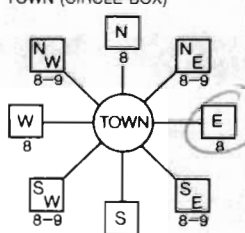
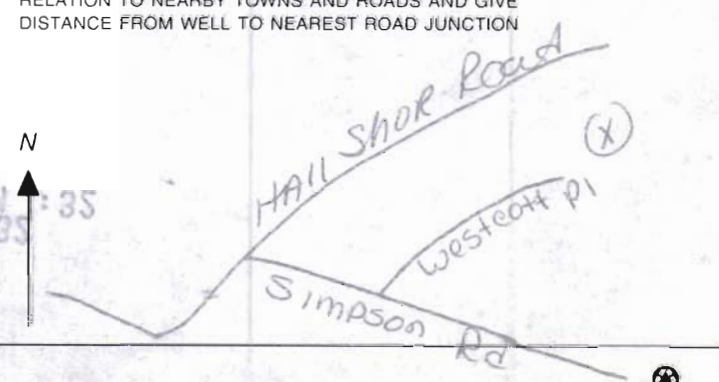


DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224. FA 10/6/03

<b>C1</b> 3989		SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		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. 2-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 09 05 2003		Depth of Well 22 300 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE RECEIVED MM DD YY 10 01 03		DATE WELL COMPLETED MM DD YY 09 05 2003		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3766		
OWNER LAND DESIGN + DEVELOPMENT		STREET OR RFD WESCOTT PLACE		TOWN CLARKSVILLE		
SUBDIVISION HALL SHOP MAJOR		SECTION		LOT 2		
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 44 44		<b>C3</b>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 45 46 72 NO. OF POUNDS 45 46 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 16.66 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 33 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		
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Overburden 0 60 Gray Rock 60 300 water at 95'		Casing Record casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65 60 61 63 64 66 70		
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		PUMP INSTALLED DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 (nearest foot) 50 51		
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		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 2 23 24 26 30 32 36 C 3 38 39 41 45 47 51 R E N 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) 25' 60'		
DRILLERS LIC. NO. MWD 120 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 35 D049 Thomas McElrath		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				
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)						



B 1 1 2 3 6 <u>6748</u>	SEQUENCE NO. (MDE USE ONLY) <u>519055</u>	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>HO-94-3766</u> fill in this form completely
Date Received (APA) <u>07-16-03</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 Last Name <u>Land Design &amp; Development</u> Owner First Name 34 36 <u>8000 Main Street</u> Street or RFD 55 57 <u>Ellicott City</u> Town 70 <u>MD</u> State 72 <u>21043</u> Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Hall Shop Manor</u> 42 SECTION <u>44</u> 46 LOT <u>2</u> 48 50 52 NEAREST TOWN <u>Highland</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 1 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name <u>Sandy B. Cochran</u> M W D <u>120</u> 76 License No. 81 Firm Name <u>G. Edgar Harr Sons' Corp.</u> Address <u>12047 Falls Road, Cockeysville 21030</u> Signature <u>S.B. Cochran</u> Date <u>8/10/03</u>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Westcott Place</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>300</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>41</u> BLK: <u>1</u> PARCEL <u>138</u>	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>AS13237-A</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>07/13/03</u> <u>Stone R. Raiz</u> 41 43 MM DD YY 45 NORTH GRID <u>491</u> 000 EAST GRID <u>819</u> 000 50 55 57 63	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8189</u> N <u>4981</u> 000 000	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		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) APPROP. PERMIT NUMBER <u>HO 2002G 017</u> PERMIT No. <u>HO-94-3766</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Well, Permit No. HO - 94-37660  
Location of property (road) WESCOTT PLACE  
Subdivision HALL SHOP MANOR Lot 2 Block 1 Plat. Sec.  
Well Driller G. EDGAR HALL SONS CORP Owner LAND DESIGN + DEVELOPMENT

Depth of well 300'  
Distance of measuring point (M.P.) above ground 1'  
Static water level (S.W.L.) below M.P. 33'

Time pump started 0730 Pumping rate 16.66  
Total time 15 Min to reach pumping water level 33 ft. below M.P.

[illegible]



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: Robert L. Fetter Co. Telephone #: (410) 781-4655  
Address: 6321 Barnett Ave  
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): Rick Cross License #: 2122

\*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: NV Homes Telephone #: (410) 379-5956  
Subdivision: Hilltop Manor Lot #: 2 Well Tag #: HO-94-3766  
Site Address: 6946 Westcott Place  
Clarksville, MD 21029

Submersible Pump Data

Make: Starite  
Model #: 7P4D02HL-04  
Pump Capacity: 7 GPM  
Well Yield: 16.65 GPM

Pitless Adapter

Make: Campbell  
Model #: PT-800  
Depth: 42" (36" min)  
NSF 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: 300 (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: Poly  
PSI: 200 (160 psi min)  
Depth of supply line 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 10'  
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.

Robert L. Fetter  
Signature of company representative responsible for installation

9/29/04  
date

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 9/24/04 (50)

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

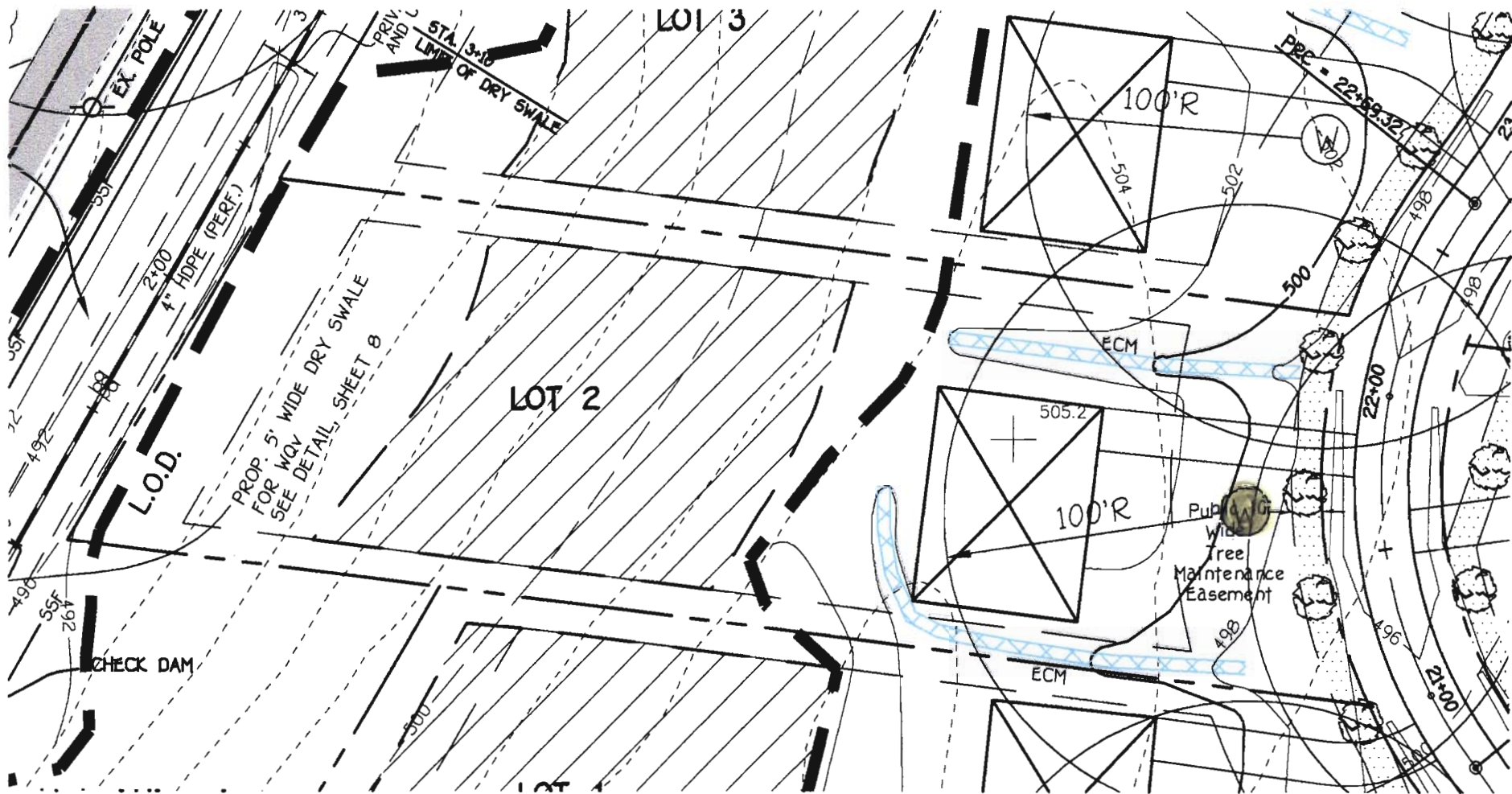
Elec. conduit extends at least 18" below grade/attached to cap properly

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



7/30/03- Well site OK  
NO SITE INSPECTION  
(SRK)



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

January 6, 2005

NVR, Inc.  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

**SENT VIA FACSIMILE 410-379-2430**

RE: Hall Shop Manor, Lot 2  
6946 Westcott Place  
Clarksville, MD 21029  
BP #: B00149169  
Well Permit # HO-94-3766

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 1/06/2005. Final approval of the well line connection to the dwelling was approved on 09/24/2004.**

**A nitrogen pre-treatment device has been installed on the Septic System to treat nitrogen to 10 mg/l discharge level.** 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-94-3766. 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: 11/24/2004  
Date of Well Completion: 09/05/2003

Approving Authority,

John A. Boris, Program Supervisor  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
**File**