

C14313

SEQUENCE NO.
(MDL USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY
NUMBER
A 58096

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
10 26 98

Depth of Well
22 360 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 94 - 1777

OWNER Parrott George

STREET OR RFD 651 W. Watersville Rd TOWN Mt. Airy

SUBDIVISION Stirn Property SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing |
|--------------------------------------------------|------|-----|------------------------------|
| | FROM | TO | |
| Brown Shale | 0 | 45 | |
| Blue Rock | 45 | 260 | |
| Grand Beds | 260 | 280 | |
| Blue Rock | 280 | 360 | |

Dry well back filled
400'-40' drilling material
40'-0' Cement

GROUTING RECORD

yes no
Y N
44 44

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 136

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 42 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE

PL OT
PLASTIC OTHER

MAIN
CASING
TYPE ST

Nominal diameter
top (main) casing
(nearest inch)! 6

Total depth
of main casing
(nearest foot) 48

OTHER CASING (if used)

EACH
CASING

PL

diameter
inch 4

depth (feet)
from 20 to 360

SCREEN RECORD

screen type
or open hole

ST BR HO
STEEL BRASS OPEN
HOLE

PL OT
PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 ft.

WHEN PUMPING 290 ft.

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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above } LAND SURFACE

- below } (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

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
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.

DRILLERS LIC. NO. 1 M S D O 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)

C2

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

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

56 60

from to

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 CASING LOG
INDICATOR OTHER DATA

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

See Attached
location

B 1 6778

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-1777
fill in this form completely

Date Received (APA)

09/21/98

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Parrott Owner George First Name 34

36 5858 Bellanca Drive Street or RFD 55

57 Elkridge Md. 21075 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Mayne License No. MSD 24 76 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature Joseph L. Mayne Date 9/18/98

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

5 8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)

500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
- ☐ PUBLIC WATER SUPPLY WELL
- ☐ TEST, OBSERVATION, MONITORING
- ☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- ☐ THIS WELL WILL DEEPEMED 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)

APPROP. PERMIT NUMBER 54 GAP 63

PERMIT No. HO-94-1777

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

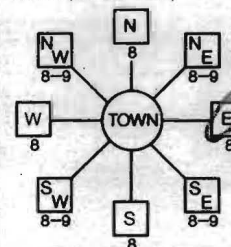
8 COUNTY Howard 21
23 SUBDIVISION Property 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Mt. Airy 71

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

B 4

DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)651 West Watersville Rd
11 NEAR WHAT ROAD 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 300 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A 58096

STATE SIGNATURE INSERT S 41

DATE ISSUED 10/8/98 EXP. DATE 10/7/99

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 556 000 EAST GRID 0766 000

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HEREE 7666
N 5506DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1777
Location of property (road) 651 W. Watersville Rd.
Subdivision Stim Prop. Lot Block Plat Sec.
Well Driller J. Mayne Owner George A. Parrott

Depth of well 360'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 43'

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 290 ft. below M.P.

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

| TIME (in 15 minute intervals) | WATER LEVEL below M.P. | PUMPING RATE time to fill 5 gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|-------------------------------------------|------------------------------|--------------------------------------|
| 7:30 | 175' | 3 sec. | N/A | 20 gpm |
| 7:45 | 290 | 3 | | 20 |
| 8:00 | 287 | 20 | | 3 |
| 8:15 | 287 | 20 | | 3 |
| 8:30 | 287 | 20 | | 3 |
| 8:45 | 287 | 20 | | 3 |
| 9:00 | 286 | 20 | | 3 |
| 9:15 | 286 | 20 | | 3 |
| 9:30 | 286 | 20 | | 3 |
| 9:45 | 286 | 20 | | 3 |
| 10:00 | 286 | 20 | | 3 |
| 10:15 | 286 | 20 | | 3 |
| 10:30 | 286 | 20 | | 3 |
| 10:45 | 286 | 20 | | 3 |
| 11:00 | 286 | 20 | | 3 |
| 11:15 | 286 | 20 | | 3 |
| 11:30 | 286 | 20 | | 3 |
| 11:45 | 286 | 20 | | 3 |
| 12:00 | 286 | 20 | | 3 |
| 12:15 | 286 | 20 | | 3 |
| 12:30 | 286 | 20 | | 3 |
| 12:45 | 286 | 20 | | 3 |
| 1:00 | 286 | 20 | | 3 |
| 1:15 | 286 | 20 | | 3 |
| HD-224 30 | 286 | 20 | | 3 |
| 1:45 | 286 | 20 | | 3 |

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1777
Location of property (road) 651 W. Waterloo Road
Subdivision Stirn Property Lot Block Plat Sec.
Well Driller J. Mayne Owner Parrott

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

I. High rate pumping -- reservoir drawdown

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

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

[illegible]

10/26/99
No info

**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: Custom Quality Plumbing Telephone #: 410-857-9668
Address: 509A Old Westminster Pk
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Timothy K. Jones

License# 24588

*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: Christina Homes

Telephone #: 301-829-7624

Subdivision:

Lot #:

Well Tag #: HO-94-1772

Site Address: 651 West Waterville Rd

Mount Airy, MD 21737

Submersible Pump Data

Make: Lancaster

Model #: 2 SPL 75122

Pump Capacity 7 GPM

Well Yield: 3 GPM

Depth of well encountered at time of pump installation 340 (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

Pitless Adapter

Make: Campbell

Model #: PA800

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.: Yes

Conduit secured to well cap: Yes

Piping to house

Type: Creatline

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: 10'

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

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

WEST
WATERSVILLE
TAD

N 37°06'01" E
150.00'

938.54'
334.02'
C&P 6

STONE FOUND

S 65°25'32" E

506.26'

10' GRAVEL ROADWAY

209.52'

651
WEST WATERSVILLE

George A. Smith
5858 Bellman Drive
Bridgeport, N.J. 07007-1215

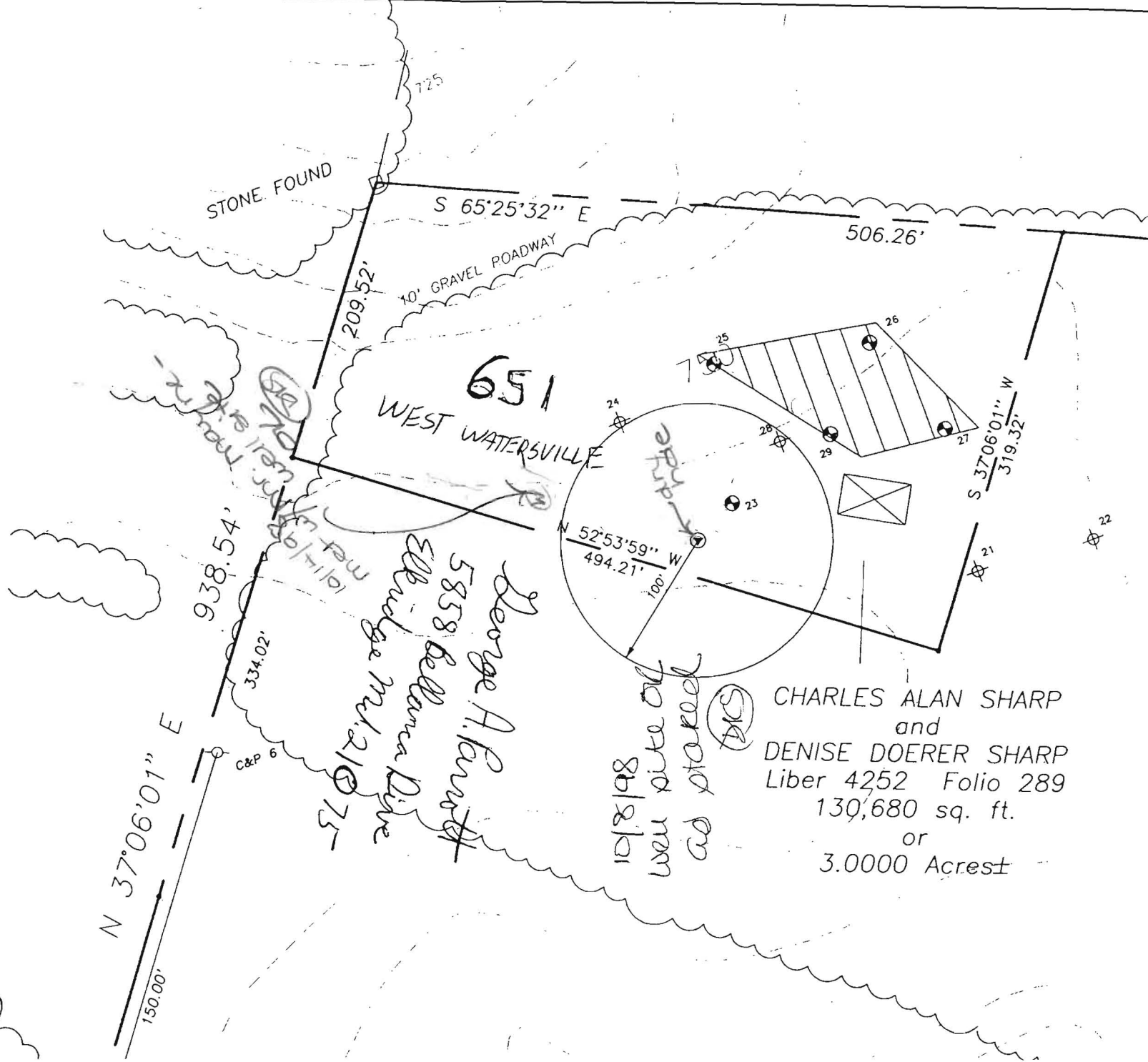
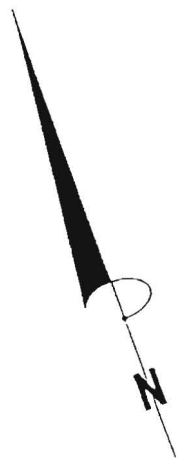
N 52°53'59" W
494.21'

as stored on site 8/8/01

(S)

CHARLES ALAN SHARP
and
DENISE DOERER SHARP
Liber 4252 Folio 289
130,680 sq. ft.
or
3.0000 Acres ±

S 37°06'01" W
319.32'





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

June 4, 2007

Christian Homes Inc.
P.O. Box 1026
Mount Airy, MD 21771

SENT VIA FACSIMILE 301-829-7526

RE: 651 West Watersville Road
Mount Airy, MD 21771
BP #: B00160149
Well Permit # HO-94-1777

Dear Sirs:

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 12/18/2006. Final approval of the well line connection to the dwelling was approved on 05/29/2007.**

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-94-1777. 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 Sample(s): 05/31/2007
Date of Well Completion: 10/26/1998

Approving Authority,

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS

Requester:
Christian Homes
P.O. Box 1026
Mt. Airy, Maryland 21771

S/O Number: 63696
Report Date: June 1, 2007



Trace Laboratories, Inc.
Maryland

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

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 651 West Watersville Road, 21771

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00160149

Tax Map #: 2
Parcel #: 245

Date/Time Collected: May 31, 2007 at 11:30 am
Date/Time Received: May 31, 2007 at 1:41 pm

Sample Location: Kitchen Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-1777
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|----------------|---------------|-----------|----------------|--------|
| Nitrate | 1.2 mg/L as N | SM 4500D | 10 mg/L as N | Pass ✓ |
| Turbidity | <1.0 NTU | EPA 180.1 | 10 NTU | Pass ✓ |
| pH | 4.9 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 ✓ |

OK
(KAW)

6/4/07

Allison R. Milburn
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.