 28 | 2.14 |
| 1115 | 305 | | 28 | 2.14 |
| 1130 | 305 | | 28 | 2.14 |
| 1145 | 305 | | 28 | 2.14 |
| 1200 | 305 | | 28 | 2.14 |
| 1215 | 305 | | 28 | 2.14 |
| 1230 | 305 | | 28 | 2.14 |
| 1245 | 305 | | 28 | 2.14 |
| 1300 | 305 | | 28 | 2.14 |
| 1315 | 305 | | 28 | 2.14 |
| 1330 | 305 | | 28 | 2.14 |
| 1345 | 305 | | 28 | 2.14 |
| 1400 | 305 | | 28 | 2.14 |
| 1415 | 305 | | 28 | 2.14 |
| 1430 | 305 | | 28 | 2.14 |
| 1445 | 305 | | 28 | 2.14 |

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: CLARKE P+H Inc. Telephone #: 410-875-4157
Address: 3510 Ridge Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Benneth Clarke License # 3808
*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: Coyler Telephone #: 1-301-919-5433
Subdivision: PWSLPS Lot #: 3 Well Tag #: HO-98-1211
Site Address: 13764 TRIDELPHIA mill
CLARKS VILLY MD

☒ Submersible Pump Data ☒ Pitless Adapter ☒ Well Cap and Electric Conduit
Make: Muesel Make: HARVARD Two piece watertight cap: ☒
Model #: 3ST-22-12 3/4 Model #: PT 800 Screened, vented well cap: ☒
Pump Capacity: 1.0 GPM Depth: 42" (26" min) Cap secured to casing: ☒
Well Yield: GPM NSF approved: ☒ Conduit min 1 1/2" B.G.: ☒
Depth of well encountered at time of pump installation: 40 (feet) Conduit secured to well cap: ☒
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one.
Safety rope, if used, attached to inside of well casing with eye bolt _____

☒ Piping to house ☒ House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min) Approximate length of sleeve: 15'
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: Yes

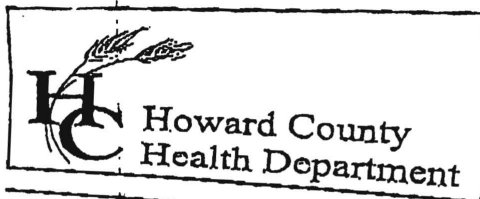
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Benneth C. Clarke date: 7-29-10

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

Date Insp. Requested: _____ Date Insp. Approved: 5/26/10 RR
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 3" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

HD-215 (Rev. 8/00)



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:

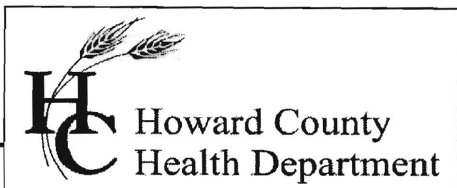
Subdivision/Property Name Phelps Property Lot# 1, 3 + 4 Road Name Philadelphia Mill Rd

☒ 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



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

July 30, 2010

Homeowner
13764 Triadelphia Mill Road
Clarksville, MD 21029

RE: Phelps Property, Lot 3
13764 Triadelphia Mill Road
BP #: B09002437
Well Tag: HO-95-1211

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 05/21/2010. Final approval of the well line connection to the dwelling was approved on 05/26/2010.**

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

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-1211. 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: 07/21/2010
Date of Well Completion: 10/29/2007

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



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

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
Hamilton Reed Builders
Stephen Forney
8000 Main Street
Ellicott City, Maryland 21043

S/O Number: 78273
Report Date: July 26, 2010

Property Sampled: 13764 Triadelphia Mill Road, 21029

County: Howard
Subdivision: The Phelps Property
Lot #: 3
Building Permit #: B 09002437
Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: July 21, 2010 at 11:10 am
Date/Time Received: July 21, 2010 at 2:30 pm

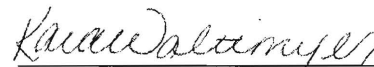
Sample Location: Kitchen Tap
Sampler ID: 9813AM

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1211
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|----------------|---------------|-----------|----------------|------|
| Nitrate | 6.9 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity | <1.0 NTU | EPA 180.1 | 10 NTU | Pass |
| pH | 7.5 Units | EPA 150.1 | *6.5-8.5 Units | *** |
| Sand | Negative | | Negative | |
| Total Coliform | Absent | SM 9223B | Absent | Pass |
| E.coli | Absent | SM 9223B | Absent | Pass |

 FOR
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.