

3835

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A516084

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-4056

DATE RECEIVED MM DD YY 8 13

MM DD YY 5/16/05 15 20

22 400 26 (TO NEAREST FOOT)

OK 10/26/05 GAC

28 29 30 31 32 33 34 35 36 37

OWNER: Christopher Henrich last name first name STREET OR RFD: Kinsale Ct TOWN: Fallcott City SUBDIVISION: Riverwood SECTION: 1 LOT: 34

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 include Top Soil, Brown mica, Grey mica, Quartz, etc.

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 27 NO. OF POUNDS 2700 GALLONS OF WATER 162 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 54 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL) Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 60

OTHER CASING (if used)

Table for other casing with columns for diameter inch and depth (feet) from to.

SCREEN RECORD

screen type or open hole: ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER)

Table for screen depth with columns for depth (nearest ft.) and rows for different screen diameters (1, 2, 3 inch).

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

DRILLERS LIC. NO. 1 MW D 040 DRILLERS SIGNATURE: George F. Eustachy

LIC. NO. 1 AWD 788

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

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

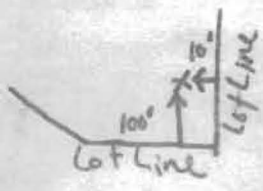
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8/9 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 46 ft. TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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 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)



B 1 9726
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
520762 please type

STATE PERMIT NUMBER

HO - 94 - 4056
70 fill in this form completely 79

Date Received (APA)

07/11/04
8 MM DD YY 13

OWNER INFORMATION 9775

Winchester Homes, Inc
15 Last Name Owner First Name 34
6905 Rockledge Drive, Suite 800
36 Bethesda, Md 20817 Street or RFD 55
57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

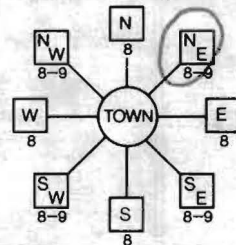
8 COUNTY 21
Riverwood CC#
23 SUBDIVISION 42
SECTION 1 LOT 34
44 46 48 50
Clarksville Hill-Crest City
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 6/28/04
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Kinsale Court

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 15 37
DISTANCE FROM ROAD FT.
ENTER FT OR MI 38 39
TAX MAP: 23 BLK: 21 PARCEL 86

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13 1516084
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/27/04 State Dr 10/27/05
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 513 000 EAST GRID 827 000
50 55 57 63

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
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEM 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)

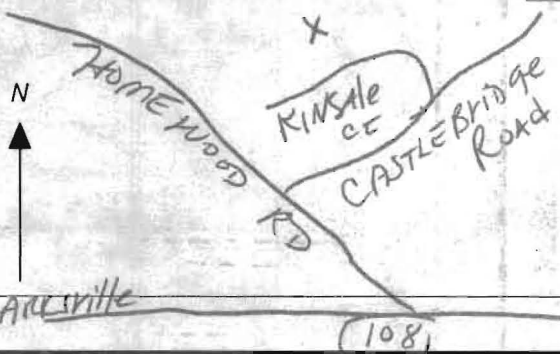
APPROP. PERMIT NUMBER HO 2004 G 007
PERMIT No HO - 94 - 4056
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
5/6/05 grant 14K1
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 520 827
N 520 513
000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14K1



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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: Riverwood Lot #: 34 Well Tag #: HO - 94-4056
 Site Address: 11222 Kinsale Court

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____ GPM
 Well Yield: _____ GPM

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
 Screened, vented well cap: _____
 Cap secured to casing: _____
 Conduit min 18" B.G.: _____
 Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Approximate length of sleeve: _____
 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

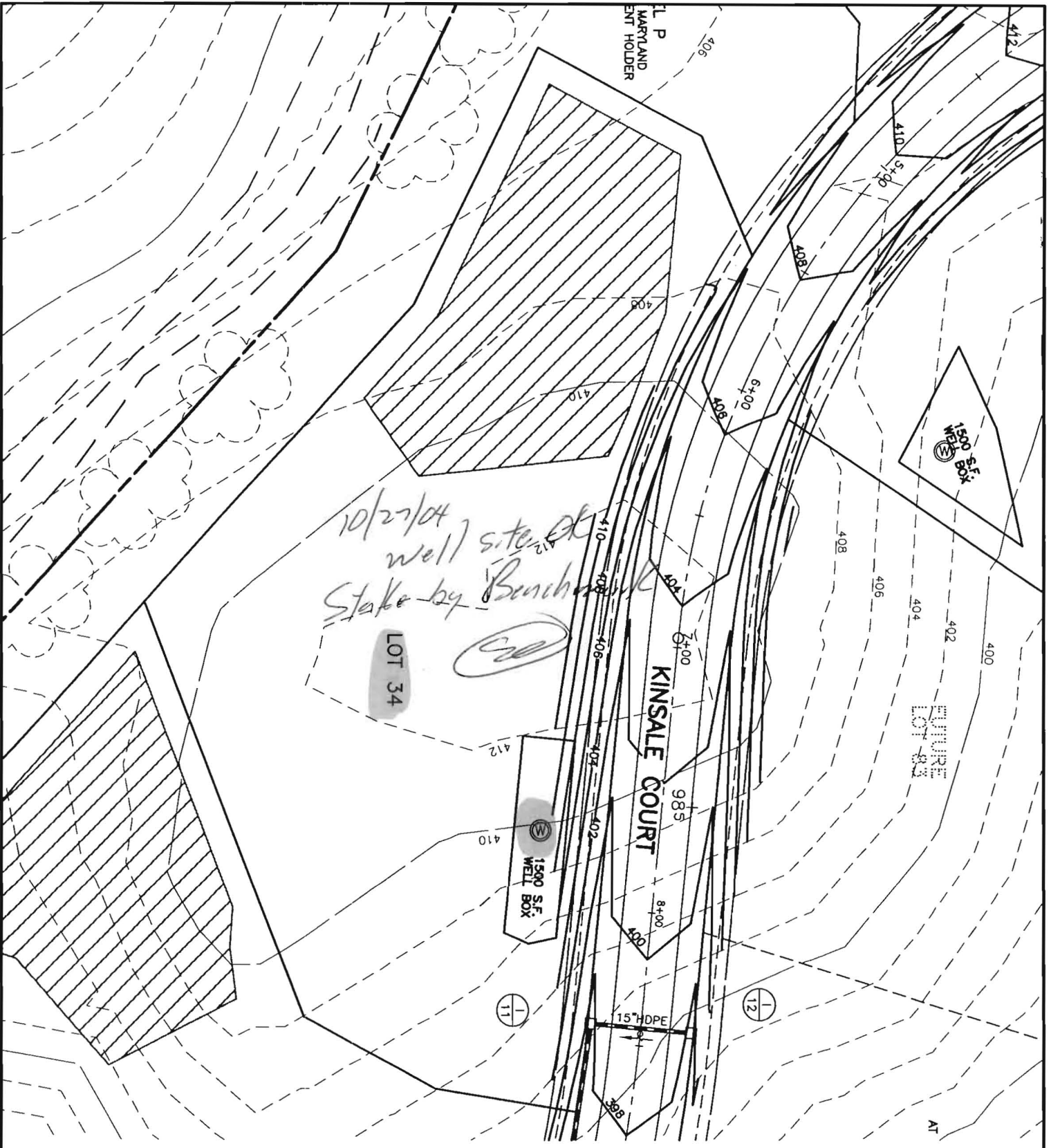
Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

12/13/07 Emptying looks ok except for band on well. not 'C' clamp. (KW)
 7/23/07
 Only 1.5' Below Grade
 Bolts Loose, No O-Ring
 ✓
 No Tag (KW) 7/26/07
 OK ✓
 ✓ (BB)

*12/2/07
 Pitless Depth
 O.K., No O-Ring,
 No Tag, Bolts Loose
 (BB)*

11/27/07 Visual Insp made on pitless looking inside casing. still only 2' below grade. missing Tag. (KW)



PLP
MARYLAND
SURVEYOR
LICENSED

1500 S.F. WELL BOX

1500 S.F. WELL BOX

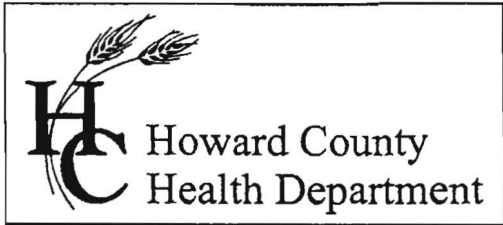
KINSALE COURT

FIGURE
LOT 83

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-6105 FAX: 410-465-6644

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 10/12/04



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one~~ of the following:

- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Winchester Homes

LOTS

1-10

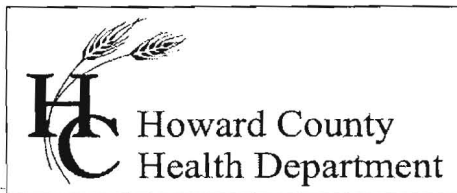
Phase I

12-23

Riverwood

34-41

All are staked



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

December 14, 2007

Camberley Homes
6905 Rockledge Drive, #860
Bethesda, MD 20817

RE: Riverwood, Lot 34
11222 Kinsale Court
Ellicott City, MD 21042
BP #: B07001528
Well Permit # HO-94-4056

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 09/07/2007. Final approval of the well line connection to the dwelling was approved on 12/14/2007.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of the second sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta samples were collected on 05/11/2005. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for **these parameters** will be required to secure the future Use and Occupancy.

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-94-4056. 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.

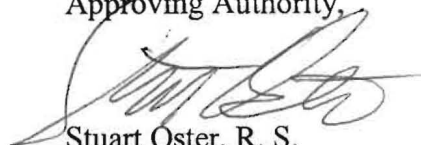
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/29/2007 & 11/02/2007

Date of Samples for Gross Alpha and Gross Beta: 05/11/2005

Date of Well Completion: 05/16/2005

Approving Authority,



Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



**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@connex.net
www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
 National Water Service
 PO Box 138
 Ashton, Maryland 20861

S/O Number: 63650
Report Date: May 30, 2007

Property Sampled: Kinsale Court

County: Howard
Subdivision: Riverwood
Lot #: 34
Building Permit #: Not Provided

Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: May 29, 2007 at 11:40 am
Date/Time Received: May 29, 2007 at 3:00 pm

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

Well Tag Number: N/A - Pump Test
Well Condition: N/A - Pump Test

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	14 NTU	EPA 180.1	10 NTU	FAIL
pH	7.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	PRESENT	SM 9223B	Absent	FAIL

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.

CERTIFICATE OF ANALYSIS

Requester:
National Water Service
PO Box 138
Ashton, Maryland 20861

S/O Number: 65949
Report Date: November 5, 2007

Property Sampled: 11222 Kinsale Court, 21042

County: Howard
Subdivision: Riverwood
Lot #: 34
Building Permit #: Not Provided
Tax Map #: 29
Parcel #: 20

Date/Time Collected: November 2, 2007 at 11:13 am
Date/Time Received: November 2, 2007 at 12:30 pm

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

Well Tag Number: No Tag
Well Condition: 2-Piece Cap
1 Bolt Missing
Cap Tight

Water Conditioning/Treatment: Sediment Filter

Untreated

PARAMETER	RESULT	METHOD	MCL	
Turbidity	1.4 NTU	EPA 180.1	10 NTU	Pass
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level



Trace Laboratories, Inc.
Maryland

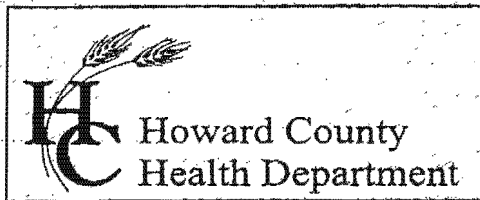
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504



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website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 31, 2005

Winchester Homes, Inc.
6905 Rockledge Drive, Suite 800
Bethesda, MD 20817

RE: Riverwood Subdivision, lot 34
Open Run Road

To Whom It May Concern:

Samples were taken from a yield test on May 11, 2005 to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. Gross Alpha and Gross Beta measure the total alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e. Radionuclides) that may exist in your water supply.

Results from this screening revealed a **Gross Alpha** of 5 ± 2 picocuries/liter (pCi/L); while the **Gross Beta** level was 6 ± 2 pCi/L. The **Gross Alpha** result was below the respective **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** was below the **MCL** of 50 pCi/L.

A copy of the test results is enclosed for your information. Please call this office at (410) 313-1773 if you have any further questions or concerns.

Sincerely,

Bert Nixon, Assistant Director
Bureau of Environmental Health

Eric Dougherty, MDE, Water Mgmt., Groundwater
Well & Septic Property File

Send Report To:

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
J. Mehsen Joseph, Ph.D., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-94-9056 No. B: _____ Field Blank Bottle No. 1: _____ No. 2: _____

Plant/Site Name: Riverwood Lot 34 County: Howard

Sample Source: Well Location: HO-94-9056
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

Collector: G. Creighton Telephone No.: 410 313 2775

Date Collected: 5/11/05 Time Collected: 9:17 a.m. _____ p.m.

Nitric Acid Preserved: Yes No Iced: Yes No

Submitters Code: Federal Project: S Field Data: ~6.7 N/A
pH Chlorine

Remarks: pH Fixed to ~2.0

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2202	5±2	05/13/05
✓	Gross Beta	4100	2202	6±2	05/13/05
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank #1	4004			
	Field Blank #2	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 05/11/05

Section Chief: [Signature]