

C 1 7217

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

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7 16 57

Depth of Well 22 300 26 (TO NEAREST FOOT)

9/25/07 OK GAC

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1080

OWNER Larkin Gail STREET OR RFD 1868 Woodbine rd. TOWN Lisbon SUBDIVISION Bell P.K.O. SECTION LOT 1

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. Includes handwritten entries: Brown sand shale, Gray Limestone, 0-71, 71-300.

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 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 78

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) Ho 78 300

Table with columns: E A C H S R E E N, 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

C 3

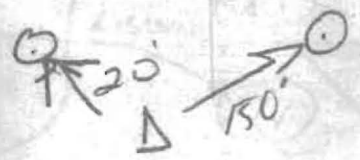
PUMPING TEST

HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 1.6 METHOD USED TO MEASURE PUMPING RATE 190L. WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 164 ft. TYPE OF PUMP USED (for test) C centrifugal 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 LAND SURFACE - below 02 (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)



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.

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

LIC. NO. 1 D

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

B 1 5862

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

5107 40-95-1080 OK fill in this form completely 79

526295 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Lackins Gail
5582 Talbot Court
New Market Md. 21774

B 3

LOCATION OF WELL

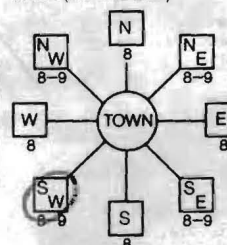
Howard
Bell Property
Lisbon
3 M I

DRILLER INFORMATION

Allen Compton MS D 009
Eagles Well Drilling
580 Obrecht Rd
Allen Compton 3-1007

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1868 Woodbine Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 DISTANCE FROM ROAD
ENTER FT OR MI

TAX MAP: 7 BLK: 16 PARCEL 223

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 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

Howard AS24440
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/12/07 CO SIGNATURE 4/12/07
NORTH GRID 544 000 EAST GRID 775 000

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)

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 DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

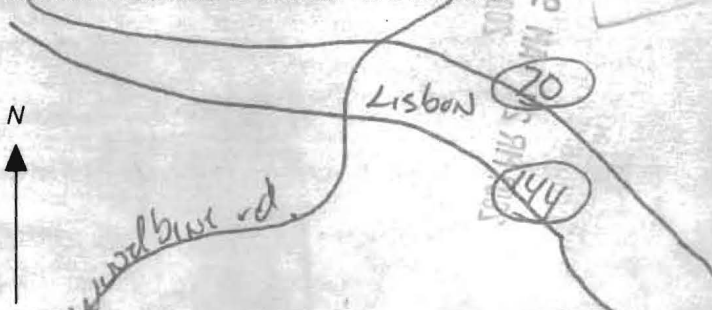
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770.5
N 540.4

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



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

APPROX. PERMIT NUMBER G
PERMIT No. 40-95-1080

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Verify well site location

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. HO-95-1080

Date of Test: 7-16-07

Subdivision Name: BCLL PRO.

Section _____ Lot # 1

Street Address: 1868 Woodbine rd.

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: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)	
8:00	10 ft.	3 sec. () Time to fill 1 gal. bucket	20	
() Flow meter reading (if used)				
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	10 ft.	3	20 GPM
2	8:15	164 ft.	37	1.6 GPM
3	8:30	164 ft.	37	1.6 GPM
4	8:45	164 ft.	37	1.6 GPM
5	9:00	164 ft.	37	1.6 GPM
6	9:15	164 ft.	37	1.6 GPM
7	9:30	164 ft.	37	1.6 GPM
8	9:45	164 ft.	37	1.6 GPM
9	10:00	164 ft.	37	1.6 GPM
10	10:15	164 ft.	37	1.6 GPM
11	10:30	164 ft.	37	1.6 GPM
12	10:45	164 ft.	37	1.6 GPM
13	11:00	164 ft.	37	1.6 GPM
14	11:15	164 ft.	37	1.6 GPM
15	11:30	164 ft.	37	1.6 GPM
16	11:45	164 ft.	37	1.6 GPM
17	12:00	164 ft.	37	1.6 GPM
18	12:15	164 ft.	37	1.6 GPM
19	12:30	164 ft.	37	1.6 GPM
20	12:45	164 ft.	37	1.6 GPM
21	1:00	164 ft.	37	1.6 GPM
22	1:15	164 ft.	37	1.6 GPM
23	1:30	164 ft.	37	1.6 GPM
24	1:45	164 ft.	37	1.6 GPM
25	2:00	164 ft.	37	1.6 GPM
26	2:15	164 ft.	37	1.6 GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

HOWARD COUNTY
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: New Dimensions Plumbing Telephone #: 4102394359
Address: 3015 Bachman Rd.
Maryland

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Chris Blake License# MD 15443

*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: Larkins, Gail Telephone #: 301-748-2139
Subdivision: _____ Lot #: 1 Well Tag #: HO-95-1080
Site Address: 12002 Woodlane Rd.
Woodbine, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRUNDIGAS Make: Cambell Two piece watertight cap:
Model #: 1550E102200 Model#: _____ Screened, vented well cap:
Pump Capacity 1 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 1.6 GPM NSF/WSC approved: YES Conduit min 18" B.G.: 30"
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, 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

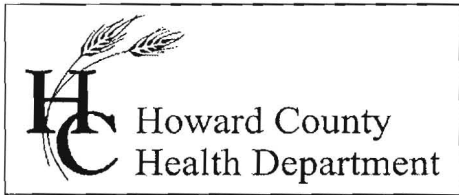
Piping to house House Connection
Type: 1" PLASTIC PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (160 psi min) Approximate length of sleeve: 10 FT
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: YES

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.

Chris Blake 6/9/08
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: 6/5/08 Inspector: (KW)
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 _____



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

July 31, 2008

Denise Gail Larkins
 PO Box 85
 Lisbon, MD 21765

RE: 1802 Woodbine Road
 Lisbon, MD 21765 *Woodbine MD 21797*
 BP #: B07004762
 Well Permit # HO-95-1080

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 06/10/2008. Final approval of the well line connection to the dwelling was approved on 06/05/2008.**

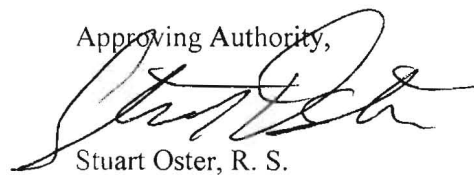
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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- 95-1080. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 07/30/2008
 Date of Well Completion: 07/16/2007

Approving Authority,

 Stuart Oster, R. S.
 Well & Septic Program

cc: Building Inspector's Office
 Community Health Services
 File

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Gayle Larkins
P. O. Box 85
Lisbon, Md 21765

Reporting Date: 7/31/2008
Report #: K4596

Submitted Sample Address: 1802 Woodbine Road
Woodbine, MD 21797
Submitted Sample Source: Outside faucet
Date / Time Collected: 7/30/2008 11:00 AM
Sample Type: Drinking Water
Sampler/Company: A. Arnold 8892AA, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-1080

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	5.4	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.5	NTU	0.5	10	SM 2130B
pH	7.5	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

Notes:

- Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

Christine Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: *SB*

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 Surveyor
on 3-16-07 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.

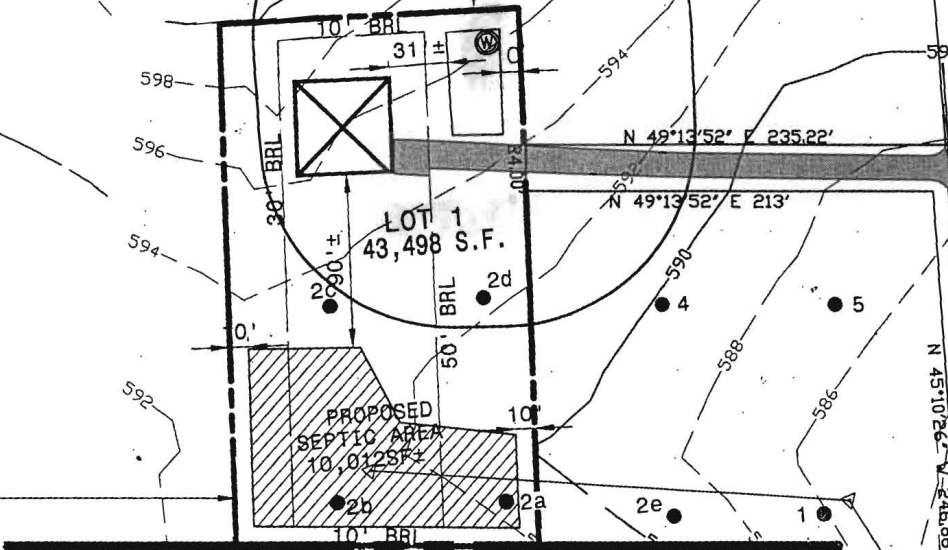
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

4/12/07 well site OK

(Se)

DUE
ITY OF
3. BELL &
BELL
242 FOLIQ 664



PTING DESCRIBED IN
42/664

RABILE/JR.
RABILE T/E

GAB

100 FT. STREAM SF

605500
887700

EX. VARYING WIDTH DRIVE
EX. STONE DRIVE
N 51°26' V 269.08'
N 51°10'26' W 246.86'
N 51°16'59' V 56.12'
R-4-88-00
N 51°16'59' V 56.12'
R-4-88-00
N 51°16'59' V 56.12'
R-4-88-00
N 51°16'59' V 56.12'
R-4-88-00
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