

C1 0529 SEQUENCE NO. (MDE USE ONLY)

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

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

1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A515344

ST/GO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 11 15 2001

Depth of Well 22 360 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3264

OWNER Patuxent Builders Inc last name first name STREET OR RFD DuVall Road TOWN Lisbon SUBDIVISION Gray Property (Covered Bridge Farmstead) SECTION LOT Parcel 107

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Brown shale 0-70, Blue Rock 70-360.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 17 NO. OF POUNDS 1548 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 74

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 COMPT 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. MSD024 DRILLERS SIGNATURE Joseph L. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

DEPTH (nearest ft.) 72 360

E 8 9 11 15 17 21 C 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N

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 88

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

C 3 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft.

WHEN PUMPING 191 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 - below

LAND SURFACE 2 (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)

See Attached well location

B 1 7294
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3264
70 fill in this form completely 79

U51605 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Patuxent Builders Inc
15 Last Name Owner First Name 34
3330 Sang Rd
36 Street or RFD 55
Glenwood Md 21738
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Magna MS D 24
Driller's Name 76 License No. 81

Joseph L. Magna Well Drilling
Firm Name

5512 Ridge Rd Mt Airy Md. 21771
Address

Joseph L. Magna 10/3/2001
Signature Date

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
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- 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
- 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 DEEPEAN 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 54 G A P 63

PERMIT No. HO-94-3264
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

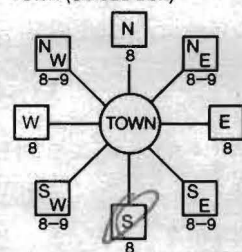
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
Grey Property (covered form)
23 SUBDIVISION Assoc, LLC 42
SECTION 44 46 LOT Parcel 107
Lisbon
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Duval Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 2,100 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 11 PARCEL 107

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A515344
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 11/6/01 Ronald Pully 11/6/02
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 537 0 0 0 EAST GRID 10777 0 0 0
50 55 57 63

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

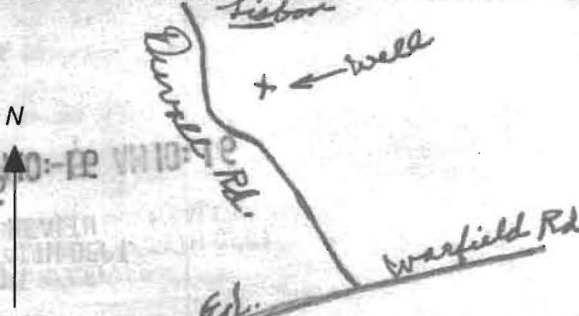
SOURCES OF DRILLING WATER

- 1 well
- 2.
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 7707
N 5307

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL 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: Mark Brew plumbing Telephone #: 301-854-0609
Address: PO Box 88 Highland MD 20777

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

License # and name of individual responsible for the field installation:
Name (Print): Mark Brew License# MPL1676

*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: Covered Bridge Farm Telephone #: 410-489-0833
Subdivision: Brookshire Manor Lot #: 11 Well Tag #: HO-94-3264
Site Address: 2425 Inval Road WOODBINE MD 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Model #: Depth: 36" (36" min) Two piece watertight cap:
Model #: Model#: Screened, vented well cap:
Pump Capacity 7 GPM Depth: 36" (36" min) Cap secured to casing:
Well Yield: 7 1/2 GPM SWL-55 NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 360 (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 House Connection
Type: 1" PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

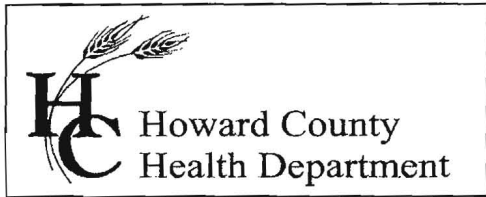
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Mark Brew date: 9/8/04

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

Date Insp. Requested: Date Insp. Approved: 11/13/05 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

GREY PROP P. 107



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

May 18, 2006

Covered Bridge Farm LLC
2435 Duvall Road
Woodbine, MD 21797

SENT VIA FACSIMILE 410-489-0834

RE: 2425 Duvall Road
Woodbine, MD 21797
BP #: B00146125
Well Permit # HO-94-3264

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 01/11/2005. Final approval of the well line connection to the dwelling was approved on 01/13/2005.**

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-94-3264. 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): 05/17/2006
Date of Well Completion: 11/15/2001

Approving Authority:

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Well site approved per plan
App # 1/16/01
600

+599.

PARCEL 35

784/483

GLB2

F1 N81°30'19"W
264.00'

MtB2

N 63°30'
(W 858'

GLB2

N 76°30'
297'

+588.



PROPOSED BUILDING

New House

MtC2

W 1410.00'
S 54°30' W 1410'

+552.

PARCEL 107
80.2 ACRES ±



547.
+

GLB2

952' ± 5'
536

MtC3

MtB2

GLB2

N 40°30'00"

+551

550

MtC3

MtC3

+526.



+544

640' ± 5'

625

MtC3

GLB2

±5'

GLB2

N 20°30' E
495'

CERTIFICATE OF ANALYSIS

Requester:
 Patuxent Builders
 2435 Duvall Road
 Woodbine, Maryland 21797

S/O Number: 07-0254
Report Date: May 18, 2006



TRACE LABORATORIES-EAST

Property Sampled: 2425 Duvall Road

County: Howard
Subdivision: Woodbine
Lot #: 1
Building Permit #: B00146125

Tax Map #: 13
Parcel #: 280

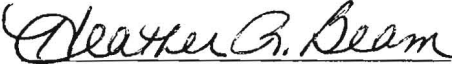
Date/Time Collected: May 17, 2006 at 12:35 pm
Date/Time Received: May 17, 2006 at 2:25 pm

Sample Location: Powder Room Tap & Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3264
Well Condition: 2-Piece Cap
 Cap Loose
 All 4 Bolts Loose

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	4.7 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	1.5 NTU	EPA 180.1	10 NTU	Pass
pH	6.6 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.

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

Maryland State Certified
 Water Quality Laboratory
 No. 318