

C 1 **6910** 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 **A 513 992**

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

DATE WELL COMPLETED  
MM DD YY  
8 23 2007

Depth of Well  
22 180 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
Ho - 95 - 1176

OWNER Security Development Corporation  
STREET OR RFD Burntwoods Rd TOWN Glennwood  
SUBDIVISION Neshawet Property SECTION 5 LOT 5

**WELL LOG**

Not required for driven wells

**GROUTING RECORD**

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 28 NO. OF POUNDS 2632

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

casing  
types  
insert  
appropriate  
code  
below

**CASING RECORD**

**ST** **CO**  
STEEL CONCRETE  
**PL** **OT**  
PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85

OTHER CASING (if used)  
diameter depth (feet)  
inch from to

screen type  
or open hole  
(insert  
appropriate  
code  
below)

**SCREEN RECORD**

**ST** **BR** **HO**  
STEEL BRASS OPEN  
**PL** **OT**  
PLASTIC HOLE  
OTHER

DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing
Sand	0 81	
Gray mica Rock	81 180	
Day well 80' backfilled		
80-40 Drilling material		
40-0 cement		

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED **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. MSD 024  
DRILLERS SIGNATURE Joseph E. Mayne  
(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

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
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 Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

**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 24 ft.

WHEN PUMPING 47 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

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 <b>1003</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 527267 please type	STATE PERMIT NUMBER <b>HD-95-1176</b> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 <u>Security Development</u> 15 Last Name Owner First Name 34 <u>P.O. Box 417</u> 36 Street or RFD 55 <u>Elliott City Md 21041</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Neshawat Property</u> 42 SECTION <u>44</u> LOT <u>5</u> 46 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>DRILLER INFORMATION</b> Driller's Name <u>Joseph L Mayne</u> M S DO 24 76 License No. 81 Firm Name <u>Joseph L Mayne Well Drilling</u> <u>5512 Ridge Rd Mt. Airy Md 21771</u> Address <u>Joseph L Mayne 7-17-2007</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <u>Burntwoods Road</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 700 37 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>	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL	
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>A513992</u> STATE SIGNATURE DATE ISSUED <u>8/16/07</u> INSERT S → 41 43 MM DD YY 48 CO SIGNATURE <u>Steve B...</u> EXP. DATE NORTH GRID <u>528</u> 0 0 0 EAST GRID <u>797</u> 0 0 0 50 55 57 63	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>797</u> N <u>528</u> 000 000	
<b>REPLACEMENT OR DEEPEINED WELLS</b> (CIRCLE APPROPRIATE BOX) <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 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HD-95-1176</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. <u>Grant to Min of 50' L</u>			

85 casing  
28 bags

Depth of well 180

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 24'

Time pump started 6:30 Pumping rate 20 gpm

Total time 15 min to reach pumping water level 47 ft. below M.P.

## 44-38861-100



8-23-2007

## Review

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

85 casing  
28 bags

Well Permit No. NO - 95- 1176

Location of property (road) Burntwood Rd

subdivision Northwest Properties

Well Driller *Robert E. Mause*

Lot 5

Block

Plat

520

Owner \_\_\_\_\_

Security Development Corp

Depth of well 180'

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P. 24'

## I. High rate pumping -- reservoir drawdown

Time pump started 6:30

Pumping rate 20 gpm

Total time 15 min to reach pumping water level 4' ft. below M.P.

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

[illegible]

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 Pllg SMC Telephone #: 410 442-5780  
Address: PO Box 250  
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 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 #: \_\_\_\_\_  
Subdivision: Burntwoods Lot #: 2005 Well Tag #: HO - \_\_\_\_\_  
Site Address: 3326 Secretariat Way  
Glenwood MD 21736

Submersible Pump Data

Make: Grundfos

Model #: 1 HP

Pump Capacity 10 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation: 200 (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: 10'

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

1-6-11

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 1/7/11 RB

Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒

Two piece cap installed and attached to casing securely ☒

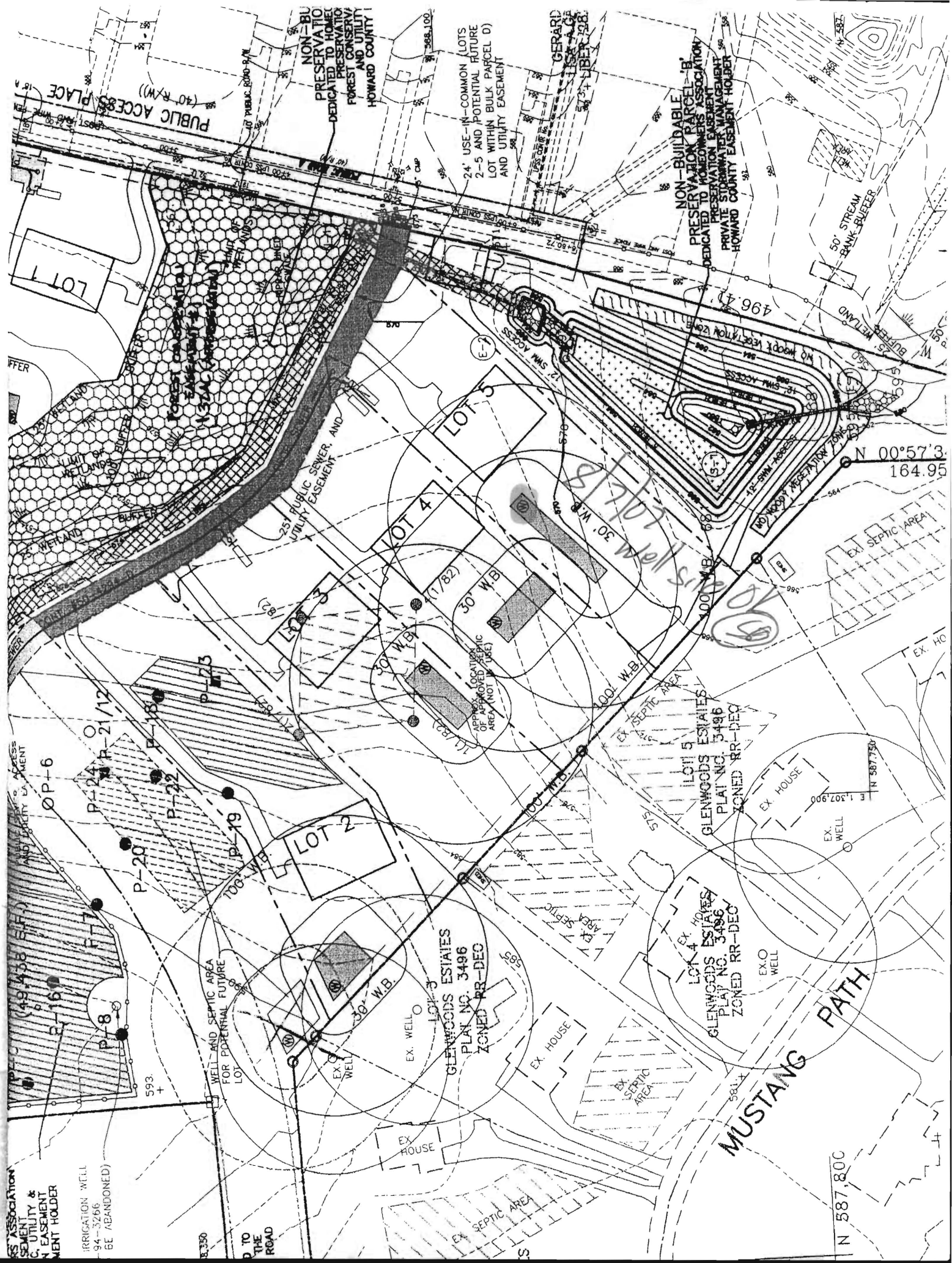
Elec. conduit extends at least 18" below grade attached to cap properly ☒

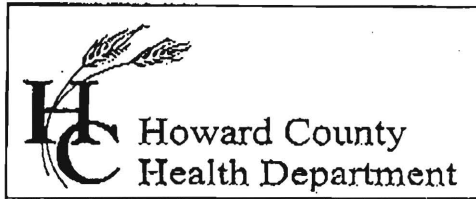
Safety rope installed inside of well casing ☒

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 ☒





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:

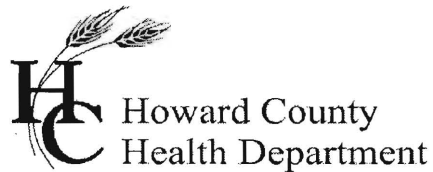
Nishawak Property 1, 2, 3, 4, 5 Burntwoods Rd  
Subdivision/Property Name Lot# Road Name

☒ 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



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](http://www.hchealth.org)

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

March 7, 2011

Homeowner  
3326 Secretariat Way  
Glenwood, MD 21738

RE: Neshawat Property, Lot 5  
3326 Secretariat Way  
BP #: B10003429  
Well Tag: HO-95-1176

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 03/07/2011. Final approval of the well line connection to the dwelling was approved on 01/07/2011.**

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-95-1176. 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: 02/23/2011  
Date of Well Completion: 08/23/2007

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.**  
 1313 Old Thetford Rd. Westminster, MD 21157-1018 TEL (410) 876-4554 FAX (410) 843-0298

## REPORT OF ANALYSIS

Laboratory ID #:	78575	Account #:	6488
Reference:	Burntwoods Manor Lot 2005	Company:	Hatfield's Equipment, Inc.
Location:	3326 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	2/23/2011 1358	Source:	Well Water
Date/Time Rec'd:	2/23/2011 1450	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	K. Eichstedt 2870KE	pH:	6.1
		Well #:	HO-95-1176

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/24/2011 / 0930 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/24/2011 / 0930 / CCH
Nitrate	<1.0	mg/L	10	601	2/23/2011 / 1600 / BCD
Turbidity	2.19	NTU	<10	SM18 2130B	2/23/2011 / 1545 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	2/23/2011 / 1545 / KME

### NOTES

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

Reason for Test : Use & Occupancy  
 Building Permit # : B1-0003429

Date Reported: 2/24/2011