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ANTER RECOVER TO SITURE TO	(THIS NUMBER IS TO BE PUI		FILL IN THIS FORM COMPLETELY	NUMBER 4518625		
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NOT required for driving wells  STATE THE LOSS OF FORMATION PRINTTPATED, THIS SECTION  TYPE OF GROUTING MATERIAL (Circle one)  CORRECT COMMITTEE CLAY BUT COMMITTEE C		Henry Pr		1/8/1 5		
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BERTORIPE CLAY BIC Meditional sharehold in Review)  FEET changed in To Proceed the Committee Changes in Total Committee Changes in Type of Pump International Changes in Internatio	STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS	ONS PENETRATED, THEIR	(Circle Appropriate box)	7		
ALLONS OF WATER  A WELL MYS ABMODED AND SEALED  WHELH HYDROSPACTURED  WHELL HYDROSPACTUR	DESCRIPTION (Use additional sheets if needed)	if water		8 9		
Casing types and the properties of the propertie	Top Soil	0 2	GALLONS OF WATER 48	METHOD USED TO		
CASING RECOID  WHEN PUMPING  AND Nominal diameter Code below  MAIN Nominal		2 14 0	0.0			
MICKA  WHEN PUMPING  Type of Pump used (for test)  The post of the	MICKA	14 65	OLONIO DECORD	BEFORE PUMPING 17 ft.		
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MAIN CASING (Indused foot)  The contribuding inching i	MICKA	20 120	code below PL OT			
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NUMBER OF UNSUCCESSFUL WELLS:  WELL HYDROFRACTURED  WELL HYDROFRACTURED  Very Now Part of the properties of the properti				PUMP HORSE POWER		
WELL HYDROFRACTURED  Vest No. 1	NUMBER OF UNSUCCESSFU	L WELLS:	1 0	PUMP COLUMN LENGTH		
CIRCLE APPROPRIATE LETTER  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 D  DRILLERS LIC. NO.1 M D  ORGANIC WITH COMAR 26.04.04 "WELL CONSTRUCTOR" AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)  OR SCREEN  GRAVEL PACK IF WELL ORILLED WAS FLOWING WELL	WELL HYDROFRACTURED		E 1 15 17 21	CASING HEIGHT (circle appropriate box		
WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED  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 D  DRILLERS SIGNATURE  (MUST MATCH SIGNATURE ON APPLICATION)  WHEN THIS WELL WAS COMPLETED  E SLOT SIZE 1 2 3		IATE LETTER	C 2 3 24 26 30 32 36	( + / above )		
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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 D  DRILLERS SIGNATURE  (MUST MATCH SIGNATURE ON APPLICATION)  DIAMETER  OF SCREEN  OF SCREEN  From  THAN TWO DISTANCES  (MEASUREMENTS TO WELL)  OF SCREEN  FROM  THAN TWO DISTANCES  (MEASUREMENTS TO WELL)  MEASUREMENTS TO WELL)  MDE USE ONLY  (NOT TO BE FILLED IN BY DRILLER)	TEST WELL CONVERTED		E			
DRILLERS LIC. NO. 1 M D GRAVEL PACK WELL ORILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	ACCORDANCE WITH COMAR 28.04.04 IN CONFORMANCE WITH ALL CONDI CAPTIONED PERMIT, AND THAT TH HEREIN IS ACCURATE AND COMP	"WELL CONSTRUCTION" AND TIONS STATED IN THE ABOVE IN INFORMATION PRESENTED	OF SCREEN (NCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  WAS FLOWING WELL INSERT F IN BOX 68  MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		50112	GRAVEL PACK	N I N		
(NOT TO BE FILLED IN BY DRILLER)		Mygras	WAS FLOWING WELL	W W		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  TELESCOPE  LOG  74 75 76			(NOT TO BE FILLED IN BY DRILLER)	Prop 325		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  TELESCOPE  LOG  74 75 76				Links   1		
responsible for sitework if different from permittee)  CASING INDICATOR OTHER DATA			TELESCOPE LOG 74 75 76	25") & vea		

B 1 0578 SEQUENCE NO. (MDE USE ONLY) STATE C	PF MARYLAND	STATE PERMIT NUMBER
1 2 3 6 APPLICATION FOR	PERMIT TO DRILL WELL	10-95-1091
526627 pl	ease type	70 fill in this form completely 79
Date Received (APA)	B 3 //	LOCATION OF WELL
OWNER INFORMATION	1 Howan	4 210
8 MM DD YY 13	8 COUNTY	0 0 21
HBA rnopenties CCC	Henry	thop
15 Last Name Owner First Name 34	23 SUBDIVISION	42
36 Street or RFD 55	SECTION 44 46	LOT
Columbia un Zioye	644	48 50
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	-CG - 6184 WUID 71
DRILLER INFORMATION		
RAGE & MAYNE MSD 112	MILES FROM TOWN (ent	er 0 if in town) M 1
Driller's Name 76 License No. 81	B 4	
VLAGA E. MAYNE THE	1 2 DIRECTION OF WELL FROM	Bunat woods Nd.
Firm Name	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
17024 HANNY M. WHAING MA 21721	N N	ON WHICH SIDE OF ROAD NORTH
Address 4-V 05	N 8 NE	(CIRCLE APPROPRIATE BOX)
Sinter Strange 1 9 07		WEST SENT
Signature Date  B 2 WELL INFORMATION	W TOWN E	34 37 SOUTH DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE		ENTER FT OR MI 38 39
(GAL. PER MIN.) 8 12		21 / / /
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	8-9 S 8-9	TAX MAP: BLK: A PARCEL
USE FOR WATER (CIRCLE APPROPRIATE BOX)		D BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	// HEALT	H DEPARTMENT APPROVAL
IRRIGATION	1 Hours	11518625
F FARMING (LIVESTOCK WATERING & AGRICULTURAL	COUNTY NAME	COUNTY NO.
IRRIGATION 22 INDUSTRIAL COMMERICIAL DEWATERING	STATE SIGNATURE	NSERT S →
T MOSOTTINE, COMMETTIONE, SERVICE MAG	DATE ISSUED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P PUBLIC WATER SUPPLY WELL	43 MM DD YY 48	CO SIGNATURE EXP. DATE
TEST, OBSERVATION, MONITORING	NORTH 527	EAST DE/
G GEO-THERMAL	GRID 50	0 0 GRID 63
	SHOW MAJOR FEATURE	S OF
APPROXIMATE DEPTH OF WELL	BOX & LOCATE WELL '-	
24 28	SOURCES OF DRILLING	WATER
APPROXIMATE DIAMETER OF WELL 6/1 NEARES	1. Well	(E)
METHOD OF DRILLING (circle one)	2.	(0)
BORED (or Augered)  JETTED Jetted & DRIVEN	3.	
30 AIR-RÓTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WESTER THE BOY WINDS	
37 CABLE REVerse-ROTary DRive-POINT	WRITE THE BOX NUMBE FROM THE MAP HERE	
other	THOM THE WAY HERE	7/
REPLACEMENT OR DEEPENED WELLS	E 52	× 196
(CIRCLE APPROPRIATE BOX)	-6777	527 000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N SOC	
THIS WELL WILL REPLACE A WELL THAT WILL BE		V SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED		OWNS AND ROADS AND GIVE O NEAREST ROAD JUNCTION
39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	All all	1 00
FOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL	200	1 Justs
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED		Burnt woods not
(IF AVAILABLE) 41	N	11125
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	<b>A</b>	* / 43
10 10 10 10 10 10 10 10 10 10 10 10 10 1		
APPROP. PERMIT NUMBER		2 / 8
161 95 1091		1 vell
PERMIT No. 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =		₩

Page	of			
Date	may 1.	2007		

# HOWARD COUNTY WELL YIELD TEST

Well Loca	Well Permit No. HO - 95 / 109/ Location of property (road) Barntwoods Rd	
Subd.	Subdivision Henry Muleuty Lot 3 Block	5 Plat 21 Sec. Say 106
Well	Well Driller Kalo4 Mayde Owner As	SA Prof
	Depth of well 120  Distance of measuring point (M.P.) above ground 2 ff  Static water level (S.W.L.) below M.P. 12 ff	
I.	I. High rate pumping reservoir drawdown	
	Time pump started 12:00 Pumping ra	te 15 6 pm
	Total time 15 Min to reach pumping water level	ft. below M.P.

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

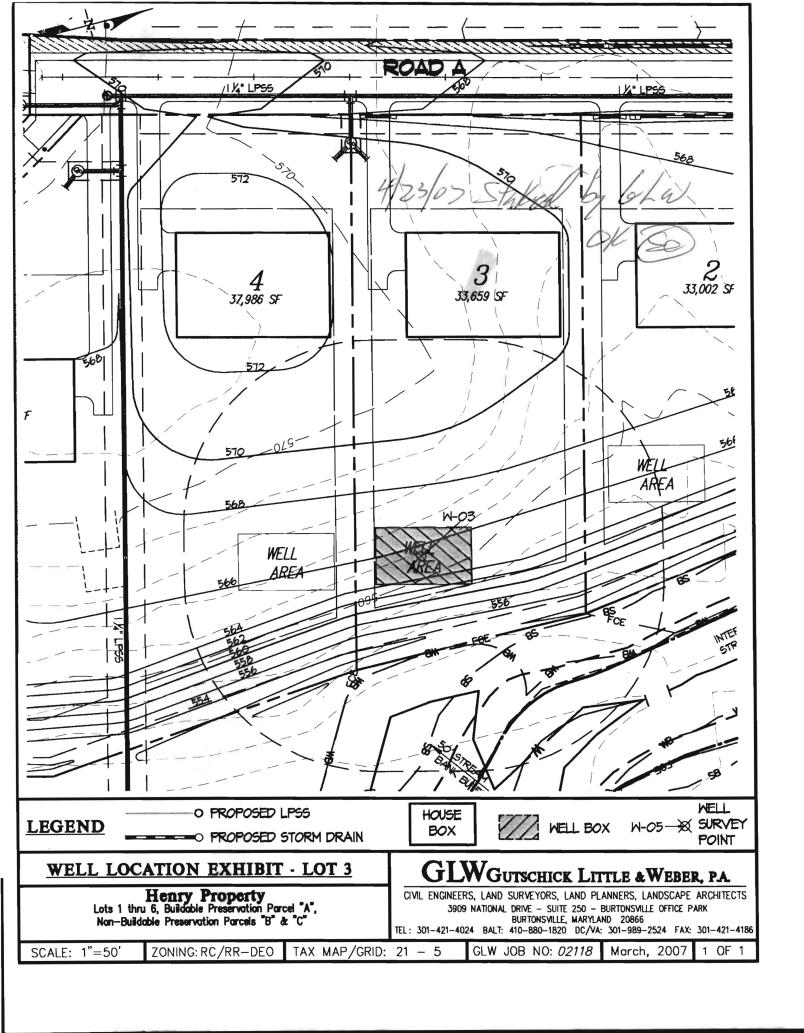
TIME (in 15 minute in- tervals		TER LEVEL PUMPING RATE FI elow M.P. time to fill 5 gallon bucket				CATED FLOW ons per te)	
12:00	12	f	4	Sec		15	6Pm
	No.				TEST STANFOR		
12:15	13	R	4	Sec		15	6PM
12:30	13	pe	4	Sec		15	6pm
12:45	13	W	4	Sec		15	GPM
1:15	13	. 11	4	4		15	H
	13	4	4	11		15	n
1:30	13	4	4	Ч		15	1)
1:45	13	W	4	Sec		15	GAM
2:00	13	pe	4	Sec		15	Com
2:15	13	pler	4	Sec		15	GPM
2130	13	11	4	1)		15	i,
2:45	13	11	4	11		15	4
3:00	13	fl	4	Sec		15	GPM
3:15	13	H	4	Sec		15	GPM
	1						
	A. S. C.						
			HIPMEN		CALLED SAFES OF		

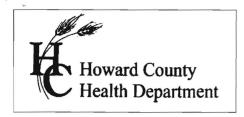
Ryon Homes
Burntwoods Manur Lat 0003



## 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.
Construction acputations). Submission of a complete form is required briot to ose and occapancy approved
Company Name: Joel Isages Alba Save Telephone #: 410 442-5780
Address: Po Ber 250 C* 410 365-1279
Lisben MD 21765
(Must circle one) Licensed Plumber   Licensed Well Driller   Licensed Well Pump Installer
License # and name of incividual responsible for the field installation:
Name (Print): Tool Isaacs St. License# 4524
*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: Ryan Groves Telephone #: 410 782-5899
Subdivision: Runturerd's Monor Lot #:0003 Well Tag #: HO - 95- 1091
Site Address: 3317 Secretoriat Way
Clenura mo
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grund for Make: Campbell Two piece watertight cap:
Model #: 3/4 HP   Model #: 1"   Screened, vented well cap:
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 30 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 20 (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
bately tope, it used, accepted to inside of well casing with eye bott
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 166 (160 psi min) Approximate length of sleeve:
Depth of supply line: 42 (36" min) 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.
approved by the first state of the state of
2-4-11
Signature of company representative responsible for installation date
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: Date Insp. Approved:
Inspection Data: Pitless adapter and water supply line at least 36" below grace
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
Context well tag attached properly and casing 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
HD-215 (Rev. 8/00) (* Inspection done on 2-4-11 per Stickeron well ly BB





7178 Columbia Gateway Dr., Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

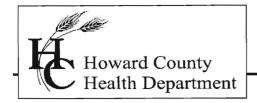
Penny E. Borenstein, M.D., M.P.H., Health Officer

# TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

well Sit	e Location:			
Henry Property		Lot 3	Burnt Woods Road	
Subdivision	on/Property Name	Lot #	Road Name	
X	The well site has been stake (professional land surveyor or coon $4-2-07$	ompany employ		
			er will call the Health Department verify the proposed well site	
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 Gateway Drive (410) 313-2640 Columbia, MD 21046 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

March 23, 2011

Homeowner 3317 Secretariat Way Glenwood, MD 21738

RE:

Burntwoods Manor, Lot 3 3317 Secretariat Way BP #: B10003613 Well Tag: HO-95-1091

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 03/23/2011. Final approval of the well line connection to the dwelling was approved on 02/18/2011.

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. 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-95-1091. 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:

03/16/2011

Date of Well Completion:

05/17/2007

Approving Authority, Brian Baker

Brian Baker, R. S.

Environmental Sanitarian Well & Septic Program

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cc:

Building Inspector's Office Community Hygiene Program

File

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### ROLL OF THE PROPERTY OF THE PR 1415 Old Tanestown Rds Westminster, MD (400)8484004; (410)8764554

### REPORT OF ANALYSIS

Laboratory ID #:

78786

Account #:

6488

Reference:

Burntwoods Manor Lot 0003

Company:

Hatfield's Equipment, Inc.

Location:

3317 Secretariat Way

4108480298

Requested By:

Glenwood, MD 21738

Kenny Hatfield

Date/ Time Collected: 3/16/2011

Source:

Well Water

Date/Time Rec'd:

1120

Site:

Pressure Tank

Chlorine ppin:

3/16/2011 Free: ND

1344 Total: ND

Treatment: pH:

None 5.7

Collected By:

J. Yeager

6176JY

Well #:

HO-95-1091

Bacteria, Coliform, Total, MPN	\$5-\$17.01S <1.0	MPN/ 100 ml	<1.0	MER (MAIO) 5 SM18 9223	3/17/2011 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/17/2011 / 0830 / CCH
Nitrato	4.58	mg/L	10	601	3/16/2011 / 1735 / CCH
Turbidity	0.77	NTU	<10	SM18 2130B	3/16/2011 / 1415 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	3/16/2011 / 1415 / KME

#### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- NS = None Seen (NS indicates less than 5 mg/L) 3
- NTU = Nephelometric Turbidity Units 4
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- ND:None Detected 6
- 7 Visual well check: Sealed, vented cap
- pH and Chlorine level tested on site

Reason for Test:

Use & Occupancy

Building Permit #:

B-10003613