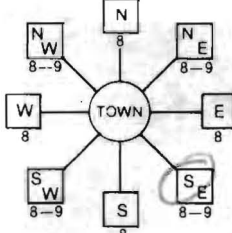

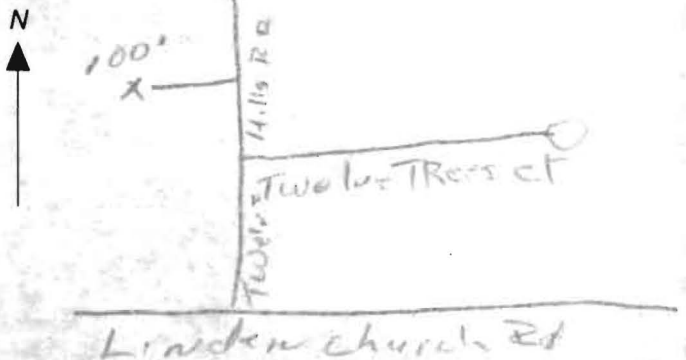


C1 6723		SEQUENCE NO. (DENY USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
DATE Received 8 13		DATE WELL COMPLETED 15 20		Depth of Well 22 26 (TO NEAREST FOOT)		
OWNER last name first name		TOWN		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
STREET OR RFD		SUBDIVISION		LOT		
WELL LOG Not required for driven wells		GROUTING RECORD yes no Y N 44 44		C 3 1 2		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC 45 46 45 46		PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS NO. OF POUNDS		HOURS PUMPED (nearest hour)		
FEET FROM TO		GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft. (enter 0 if from surface)		PUMPING RATE (gal. per min. to nearest gal.)		
Top Soil 0 2		casing types insert appropriate code below		METHOD USED TO MEASURE PUMPING RATE		
Shale 2 20		ST CO STEEL CONCRETE		WATER LEVEL (distance from land surface)		
Mika 20 40		PL OT PLASTIC OTHER		BEFORE PUMPING		
Sandstone 40 15		MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		WHEN PUMPING		
Mika 45 160		OTHER CASING (if used) diameter inch depth (feet) from to		TYPE OF PUMP USED (for test)		
Sandstone 160 165		screen type or open hole insert appropriate code below		A air P piston T turbine		
Mika 165 205		ST BR HO STEEL BRASS OPEN HOLE		C centrifugal R rotary O other (describe below)		
C 2 1 2		DEPTH (nearest ft.)		J jet S submersible		
EACH SCREEN		SLOT SIZE 1 2 3		PUMP INSTALLED		
Diameter of Screen		Diameter of Screen (Nearest Inch)		DRILLER WILL INSTALL PUMP YES NO		
Gravel Pack		Gravel Pack		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:		
T (E.R.O.S.) WQ		T (E.R.O.S.) WQ		CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
TELESCOPE CASING LOG INDICATOR OTHER DATA		TELESCOPE CASING LOG INDICATOR OTHER DATA		PUMP HORSE POWER		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMP COLUMN LENGTH (nearest ft.)		
COUNTY		COUNTY		CASING HEIGHT (circle appropriate box and enter casing height)		
				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 1 <b>6846</b> <small>(THIS NUMBER IS TO BE PUNCHED • IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-88-0587</b> <small>fill in this form completely</small>
<b>Date Received (APA)</b> <b>121688</b> <b>OWNER INFORMATION</b> <b>ALTOGETHER LTD PART</b> <small>15 Last Name      Owner      First Name      34</small> <b>10176 BALT NAT PIKE</b> <small>36      Street or RFD      55</small> <b>ELICOTT CITY MD 21043</b> <small>57      Town      70 State 72      Zip      76</small>		<b>B 3 LOCATION OF WELL</b> <b>HOWARD</b> <small>8 COUNTY      21</small> <b>TWELVE HILLS</b> <small>23 SUBDIVISION      42</small> SECTION <b>3</b> LOT <b>22</b> <small>44      46      48      50</small> <b>DAYTON</b> <small>52 NEAREST TOWN      71</small> MILES FROM TOWN (enter 0 if in town) <b>MI</b> <small>73      76      77      78</small>	
<b>DRILLER INFORMATION</b> <b>Frank Delph</b> <small>Driller's Name      77 License No. 80</small> <b>Frank Delph Well Drillers Inc</b> <small>Firm Name</small> <b>18234 Penn Shop Rd. Mt Airy Md.</b> <small>Address</small> <b>Frank Delph</b> <b>12/14/88</b> <small>Signature      Date</small>		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <b>Twelve Hills Rd</b> <small>11      30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD <b>400</b> <small>34      37</small> ENTER FT or MI <b>FT</b> <small>38      39</small>	
<b>B 2 WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> <small>8      12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> <small>14      20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <small>COUNTY NAME</small> <b>A # 38583</b> <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <b>12/14/89</b> <b>Gene E. Nadeau 11/8/89</b> <small>43      48      CO SIGNATURE      EXP. DATE</small> NORTH GRID <b>510000</b> EAST GRID <b>080900</b> <small>50      55      57      63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <b>809 E 511</b> <b>510 N 511</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <b>200</b> FEET <small>24      28</small> APPROXIMATE DIAMETER OF WELL <b>6</b> INCH <small>NEAREST INCH</small>		<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered)      JETTED      Jetted & DRIVEN <small>30-      37</small> AIR-ROtary      AIR-PERcussion <b>ROTARY (Hydraulic Rotary)</b> CABLE      REVERSE-ROtary      DRIVE-POINT other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ <small>41      52</small>		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ <small>54      63</small> FORCE <b>11</b> WRITE INITIALS IN BOX PERMIT NO. <b>HO-88-0587</b> <small>67      68      70      71      72      73      74      75      76      77      78      79</small>	
SPECIAL CONDITIONS			





Well Permit No. HO - 88-0587  
Location of property (road) TWELVE HILLS  
Subdivision TWELVE HILLS Lot 226 Block - Plat - Sec. 3  
Well Driller F. DELPH Owner TO ALTOGETHER LTD. PART

Depth of well 205 ft  
Distance of measuring point (M.P.) above ground 1 ft  
Static water level (S.W.L.) below M.P. 15 ft

Time pump started 8:00 Pumping rate 10 G.P.M.  
Total time 30 min to reach pumping water level 42 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: New Dimensions Plumbing Telephone #: 4102394359  
Address: 3019 Bachman Rd.  
Manchester, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Clarence W. Blake, Jr. License# 15443

\*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: Jiaish Patel Telephone #: 2406727250  
Subdivision: Twelve Hills Lot #: 49 Well Tag #: HO 88-0587  
Site Address: 13055 Twelve Hills Rd.  
Clarksville, MD 21029

**Submersible Pump Data**  
Make: Grundfos  
Model #: 155QE01B-250  
Pump Capacity 12 GPM  
Well Yield: 10 GPM

**Pitless Adapter**  
Make: CAMAC  
Model #: 007  
Depth: 42 (36" min)  
NSF approved: ✓

**Well Cap and Electric Conduit**  
Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: 30"  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 205 (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 NO

**Piping to house**

Type: 1" 200 PSI  
PSI: 200 (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: yes  
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.

CM BL  
Signature of company representative responsible for installation

11/12/06  
date

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

Date Insp. Requested: _____	Date Insp. Approved: _____
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	✓

8/23/06

4" Sleeve  
Under Driveway

BB

480

1122.00

430.14

Note: Limited house  
site min. first floor  
elev. 4550

LOT 22

LOT 23

HILLS

STIMULOUS  
VOLUNTARY

100' B.WELL

LOT 24

4.26 AC.

100' B.WELL

LOT 18  
ZONED R

TWELVE HILLS  
SEC. TWO  
PLAT. 7430

EX 30 BALTIMORE GAS  
AND ELECTRIC CO.  
Z.W. L. 228 F. 444

540

TWELVE



Barnsley Williams  
1088/295  
Zoned: R

470

460

480

490

506

N67°03'07"E

N47°44'41"E  
175.20

1122.00'

60' BRL

well site OK  
4-25-89 VEN

S56°49'29"E  
548.14'

LOT 48

LOT 49

LOT 50

Note: Limited house site for Lot 47  
min. first floor elev: 486.0

50.00'

60' BRL

372.36'

125.22'

30' BRL

30' BRL

30' BRL

S49°19'34"E  
435.86'

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

30' BRL

WELL SITE

THIS AREA  
TWO

OK TO DATE  
WITHIN 100' OF  
2/5/99 CUL  
PA

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

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75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

75' BRL

S55°52'36"E  
169.37'

175' BRL

175' BRL

175' BRL

175' BRL

175' BRL

175' BRL

175' BRL

175' BRL

S49°19'34"E  
264.27'

30' BRL

30' BRL

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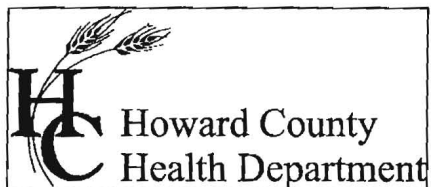
30' BRL

30' BRL

30' BRL

30' BRL

M. 00.00.99N



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

August 23, 2006

Jigish Patel  
7004 Quisinberry Way  
Bowie, MD 20720

RE: Twelve Hills, Lot 48  
13055 Twelve Hills Road  
Clarksville, MD 21029  
BP #: B00152469  
Well Permit # HO-88-0587

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 08/11/2006. Final approval of the well line connection to the dwelling was approved on 08/23/2006.**

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-88-0587. 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: 08/10/2006  
Date of Well Completion: 07/07/1989

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



# CERTIFICATE OF ANALYSIS



**Requester:**  
Mr. Jigish Patel  
5930 Great Star Drive  
Clarksville, Maryland 21029

**S/O Number:** 07-1599  
**Report Date:** August 11, 2006

**Property Sampled:** 13055 Twelve Hills Road

**County:** Howard  
**Subdivision:** Twelve Hills  
**Lot #:** 48  
**Building Permit #:** B00152469

**Tax Map #:** 28  
**Parcel #:** 381


**Date/Time Collected:** August 10, 2006 at 11:30 am  
**Date/Time Received:** August 10, 2006 at 1:25 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not visible  
**Well Condition:** 2-Piece Cap  
Cap Tight  
Cap at Ground Level

**Water Conditioning/Treatment:** NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.2 NTU	EPA 180.1	10 NTU	Pass
pH	5.4 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

  
Heather R. Beam  
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.

TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318