

C1 7375 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.
COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13
DATE WELL COMPLETED MM DD YY 2 9 09
Depth of Well 22 300 26 (TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-11685

OWNER last name first name
STREET OR RFD 13791 Highland TOWN Clarksville
SUBDIVISION 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	94	
Gray Limestone	94	300	✓

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 46 20 NO. OF POUNDS 45 46 180
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 0 ft. to 54 BOTTOM 61 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 06 100
60 61 63 64 66 70

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

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

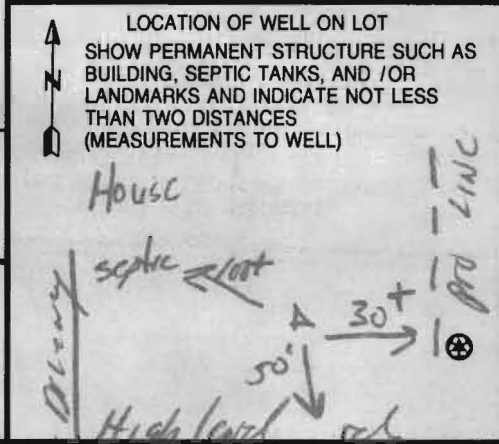
C 2 DEPTH (nearest ft.)
1 2
8 100 300
EACH CASING diameter inch depth (feet) from to
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
R
E SLOT SIZE 1 2 3
N DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

C 3 **PUMPING TEST**
HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 5
METHOD USED TO MEASURE PUMPING RATE 1966
WATER LEVEL (distance from land surface)
BEFORE PUMPING 104 ft.
WHEN PUMPING 172 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 (CIRCLE) (YES or NO) 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. S
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 280
CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below 01 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0
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. MSD 009
DRILLERS SIGNATURE
LIC. NO. D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5385

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1685

529582 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Firm Name

Address

Signature Date

LOCATION OF WELL

8 COUNTY 21

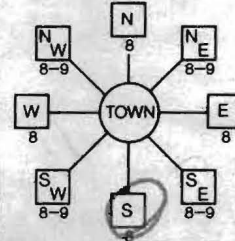
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 3 PARCEL 334

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED EXP. DATE

43 MM DD YY 48 CO SIGNATURE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEM AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER

PERMIT No. HO-95-1685

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 806
N 5002

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Field Test Data Sheet

County File # _____

District _____

MD Well Permit # H0-95-1685

Date of Test: 2-9-09

Subdivision Name: Parcel 4

Section _____ Lot # _____

Street Address: 13791 Highland Rd

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 300' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

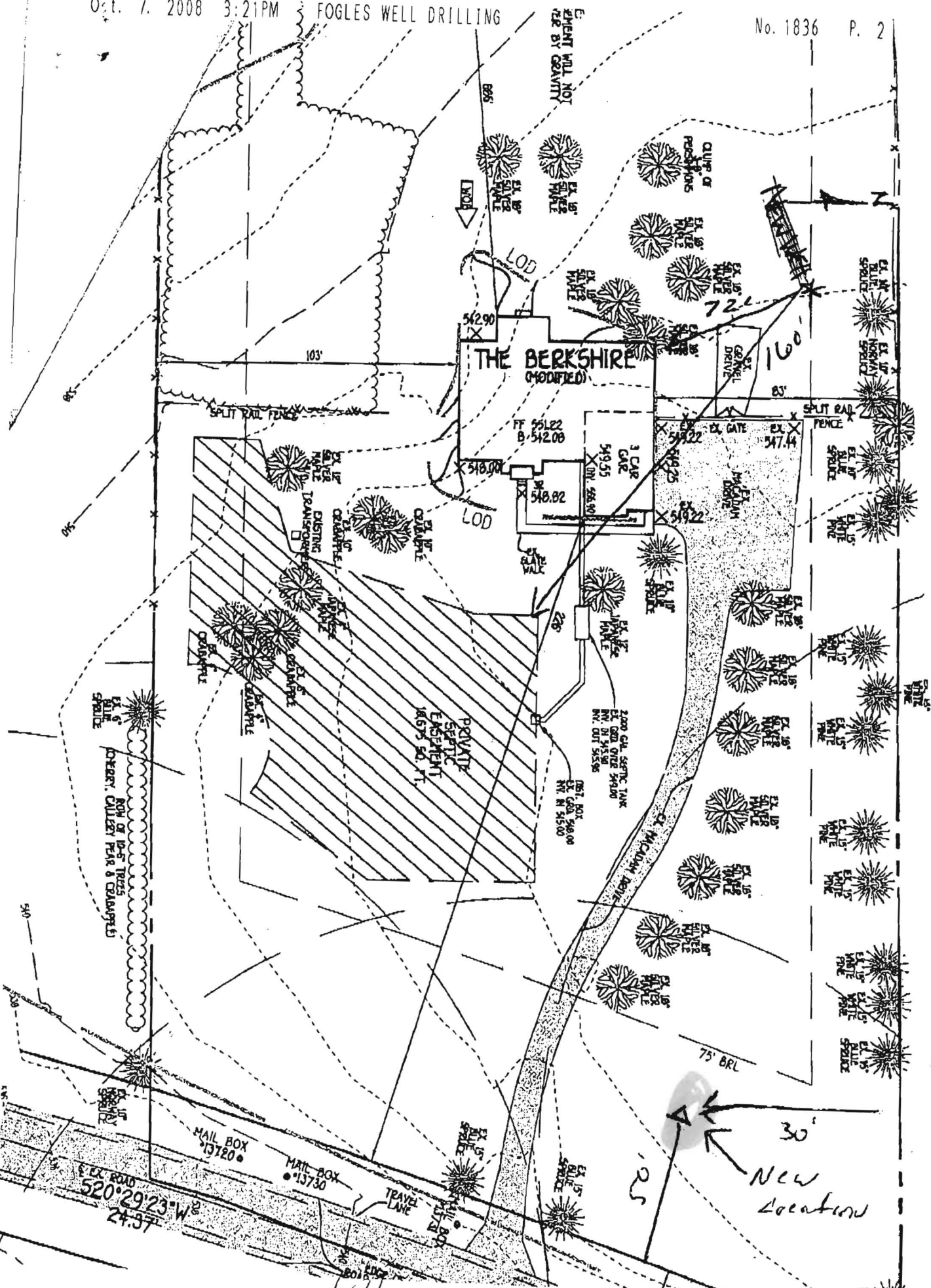
Submit to:

Pump Start Time	Static Water level	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
12:30	104 ft.		10
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes.

1	12:30	104 ft.	6	10 GPM
2	12:45	130 ft.	7	85 GPM
3	1:00	153 ft.	7	85 GPM
4	1:15	172 ft.	12	5 GPM
5	1:30	172 ft.	12	5 GPM
6	1:45	172 ft.	12	5 GPM
7	2:00	172 ft.	12	5 GPM
8	2:15	172 ft.	12	5 GPM
9	2:30	172 ft.	12	5 GPM
10	2:45	172 ft.	12	5 GPM
11	3:00	172 ft.	12	5 GPM
12	3:15	172 ft.	12	5 GPM
13	3:30	172 ft.	12	5 GPM
14	3:45	172 ft.	12	5 GPM
15	4:00	172 ft.	12	5 GPM
16	4:15	172 ft.	12	5 GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:



11/18/08 Well Location OK

**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:
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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 95-1685
Site Address: 13791 Highland Road

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 2/24/09 BB

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Connected to Existing Line

2/24/09

Want to Hook
Up Old Well
to Proposed
Future Barn -
Pump Still in
Well (BB)



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

_____ 13791 Highland rd.
Subdivision/Property Name Lot# Road Name

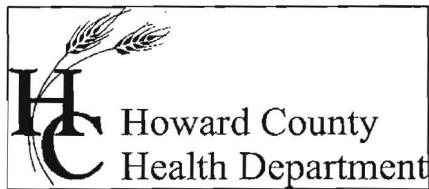
- The well site has been staked by Fogles,
 (professional land surveyor or company employing professional land surveyors)
 on 9-19-08 (date) and does not require a site inspection.

- 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 3/11/05

*10/7/08 Call Fogles (Allen) well site
 too close to neighbors SRA. (SC)*



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

December 4, 2008

Gregory D. Rowe
13791 Highland Road
Clarksville, MD 21029

RE: Lot 4
13791 Highland Road
Clarksville, MD 21029
BP# B07003365
Well Tag #: HO-73-1744

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 09/25/2008. Final approval of the well line connection to the dwelling was approved on 07/18/2008.**

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-73-1744. 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: 12/01/2008
Date of Well Completion: 11/30/1976

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

WATER AND SEWER DEPARTMENT
 PUBLIC WORKS DIVISION
 WATER AND SEWER PROGRAM
 PERMITS SECTION
 (503) 253-1501

Permit No. 12-1008 Applicant W. J. ... Address 1234 ...
 Project Description ... License No. ...
 Issued on 7/18/08 at ... by ...
 Conditions of Permit: ...

Contractor Name ... Telephone ...
 License No. ... License Type Well Pump Installer
 License Issued ... License Expires ...
 License Issued by ... License Issued for the District of ...
 Licensees may be ...

Name of Property Owner ...
 Address ...
 Site Address ...

Submersible Pump Data
 Make ... Model ...
 Pump Capacity ... Motor ...
 Well Depth ... Depth of well encounter ...
 If pump capacity or motor torque exceeds ... safety pipe, if needed, ...

Pipe in House
 Type One inch
 PSI 150
 Depth of supply line ...

This water supply line is permitted to be installed from ... to ... sewerage piping, distribution lines, and ... contact this office for approval prior to installation.

Signature of company ... Date 7/18/08

Inspection Data:
 Pitless adapter and water supply line installed ✓
 Two piece cap installed and attached to casing securely ✓
 Elec. conduit installed ✓
 Safety pipe installed inside of well casing ✓
 Correct well system checked properly and casing 9' above finished grade ✓
 Water supply line checked adequately at house connection ✓
 Adequate ground observed below pitless adapter ✓

HD-1.3 (Rev. 3/07)

well completion 11/30/96



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
 Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, Maryland 21043

S/O Number: 70713
Report Date: December 3, 2008

Property Sampled: 13791 Highland Road, 21029

County: Howard
Subdivision: N/A
Lot #: Par 4
Building Permit #: B07003365
Tax Map #: 34
Parcel #: 334

Date/Time Collected: December 1, 2008 at 11:00 am
Date/Time Received: December 1, 2008 at 3:30 pm

Sample Location: Laundry Tub Tap
Sampler ID: 5745KC
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Unable to locate well
Well Condition: Well condition undetermined
Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 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

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.