| C 1 1477 SEQUENCE NO. (DENV USE ONLY) 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS) | STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | THIS REPORT MIGST BE 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER |
|--|--|--|
| ST/CO USE ONLY DATE Received DATE WELL COMPLETE | 22 26 (TO NEAREST FOOT) | 6 K PUL FROM "PERMIT TO DRILL WELL VICE TO THE PERMIT TO DRILL WELL VICE TO THE PERMIT TO DRILL WELL VICE TO THE PERMIT NO. |
| OWNER last name | | Gerece |
| SUBDIVISION | SECTION | LOT |
| WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF OROUTING MATERIAL | C 3 |
| THICKNESS AND IF WATER BEARING | TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C | HOURS PUMPED (nearest hour) |
| DESCRIPTION (Use additional sheets if needed) FROM TO Check if water bearing | 45 46 NO. OF BAGS NO. OF POUNDS | PUMPING RATE (gal. per min. |
| SAND 0 125 | GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from from ft. to 54 BOTTOM 58 (enter 0 if from surface) | to nearest gal.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 |
| Gray Mich 125 300 v | casing types insert appropriate code below | WHEN PUMPING 22 25 TYPE OF PUMP USED (for test) |
| | MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) | A air P piston T turbine |
| | E OTHER CASING (if used) C diameter depth (feet) inch from to | PUMP INSTALLED |
| | screen type or open hole insert STEEL BRASS OPEN | DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: |
| | appropriate code below BRONZE HOLE PLASTIC OTHER DEPTH (nearest ft.) | CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) |
| | E 1 | CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) |
| A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | R 3 41 45 47 51 | LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS |
| E ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION | SLOT SIZE 123 (NEAREST | BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS |
| P WELL | OF SCREEN (NCH) | THAN TWO DISTANCES (MEASUREMENTS TO WELL) |
| I 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. | from to GRAVEL PACK L J L J IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 | a the same |
| DRILLERS IDENT. NO. | OEP USE ONLY | House / |
| DRILLERS SIGNATURE | (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q | Front So |
| (MUST MATCH SIGNATURE ON APPLICATION) | 70 72 74 75 76 | trindelphin Rd. |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) | TELESCOPE LOG OTHER DATA CASING INDICATOR | and the state of t |
| The state of the s | COUNTY | The state of the s |

| В | 1 00.730 SEQUENCE NO. (DP USE ONLY) | | MARYLAND | STATE PERMIT NUMBER | | | |
|---------------------|--|--|---|--|--|--|--|
| 1 | (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | RMIT TO DRILL WELL int or type | 70 fill in this form completely 79 | | | |
| | Date Received (APA) O 7 1 3 9 2 8 13 OWNER INFORM B C C R A C K C N | GARY | B 3 1 2 HOWARD 8 COUNTY | LOCATION OF WELL | | | |
| | 15 Last Name Owner | First Name | 23 SUBDIVISION SEÇTION 44 46 | LOT 48 50 | | | |
| Joseph G. Mayre 238 | | | 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 71 8 4 1 2 | | | | |
| | Firm Name 5-12 Ridge Rd. mt. Address Address | airy, md. 21771 | DIRECTION OF WELL FROM TOWN (CIRCLE BOX) | 11 NEAR WHAT ROAD 30 | | | |
| <i>B</i> | Signature 2 WELL INFORMATION 2 | Date | 8 N _E 8-9 TOWN E | ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SEAST SOUTH | | | |
| | APPROX. PUMPING RATE (GAL. PER MIN.) 8 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) | 12 | 8 8 8 8 8 8 8 8 9 8 8 9 8 8 9 8 8 9 8 8 9 8 8 9 8 8 9 8 8 9 8 9 8 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 9 8 9 | 34 3 5 37 DISTANCE FROM ROAD ENTER FT or MI 38 39 | | | |
| | USE FOR WATER (CIRCLE APPRODUCE OF THE PROPERTY OF THE PROPERT | OLD UNIT ONLY) GRICULTURAL D FEDERAL GOV. ERMIT) ' (REQUIRES HEALTH DEPARTMENT | COUNTY NAME STATE SIGNATURE DATE ISSUED 43 48 CC NORTH GRID 0 0 | COUNTY NO. INSERT S SIGNATURE EXP. DATE O EAST O GRID O TO BE FILLED IN BY DRILLER COUNTY NO. INSERT S EXP. DATE | | | |
| | APPROXIMATE DEPTH OF WELL 24 | FEET 28 | SHOW MAJOR FEATURE BOX & LOCATE WELL _ WITH AN X | 7/22/92 Mius | | | |
| | APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (ci BORED (or Augered) JETTED AIR-ROTary AIR-PERcussion CABLE REVerse-ROTary other | NEAREST INCH ircle one) Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary) <u>DR</u> ive- <u>POINT</u> | SOURCES OF DRILLING 1. V/C C/ 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE | OPENHOLE (SHORT STE) | | | |
| | REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE BOY N THIS WELL WILL NOT REPLACE AN EXIT THIS WELL WILL REPLACE A WELL THE ABANDONED AND SEALED 39 THIS WELL WILL REPLACE A WELL THE AS A STANDBY D THIS WELL WILL DEEPEN AN EXISTING PERMIT NUMBER OF WELL TO BE REPLACE (IF AVAILABLE) Not to be filled in by driller (OEP LESSEN) APPROP. PERMIT NUMBER FORCE TO 70 71 72 SPECIAL CONDITIONS | X) XISTING WELL HAT WILL BE HAT WILL BE USED G WELL SED OR DEEPENDED 52 | RELATION TO NEARBY TO DISTANCE FROM WELL | W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION | | | |

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: 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 #: Lot #: Well Tag #: HO - 92 - 0120 Subdivision: Site Address: 14040 Triadelphia Road Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Two piece watertight cap: Make: Model #: Model#: Screened, vented well cap: (36" min) Cap secured to casing: Pump Capacity Depth: NSF approved: Well Yield: Conduit min 18" B.G.: Depth of well encountered at time of pump installation: _____(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 PVC sleeved to undisturbed soil at wall penetration: Type: _____(160 psi min) Approximate length of sleeve (5 foot minimum): Depth of supply line: ___(36" min) 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 For Health Department Use Only - Not to be completed by Installer Date Insp. Approved: 6/6/00 Date Insp. Requested: 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

PAGE 1/1

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

59610

Account #:

4470

Reference:

Williamsburg Group

Company:

Williamsburg Group LLC

Location:

14040 Tridelphia Road

Requested By:

Glenelg, MD 21737

Chip Lundy/ Bob Corbett

Date/ Time Collected: 6/27/2006

1112

Source: Site:

Well Water Kitchen Sink Tap

Date/Time Rec'd:

6/27/2006

1337 Treatment

Chlorine ppm:

Free: ND

Total: ND

nH:

None 5.8

Collected By:

J. Yeager

6176JY

Well #:

HO-92-0120

| PARAMETERS | RESULTS | UNITS RI | EFERENCE | METHOD | DATE/TIME/ANALYS |
|--------------------------------|---------|-------------|----------|--------------|----------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/28/2006 / 0830 / AMD/BCD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/28/2006 / 0830 / AMD/BCD |
| Turbidity | 4.80 | NTU | <10 | SM182130B | 6/27/2006 / 1400 / GN |

Nitrate 5 and

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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
- pH tested on-site

Reason for Test:

Use & Occupancy retest 59559

Building Permit #:

156076

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #:

59559

Account #:

4470

Reference:

Williamsburg Group

Company:

Williamsburg Group LLC

Location:

14040 Tridelphia Road

Requested By:

Glenelg, MD 21737

Chip Lundy/ Bob Corbett

Date/ Time Collected: 6/21/2006

1230

Source: Site:

Well Water Kitchen Sink Tap

Date/Time Rec'd:

6/21/2006

Treatment

None

Chlorine ppm:

Free: ND

1422 Total: ND

pH:

6.0

Collected By:

J. Yeager

6176JY

Well #:

HO-92-0120

| PARAMETERS | RESULTS | UNITS R | EFERENCE | METHOD | DATE/TIME/ANALYS |
|--------------------------------|---------|-------------|----------|--------------------|----------------------------|
| Bacteria, Coliform, Total, MPN | 1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/22/2006 / 0855 / AMD/BCD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 B. | 6/22/2006 / 0855 / AMD/BCD |
| Nitrate | 2.09 | mg/L | 10 | 601 | 6/22/2006 / 1020 / GN |
| Turbidity | 22.7 | NTU | <10 | SM182130B | 6/22/2006 / 0950 / GN |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 6/22/2006 / 0950 / GN |

NOTES

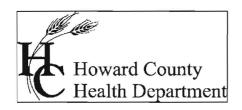
- 1 mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory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

Reason for Test:

Use & Occupancy

Building Permit #:

156076



Bureau of Environmental Health

7178 Columbia Gateway Drive Columbia, Maryland 21046-2132

(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

July 7, 2006

Gary McCracken 14040 Triadelphia Road Glenelg, MD 21737

SENT VIA FACSIMILE 410-997-4358

RE: McCracken Property 14040 Triadelphia Road Glenelg, MD 21737 BP #: B00156076 Well Permit # HO-92-0120

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 06/06/2006. Final approval of the well line connection to the dwelling was approved on 06/06/2006.

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-92-0120. 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:

06/21/2006 & 06/27/2006

Date of Well Completion:

07/22/1992

Talay A

Gabriel A. Creighton, R Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

SITE INSPECTION SHEET

| | y McCracken 1989-4881 O40 Triadelphia Rd DRILLER: Joe May WELL TAG # COUNTY # | ne | |
|-------------|---|-----------|--|
| 7 | LOCATION DIAGRAM | | |
| | TRIADECONIA RO | | |
| COMMENTS: _ | | | |
| | | | |
| | | · · · · · | |

DATE:

INSPECTOR:

north Existing red -. 14040 triadelphia Bd 489-4881