

C1 7061 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 4518625ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"OWNER JBA Prop
STREET OR RFD last name first name
SUBDIVISION Henry Prop SECTION 5/21/06 LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ C M BENTONITE CLAY ☒ B C

NO. OF BAGS 45 46 8 NO. OF POUNDS 45 46 800

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

DESCRIPTION (Use additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil	0	2	
Sandy	2	14	✓
MICKA	14	65	
Small Stone	65	70	✓
MICKA	70	120	

Casing types insert appropriate code below
Casing RECORD
STEEL ☒ S T CONCRETE ☒ C O
PLASTIC ☒ P L OTHER ☒ O TMAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)
P C 6 24OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type or open hole
insert appropriate code below
SCREEN RECORD
STEEL ☒ S T BRASS ☒ B R OPEN HOLE ☒ H O
BRONZE ☒ P L PLASTIC ☒ O T OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes ☒ Y no ☒ 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 417

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
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)
from to

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.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 12 ft.

WHEN PUMPING 13 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

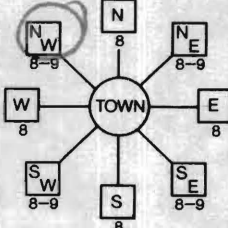

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

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

B 1 1 2 3 4 5 6 0578	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526627 please type	STATE PERMIT NUMBER HO-95-1091 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76 ABA Properties LLC 5850 WATERLOO RD. Columbia MD. 21045		B 3 LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78 Howard Henry Prop 3 GLENETA Columbia 2	
DRILLER INFORMATION 76 Driller's Name 81 License No. Firm Name Address Signature Date Ralph E. Mayne M S D 112 Ralph E. Mayne Inc 17024 Handy Rd. Mt Airy MD 21221 Ralph E. Mayne 4-4-07		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI TAX MAP: 21 BLK: 5 PARCEL 106 Burntwoods Rd. 435 4	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 5 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 43 MM DD YY 48 NORTH GRID 50 55 CO SIGNATURE EAST GRID 57 63 EXP. DATE 4/23/07 4/23/08 527 000 796 000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> 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 525 746 N 800 527 000 000	
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6" 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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  435'	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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) APPROP. PERMIT NUMBER PERMIT No. HO-95-1091 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 - 95-1091
Location of property (road) Burntwood Rd
Subdivision Harry Murphy Lot 3 Block 5 Plat 21 Sec. 106
Well Driller Rafael Mayde Owner 984 Prop

Static water level (S.W.L.) below M.P. 12 ft

[illegible]

Ryan Homes
Burntwoods Manor Lot 0003

copy

**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: Joel Isaacs Plumbing Service Telephone #: 410 442-5780
Address: PO Box 250 C# 410 365-1279
Lisbon MD 21765

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

Name (Print): Joel Isaacs, Sr. 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 Homes Telephone #: 410 782-5899
Subdivision: Burntwoods Manor Lot #: 0003 Well Tag #: HO-95-1091
Site Address: 3317 Secretariat Way
Glenwood, MD

Submersible Pump Data

Make: Grundfos

Model #: 314HP

Pump Capacity 10 GPM

Well Yield: 30 GPM

Depth of well encountered at time of pump installation: 120 (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 ☒

Pitless Adapter

Make: Campbell

Model#: 1"

Depth: 42" (36" min)

NSF approved: ☒

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: ☒

Piping to house

Type: Poly

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve:

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.

Signature of company representative responsible for installation

date

2-4-11

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

Date Insp. Requested:

Date Insp. Approved: 2/18/2011 **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 ☒

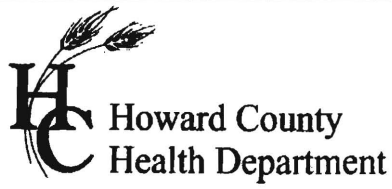
Correct well tag attached properly and casing 3" above finished grade ☒

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 Sticker on well by BB.)



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:

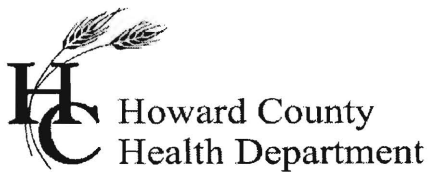
Henry Property	Lot 3	Burnt Woods Road
Subdivision/Property Name	Lot #	Road Name

☒ 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 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

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,

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Towne Rd., Westminster, MD (410) 848-1014 (410) 870-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	78786	Account #:	6488
Reference:	Burntwoods Manor Lot 0003	Company:	Hatfield's Equipment, Inc.
Location:	3317 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	3/16/2011 1120	Source:	Well Water
Date/Time Rec'd:	3/16/2011 1344	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Ycager 6176JY	pH:	5.7
		Well #:	HO-95-1091

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	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
Nitrate	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)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-10003613

Date Reported: 3/17/2011