

C1 14194 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

A513359-J

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
6 19 83

Depth of Well

22 220 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"OK  
MR 7/23/03 110-74-3644  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Williamsburg

Group

Vistaria Dr

TOWN

W. Friendship

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingSand  
Gray Mica  
Rock0 36  
36 220 ✓

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 9128

GALLONS OF WATER 92

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST

6

40

60 61

63 64

66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

screen type  
or open hole

SCREEN RECORD

(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

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

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. 1 M SD 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

- below

LAND SURFACE

(nearest  
foot)

LOCATION 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)

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7731</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> 516923 please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">HD-94-3694</div>
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<b>OWNER INFORMATION</b> Date Received (APA) <u>04/11/02</u> <div style="display: flex; justify-content: space-between;"> <div>             8 MM DD YY 13  <u>Williamsburg Group</u>              15 Last Name  <u>5485 Harpers Farm Rd</u>              36 Street or RFD  <u>Columbia Md 21044</u>              57 Town 70 State 72 Zip 76           </div> <div>             OWNER  <u>Joseph &amp; Mayne</u>              34 First Name              36 Street or RFD              57 Town 70 State 72 Zip 76           </div> </div>	<b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 23 SUBDIVISION <u>Fox Chase Estates</u> SECTION <u>44</u> LOT <u>10</u> 52 NEAREST TOWN <u>West Friendship</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78
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<b>DRILLER INFORMATION</b> Driller's Name <u>Joseph &amp; Mayne</u> M S D 024 License No. <u>5512 Ridge Rd Mt. Airy 21771</u> Firm Name <u>Joseph &amp; Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy 21771</u> Signature <u>Joseph &amp; Mayne</u> Date <u>4/10/02</u>	<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20
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<b>USE FOR WATER</b> (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	<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME <u>Howard</u> COUNTY NO. <u>4513359-J</u> STATE SIGNATURE <u>Mark E. Rifkin</u> INSERT S → DATE ISSUED <u>051603</u> EXP. DATE <u>5/16/04</u> NORTH GRID <u>531</u> 000 EAST GRID <u>0810</u> 000 50 55 57 63
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APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) 30 AIR-ROTary 37 CABLE 37 CABLE REVERSE-ROTary DRIVE-POINT other _____	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810</u> N <u>53X1</u> 000 000
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<b>REPLACEMENT OR DEEPEMED WELLS</b> (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 _____ 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 
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Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ PERMIT No. <u>HD-94-3694</u> 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
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Well Permit No. HO - 94-3694  
Location of property (road) Victorview Dr.  
Subdivision Fox Chase Estates Lot 10 Block        Plat        Sec.         
Well Driller Joseph Mayne Owner Williamsburg Group

Depth of well 220'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 43'

Time pump started 7:00 Pumping rate 20 gpm  
Total time 30 min to reach pumping water level 132 ft. below M.P.

[illegible]

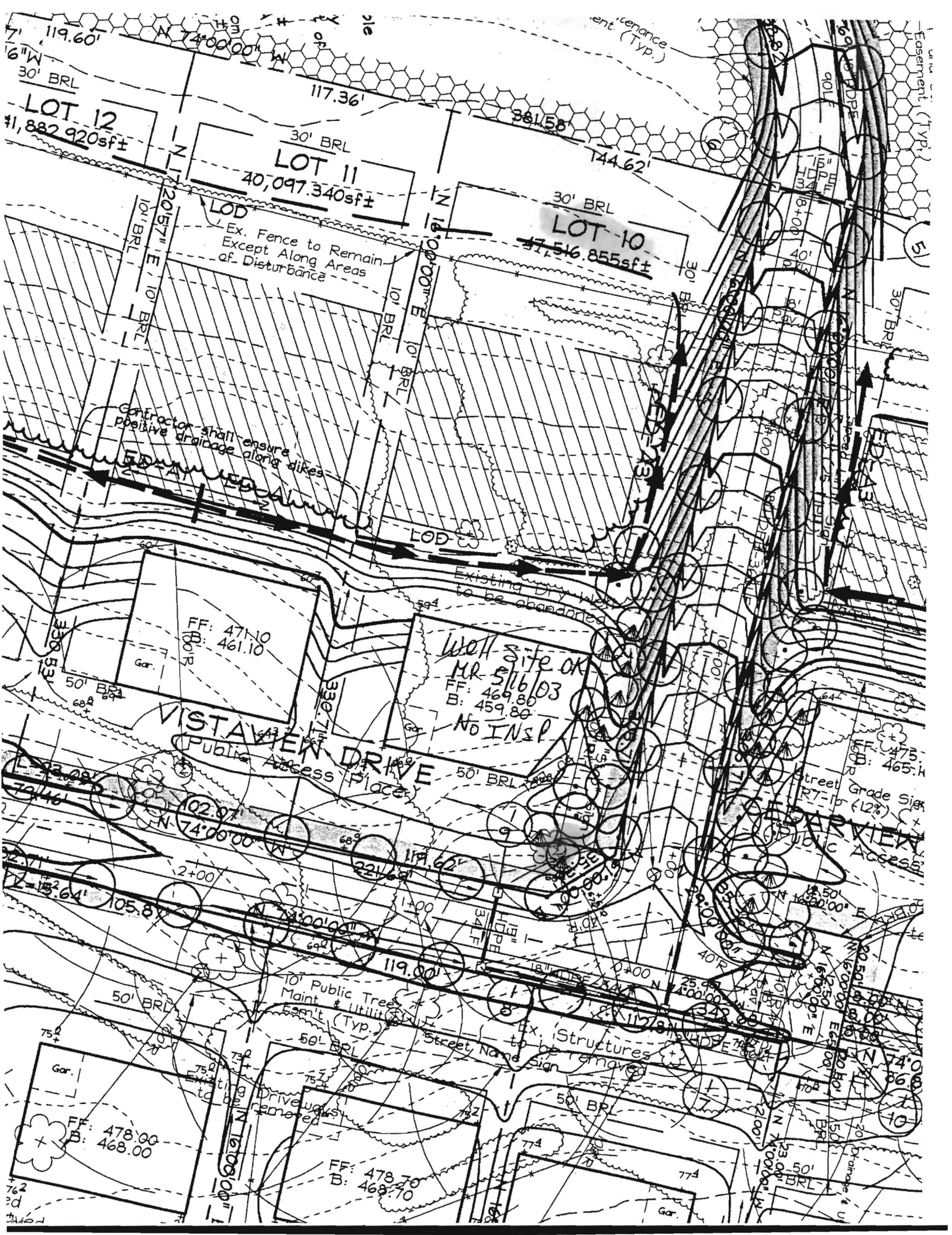
Well Permit No. HO - 94-3694  
Location of property (road) Vistaview Drive  
Subdivision FOX CHASE ESTATES Lot 10 Block      Plat      Sec.       
Well Driller J Mayne Owner Williamsburg Group

Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

Time pump started \_\_\_\_\_ Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

[illegible]





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

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

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 795-5670  
Address: 580 Obrecht Rd  
Sykesville, Md 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): Allen Compton License# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Williamsburg Group Telephone #: \_\_\_\_\_  
Subdivision: Fox Chase Estate Lot #: 10 Well Tag #: HO 94-3694  
Site Address: 12904 Vista View Dr

Submersible Pump Data

Make: Goulds  
Model #: 5607-422  
Pump Capacity 7 GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

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

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 220 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

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

House Connection

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

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

Signature of company representative responsible for installation: Allen Compton date: 1-29-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/22/03 80  
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 \_\_\_\_\_



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

September 5, 2006

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

***SENT VIA FACSIMILE 410-997-4358***

RE: Fox Chase Estates, Lot 10  
12904 Vistaview Drive  
West Friendship, MD 21794  
BP # B00142328  
Well Tag # HO-94-3694

Dear Sirs or Madam:

This is to advise that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/12/2004. Final approval of the well line connection to the dwelling was approved on 12/22/2003.**

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.

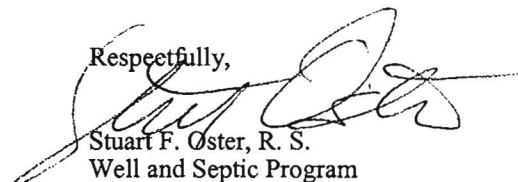
### INTERIM CERTIFICATE OF POTABILITY

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-94-3694. 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: 06/01/2004, 08/22/2006 & 09/01/2006  
Date of Well Completion: 06/19/2003

Respectfully,



Stuart F. Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Lanesboro Rd., Westminster, MD (410) 848-1014 (410) 876-9554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	60304	Account #:	4470
Reference:	Williamsburg Group	Company:	Williamsburg Group LLC
Location:	12904 Vista View Drive	Requested By:	Chip Lundy/ Bob Corbett
	West Friendship, MD 21794	Source:	Well Water
Date/ Time Collected:	8/22/2006 0845	Site:	Pressure Tank
Date/Time Rec'd:	8/22/2006 1243	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.0
Collected By:	J.Yeager 6176JY	Well #:	HO-94-3694

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/23/2006 / 0830 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/23/2006 / 0830 / BCD
Nitrate	9.81	mg/L	10	601	8/23/2006 / 1335 / GN
Turbidity	11.2	NTU	<10	SM18 2130B	8/23/2006 / 1015 / GN
Sand	Present	mg/L	5	Visual/Gravimetric	8/23/2006 / 1000 / GN

**NOTES**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B00142328

Date Reported: 8/28/2006



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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

**REPORT OF ANALYSIS**

Laboratory ID #:	60460	Account #:	4470
Reference:	Williamsburg Group	Company:	Williamsburg Group LLC
Location:	12904 Vista View Drive West Friendship, MD 21794	Requested By:	Chip Lundy/ Bob Corbett
Date/ Time Collected:	9/1/2006 1120	Source:	Well Water
Date/Time Rec'd:	9/1/2006 1253	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.7
		Well #:	HO-94-3694

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	1.36	NTU	<10	SM18 2130B	9/1/2006 / 1330 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	9/1/2006 / 1330 / GN

**NOTES:**

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 60304  
 Building Permit # : B00142328

Date Reported: 9/5/2006

# CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

### REQUESTER:

Williamsburg Group LLC  
P.O. Box 1018  
Columbia, Maryland 21044  
Attn: Accounts Receivable

REPORT DATE: Jun 2, 2004

County Howard

Lab Number 04-2519

Sample iced Yes

Residual  $Cl_2$  <0.1 mg/L Yes

cc: County Health Dept. Yes

Property Sampled: U&D: 12904 Vista View Drive

Station Sampled: Powder Room Tap

Date/Time Sampled: Jun 1, 2004 12:00 n

Owner, Telephone No.:

Subdivision Name: Fox Chase Estates

Building Permit No.: B00142328

Well Number: HQ-94-3694

Tax Map #: 13

Parcel #: 25

Sampler: 522658

Lot Number: 10

Observation: 2-Piece Cap  
Cap Tight  
3 Bolts Loose

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	XMCL/**SMCL	
Nitrate	9.8 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.6 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: NONE per Lenny

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

*Heather R. Bean*

Heather R. Bean

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level