

C1 14298 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 A517377

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED DEPTH OF WELL 245 OK SRK 12/4/02 PERMIT NO. FROM "PERMIT TO DRILL WELL" No-94-3546

OWNER SMITH STEWART STREET OR RFD UNDERWOOD ROAD TOWN WEST FRIENDSHIP SUBDIVISION RIDGEWAY SECTION LOT 6

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, TO), check if water bearing. Rows include Brown Shale, Yellow clay, Gray Area, Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF ROUNDS 9880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) 60

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 97

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD screen type or open hole (insert appropriate code below)

DEPTH (nearest ft.) 96 245

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

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 SDO 24 DRILLERS SIGNATURE Joseph E. Mayne

LIC. NO. 1 D

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

Table for SLOT SIZE and DIAMETER OF SCREEN with columns for slot size and diameter.

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 8 WHEN PUMPING 177 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 - below LAND SURFACE (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)

See attached Underwood Rd

B 1 7955

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3546 fill in this form completely

517947 please type

Date Received (APA) 10 07/02

OWNER INFORMATION

Smith M. Stewart 1391 Underwood Rd Sykesville Md 21784

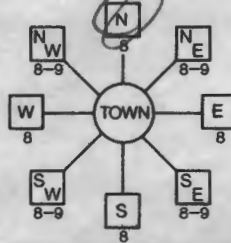
LOCATION OF WELL

Howard Ridgeway Est. SECTION 44 46 LOT 6 West Friendship NEAREST TOWN MILES FROM TOWN 2 1/2

DRILLER INFORMATION

Joseph L. Wayne M.S.D. 24 5512 Ridge Rd. Mt Airy Md. 21771

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Underwood Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 25 FT ENTER FT OR MI

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 517377 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10 16 02 Steven R. Krieg 10 16 03 NORTH GRID 540 EAST GRID 800

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary Drive-POINT

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 DEEPEMED 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)

APPROX. PERMIT NUMBER G PERMIT No. HO-94-3546

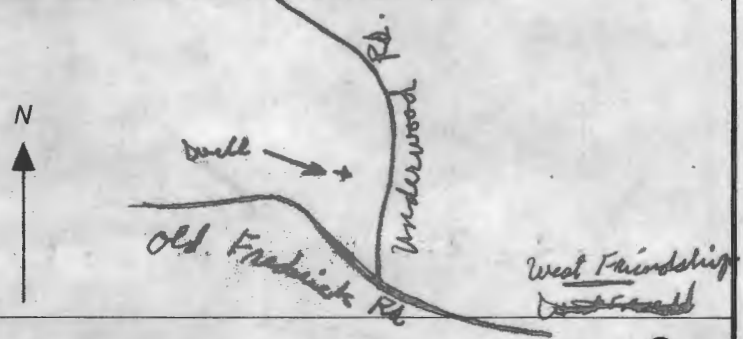
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 540

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

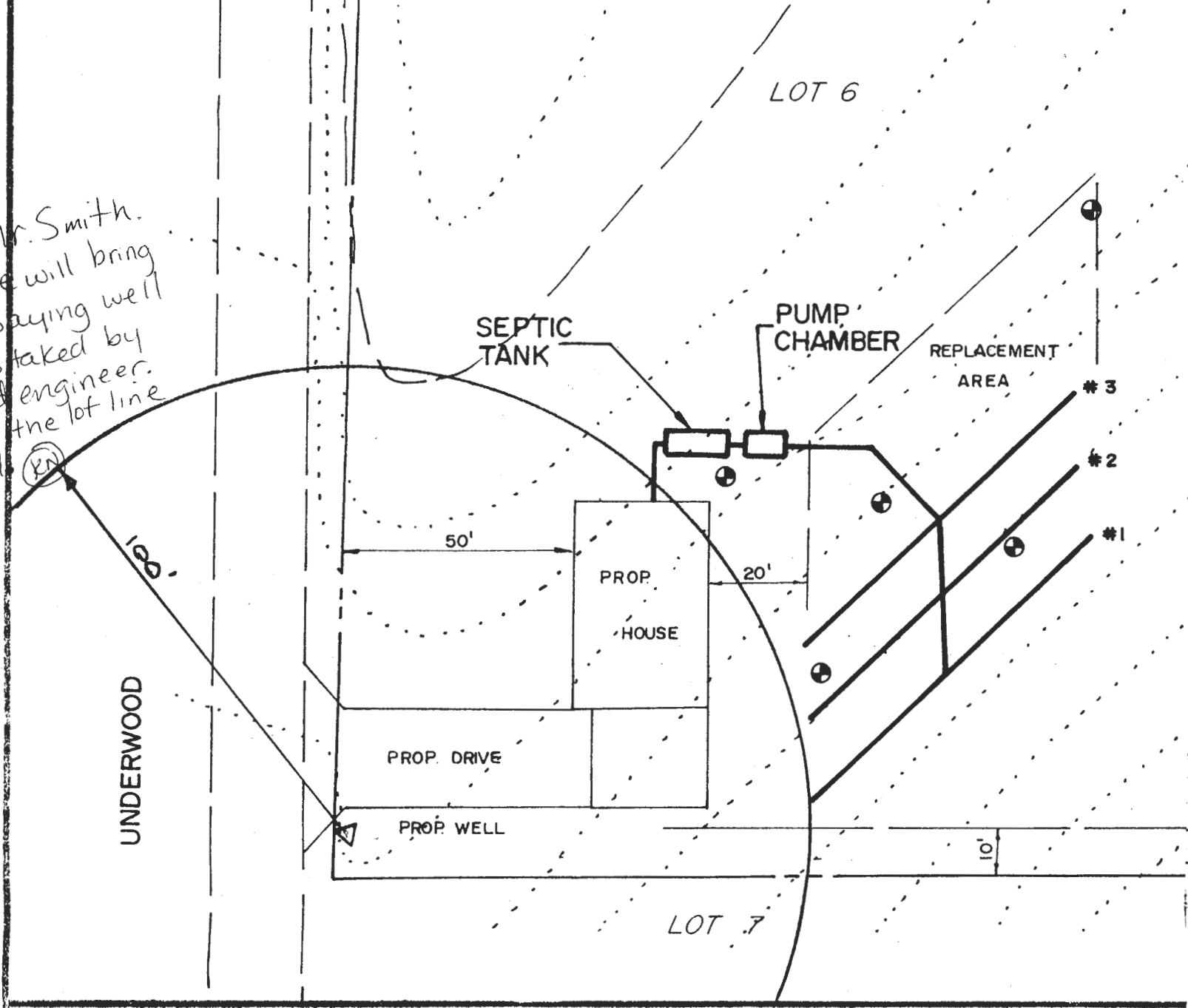


SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ELEV. = 570.00

LOT 6

10/16/02
 spoke to Mr. Smith.
 He said he will bring
 in note saying well
 site is staked by
 a surveyed engineer.
 Also, O said
 will be staked.
 Ok to
 issue
 SRM



SITE PLAN OK
 SCALE: 1" = 30'

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: STEWART M. SMITH Telephone #: 443-463-5661
Address: 1301 UNDERWOOD RD
SYKESVILLE, MD. 21784

(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: STEWART M & JOAN M SMITH Telephone #: 410-489-0552

Subdivision: RIDGEWAY Lot #: 6 Well Tag #: HO-94-3546

Site Address: 1301 UNDERWOOD RD
SYKESVILLE, MD 21784

Submersible Pump Data

Make: Gould
Model #: JG905412
Pump Capacity: 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Boshart
Model #: PA800
Depth: 48 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 47 (feet)
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 _____

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve (5 foot minimum): 8 FT.

Depth of supply line: 48 (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.

Stewart M Smith
Signature of company representative responsible for installation

1/9/07
date

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

Date Insp. Requested: _____

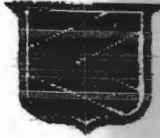
Date Insp. Approved: _____

1/10/07 O.K.

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

RB

LAUREL SAND & GRAVEL, INC. T/A
S.W. Barrick & Sons



Barrick Quarry

Address: P.O. Box 88
Woodsboro, MD 21798

Sales Office: (301) 845-6341

Fax Number: (301) 845-2386

Orders & Dispatch: (301) 845-6343

Toll Free: (800) 545-6343

Pinksburg Terminal

Address: 2700 Emory Road

Pinksburg, MD 21048

Sales / Dispatch: (410) 833-4400

Fax Number: (410) 833-4900

June 12, 2006

Re: Conventional Sandmound Sand

Gentlemen:

This letter is to certify that the Concrete Sand, shipped by S.W. Barrick & Sons through our Woodsboro facility, meets the material specifications for ASTM C-33 and the Maryland Department of Transportation - State Highway Administration - Standard Specifications For Construction And Materials - Section 901, and the requirements for Conventional Sandmounds.

Sieve Size	Percent Passing	ASTM C-33 Specifications
3/8"	100.0	100
No. 4	95.3	95-100
No. 8	90.0	80-100
No. 16	75.1	50-85
No. 30	43.8	25-60
No. 50	9.3	5-30
No. 100	1.8	0-10
No. 200	0.3	

Cu = 2.47

Eff. Size = 0.32 mm

Thank you for your interest in our products. Should you have any questions or require additional information, please contact the lab at 301-845-6302, or Jerry Blank at 301-845-6341.

Sincerely,

Robert Golden
Quality Control Manager

January 10, 2007

Stewart Smith
1301 Underwood Road
Sykesville, MD 21784

RE: Ridgeway - Lot 6
1301 Underwood Road
BP # B00155245
Well Permit #HO-94-3546

Dear Mr. and Mrs. Smith:

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 January 2, 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 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

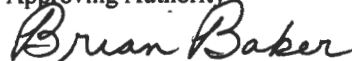
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3546. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.**

Date of Water Sample Analysis: October 6, October 16 & November 15, 2006 & January 3, 2007

Date of Well Completion: October 31, 2002

Approving Authority



Brian Baker, R.S.
Well and Septic Program

BB
cc: Building Inspector's Office
File

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 #:	61844	Account #:	8523
Reference:	Stuart Smith	Company:	CASH ACCOUNT
Location:	1301 Underwood Road Sykesville, MD 21784	Requested By:	Stuart Smith
Date/ Time Collected:	1/3/2007 1203	Source:	Well Water
Date/Time Rec'd:	1/3/2007 1310	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.2
		Well #:	HO-94-3546

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2007 / 0800 / AD/BD

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 tested on-site

Reason for Test : Use & Occupancy retest 61334

Building Permit # : B00155245

Date Reported: 1/4/2007

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 #:	61334	Account #:	8523
Reference:	Stuart Smith	Company:	CASH ACCOUNT
Location:	1301 Underwood Road Sykesville, MD 21784	Requested By:	Stuart Smith
Date/ Time Collected:	11/15/2006 1122	Source:	Well Water
Date/Time Rec'd:	11/15/2006 1334	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	6.0
		Well #:	HO-94-3546

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	11/16/2006 / 0820 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/16/2006 / 0820 / AD/BD

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155245

Date Reported: 11/16/2006

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 #:	60946	Account #:	8523
Reference:	Stuart Smith	Company:	CASH ACCOUNT
Location:	1301 Underwood Road Sykesville, MD 21784	Requested By:	Stuart Smith
Date/ Time Collected:	10/16/2006 1045	Source:	Well Water
Date/Time Rec'd:	10/16/2006 1345	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.6
		Well #:	HO-94-3546

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	34.4	MPN/ 100 ml	<1.0	SM18 9223 B.	10/17/2006 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/17/2006 / 0830 / AD/BD

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155245

Date Reported: 10/17/2006

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 #:	60849	Account #:	8523
Reference:	Stuart Smith	Company:	CASH ACCOUNT
Location:	1301 Underwood Road Sykesville, MD 21784	Requested By:	Stuart Smith
Date/ Time Collected:	10/6/2006 1200	Source:	Well Water
Date/Time Rec'd:	10/6/2006 1410	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.9
		Well #:	HO-94-3546

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	36.4	MPN/ 100 ml	<1.0	SM18 9223 B.	10/7/2006 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/7/2006 / 1000 / BCD
Nitrate	4.14	mg/L	10	601	10/6/2006 / 1534 / BCD
Turbidity	1.32	NTU	<10	SM18 2130B	10/6/2006 / 1550 / BCD
Sand	NS	mg/l.	5	Visual/Gravimetric	10/6/2006 / 1550 / BCD

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 tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155245

Date Reported: 10/13/2006