

C10396

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
A518641

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-95-0372

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
08 04 06

Depth of Well
22 280 26
(TO NEAREST FOOT)

OWNER
STREET OR RFD
SUBDIVISION
CLOVERFIELD / PFEFFERKORN LLC
Near Pfefferkorn
CLOVERFIELD

TOWN
Glenely

SECTION
LOT
12

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	11	
MICKA	11	60	
Sand Stone	60	65	✓
MICKA	65	230	
FLint Rock	230	235	✓
MICKA	235	280	

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
45 46 45 46

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

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
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN CASING TYPE PL

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 22

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type or open hole

insert appropriate code below

ST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 12
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 64 ft.
17 20

WHEN PUMPING 105 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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. 1 M SD 412

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)

C2

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

E A C H S R E E N

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

68

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

T W Q

70 72

TELESCOPE CASING LOG INDICATOR

74 75 76

OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } 2 (nearest foot)
49 50 51

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 40' 100'

B 1	0971	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524386 please type	STATE PERMIT NUMBER HD-95-0372 fill in this form completely
Date Received (APA) 4/3/06		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name 34 Owner First Name		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
Glenwood MD 21738				
DRILLER INFORMATION				
Driller's Name		License No.		
Ralph E. Mayne		MSD 117		
Firm Name				
Ralph E. Mayne Inc.				
Address				
17024 Hardy Rd. Mt. Airy MD. 21771				
Signature		Date		
[Signature]		3/25/06		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)				
5				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)				
500				
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				
COUNTY NAME: HOWARD COUNTY NO. 13 STATE SIGNATURE: [Signature] INSERT S DATE ISSUED: 5/2/06 CO SIGNATURE: [Signature] EXP. DATE: 5/3/07 NORTH GRID: 536 000 EAST GRID: 803 000 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 803 N 536 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION [Sketch showing well location relative to Howard County, Pufferkorn Rd, and Mitchell's Way]				
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 DEEPEINED 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER: HD2006G006(01) PERMIT No. HD-95-0372 SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

HD-224

C.F.F 8/23/10

**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, Fitters 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 26.84.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: REG WATER SYSTEMS Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR.
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): RICKEY ROOS 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: CATONSVILLE HOMES Telephone #: _____
Subdivision: CLOVERFIELD Lot #: 12 Well Tag #: BO-95-0372
Site Address: 13572 MITCHELLS WAY
WEST FRIENDSHIP MD. 21794

Submersible Pump Data	Fitters Adapter	Well Cap and Electric Conduit
Make: <u>MUEL</u>	Make: <u>HABIAED</u>	Two piece watertight cap: ☒
Model #: <u>2572-PLUS</u>	Model #: <u>PT800</u>	Screened, vented well cap: ☒
Pump Capacity: <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: ☒
Well Yield: _____ GPM	NSF approved: <u>YES</u>	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 N/A

Piping to house	House Connection
Type: <u>PSYVERLINE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>90'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

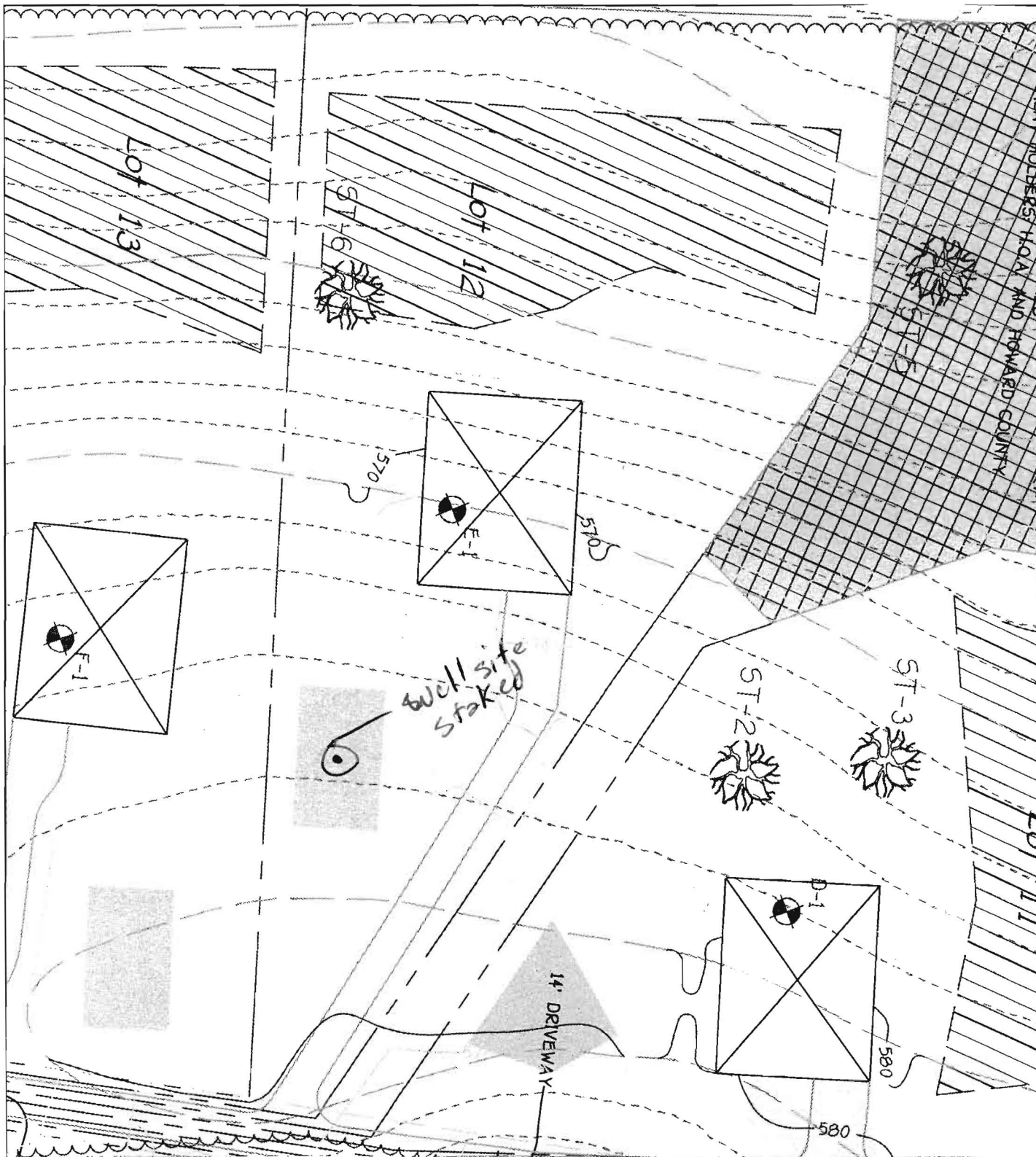
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: RICKEY L. ROOS SR.

date: 8/23/10

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

Date Insp. Requested: _____ Date Insp. Approved: 8/23/2010 KN
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 5" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 12
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: 410-488-7900



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HOWARD COUNTY, MARYLAND
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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
on 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



Howard County
Health Department

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 23, 2011

Homeowner
13572 Mitchells Way
West Friendship, MD 21794

RE: Cloverfield, Lot 12
13572 Mitchells Way
BP #: B10000346
Well Tag: HO-95-0372

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 06/18/2010. Final approval of the well line connection to the dwelling was approved on 08/23/2010.**

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-95-0372. 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: 12/09/2010
Date of Well Completion: 08/04/2006

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Catonsville Builders
11175 Stratfield Court
Marriottsville, MD 21104

S/O Number: 79762

Report Date: December 10, 2010

Property Sampled: 13572 Mitchells Way
Sample Location: Kitchen Sink
Residual Chlorine: <0.1 mg/L

Building Permit #: B10000346
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 15

Subdivision: Cloverfield
Parcel: 4

Lot #: 12

Date/Time Collected in Field: December 9, 2010 @ 2:38 pm
Date/Time Received in Lab: December 9, 2010 @ 3:40 pm

Well Tag #: HO-95-0372
Well Condition: 2-Piece Cap, Satisfactory Condition

Water Treatment/Conditioning: Sediment Filter (Not Hooked Up)

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	9.2 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.5 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
Administrative Assistant

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.