

C 1 0253

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS 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 13 518641

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
06 26 88

Depth of Well

22 360 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HD-95-0377
28 29 30 31 32 33 34 35 36 37OWNER MATTHEWS ELYONS
STREET OR RFD Mitchell's Way
SUBDIVISION COVERED FIELD SECTION LOT 17

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

check
if water
bearing

DESCRIPTION (Use additional sheets if needed)	FROM	TO	check if water bearing
Top Soil	0	2	
Sand	2	30	
Sand Stone	30	35	
MICKA	35	50	
Sand Stone	50	55	
MICKA	55	330	
Flint Rock	330	335	
MICKA	335	360	

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 304 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHERMAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 40OTHER CASING (if used)
diameter inch depth (feet) from toscreen type or open hole
(insert appropriate code below)
ST STEEL BR BRASS HO OPEN
PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

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

DIAMETER OF SCREEN (NEAREST INCH)
56 60

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 Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 150 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 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 (nearest foot) 2

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)

Prop Line
150
50
well

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
Y 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

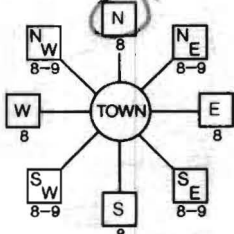
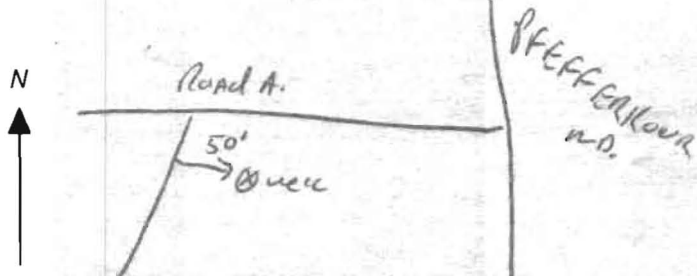
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M S D H 12

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 1 2 3 6 0976	SEQUENCE NO. (MDE USE ONLY) 524386	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO -95- 0377 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 CLoverfield/Pfeffer Korn LLC 15 Last Name Owner First Name 34 3060 Rt. 97 36 Street or RFD 55 Glenwood MD 21738 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION CLoverfield 42 SECTION 44 46 LOT 17 50 GLENEWELG 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 73 M 76 77 78	
DRILLER INFORMATION Ralph E. Mayne M S D 117 Driller's Name 76 License No. 81 Ralph E. Mayne, Inc. Firm Name 17024 Hardy Rd. Mt. Airy MD. 21771 Address Ralph E. Mayne 3/25/06 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Mitchells way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E 34 50 37 DISTANCE FROM ROAD 50 ENTER FT OR MI 38 39 TAX MAP: 15 BLK: _____ PARCEL 4	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. 13 STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED 5/2/06 Karen Zeman 5/2/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 800 000 EAST GRID 530 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 ☐ I INDUSTRIAL, COMMERCIAL, DEWATERING ☐ P PUBLIC WATER SUPPLY WELL ☐ T TEST, OBSERVATION, MONITORING ☐ G GEO-THERMAL		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 530 000 N 800 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 150 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 39 ☐ 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 _____ G _____ PERMIT No. _____ 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 - 95-0377
Location of property (road) : 'MITCHELL'S WAY
Subdivision CLOVERFIELD Lot 17 Block Plat Sec.
Well Driller RALPH MAYNE Owner MATTHEWS & LYONS

Depth of well 360 ft
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 50 ft

Time pump started 9:00 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 150 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: REG WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DE
MANCHESTER, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): KICKEY L. ROUS SR. License # PE 0141

*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: CATONSVILLE HOMES Telephone #: _____

Subdivision: CLOVERFIELD Lot #: 17 Well Tag #: EO-13-0377

Site Address: 13539 MITCHELLS WAY
WEST FRIENDSHIP, MD 21794

Submersible Pump Data

Make: GOULD
Model #: 7LS07422
Pump Capacity: 7 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: HAEVARD
Model #: 71800
Depth: 44" (36" min)
NSF approved: YES

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: 36.0 (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 glands 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 psi min)
Depth of supply line: (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10"
Sleeve caulked and sealed properly: PERNCO'S

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: Robert L. Rouse SR.

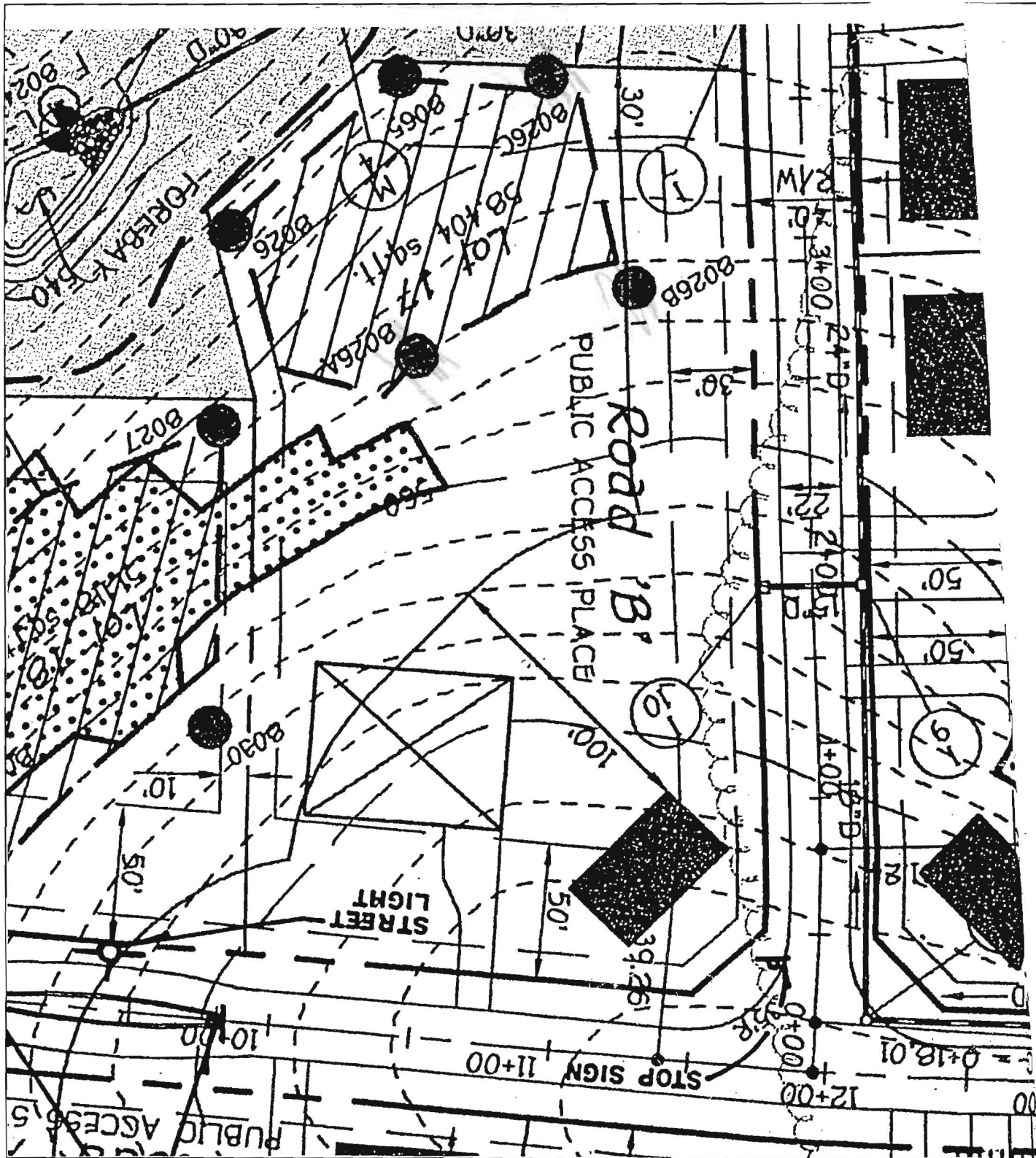
date: 10/28/09

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

Date Insp. Requested: _____ Date Insp. Approved: 10/30/09

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 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate ground observed below pitless adapter ✓

HD-215 (Rev. 8/00)



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 17
CLOVERFIELD

TAX MAP #15 ZONED RC-DED
3RD ELECTION DISTRICT
SCALE: 1"=50'

PARCEL: 4
HOWARD COUNTY, MARYLAND
DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-486-7900



Howard County
Health Department

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

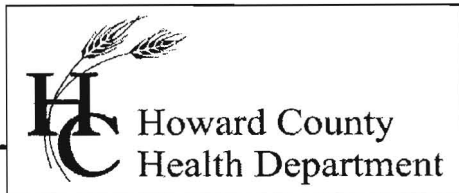
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,
please indicate one of the following:

- ☒ The well site has been staked by FCC
by 3/31/06 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



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 Beilenson, M.D., M.P.H., Health Officer

February 18, 2010

Homeowner
13539 Mitchells Way
West Friendship, MD 21774

RE: Cloverfield, Lot 17
13539 Mitchells Way
BP #: B09001703
Well Tag: HO-95-0377

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 10/09/2009. Final approval of the well line connection to the dwelling was approved on 10/30/2009.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0377. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 02/16/2010
Date of Well Completion: 06/26/2006

Approving Authority,

A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive style with a large, prominent "B".

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
Catonsville Builders
11175 Stratfield Court
Marriottsville, Maryland 21104

S/O Number: 75725
Report Date: February 17, 2010

Property Sampled: 13539 Mitchells Way

County: Howard
Subdivision: Estates at Cloverfield
Lot #: 17
Building Permit #: B09001703
Tax Map #: 15
Parcel #: 4

Date/Time Collected: February 16, 2010 at 10:23 am
Date/Time Received: February 16, 2010 at 2:58 pm

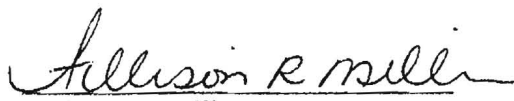
Sample Location: Pressure Tank Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: Unable to observe well - snow
Well Condition: Undetermined

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.4 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.