

C1 7097

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

COUNTY NUMBER A58970

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 07 13 07

Depth of Well 22 230 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1157

OWNER Snagside Prop. last name first name STREET OR RFD 2700 Woodbine TOWN Woodbine SUBDIVISION SECTION 13/2/346 LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, and Flint Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (2000), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth (60 feet).

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

SCREEN RECORD: screen type (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3.

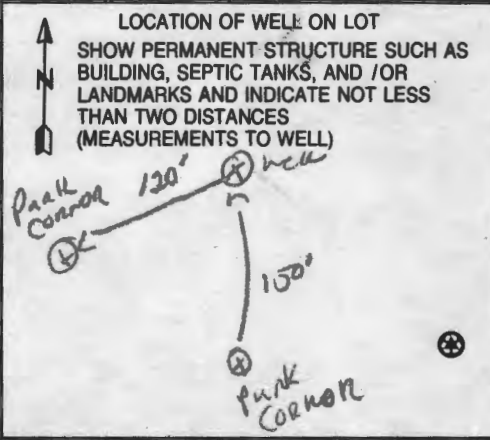
DEPTH (nearest ft.) table with columns 1-21, values 40, 50, 230.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (65 ft before, 120 ft when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-36), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD+12, DRILLERS SIGNATURE, LIC. NO. D

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

B 1 8454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526683 please type

STATE PERMIT NUMBER H0-95-1157 fill-in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Sunnyside Properties, LLC 15 Last Name Owner First Name 34 2700 Woodbine Rd 36 Street or RFD 55 Woodbine MD 21797 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

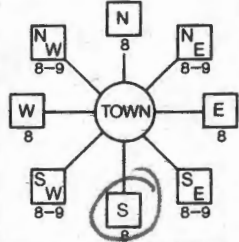
Howard 8 COUNTY 21 23 SUBDIVISION 2700 Woodbine Rd 42 SECTION 44 46 LOT 48 50 LISBON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION

Ralph E. MAYNE M S D 112 76 Driller's Name License No. 81 RALPH E. MAYNE INC 3- Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date 3-22-07

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD Rt. 94 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 150 ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 2 PARCEL 346

B 2

WELL INFORMATION

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)

- 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 A 58970 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 7/10/07 EXP. DATE 7/10/08 CO SIGNATURE NORTH GRID 538 000 EAST GRID 768 000

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" 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)

- 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

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

APPROX. PERMIT NUMBER G PERMIT No. H0-95-1157 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

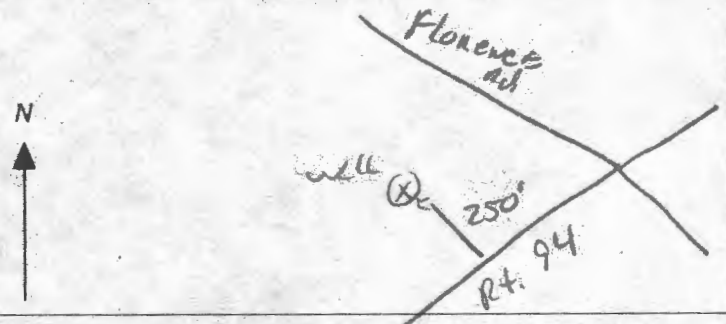
SOURCES OF DRILLING WATER

- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 51 38 N 768

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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1157
 Location of property (road) 2700 Woodbine Rd
 Subdivision _____ Lot _____ Block 2 Plat 13 Sec. Per 346
 Well Driller Ralph Magee Owner Sunny-side Prop

Depth of well 230
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 65 ft

I. High rate pumping -- reservoir drawdown

Time pump started 11:00 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 120 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	65 ft	4 Sec		15 GPM
			TEST STARTED	
11:15	120 ft	10 Sec		6 GPM
11:30	120 ft	10 Sec		6 GPM
11:45	120 ft	10 Sec		6 GPM
12:00	120 "	10 "		6 "
12:15	120 "	10 "		6 "
12:30	120 "	10 "		6 "
12:45	120 ft	10 Sec		6 GPM
1:00	120 ft	10 Sec		6 GPM
1:15	120 ft	10 Sec		6 GPM
1:30	120 "	10 "		6 "
1:45	120 "	10 "		6 "
2:00	120 ft	10 Sec		6 GPM
2:15	120 ft	10 Sec		6 GPM

3444731079
ENVIRONMENTAL HEALTH

PAGE 02/02

Attn: Wendy

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)312-3640 FAX: (410)312-3648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Lines

NOTE: The installer is responsible for requesting an inspection prior to 7 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 (NSD Well Construction Regulations). Submission of a complete form is required prior to the start of work and completion of work.

Company Name: WRF + Son Plumbing Telephone #: 410-795-1333
Address: 16 York Road, Suite 2177
MD 21777

Other circle one: Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: _____ License # 745-01
Name (Print): Chris Egan 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.

Well Permit # 95-1157

Name of Property Owner: Judicious Property Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: 80
Site Address: 2700 Woodbine Road

Submittable Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: 1/2" Two piece wrought cap:
Model #: 3305492C Model #: FDY Screwed, vented well cap:
Pump Capacity: _____ GPM Depth: 42 (36" min) Cap secured to casing: _____
Well Yield: _____ NEF approved: _____ Conduit min 1 1/2" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (ft)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
Torque wrench or Cable guards are required - list circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Water to house Main Connection
Type: _____ PVC sleeved to undisturbed soil at well penetration: _____
PSL: _____ (100 psi min) Approximate length of sleeve: _____
Depth of supply line: _____ (36" min) Sleeve sealed 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, drainfield, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation 5/14/08
Date

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____
Casing well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate gravel observed below pitless adapter _____

HD-213 (Rev. 6/00)

Tree Center was owner at this time of work and they called pitless & tank connection in then we back filled lines.

**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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1157
Site Address: 2700 Woodbine Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
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 or 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: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	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: 9/26/07 Date Insp. Approved: 9/26/2007
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
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	67465	Account #:	10347
Reference:	Tree Center	Company:	CASH ACCOUNT
Location:	2700 Woodbine Road Woodbine, MD 21797	Requested By:	Stacey Johnson/Tree Center
Date/Time Collected:	5/14/2008 1020	Source:	Well Water
Date/Time Rec'd:	5/14/2008 1305	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.6
		Well #:	HO-95-1157

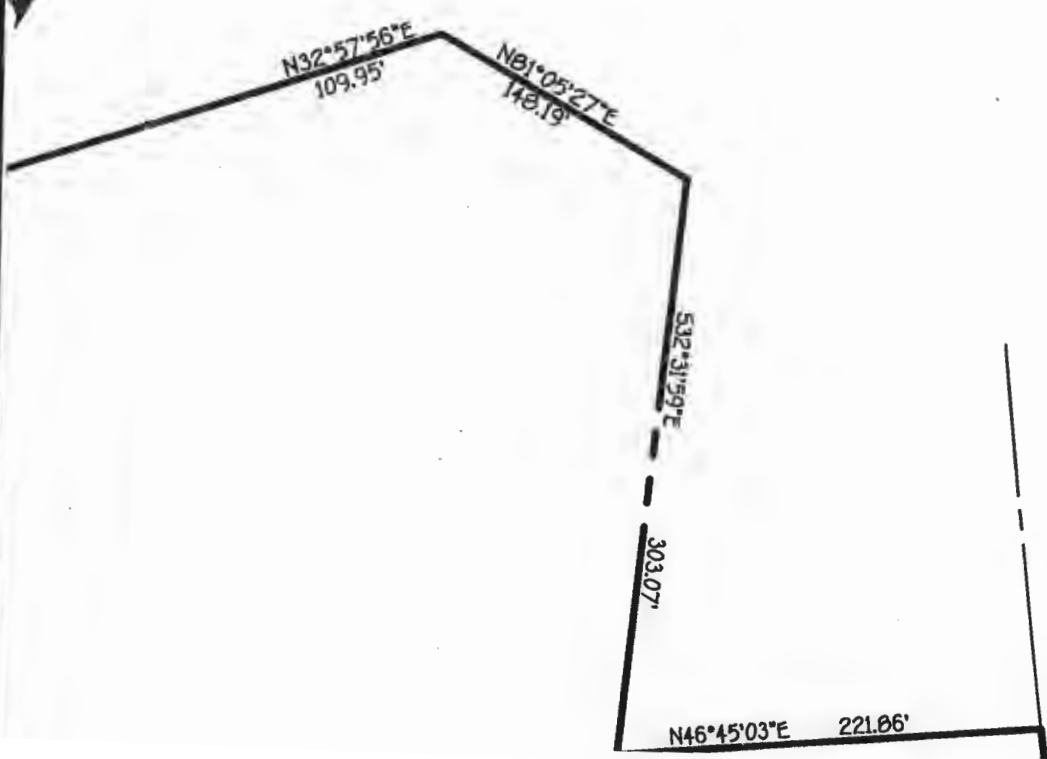
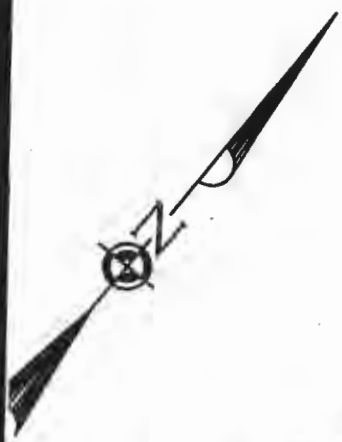
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/15/2008 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/15/2008 / 0800 / AD/BD
Nitrate	<1.0	mg/L	10	601	5/15/2008 / 1330 / AD/BD
Turbidity	4.62	NTU	<10	SM18 2130B	5/15/2008 / 1100 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	5/15/2008 / 1100 / AD/BD

NOTES

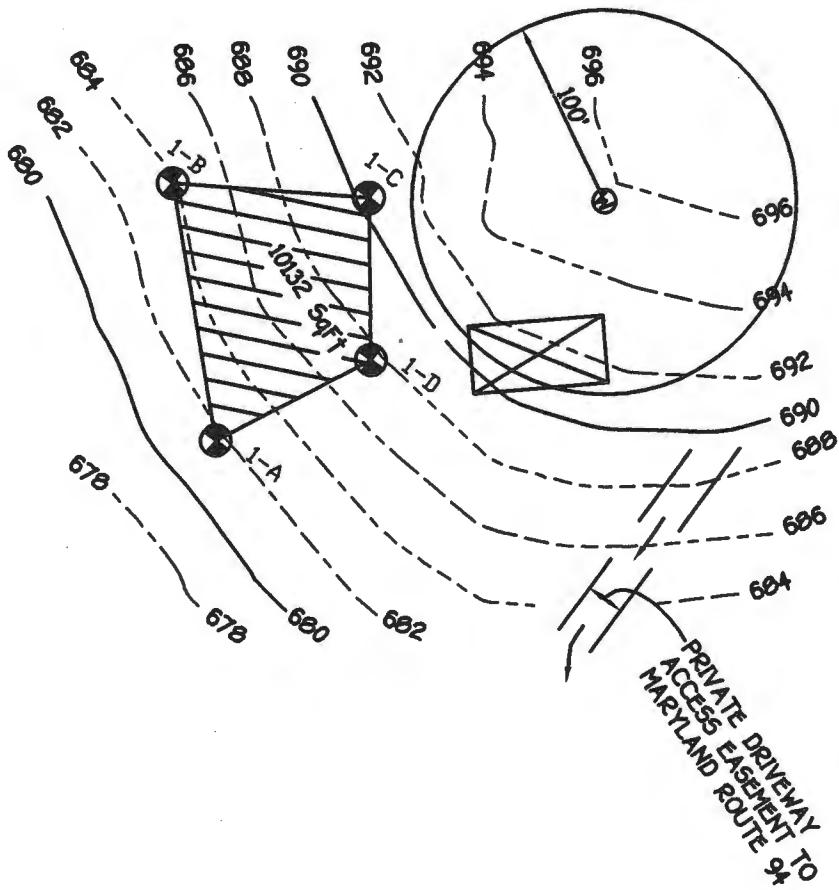
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory 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

Date Reported: 5/15/2008

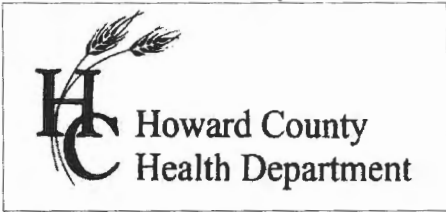


VICINITY MAP
SCALE : 1" = 1200'



7/10/07
 Well site OK
 (Signature)

||



7178 Columbia Gateway Dr., Columbia, MD 21046
 (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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

_____ 2700 Woodbine Rd
 Subdivision/Property Name Lot # Road Name

- The well site has been staked by _____,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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



HOWARD COUNTY HEALTH DEPARTMENT

W5 26683

DATE
5/4/07

Received
From

Trea Center Inc.

PHONE # *410-442-1041*

16005 Frederick Rd. Woodburn 21797

Bill Permit

CASH

CHECK

3700 Woodburn Rd

NO.

18734

One hundred sixty and 00/100

Dollars

\$

160

00

Received By

Mary L Buggis