

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.	
1 2 3 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER <u>9518625</u>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 05 12 87		Depth of Well 22 200 26 (TO NEAREST FOOT)	
OWNER last name <u>ABP Prop</u> first name <u>Henry</u>		TOWN <u>Blonward</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 95-1090</u>	
STREET OR RFD <u>Henry Prop</u>		SECTION <u>21/5/106</u>		LOT <u>2</u>	
WELL LOG Not required for driven wells		GROUTING RECORD yes no <u>Y</u> <u>N</u>		C 3 1 2	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>		HOURS PUMPED (nearest hour) <u>3</u>	
FEET FROM TO		NO. OF BAGS <u>14</u> NO. OF POUNDS <u>1400</u>		PUMPING RATE (gal. per min.) <u>10</u>	
Top Soil 0 2		GALLONS OF WATER <u>82</u>		METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>	
Sandy 2 30		DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)	
Sand Stone 30 35		CASING RECORD		BEFORE PUMPING <u>9</u> ft.	
MICKA 35 100		casing types insert appropriate code below		WHEN PUMPING <u>47</u> ft.	
Sand Stone 100 105		MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u>		TYPE OF PUMP USED (for test)	
MICKA 105 150		OTHER CASING (if used) diameter inch depth (feet) from to		<u>A</u> air <u>P</u> piston <u>T</u> turbine	
Sand Stone 150 160		SCREEN RECORD		<u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below)	
MICKA 160 200		screen type or open hole insert appropriate code below		<u>J</u> jet <u>S</u> submersible	
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 DEPTH (nearest ft.)		PUMP INSTALLED	
WELL HYDROFRACTURED <u>Y</u> <u>N</u>		1 2 <u>HO</u> <u>38</u> <u>200</u>		DRILLER INSTALLED PUMP YES <u>NO</u>	
CIRCLE APPROPRIATE LETTER		E 1 8 9 11 15 17 21		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		A C 2 23 24 26 30 32 36		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
E ELECTRIC LOG OBTAINED		S 3 38 39 41 45 47 51		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
P TEST WELL CONVERTED TO PRODUCTION WELL		R 38 39 41 45 47 51		PUMP HORSE POWER	
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 APPOINTED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		E 3 38 39 41 45 47 51		PUMP COLUMN LENGTH (nearest ft.)	
DRILLERS LIC. NO. 1 M <u>SD 412</u>		SLOT SIZE 1 2 3		CASING HEIGHT (circle appropriate box and enter casing height)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		DIAMETER OF SCREEN (NEAREST INCH) 56 60		LAND SURFACE <u>2</u> (nearest foot)	
LIC. NO. 1 <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		LOCATION OF WELL ON LOT	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
		70 72 74 75 76		ROAD A 300' Prop Line 40' well	
		TELESCOPE CASING LOG INDICATOR OTHER DATA			

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

SEQUENCE NO. (MDE USE ONLY) 0577

STATE PERMIT NUMBER H0-95-1090

OWNER INFORMATION: ABA Properties LLC, 5850 Waterloo Rd, Columbia MD 21045

DRILLER INFORMATION: Ralph E. Mayne, M S D 117, Ralph E Mayne Inc, 12024 Handy Rd, Mt Airy MD 21221

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, 1518625, DATE ISSUED 4/23/07, CO SIGNATURE, EXP. DATE 4/23/08

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6"

METHOD OF DRILLING: BORED (or Augered), AIR-ROTary

REPLACEMENT OR DEEPEINED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL

PERMIT No. H0-95-1090

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Bluestream Services Telephone #: 410 795 0068
Address: 2298 Jim Rohlen Rd 443-790-8202
Eldersburg 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): MARY SKOVRON License# 5563

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: ABA Properties Telephone #: 410 953 0505
Subdivision: _____ Lot #: 2 Well Tag #: HO-95-1090 ✓
Site Address: 3311 Secretariat Way

Submersible Pump Data

Make: Franklin
Model #: 7JS 0554
Pump Capacity: 7 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: PA 800SS
Model#: Crimp Bell
Depth: 38' (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" Polyethylene
PSI: ✓ (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 10 ft
Length of sleeve (5' minimum from foundation): _____
Sleeve sealed properly: _____

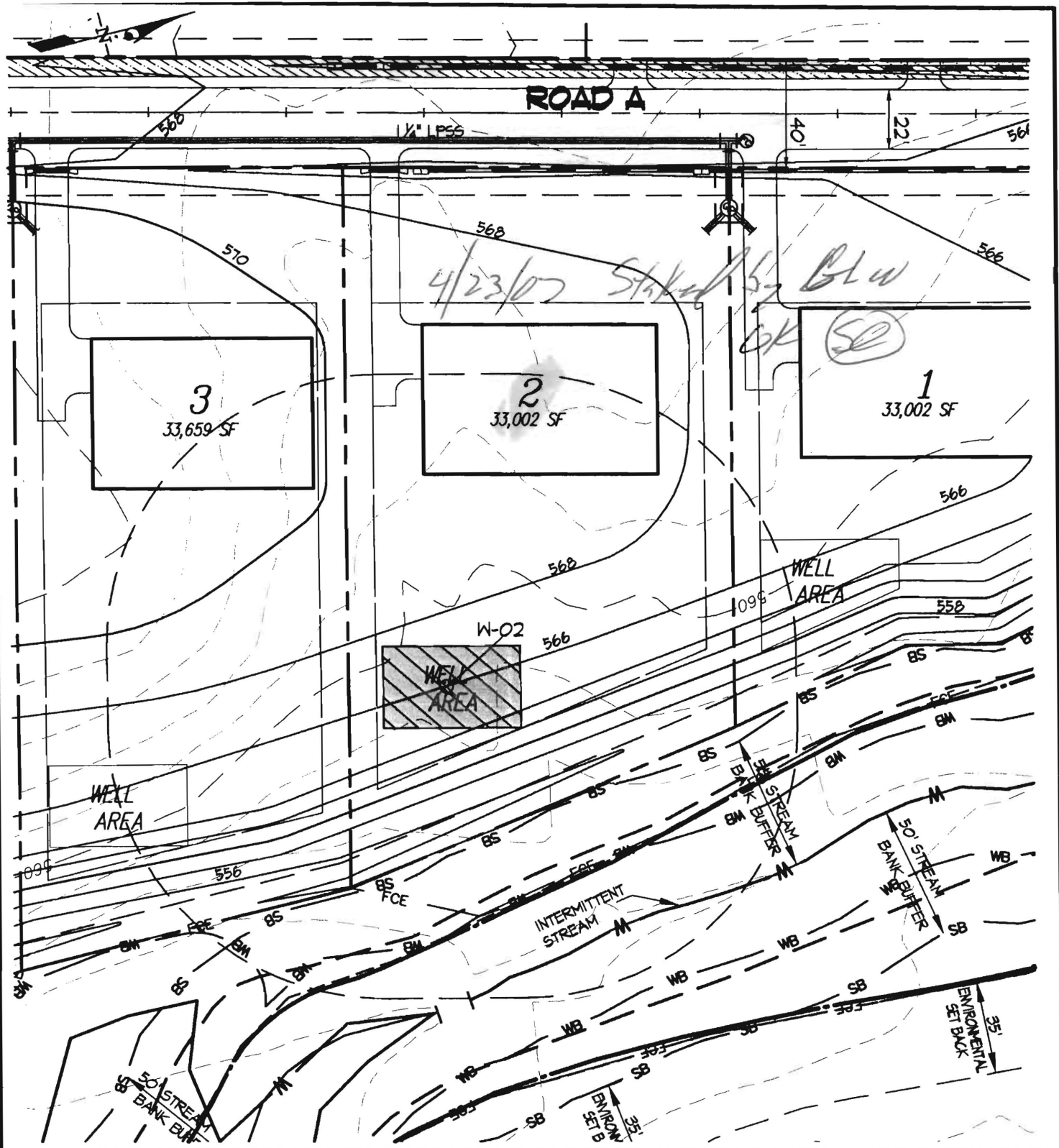
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 5/23/12

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

Date Insp. Requested: _____ Date Insp. Approved: 6/6/12 Inspector: (initials)

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓



LEGEND

○ PROPOSED LPSS

—○— PROPOSED STORM DRAIN

HOUSE
BOX



WELL BOX

W-05 — X WELL
SURVEY POINT

WELL LOCATION EXHIBIT - LOT 2

Henry Property
Lots 1 thru 6, Buildable Preservation Parcel "A",
Non-Buildable Preservation Parcels "B" & "C"

GLWGUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
BURTONSVILLE, MARYLAND 20866

TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186

SCALE: 1"=50'

ZONING: RC/RR-DEO

TAX MAP/GRID: 21 - 5

GLW JOB NO: 02118

March, 2007

1 OF 1



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

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:

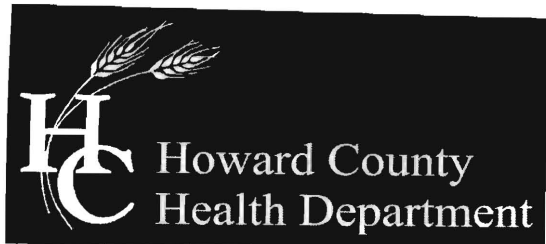
Henry Property	Lot 2	Burnt Woods Road
Subdivision/Property Name	Lot #	Road Name

☒ The well site has been staked by GLW,
(professional land surveyor or company employing professional land surveyors)
on 4-2-07 (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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

August 30, 2012

Homeowner
3311 Secretariat Way
Glenwood, MD 21738

RE: Maplewood Farms, Lot #2
3311 Secretariat Way
Building Permit: B12000189
Well Permit: HO-95-1090

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 **8/14/12**. Final approval of the well line connection to the dwelling was granted on **6/06/12**. The well construction was completed on **05/17/85**. Water samples were collected on **8/27/12**.

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-95-1090. 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,

Dana Bernard

Dana Bernard, REHS/RS
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:

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 86445**Report Date:** August 28, 2012

Property Sampled: 3311 Secretariat Way, 21738
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12000189
Sampler ID #: 4723TL
Samples Iced: Yes

County: Howard **Subdivision:** Maplewood Farms
Map: 21 **Parcel:** 106 **Lot#:** 2

Date/Time Collected in Field: August 27, 2012 @ 12:08 pm
Date/Time Received in Lab: August 27, 2012 @ 1:35 pm

Well Tag #: HO-95-1090
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

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	5.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Water
test
OK
8-28-12

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.