

C1 9033 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 08 28 09

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-1796

OWNER Davidson Billie STREET OR RFD 12545 Indian Hill DR. TOWN Sykesville SUBDIVISION Indian Hill SECTION II LOT 7

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, FEET FROM, FEET TO, check if water bearing. Entries: Brown shale (0-38), Gray Limestone (38-300)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (C) (B) CEMENT BENTONITE CLAY NO. OF BAGS 24 NO. OF POUNDS 250

CASING RECORD (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter 6 Total depth 43'

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

SCREEN RECORD (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE 1 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 8 WHEN PUMPING 12

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO)

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 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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 COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M 5 D 0 0 9 DRILLERS SIGNATURE

LIC. NO. 1 D

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

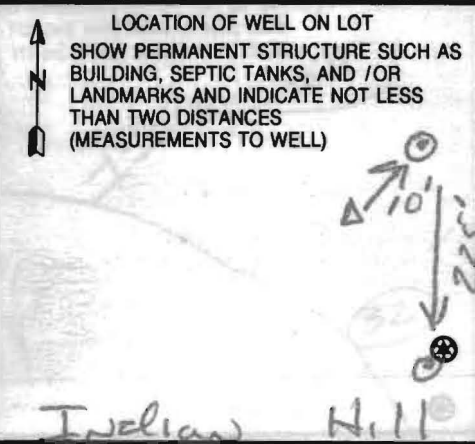
C2 DEPTH (nearest ft.) 43 300

Table with columns: E, C, H, S, R, E, N and rows for slot size and diameter of screen

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 9524

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531864 please type

STATE PERMIT NUMBER

40-95-1796 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Davidson Billie 4055 Wheatland Ct Hampstead Md. 21074

B 3 LOCATION OF WELL

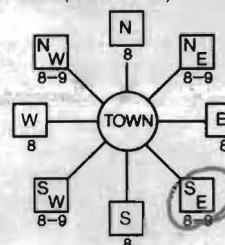
Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Sykesville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 Eagles Well Drilling 6003 Woodbine Rd. Allen Compton 7-27-09

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12561 Indian Hill Dr 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 12 PARCEL 136

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 500 12 AVERAGE DAILY QUANTITY NEEDED 14 GAL. PER DAY 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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

Howard 13 530311 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/17/09 Kim Wolff 8/17/09 CO SIGNATURE EXP. DATE NORTH GRID 549 000 EAST GRID 0811 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

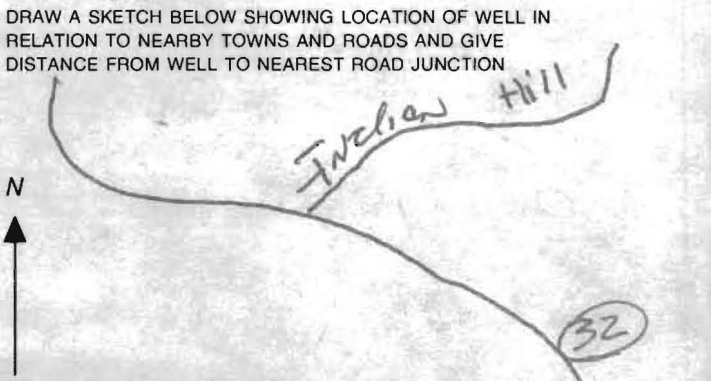
METHOD OF DRILLING (circle one)

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8101 N 549



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

APPROX. PERMIT NUMBER G PERMIT No. 40-95-1796

SPECIAL CONDITIONS Drill Primary Location. First!!

MD Well Permt # HO-95-1796
 Date of Test: 8-28-09
 Subdivision Name: Indian Hill
 Section _____ Lot # 4
 Street Address: 12561 Indian Hill
 Measuring Point (MP) Description: (12545) Top of casing
 (for ex. "Top of casing")
 Distance from MP to ground surface 2' 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	Calculated Flow
	<u>8'</u> ft.	() Time to fill bucket <u>1</u> gal. () Flow meter reading (if used)	(gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>7:30</u>	<u>8</u> ft.	<u>3</u> <u>20</u> GPM
2	<u>7:45</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
3	<u>8:00</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
4	<u>8:15</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
5	<u>8:30</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
6	<u>8:45</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
7	<u>9:00</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
8	<u>9:15</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
9	<u>9:30</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
10	<u>9:45</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
11	<u>10:00</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
12	<u>10:15</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
13	<u>10:30</u>	<u>12</u> ft.	<u>3</u> <u>20</u> GPM
14		ft.	GPM
15		ft.	GPM
16		ft.	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:

Inspections - (410) 313-1771

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: Catons Plumbing Telephone #: 410 247 0064
 Address: 11667-J Knoch Avenue
Balto, MD 21227

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): William Skane License# 02-10718

*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: William Davidson Telephone #: 410 259-9303
 Subdivision: _____ Lot #: 7 Well Tag #: HO -
 Site Address: 12545 Indian Hill Dr.
Sykesville, MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULD'S</u>	Make: <u>MARTELL 504</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>106510922C</u>	Model#: <u>B10X 6X1"</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>20 GPM</u>	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>20 GPM</u>	NSF approved: _____	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>Y</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors of 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: <u>PE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>61"</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>Y</u>

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.

William Skane Signature of company representative responsible for installation
14 June 2010 date

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

Date Insp. Requested: _____ Date Insp. Approved: 6/11/2010 **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 3" above finished grade ✓
 Water supply line sleeved adequately at house connection ✓
 Adequate grout observed below pitless adapter ✓



Howard County
Health Department

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

July 28, 2010

Homeowner
12545 Indian Hill Drive
Sykesville, MD 21784

RE: Indian Hill, Lot 7
12545 Indian Hill Drive
BP #: B09002280
Well Tag: HO-95-1796

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 07/08/2010. Final approval of the well line connection to the dwelling was approved on 06/11/2010.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-1796. 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: 07/07/2010, 07/19/2010
Date of Well Completion: 08/28/2009

Approving Authority,



Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File



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:

_____ 4 12561 Indian Hill DR.
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Matt's Warfield, Inc.
 (professional land surveyor or company employing professional land surveyors)
 on 7-29-09 (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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

415 Old Taneytown Rd., Westminster, MD (410) 846-1004 (410) 876-4544 FAX (410) 848-0295

REPORT OF ANALYSIS

Laboratory ID #:	75927	Account #:	12885
Reference:	Billie Davidson	Company:	CASH ACCOUNT
Location:	12545 Indian Hill Drive Sykesville, MD 21784	Requested By:	Billie Davidson
Date/ Time Collected:	7/7/2010 1210	Source:	Well Water
Date/Time Rec'd:	7/7/2010 2030	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-95-1796

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2010 / 1500 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/8/2010 / 1500 / KME
Nitrate	2.02	mg/L	10	601	7/7/2010 / 2100 / CCH
Turbidity	0.75	NTU	<10	SM18 2130B	7/7/2010 / 2100 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	7/7/2010 / 2100 / CCH

OK. HS, DB

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B09-002280

B09002280

Date Reported: 7/8/2010

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 #:	76071	Account #:	12885
Reference:	Billie Davidson	Company:	CASH ACCOUNT
Location:	12545 Indian Hill Drive Sykesville, MD 21784	Requested By:	Billie Davidson
Date/ Time Collected:	7/19/2010 0945	Source:	Well Water
Date/Time Rec'd:	7/19/2010 1503	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-95-1796

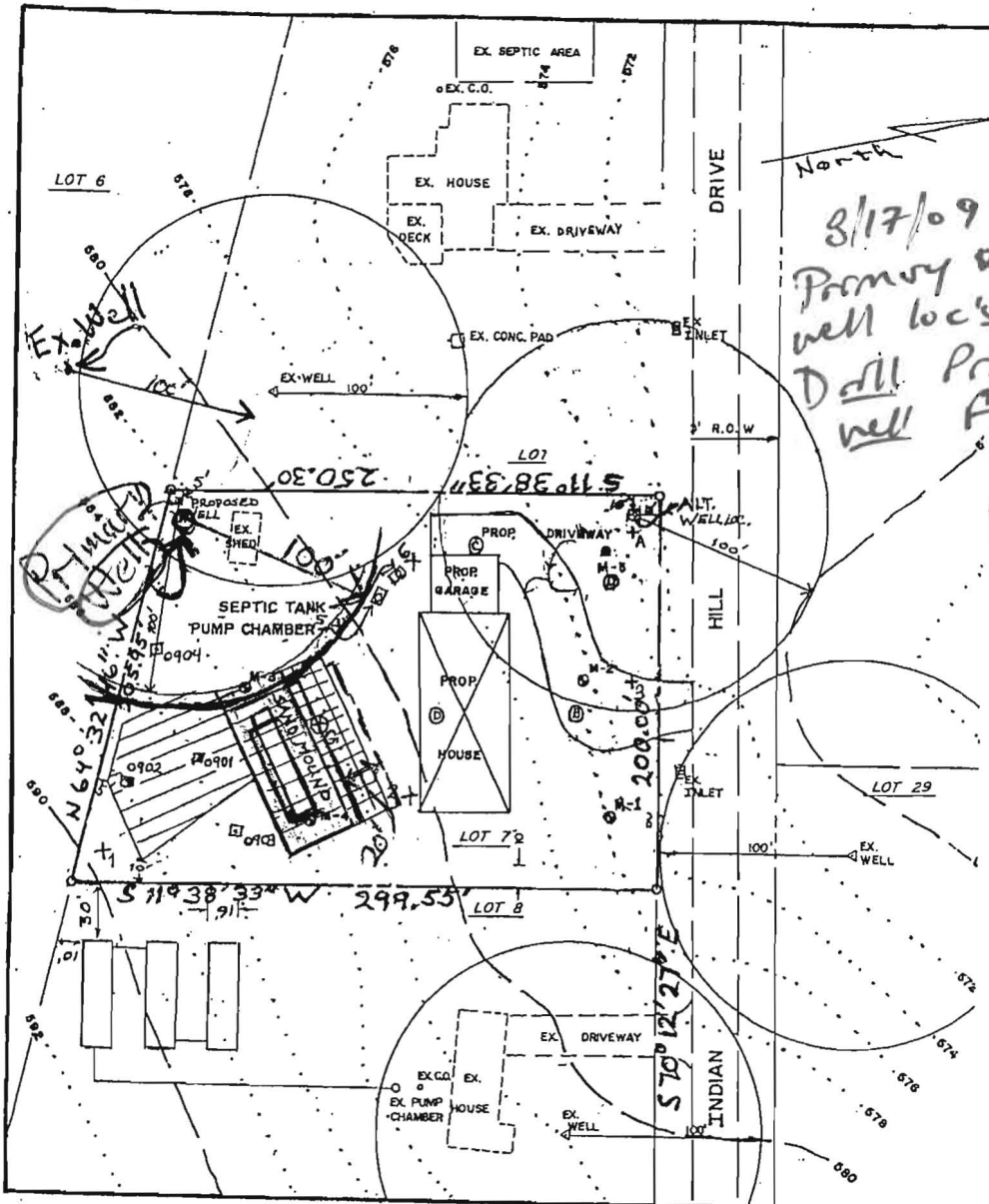
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/20/2010 / 0945 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/20/2010 / 0945 / BCD

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 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest
 Building Permit # : B09-002280

Date Reported: 7/20/2010



NOTES

1. THIS AREA DESIGNATES A PRIVATE SEWAGE BY THE MARYLAND STATE DEPARTMENT OF DISPOSAL. IMPROVEMENTS OF ANY NATURE SEWERAGE IS AVAILABLE. THESE AREAS SH. PUBLIC SEWERAGE SYSTEM. THE COUNTY H GRANT ADJUSTMENTS TO THE PRIVATE SEW, SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLIES WITH TI REQUIRED BY THE MARYLAND STATE DEPA EXISTING WELLS, SEPTIC SYSTEMS, AND SEV AND THOSE WELLS WITHIN 200' DOWN GRAI SEWAGE DISPOSAL AREAS HAVE BEEN SHOW
3. THE WELL SHALL BE DRILLED PRIOR TO SUBI SURVEYED LOCATION OF THE WELL MUST BE
4. TOPOGRAPHY SHOWN IS AT TWO-FOOT CONI ENGINEERING, INC (JANUARY 2005).
5. ANY CHANGES TO A PRIVATE SEWAGE AREA
6. THE SAND MOUND AREA DELINEATED AND II BARRIER AT ALL TIMES DURING GRADING AN PROTECTIVE MEASURES SHOULD BE IMPLM OR COMPACTION. SUBSEQUENT BUILDING PE MOUND AREA BE EVALUATED AND FOUND UI AN ADVANCED PRE-TREATMENT SYSTEM, WI PERFORM NITROGEN REDUCTION, MUST BE IN SUBJECT PROPERTY DUE TO INSUFFICIENT SO SYSTEMS. A SUPPLEMENTAL SITE PLAN WITH OF THE SYSTEM WILL BE REQUIRED PRIOR TO SYSTEM INSTALLATION PERMIT. IN ADDITION AGREEMENT MUST BE FILED WITH HOWARD I DEPARTMENT APPROVAL OF THE BUILDING PI
7. THE SUBJECT PROPERTY HAS A LIMITATION O HEALTH DEPARTMENT WILL CONSIDER A TEC AREA WILL ACCOMMODATE A SYSTEM DESIG DISCHARGE FROM THE PROPOSED STRUCTURE

(KW)

**PERCOLATION CI
INDIAN HILL SU
Tax Map 9, P:**

OWNERS: RONALD AND CHIQUITA PHILLIP:
12561 INDIAN HILL DRIVE
SYKESVILLE, MD 21784

I CERTIFY THAT THE INFORMATION SHOWN HEREON
BY MY DIRECTION, AND IS CORRECT TO THE BEST OF

[Handwritten Signature]
(SIGNATURE)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWE
B. Neuman for Peter B.
(SIGNATURE)

LEGEND

- + Perc Test FAIL, 9/2/04
- ⊕ Perc test PASS, 9/2/04
- ⊙ Profile described, 11/30/04
- ⊙ Sand Mound, Fail (Spring 2005)
- ⊙ Sand Mound, Pass (Spring 2005)
- ⊙ Perc. test FAIL 9/14/2009
- ⊙ Perc. test, PASS 4/16/2009
- ▨ Sand Mound Treatment area
Protect from rutting or compaction; NO GRADING
- ▨ Conventional Septic System

Scale: 1 inch = 100 feet