

C1 1190

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2074

OWNER: JAMES T. STREET OR RFD: 13837 Way Side Ct. TOWN: HIGHLAND SUBDIVISION: HAVILAND HILLS SECTION: 1 LOT: 25

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown mica, Gray mica, and Brown mica at various depths.

GROUTING RECORD form including fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (14), NO. OF POUNDS (1400), and DEPTH OF GROUT SEAL (36).

CASING RECORD form including MAIN CASING TYPE (ST), Nominal diameter (6), and Total depth (40).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD form including screen type (ST) and diameter of screen (38).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: (Y) YES.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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...

DRILLERS LIC. NO.: MW D040. DRILLERS SIGNATURE: George J. Easterday. LIC. NO.: WR D064.

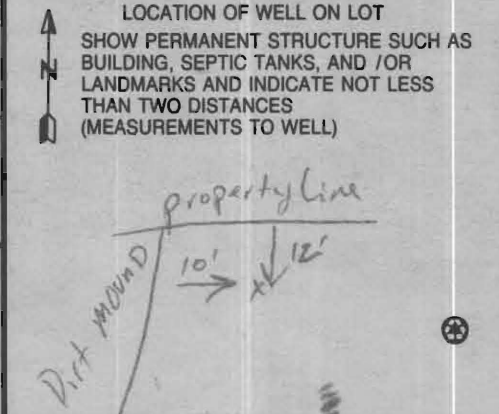
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21 and values 140, 38, 600.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for GRAVEL PACK, LOG INDICATOR, and OTHER DATA.

PUMPING TEST form including HOURS PUMPED (4), PUMPING RATE (4.0), METHOD USED TO MEASURE PUMPING RATE (Bucket), and TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), and PUMP HORSE POWER (37).



B 1 9233
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2074
70 fill in this form completely 79

534521
please type

Date Received (APA) 03-22-11 11588
8 MM DD YY 13

OWNER INFORMATION

15 Last Name QUI Owner JAMES T First Name 34
36 Street or RFD 9395 PENROSE STREET 55
57 Town FREDERICK MD 70 State 72 Zip 76 21704

B 3 **LOCATION OF WELL**

8 COUNTY Howard DC# 21
23 SUBDIVISION Haviland Hills 42
SECTION 7 LOT 25
44 46 48 50
Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name George F. Easterday M W D 040
76 License No. 81
Firm Name L. Franklin Easterday, Inc.
Address 9265 Brown Church Rd., MT. Airy, Md. 21771
Signature George F. Easterday Date 3/18/2011

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

(13837) Wayside Court
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S

34 300 37 DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 13 PARCEL 220

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
3 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A532558 COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED 3/29/2011 Bruce Baber 3/29/2012
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 494 0 0 0 EAST GRID 800 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800
N 494
000
000

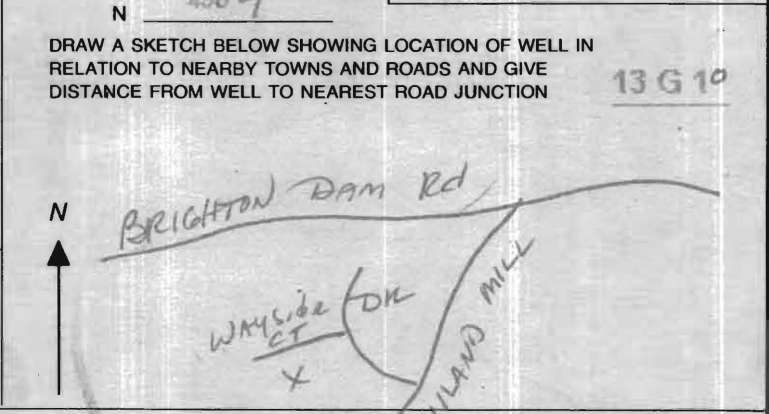
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ G _____
PERMIT No. 40-95-2074
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Highland

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: JC Harris Plumbing Telephone #: 301-371-7574
Address: 3120 Old National Pike
Middleton, MD 21109

(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: JAMES QUIN Telephone #: 240-361-8067

Subdivision: _____ Lot #: 25 Well Tag #: HO-95-2074

Site Address: 13837 Wauside Court
Marksville, MD 21129

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRIFFIN Make: ZIMMEL Two piece watertight cap: _____
Model #: MS0815330 Model: 15300X Screened, vented well cap: _____
Pump Capacity: 10 GPM Depth: 42" (36" min) Cap secured to casing: _____
Well Yield: 4 GPM NSF approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 50 (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
Type: Black Well Piping
PSI: 160 (160 psi min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: 36" (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.

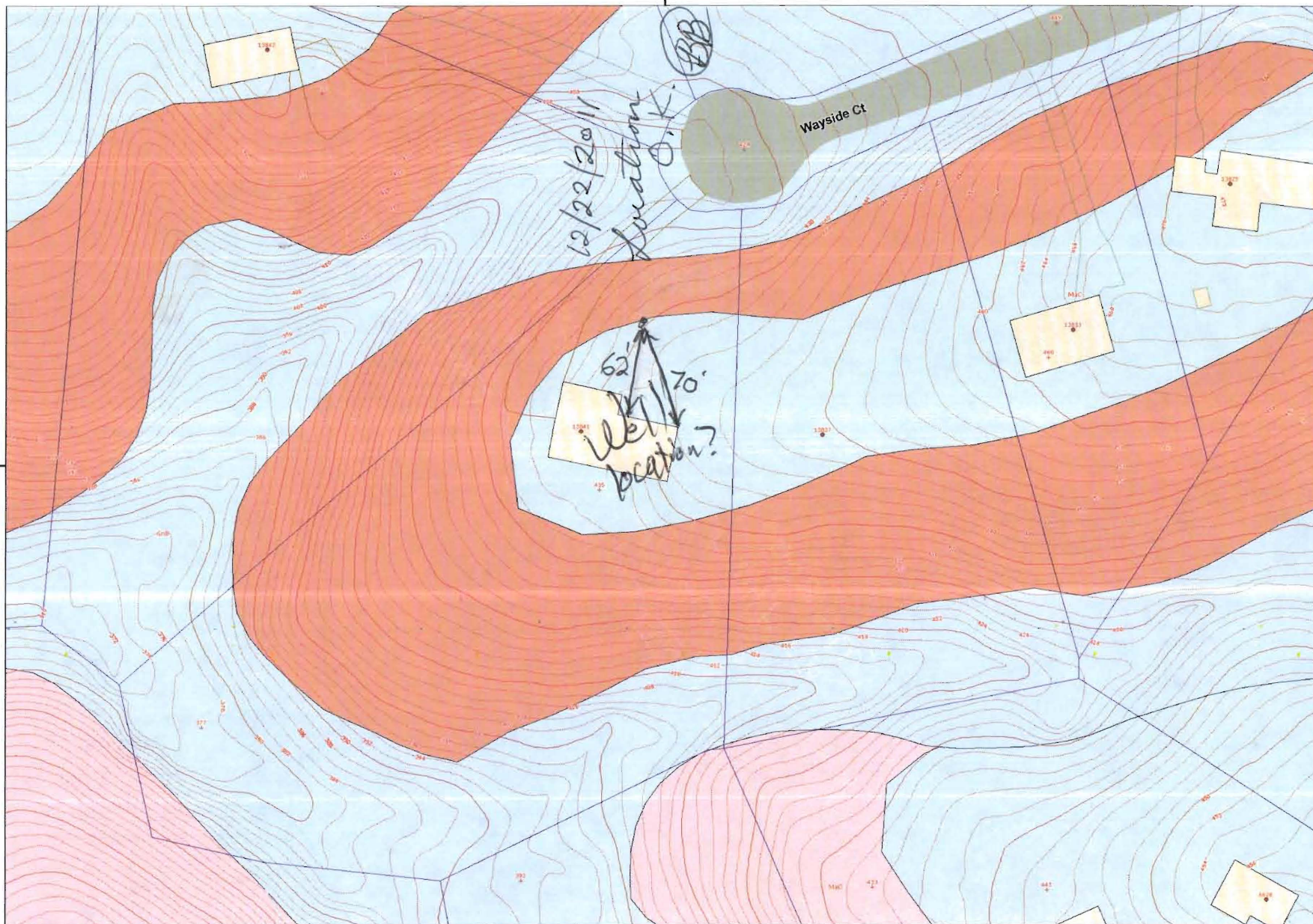
Signature of company representative responsible for installation: [Signature] Date: 12/15/2011

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

Date Insp. Requested: _____ Date Insp. Approved: 12/22/2011 **(BB)**

- 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

-76°59'59"



39°11'26"

39°11'26"

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.

-76°59'59"

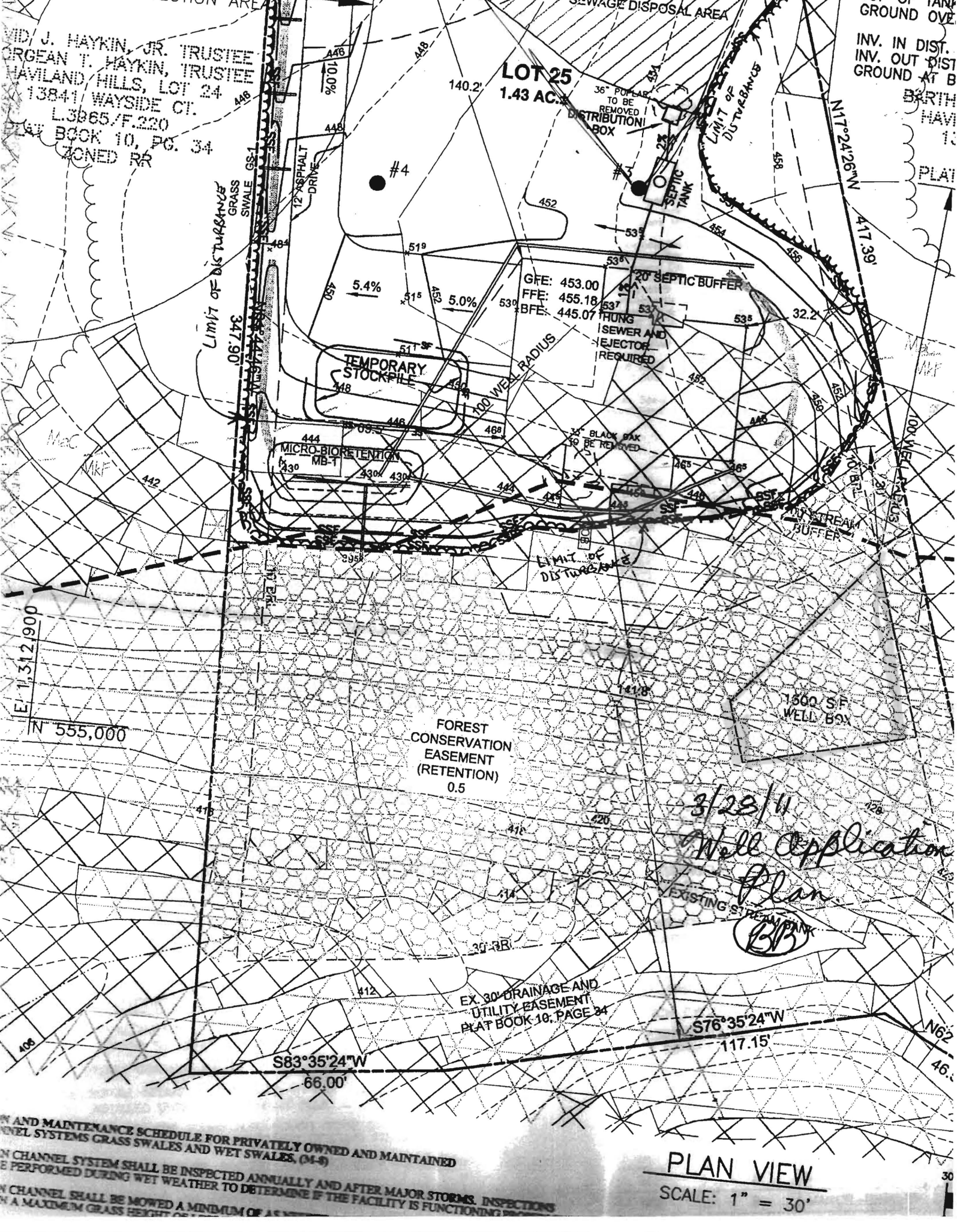


WID/ J. HAYKIN, JR. TRUSTEE
 GEORGEAN T. HAYKIN, TRUSTEE
 HAVILAND HILLS, LOT 24
 13841 WAYSIDE CT.
 L3865/F.220
 PLAT BOOK 10, PG. 34
 ZONED RR

LOT 25
 1.43 AC.

GFE: 453.00
 FFE: 455.18
 BFE: 445.07

3/28/11
Well Application
Plan

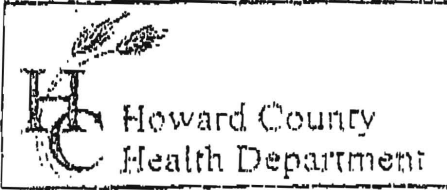



INSPECTION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED
 SEWER SYSTEMS GRASS SWALES AND WET SWALES, (M-6)
 THE CHANNEL SYSTEM SHALL BE INSPECTED ANNUALLY AND AFTER MAJOR STORMS. INSPECTIONS
 SHALL BE PERFORMED DURING WET WEATHER TO DETERMINE IF THE FACILITY IS FUNCTIONING
 PROPERLY. THE CHANNEL SHALL BE MOWED A MINIMUM OF 4 TIMES PER YEAR TO MAINTAIN
 A MAXIMUM GRASS HEIGHT OF 4 INCHES.

PLAN VIEW
 SCALE: 1" = 30'

ATTN: JEFF WILLIAMS

4-28-11 *Revised*



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-264
TDD (410) 313-2323 Toll Free 1-866-3-3-6300
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:

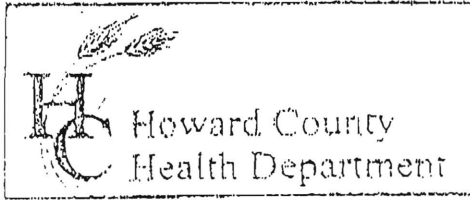
- The well site has been staked by Benchmark (professional land surveyor or company employing professional land surveyors) on 4-26-11 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to 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

CHUCK Sweeney - BUILDER will be dropping off revised plat on 4-29-11 to HOWARD COUNTY.

13837 Wayside Ct



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

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 Bench mark,
 (professional land surveyor or company employing professional land surveyors)
 on 2-23-11 (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

13837 Wayside Ct



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 17th, 2012

January 17th, 2012

Homeowner
13837 Wayside Ct.
Clarksville, MD 21029

RE: Qin Propety, Lot 25
13837 Wayside Ct.
Building Permit: B10003904
Well Permit: HO-95-2074

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 1/4/2012. Final approval of the well line connection to the dwelling was granted on 12/22/11. The well construction was completed on 6/9/11. Water samples were collected on 1/10/12 & 1/16/12.

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. 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-95-2074. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

01/09/2012 12:36

4108480298

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 #:	82846	Account #:	1930
Reference:	NDI Homes	Company:	Fogle's Well Drilling
Location:	13837 Wayside Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	1/10/2012 1105	Source:	Well Water
Date/Time Rec'd:	1/10/2012 1230	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.6
		Well #:	HO-95-2074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	1/10/2012 / 0940 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/10/2012 / 0940 / CCH
Nitrate	1.31	mg/L	10	601	1/11/2012 / 1515 / CCH
Turbidity	2.16	NTU	<10	SM18 2130B	1/11/2012 / 0917 / BMC
Sand	NS	mg/L	5	Visual/Gravimetric	1/11/2012 / 0917 / BMC

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 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B10003904

Date Reported: 1/17/2012

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 #:	82924	Account #:	1930
Reference:	NDJ Homes	Company:	Fogle's Well Drilling
Location:	13837 Wayside Court Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	1/16/2012 1140	Source:	Well Water
Date/Time Rec'd:	1/16/2012 1327	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Fogle 1974JF	pH:	6.1
		Well #:	HO-95-2074

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/17/2012 / 0820 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/17/2012 / 0820 / BCD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B10003904

Date Reported: 1/17/2012