OWNER STREET OR RFD Control of First name TOWN SYKES VICE SUBDIVISION FIVE OAKS SECTION LOT 4 WELL LOG GROUTING RECORD WELL LOG GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle and)	1			
ST/CO USE ONLY DATE Received MM DO YY 8 13 15 20 Depth of Well 22 26 26 FROM "PERMIT NO. FROM "PERMIT TO DRILL WE 22 16 26 TO NEAREST FOOT) WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one) TYPE OF GROUTING MATERIAL (Circle one)	5			
8 13 15 20 (TO NEAREST FOOT) 5 16 06 28 29 30 31 32 33 34 35 OWNER STREET OR RFD WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one) TYPE OF GROUTING MATERIAL (Circle one)	ELL"			
STREET OR RFD SUBDIVISION WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one) TYPE OF GROUTING MATERIAL (Circle one)	36 37			
SUBDIVISION FILE OAKS SECTION LOT WELL LOG WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one) TYPE OF GROUTING MATERIAL (Circle one)				
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one) TYPE OF GROUTING MATERIAL (Circle one)				
Not required for driven wells WELL HAS BEEN GROUTED (Circle Appropriate Box) STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one)				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR TYPE OF GROUTING MATERIAL (Circle one)				
COLOR, DEPTH, THICKNESS AND IF WATER BEARING				
DESCRIPTION (Use FEET check water CEMENT C M BENTONITE CLAY B C 8 9				
NO. OF BAGS NO. OF POUNDS PUMPING RATE (gal. per min.)	15			
Top Soil 0 2 DEPTH OF GROUT SEAL (to nearest foot) METHOD USED TO MEASURE PUMPING RATE Bucket	_			
Sandy 2 25 from of the to 30 ft. to 30 ft. WATER LEVEL (distance from land surface) (enter 0 if from surface)				
SANGSTONE 25 30 CASING RECORD BEFORE PUMPING 17 20 ft.				
insert appropriate STEEL CONCRETE WHEN PUMPING 45 ft.				
below PEASTIC OTHER TYPE OF PUMP USED (for test)	bine			
MÁIN Nominal diameter Total depth CASING top (main) casing of main casing				
MICKA 45 160 TYPE (nearest inch)! (nearest foot) C centrifugal R rotary () (de	scribe ow)			
Flint Rock 160 165 60 61 63 64 66 70 J jet S submersible				
MICK 4 165 260 E OTHER CASING (if used) depth (feet) inch from to				
inch from to PUMP INSTALLED CA DRILLER INSTALLED PUMP YES	NO			
S (CIRCLE) (YES or NO)				
if DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.				
screen type or open hole ST BR HO IN BOX 29.				
appropriate STEEL BRASS OPEN CAPACITY: CAPACITY:	6			
code below PL OT (to nearest gallon) 31	35			
PLASTIC OTHER PUMP HORSE POWER 37	41			
NUMBER OF UNSUCCESSFUL WELLS: DEPTH (nearest ft.) DEPTH (nearest ft.) PUMP COLUMN LENGTH (nearest ft.)				
WELL HYDROFRACTURED WELL HYDR				
C 2 LAND SURFACE	11)			
A WELL WAS ABANDONED AND SEALED S (nee	arest)			
E ELECTRIC LOG OBTAINED R 38 39 41 45 47 51 49 50 51	oot)			
WELL SHOW PERMANENT STRUCTURE SUCH	AS			
THEREBY 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 DIAMETER OF SCREEN INCH) DIAMETER OF SCREEN INCH)				
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THAN TWO DISTANCES (MEASUREMENTS TO WELL)				
DRILLERS LIC. NO. 1 M S D / I GRAVEL PACK IF WELL ORILLED				
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) WAS FLOWING WELL INSERT F IN BOX 68 MDF USE ONLY				
(MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q				
Sand				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE LOG TAY 75 76 TELESCOPE INDICATOR OTHER DATA				
responsible for sitework if different from permittee) CASING INDICATOR OTHER DATA DENV-CR00				

B 1 0957 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	
1 2 3 6 (MDE USE ONLY)	APPLICATION FOR PERMIT TO DRILL WELL		40-95-0219	
	W523839 pleas	se type	70 fill in this form completely 79	,
Date Received (APA)		B 3	LOCATION OF WELL	
8 MM DD YY 13	RMATION	8 COUNTY	red (sAC) 21	
15 Last Name Owner	First Name 34	23 SUBDIVISION	Yares -	42
3060 WAShing form	<i>RJ.</i> 55	SECTION 44 46	LOT 48 50	
57 Town 70 State	72 Zip 76	52 NEAREST TOWN	LE	71
DRILLER INFORMATION		MILES FROM TOWN (ente	r 0 if in town) M _ I	
	M D 76 License No. 81	B 4	73 76 77 78	
Firm Name 2	THE	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD	30
Address Address	+ AINY MU 21001	N N NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<u> </u>
Signature 5 Mayerra		8-9 TOWN E	34" / 00 37 SOL	EAST
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE -	5 8 12		DISTANCE FROM ROAD ENTER FT OR MI 38	4
(GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	8 500 ¹²	S _W S S _E 8-9	TAX MAP: 9 BLK: 8 PARCELS	148
USE FOR WATER (CIRCLE AF	PPROPRIATE BOX)		BE FILLED IN BY DRILLER	
D DOMESTIC POTABLE SUPPLY & RESIDE	NTIAL	HALIA	DEPARTMENT APPROVAL	
F FARMING (LIVESTOCK WATERING & AGF	RICULTURAL	COUNTY NAME STATE	COUNTY NO.	
22 INDUSTRIAL, COMMERICIAL, DEWATERI	NG	SIGNATURE	INSERT S →	
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	runa Baber 1/17/20	207
T TEST, OBSERVATION, MONITORING		43 MM DD YY 48 NORTH	CO SIGNATURE EXP. DATE	
G GEO-THERMAL		GRID	0 0 GRID 0 0 0 0 63	
APPROXIMATE DEPTH OF WELL / 50	5 FEET	SHOW MAJOR FEATURES BOX & LOCATE WELL '_ WITH AN X		
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	1. WELL	VATER	
METHOD OF DRILLING	(circle one)	2. 3.		
BORED (or Augered) JETTED	Jetted & DRIVEN			
30 AIR-ROTary AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER		
CABLE HEVerse-HOTary	DRive-POINT	FROM THE MAP HERE		
REPLACEMENT OR DEEPL	ENED WELLS	E 80 %		
(CIRCLE APPROPRIATE		CO	000	
THIS WELL WILL NOT REPLACE AN EXIST		N	SHOWING LOCATION OF WELL IN	
THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED	WILL BE	RELATION TO NEARBY TO	SHOWING LOCATION OF WELL IN DWNS AND ROADS AND GIVE	
39 S THIS WELL WILL REPLACE A WELL THAT AS A STANDBY-CONTACT LOCAL APPROVE FOR POLICY ON STANDBY WELLS		DISTANCE FROM WELL T	O NEAREST ROAD JUNCTION	1
D THIS WELL WILL DEEPEN AN EXISTING W	ELL	1	16	
PERMIT NUMBER OF WELL TO BE REPLACED C (IF AVAILABLE) 41	DR DEEPENED	N	wey Denug	
Not to be filled in by driller (MDE OR C	27	TIN 9: 49 1	well & January	21
APPROP. PERMIT NUMBER	G		\	
PERMIT No. 70 71 7	72 73 74 75 76 77 78 79		SE	\
SPECIAL CONDITIONS NOTE - APPRICHING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =				3

1/1/06

Page		of	
Date	APRIC	12	2006

Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0219 Location of property (road) 1230 Up	Jermand Road
Location of property (road) 1230 Ur Subdivision Five Oaks	Lot 4 Block Plat Sec. Owner Patrick Wallace
Well Driller Ralph Mayne	Owner Patrick Wallace
Depth of well 260 Distance of measuring point (M.P. Static water level (S.W.L.) below) above ground 2 PC M.P. 42 PC
I. High rate pumping reservoir draw Time pump started Storeach pum Total time 15 min to reach pum	Pumping rate 10 GPM nping water level 46 ft. below M.P.

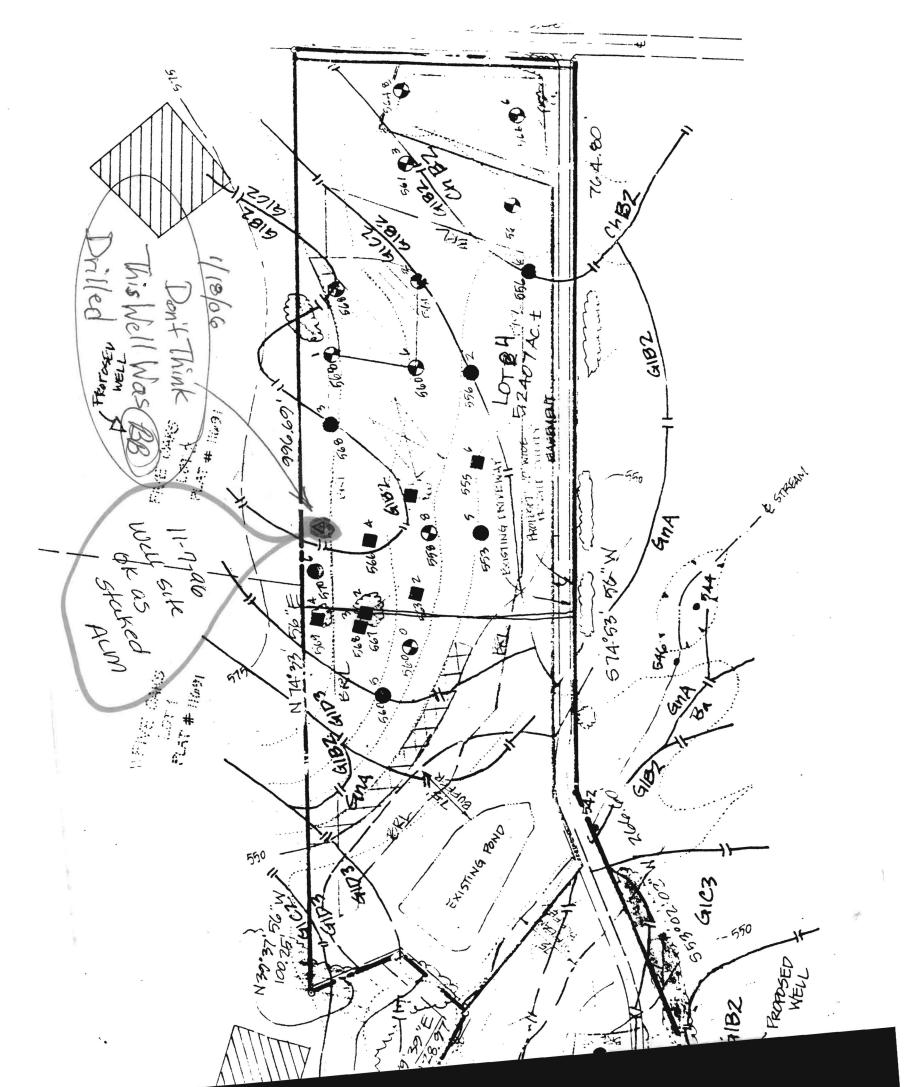
II. Recovery pump test data - observations to be recorded every 15 minutes

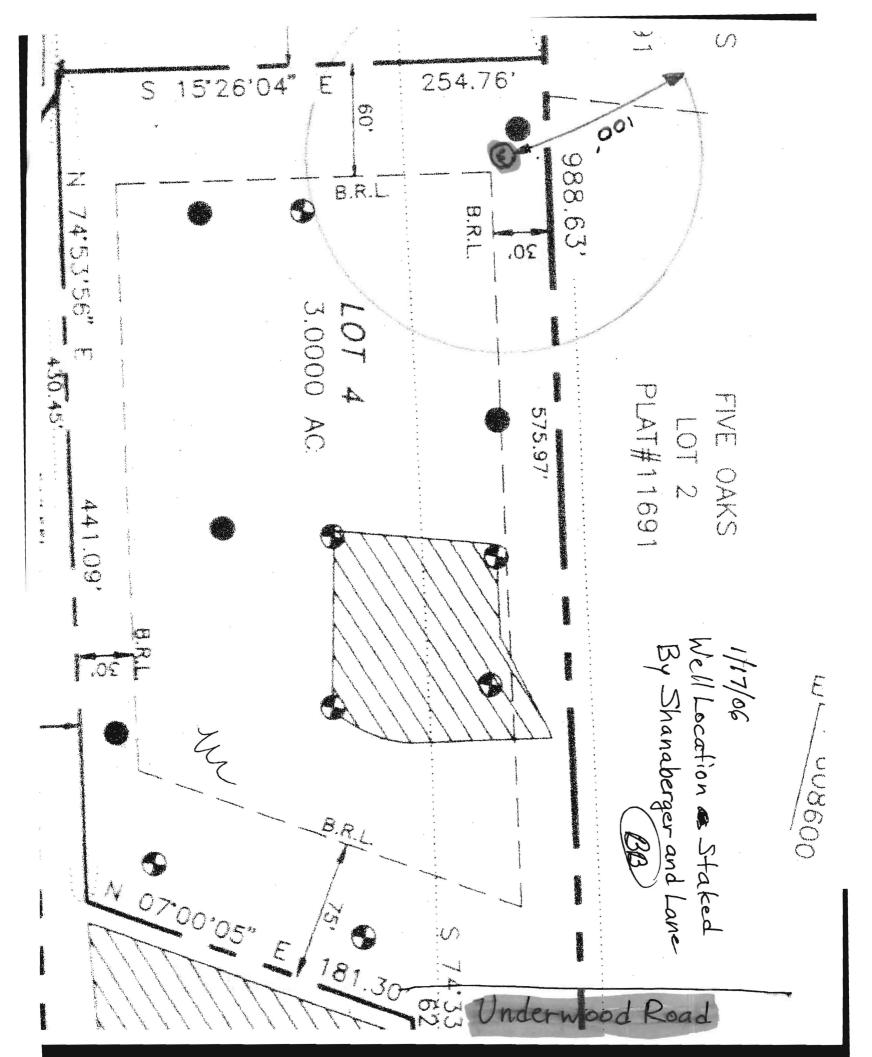
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill To gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8730	424	6 Sec		10 6 m
			Test Stanted	
8:45	46 K	6 Sec		10 6M
9:00	46 K	6 Sec .6 Sec		10 GAM
9:15	46 11	6 Sa		10 6Pm
5:30	46 11	6 "		10 11
9145	46 11	6 4		10 1,
10:00	46 11	6 "		10 "
10:15	46 4	6 Sec		10 Bru
10:30	46 41	6 Sec		10 Gan
10:45	46 A	6 Sec		10 6PM
11:00	46 "	6 11		10 "
	46 "	6 "		10 "
11:15	46 A	6 Sec		10 6Pm
11:45	46 PK	6 Sec		10 Am

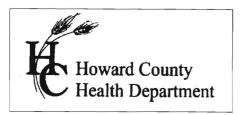
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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

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: ROBGKT L FUSTISH GO INC. Telephone #: 410,795-1405 Address: 6321 BANNETT AVENUE SYKESVILLE, MO 21784
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): ROBGAT L FASTUS CO INC 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: MULLER HOMES Telephone #: 410 - 549 - 4444
Subdivision: Lot #: 4 Well Tag #: HO -95 - 0219
Site Address: 1230UNDGWOOD ROAD
-SYKISVILLE, MO ZIJBY
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GWNNEOS Make: CAMPBOL Two piece watertight cap: V
Model #: 1550 10-250 Model #: PA 800 Screened, vented well cap: V Pump Capacity GPM Depth: 42 (36" min) Cap secured to casing
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.: Under the Beat of well encountered at time of pump installation: 260(feet) Conduit secured to well cap: Under the Beat of the Beat
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: POLM PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 42 (36" min) Sleeve carlked and sealed properly: V
. The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping,
distribution box, dealafields, and sewage reserve area. If this cannot be a toompilished, contrat this office for
approval priorito installation.
11+1 -t 4 41000
1 olat 2. Teach 4/8/08
Signature of company representative responsibile for installation data
For Health Department Use Only - Not to be completed by Installer
11/6/2 (18)
Date Insp. Requested: Date Insp. Approved:
Inspection Data: Pidess adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elect conduit extends at least 15" below grade/attached to cap properly
Sefety race installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade Weter supply line sleeved adequately at house connection
Adequate grout observed below pittess adapter
Françaite Ender roserte desert Français Copyrit







7178 Columbia Gateway Dr.

Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

The well site has been staked by Shana hergar and Lane on and is ready for site inspection.

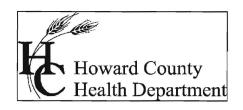
When submitting a well application for a new or replacement well,

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 Lot 4 Five ONKS Sub



Bureau of Environmental Health

7178 Columbia Gateway Drive Columbia, Maryland 21046-2132 (410) 313-2640 Fax (410) 313-2648

(410) 313-2640 TDD (410) 313-2323

Toll Free 1-866-313-6300

website: www.hchealth.org

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

September 9, 2008

Matthew Mancuso 10304 Royal Ascot Court Ellicott City, MD 21042

RE:

Broch Na Dun, Lot 4 1230 Underwood Road Sykesville, MD 21784 BP# B08000918

Well Tag #: HO-95-0219

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 06/12/2008. Final approval of the well line connection to the dwelling was approved on 04/09/2008.

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.

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-95-0219. 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:

09/05/2008

Date of Well Completion:

04/12/2006

Stuart Oster, R. S. Well & Septic Program

Approving Authority

cc:

Building Inspector's Office Community Health Services

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:

Mueller Homes, Inc

7520 Main Street Suite 201 Sykesville, Maryland 21784 S/O Number:

69661

Report Date:

September 8, 2008

Property Sampled:

1230 Underwood Road, 21784

County:

Howard

Subdivision:

N/A

Tax Map #: Parcel #:

348

Lot #: **Building Permit #:**

B07002415

Date/Time Collected: Date/Time Received:

September 5, 2008 at 12:00 pm September 5, 2008 at 3:00 pm

Sample Location: Sampler ID:

Powder Room Tap

9406NW

Samples Iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-95-0219

Well Condition: 2-Piece Cap

Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT METHOD		MCL/*SMCL		
Nitrate	3.7 mg/L as N	SM 4500D	10 mg/L as N	Pass	
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass	
•	6.9 Units	EPA 150.1	*6.5-8.5 Units	***	
pH Sand	Negative		Negative		
Total Coliform	Absent	SM 9223B	Absent	Pass	
E.coli	Absent	SM 9223B	Absent	Pass	

Katherine Cannon sor 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.