

C1 7299

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 A520768

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE Received MM DD YY

2/28/08

22 300 26 (TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL" HO-95-1346

OWNER Spring Mill LLC STREET OR RFD Mitchells Way TOWN Cloverfield SECTION 2 LOT 15

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: red clay (0-7), Brown shale (7-74), Gray Limestone (74-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) CEMENT (C) BENTONITE CLAY (B) NO. OF BAGS 16 NO. OF POUNDS 7504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 65 ft.

CASING RECORD

MAIN CASING TYPE (S) (C) (P) (O) Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 79

OTHER CASING (if used)

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

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

DEPTH (nearest ft.)

Table with columns: ACHSREN, 1-3, 8-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53. Includes 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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

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 23 ft. WHEN PUMPING 102 ft. TYPE OF PUMP USED (for test) (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 (02) (nearest foot) (-) below

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)

No Survey stakes

DRILLERS LIC. NO. 1 M SD 009 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1

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

B 1 5669

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-95-1346

527662 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Spring mill LLC

15 Last Name Owner First Name 34

P.O. Box 417

36 Street or RFD 55

Ellicott City MD 21041

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Allen Compters MS D009

Driller's Name 76 License No. 81

Fogles Well Drilling

Firm Name

6003 Woodbrow Rd.

Address

Signature Date 2-25-08

Signature Date

B 3

LOCATION OF WELL

8 COUNTY 24

Howard

23 SUBDIVISION 42

SECTION 2 LOT 15

44 46 48 50

West Smeralship

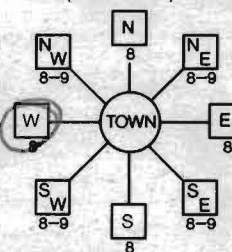
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I

73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1000 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 7 PARCEL 119

WELL INFORMATION

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

8 500 12

AVERAGE DAILY QUANTITY NEEDED (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 AS20768

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 2/26/08

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 536 000 EAST GRID 802 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 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)

APPROX. PERMIT NUMBER 102007 G A P 003

54 63

PERMIT No. 10-95-1346

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

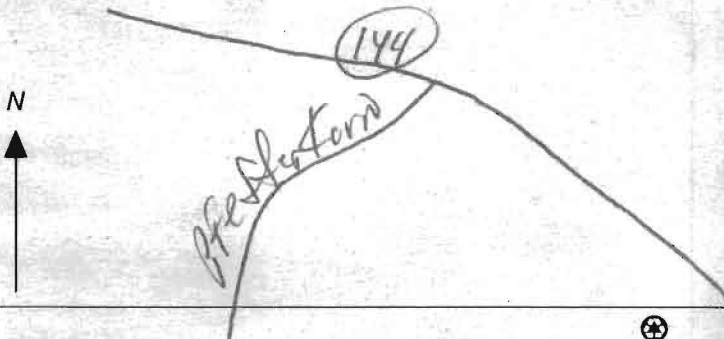
SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002 N 536

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



Yield Test Data Sheet

County File # _____

District 2

MD Well Permit #. H0-95-1346

Date of Test: 2-28-08

Subdivision Name: Cloverfield

Section _____ Lot # 15

Street Address: Mitchellsway

Measuring Point (MP) Description: 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 () Time to fill <u>1.2</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)	
<u>9:15</u>	<u>23</u> ft.		<u>20</u>	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	<u>9:15</u>	<u>23</u> ft.	<u>3</u>	<u>20</u> GPM
2	<u>9:30</u>	<u>88</u> ft.	<u>3</u>	<u>20</u> GPM
3	<u>9:45</u>	<u>96</u> ft.	<u>3</u>	<u>20</u> GPM
4	<u>10:00</u>	<u>97</u> ft.	<u>3</u>	<u>20</u> GPM
5	<u>10:15</u>	<u>98</u> ft.	<u>3</u>	<u>20</u> GPM
6	<u>10:30</u>	<u>99</u> ft.	<u>3</u>	<u>20</u> GPM
7	<u>10:45</u>	<u>100</u> ft.	<u>3</u>	<u>20</u> GPM
8	<u>11:00</u>	<u>101</u> ft.	<u>3</u>	<u>20</u> GPM
9	<u>11:15</u>	<u>101</u> ft.	<u>3</u>	<u>20</u> GPM
10	<u>11:30</u>	<u>101</u> ft.	<u>3</u>	<u>20</u> GPM
11	<u>11:45</u>	<u>102</u> ft.	<u>3</u>	<u>20</u> GPM
12	<u>12:00</u>	<u>102</u> ft.	<u>3</u>	<u>20</u> GPM
13	<u>12:15</u>	<u>102</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:

1 2 3 4
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER **A520768**

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

DATE WELL COMPLETED
MM DD YY
15 20 2008

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
140-95-1346
28 29 30 31 32 33 34 35 36 37

OWNER **Spring Mill LLC**
STREET OR RFD **Mitchells Way** TOWN _____
SUBDIVISION **Claverfield** SECTION **2** LOT **15**

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	
red clay	0	7	
Brown shale	7	74	
Gray Limestone	74	300	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **16** NO. OF POUNDS **1504**
GALLONS OF WATER **96**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** TOP ft. to **65** BOTTOM 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) **06** Total depth of main casing (nearest foot) **79**
60 81 83 84 86 70

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

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

C 3
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 **23** ft.
WHEN PUMPING **102** 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 **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 YES **Y** NO **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.

C 2
DEPTH (nearest ft.)
1 **140** **79** **300**
E 6 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S 53 55 57 61 63 67
R 70 72 74 76 78 82
E 84 86 88 92 94 98
N 100 102 104 108 110 114
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 58 60
from to

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)

DRILLERS LIC. NO. **M5D009**
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **D**
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 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

No Survey stakes

MD Well Permit #. H0-95-1346

Date of Test: 2-25-08

Subdivision Name: Cloverfield

Section Lot # 15

Street Address: Mitchellsway

Measuring Point (MP) Description: 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 (gallons per minute):
9:15	23 ft.	() Time to fill 1 gal. bucket () Flow meter reading (if used)	20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	9:15	23 ft.	3 20 GPM
2	9:30	88 ft.	3 20 GPM
3	9:45	96 ft.	3 20 GPM
4	10:00	97 ft.	3 20 GPM
5	10:15	98 ft.	3 20 GPM
6	10:30	99 ft.	3 20 GPM
7	10:45	100 ft.	3 20 GPM
8	11:00	101 ft.	3 20 GPM
9	11:15	101 ft.	3 20 GPM
10	11:30	101 ft.	3 20 GPM
11	11:45	102 ft.	3 20 GPM
12	12:00	102 ft.	3 20 GPM
13	12:15	102 ft.	3 20 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:

B 1 1027

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527862 please type

STATE PERMIT NUMBER

HO-95-1346 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Security Development Corporation 15 Last Name Owner First Name 34 P.O. Box 417 36 Street or RFD 55 Ellicott City md 21041 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

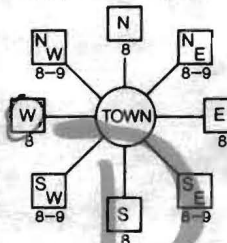
8 COUNTY Howard 21 Cloverfield Section 2 23 SUBDIVISION 42 SECTION 2 44 46 LOT 15 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne MS D224 76 License No. 81 Firm Name Joseph L Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21111 Signature Joseph L Mayne 10-15-07 Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Mitchells Way 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 85 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI

TAX MAP: 15 BLK: 7 PARCEL 119

B 2 WELL INFORMATION

1 2 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)

- [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) A520768 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/30/2007 Brian Baber 10/30/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 536 000 EAST GRID 802 000 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 H02007G003 PERMIT No. HO-95-1346 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well 2. 3.

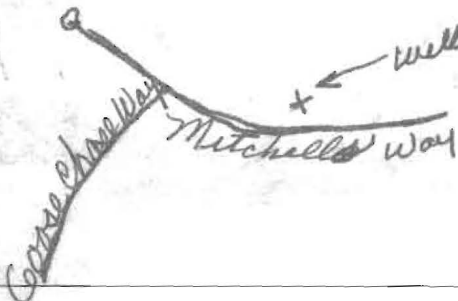
WRITE THE BOX NUMBER FROM THE MAP HERE

E 802 N 536

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

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

104 102 C

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640- FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE LLC Telephone #: 410-840-8112
Address: 25 ARLINGTON CT SUITE 7
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): MARK MATHER License# 63797

*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: SARING MILL, LLC Telephone #: 410 442 9211
Subdivision: MOVERFIELD II Lot #: 15 Well Tag #: HO-95-1346
Site Address: 13584 MITCHELLS WAY
WELL FURNASHP, MD 21083 71794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>J-CAPS</u>	Make: <u>Pumpbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7550754</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or <u>Ca</u> le guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

Piping to house
Type: polyethylene
PSI: 110 (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: 2ft
Sleeve caulked and sealed properly: YES

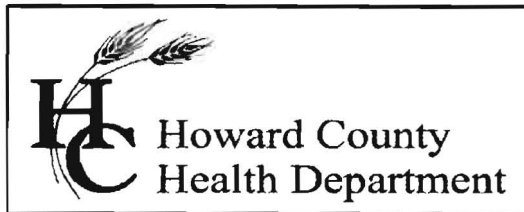
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 7/25/16
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/26/16 Date Insp. Approved: 12/13/16 SC
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
Well supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 16, 2017

December 16, 2016

Homeowner
13584 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 15
13584 Mitchells Way
Building Permit: B16000690
Well Permit: HO-95-1346**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/12/2016**. Final approval of the well line connection to the dwelling was granted on **12/13/2016**. The well construction was completed on **2/28/2008**. Water samples were collected on **12/8/2016**.

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. 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-95-1346. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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 #: 111779 Account #: 1045
Reference: Catonsville Homes Lot 15 Company: Atlantic Blue Water Services
Location: 13584 Mitchell's Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 12/8/2016 0950 Site: Hose Bib
Date/Time Rec'd: 12/8/2016 1155 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Bailey 0631RB Well #: HO-95-1346

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/9/2016 / 0815 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	12/9/2016 / 0815 / CCH
Nitrate	5.08	mg/L	10	601	12/9/2016 / 1030 / CCH
Turbidity	0.60	NTU	<10	SM18 2130B	12/9/2016 / 0815 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	12/9/2016 / 0815 / CCH

OK
12/12/16 SC

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 Sample collected by client, analyzed as received
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B16000690

Date Reported: 12/9/2016