
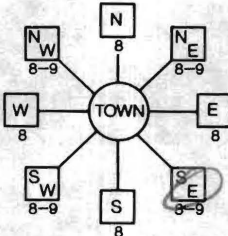


| C1 69 | | SEQUENCE NO. (MDE USE ONLY) | | STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE | | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. | | | | | | | | | | | | | | | |
|--|----|--|---|--|--|---|------------------------------|------------------------------|----|------|---|----|--|----------------|----|-----|---|---|--|--|--|
| 1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | | | COUNTY NUMBER <u>A 531992</u> | | | | | | | | | | | | | | | |
| ST/CO USE ONLY DATE Received MM DD YY 8 15 2007 | | DATE WELL COMPLETED MM DD YY 8 15 2007 | | Depth of Well 22 220 26 (TO NEAREST FOOT) | | PERMIT NO. FROM "PERMIT TO DRILL WELL" 8/24/07 OK (S) No 95-1174 | | | | | | | | | | | | | | | |
| OWNER <u>Security Development</u> | | STREET OR RFD <u>Bethesda Woods Rd</u> | | TOWN <u>Elkwood</u> | | LOT <u>3</u> | | | | | | | | | | | | | | | |
| SUBDIVISION <u>Neshawatl Property</u> | | SECTION | | LOT | | | | | | | | | | | | | | | | | |
| WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | | | | GROUTING RECORD | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand</td><td>0</td><td>81</td><td></td></tr><tr><td>Gray Mica Rock</td><td>81</td><td>220</td><td>✓</td></tr></tbody></table> | | | | DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing | FROM | TO | Sand | 0 | 81 | | Gray Mica Rock | 81 | 220 | ✓ | WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | |
| | | | | | DESCRIPTION (Use additional sheets if needed) | FEET | | check if water bearing | | | | | | | | | | | | | |
| FROM | TO | | | | | | | | | | | | | | | | | | | | |
| Sand | 0 | 81 | | | | | | | | | | | | | | | | | | | |
| Gray Mica Rock | 81 | 220 | ✓ | | | | | | | | | | | | | | | | | | |
| | | | | TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC | | | | | | | | | | | | | | | | | |
| | | | | NO. OF BAGS <u>20</u> NO. OF POUNDS <u>4500</u> | | | | | | | | | | | | | | | | | |
| | | | | GALLONS OF WATER <u>120</u> | | | | | | | | | | | | | | | | | |
| | | | | 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 | | | | | | | | | | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER | | | | | | | | | | | | | | | | | |
| | | | | MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch)! <u>6</u> Total depth of main casing (nearest foot) <u>85</u> | | | | | | | | | | | | | | | | | |
| | | | | OTHER CASING (if used) diameter inch depth (feet) from to | | | | | | | | | | | | | | | | | |
| | | | | EACH CASING | | | | | | | | | | | | | | | | | |
| | | | | SCREEN RECORD | | | | | | | | | | | | | | | | | |
| | | | | screen type or open hole | | | | | | | | | | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER | | | | | | | | | | | | | | | | | |
| NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> | | | | C2 DEPTH (nearest ft.) | | | | | | | | | | | | | | | | | |
| WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | | 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 | | | | | | | | | | | | | | | | | |
| 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 | | | | SLOT SIZE 1 2 3 | | | | | | | | | | | | | | | | | |
| I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 29.04.04 "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. | | | | DIAMETER OF SCREEN (NEAREST INCH) 56 60 | | | | | | | | | | | | | | | | | |
| DRILLERS LIC. NO. 1 <u>M S D 024</u> | | | | GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 | | | | | | | | | | | | | | | | | |
| DRILLERS SIGNATURE <u>Joseph E. Mayne</u> | | | | MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q | | | | | | | | | | | | | | | | | |
| LIC. NO. 1 <u>M S D 027</u> | | | | 70 72 74 75 76 | | | | | | | | | | | | | | | | | |
| SITE SUPERVISOR (sign) of driller or journeyman responsible for sitework if different from permittee) | | | | TELESCOPE CASING LOG INDICATOR OTHER DATA | | | | | | | | | | | | | | | | | |

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43 ft.
WHEN PUMPING 59 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 (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. 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 | 1001 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527267 please type | STATE PERMIT NUMBER <u>HO 95-1174</u> fill in this form completely |
| Date Received (APA) | | OWNER INFORMATION | | |
| 8 MM DD YY 13 | | 15 Last Name <u>Security Development</u> Owner First Name <u>P. O. Box 417</u> 34 36 Street or RFD <u>Ellicott City Md 21041</u> 55 57 Town <u>Ellicott City</u> 70 State <u>Md</u> 72 Zip <u>21041</u> 76 | | |
| DRILLER INFORMATION | | LOCATION OF WELL | | |
| Driller's Name <u>Joseph L Mayne</u> 76 License No. <u>MS DO 24</u> 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21771</u> Signature <u>Joseph L Mayne</u> Date <u>7-17-2007</u> | | B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Mesawhat Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>3</u> 48 50 <u>Glenwood</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u> M I 73 76 77 78 | | |
| B 2 WELL INFORMATION | | B 4 | | |
| 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 <u>500</u> AVERAGE DAILY QUANTITY NEEDED <u>14</u> 20 (GAL. PER DAY) | | 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>Brentwoods Road</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <u>650</u> 37 WEST <u>5</u> EAST SOUTH DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>5</u> PARCEL <u>138</u> | | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL | | |
| <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL | | COUNTY NAME <u>Howard</u> COUNTY NO. <u>9531992</u> STATE SIGNATURE <u>[Signature]</u> INSERT S <u>41</u> DATE ISSUED <u>8/16/07</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>8/9/08</u> 43 MM DD YY 46 NORTH GRID <u>520</u> 0 0 0 EAST GRID <u>797</u> 0 0 0 50 55 57 63 | | |
| APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 | | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X | | |
| APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH | | SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. | | |
| METHOD OF DRILLING (circle one) | | WRITE THE BOX NUMBER FROM THE MAP HERE | | |
| BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u>ROTARY</u> (Hydraulic Rotary) 30 <u>AIR-ROTARY</u> 37 <u>ROTARY</u> CABLE <u>REVERSE-ROTARY</u> DRIVE-POINT other | | E <u>797</u> N <u>520</u> | | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) | | DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION | | |
| <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <u>41</u> 52 | | Sketch showing location of well in relation to nearby towns and roads. Includes labels for <u>Glenwood</u> , <u>Brentwoods Rd</u> , and <u>well</u> . A north arrow is shown. | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | | | |
| APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO 95-1174</u> 70 71 72 73 74 75 76 77 78 79 | | | | |
| SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Growth to Min of 50'</u> | | | | |

Well Permit No. HO - 95-1174
Location of property (road) Burntwoods Rd
Subdivision Neshawat Property Lot 3 Block Plat Sec.
Well Driller Joseph Mayne Owner Security Development

Depth of well 220'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 43'

Time pump started 9:45 am Pumping rate 20 gpm
Total time 5 min. to reach pumping water level 59 ft. below M.P.

[illegible]

* Burntwood Manor Lot - 2003

Ryan Homes

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 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 #: 410 982-5899
Subdivision: Burntwood Manor Lot #: 2003 Well Tag #: HO-95-1174
Site Address: 3318 Secretariat Way
Glenwood MD

Submersible Pump Data

Make: Grundfos

Model #: 3/4 HP

Pump Capacity 10 GPM

Well Yield: 12 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: Joel Isaacs Sr. date: 2-4-11

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

Date Insp. Requested: _____

Date Insp. Approved: 2/4/11 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

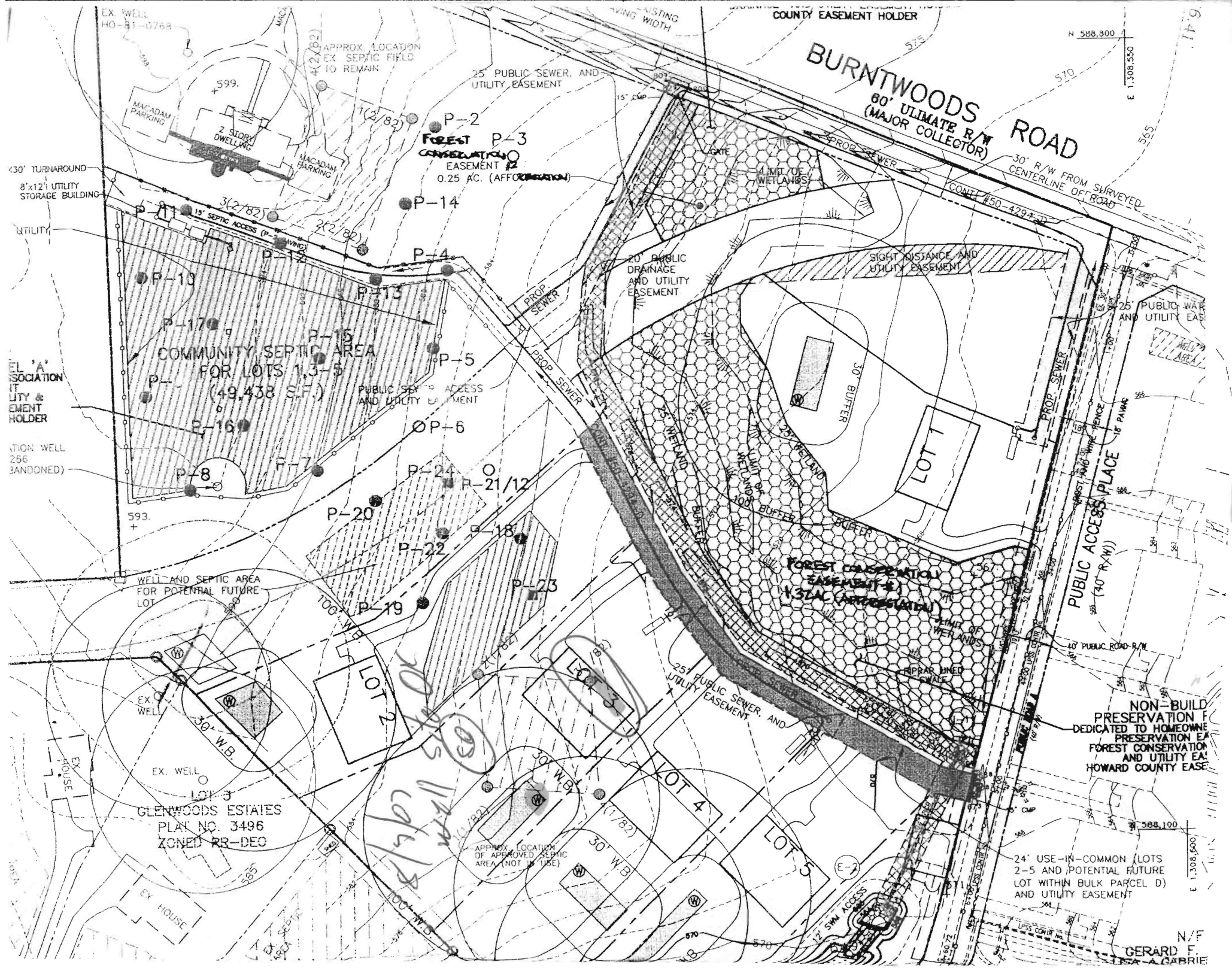
Correct well tag attached properly and casing 3" above finished grade

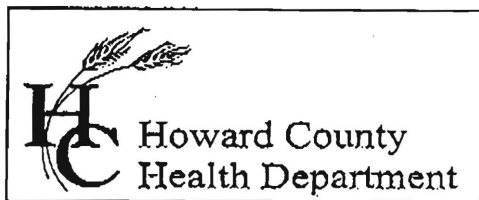
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

HD-215 (Rev. 8/00)

* Inspected on 2-4-11 by BB. (Sticker on well)





7178 Columbia 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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Nishawak Property ^{1, 2, 3, 4, 5} Burntwoods Rd
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Benchmark
(professional land surveyor or company employing professional land surveyors)
on 7-5-2007 (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



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

March 16, 2011

Homeowner
3318 Secretariat Way
Glenwood, MD 21738

RE: Neshawat Property, Lot 3
3318 Secretariat Way
BP #: B10003280
Well Tag: HO-95-1174

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 03/09/2011. Final approval of the well line connection to the dwelling was approved on 02/04/2011.**

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-95-1174. 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: 03/14/2011
Date of Well Completion: 08/15/2007

Approving Authority,

A handwritten signature in black ink that reads "Brian Baker". The signature is written in a cursive style with a large, prominent "B".

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 Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

| | | | |
|-----------------------|----------------------------|---------------|----------------------------|
| Laboratory ID #: | 78739 | Account #: | 6488 |
| Reference: | Burntwoods Manor Lot 2003* | Company: | Hatfield's Equipment, Inc. |
| Location: | 3318 Secretariat Way | Requested By: | Kenny Hatfield |
| | Glenwood, MD 21738 | Source: | Well Water |
| Date/ Time Collected: | 3/14/2011 1030 | Site: | Pressure Tank |
| Date/Time Rec'd: | 3/14/2011 1230 | Treatment: | Reverse Osmosis** |
| Chlorine ppm: | Free: ND Total: ND | pH: | 6.2 |
| Collected By: | J.Yeager 6176JY | Well #: | HO-95-1174 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 3/15/2011 / 0915 / KME |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 3/15/2011 / 0915 / KME |
| Nitrate | 6.37 | mg/L | 10 | 601 | 3/14/2011 / 1600 / BCD |
| Turbidity | 3.86 | NTU | <10 | SM18 2130B | 3/14/2011 / 1300 / KME |
| Sand | NS | mg/L | 5 | Visual/Gravimetric | 3/14/2011 / 1300 / KME |

NOTES

- 1 **Sample collected prior to treatment
 - 2 *Revised Report 3/15/11, 1530, correction of lot number
 - 3 mg/L = milligrams per liter (also, parts per million)
 - 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 5 NS = None Seen (NS indicates less than 5 mg/L)
 - 6 NTU = Nephelometric Turbidity Units
 - 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 8 ND:None Detected
 - 9 Visual well check: Sealed, vented cap
 - 10 pH and Chlorine level tested on site
- Reason for Test : Use & Occupancy
 Building Permit # : B10003280

Date Reported: 3/15/2011