

C 1 0391 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.COUNTY
NUMBER A5186411 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
8 13

DATE WELL COMPLETED

MM DD YY
06 21 06

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"40 - 95 - 0367
28 29 30 31 32 33 34 35 36 37

OWNER

Cloverfield / Pfaffenkorn LLC

STREET OR RFD

last name

first name

TOWN

Glenady

SUBDIVISION

Cloverfield

SECTION

LOT

7

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

FROM

TO

check
if water
bearing

Top Soil

0 2

Sandy

2 30

Sand Stone

30 35

MICKA

35 70

Sand Stone

70 75

MICKA

75 375

Flint Rock

375 380

MICKA

380 400

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes
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 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 40
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPENPL
PLASTICOT
OTHER

DEPTH (nearest ft.)

C 2
1 2
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3DIAMETER
OF SCREEN (NEAREST
INCH)
56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE 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
8 9

PUMPING RATE (gal. per min.)

7
11 15METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

75
17 20 ft.

WHEN PUMPING

125
22 25 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

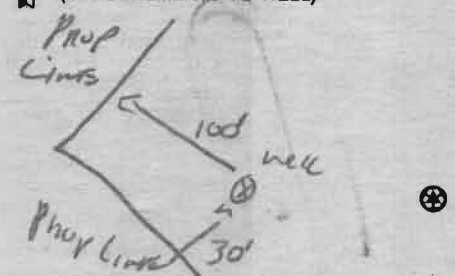
37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } 2 (nearest
49 50 51 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)

DRILLERS LIC. NO. 1 M S D 112

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	0966	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524386 please type	STATE PERMIT NUMBER HO-95-0367 fill in this form completely
Date Received (APA) 4/3/06		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name		Owner		34 First Name
36 3060 RT. 92		Street or RFD		55
57 GLENWOOD MD 21238		Town State Zip		76
DRILLER INFORMATION				
Driller's Name RALPH E. MAYNE		M SD 117 License No. 81		
Firm Name RALPH E. MAYNE INC.				
Address 17024 HANDY RD. W4. Aig MD 21771				
Signature R. E. Mayne		Date 3/25/06		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 500 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 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				
APPROXIMATE DEPTH OF WELL 150 FEET				
APPROXIMATE DIAMETER OF WELL 6" NEAREST 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)				
☒ 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 DEEPMEN 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)				
APPROP. PERMIT NUMBER HO 2006G006(01)				
PERMIT No. HO-95-0367				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	Howard	LOCATION OF WELL
8 COUNTY		21
23 SUBDIVISION		42
SECTION 44 46		LOT 48 50
52 NEAREST TOWN		71
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78		
B 4		
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		11 ROAD A NEAR WHAT ROAD 30
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
		☒ NORTH ☐ WEST ☐ EAST ☐ SOUTH
		34 60 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
		TAX MAP: 15 BLK: 8 PARCEL 4
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
COUNTY NAME Howard COUNTY NO. 13 1518641 STATE SIGNATURE _____ INSERT S → DATE ISSUED 5/2/06 CO SIGNATURE _____ EXP. DATE 5/3/07 NORTH GRID 536 000 EAST GRID 803 000 50 55 57 63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
SOURCES OF DRILLING WATER		
1. well		
2. well		
3. well		
WRITE THE BOX NUMBER FROM THE MAP HERE		
E 803		
N 534		
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		

Well Permit No. HO - 95-0367
 Location of property (road) Pfefferkorn Rd
 Subdivision Claverfield Lot 7 Block Plat Sec.
 Well Driller Danah Moore Owner Claverfield/Pfefferkorn LLC

I. High rate pumping -- reservoir drawdown

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

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1971**

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: ATLANTIC BLUE Telephone #: 410-840-8112
Address: 25 AILEEN CT SUITE 7
WESTMINSTER MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Mark Mather License # 63797

*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: C. L. WARD Telephone #: 410-442-2211
Subdivision: C. L. WARD Lot #: 7 Well Tag #: HO -
Site Address: 13542 M. TULLER WAY
WEST LANSING MI 48064

Submersible Pump Data

Make: J. CLASS
Model #: 2354-2W
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: CAMPBELL
Model #: PA 806
Depth: 42 (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: 460 (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)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 2 ft
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.

Signature of company representative responsible for installation Mark Mather

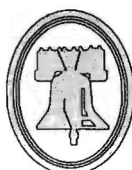
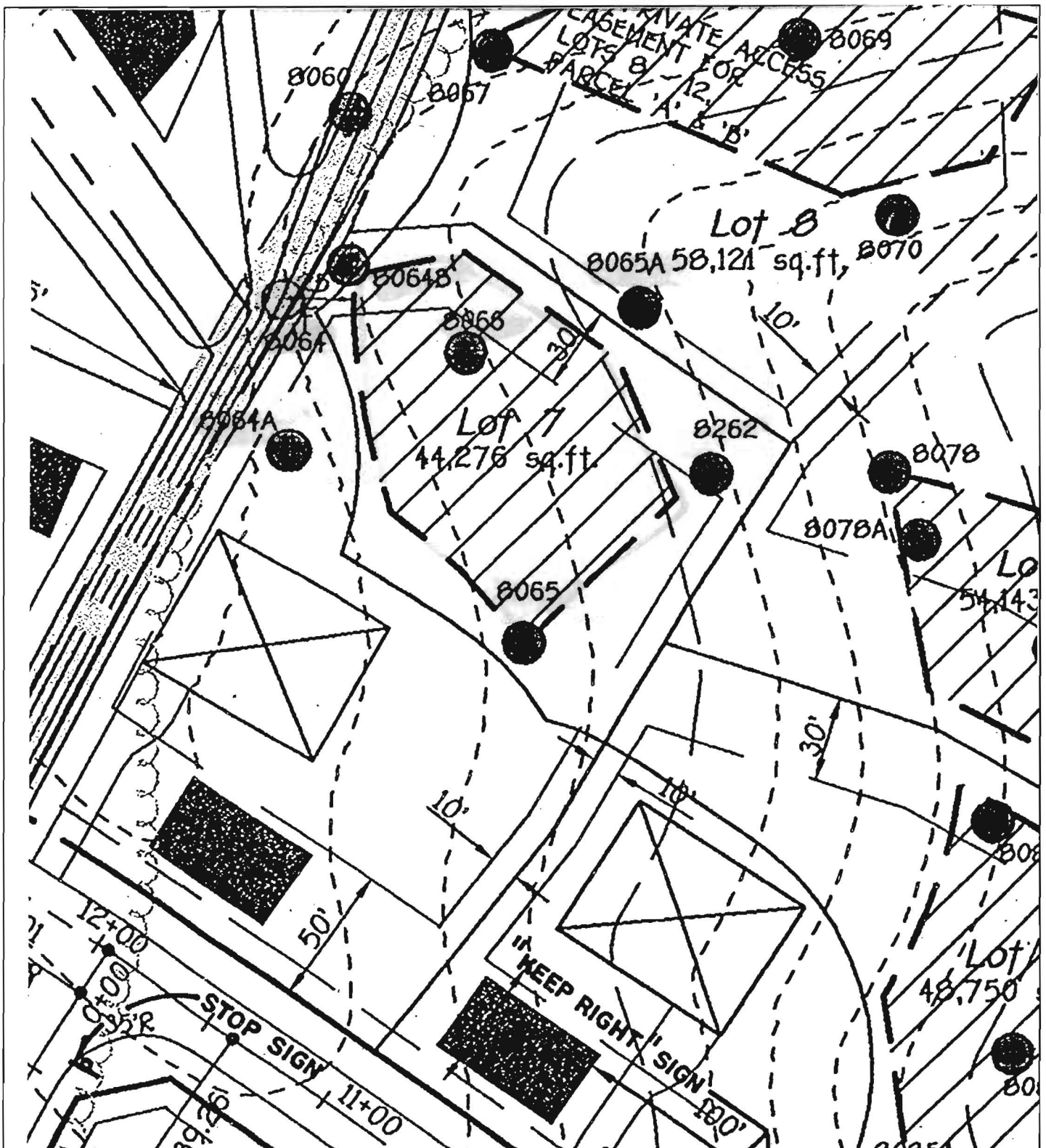
date 3/14/2011

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

Date Insp. Requested: 3/16/11

Date Insp. Approved: 10/17/2011 KW/BB

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 ✓



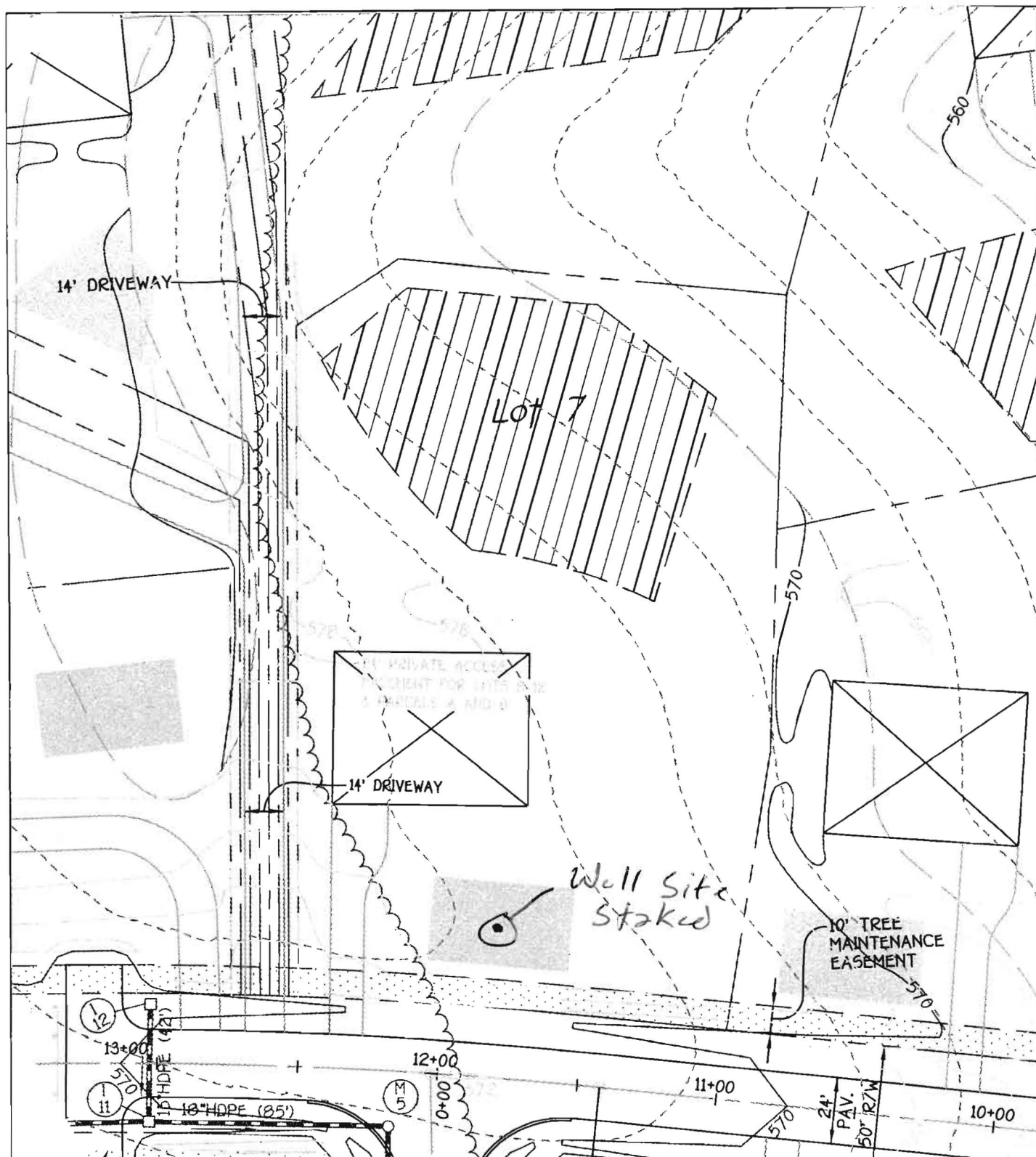
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 7
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL: 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7800



HERITAGE
Land Development

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CLOVERFIELD

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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

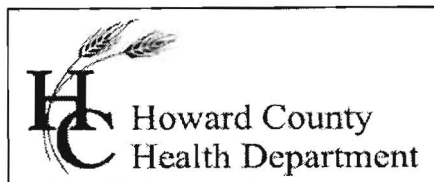
ATTENTION WELL DRILLERS!!!

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – Apr il 18, 2012

October 18, 2011

Homeowner
13542 Mitchells Way
West Friendship, MD 21794

RE: Cloverfield, Lot 7
13542 Mitchells Way
Building Permit: B10003981
Well Permit: HO-95-0367

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **03/14/2011**. Final approval of the well line connection to the dwelling was granted on **10/17/2011**. The well construction was completed on **06/21/2006**. Water samples were collected on **10/05/2011**.

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. 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-95-0367. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,


Brian Baker
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



TRACE LABORATORIES, INC

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: 82894

Report Date: October 6, 2011

Property Sampled: 13542 Mitchells Way, 21794
Sample Location: First Floor Powder Room Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003981
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 15

Subdivision: Cloverfield
Parcel: 4

Lot #: 7

Date/Time Collected in Field: October 5, 2011 @ 11:08 am
Date/Time Received in Lab: October 5, 2011 @ 3:17 pm

Well Tag #: HO-95-0367
Well Condition: 2-Piece Cap, 1 Bolt Loose, Cap Loose

Water Treatment/Conditioning: None

11175 Stratfield Court

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	5.4 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.9 Units	***
Sand		Absent	Absent	Pass

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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