

C1 7064 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)

ST/CO USE ONLY

DATE Received

MM DO YY
8 13

DATE WELL COMPLETED

MM DO YY
05 24 07

Depth of Well

22 240 26
(TO NEAREST FOOT)COUNTY
NUMBERPERMIT NO.
FROM "PERMIT TO DRILL WELL"
12-95-1094

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

check
if water
bearing

DESCRIPTION (Use additional sheets if needed)	FROM	TO	check if water bearing
Top Soil	0	2	
Sandy	2	30	✓
Sand Stone	30	35	
MICKA	35	80	
Sand Stone	80	85	✓
MICKA	85	180	
Flint Rock	180	185	✓
MICKA	185	240	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 30+ 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

☒ ST
STEEL☒ CO
CONCRETE☒ PL
PLASTIC☒ OT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL 60 61

6 63 64

25 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from to

ST 6 46 25

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

☒ ST
STEEL☒ BR
BRASS☒ HO
OPEN
HOLE☒ PL
PLASTIC☒ OT
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
WELLI 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 SD 117

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 23 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)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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

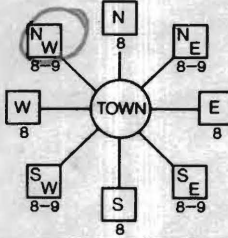
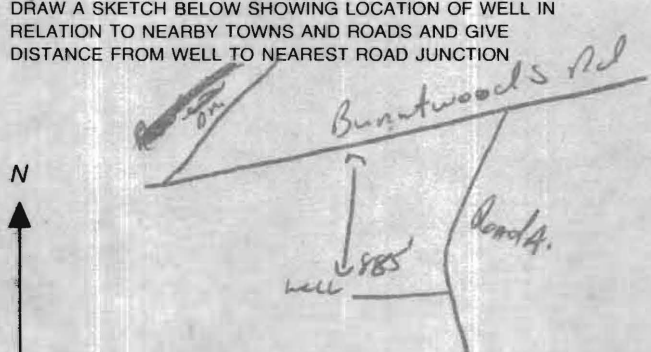
PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)☒ + above

LAND SURFACE

☒ - below(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 6 0581	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526627 please type	STATE PERMIT NUMBER HO-95-1094 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 ABA Properties LLC 15 Last Name Owner First Name 34 5850 Waterloo Rd. 36 Street or RFD 55 Columbia MD. 21045 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Henny Manor SECTION 44 46 LOT 48 50 GLENNELG 52 NEAREST TOWN 71 Greenwood MILES FROM TOWN (enter 0 if in town) 73 76 77 78 2	
OWNER INFORMATION Driller's Name 76 License No. 81 Ralph E. MAYNE M SD 117 Firm Name Ralph E MAYNE INC Address 17024 Handy Rd. Mt Airy MD 21271 Signature Date Ralph E. Mayne 4-4-07		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Burntwoods Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 EAST SOUTH 34 855 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 21 5 106 TAX MAP: 21 BLK: 5 PARCEL 106	
DRILLER INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		USE FOR WATER (CIRCLE APPROPRIATE BOX) <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	
APPROXIMATE DEPTH OF WELL 24 28 FEET 150 APPROXIMATE DIAMETER OF WELL 36 INCH 6"		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. Howard AS16625 STATE SIGNATURE INSERT S → DATE ISSUED 4/23/07 4/23/08 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 55 EAST GRID 57 63 527 000 796 000	
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 _____		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 796 E 525 527 N 800 000 000	
REPLACEMENT OR DEEPEMED WELLS (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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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. HO-95-1094 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 - 95-1094
Location of property (road) Burntwood Rd
Subdivision Henry Property Lot 6 Block 5 Plat 24 Sec. Part 106
Well Driller Robert Parde Owner PSA Prof

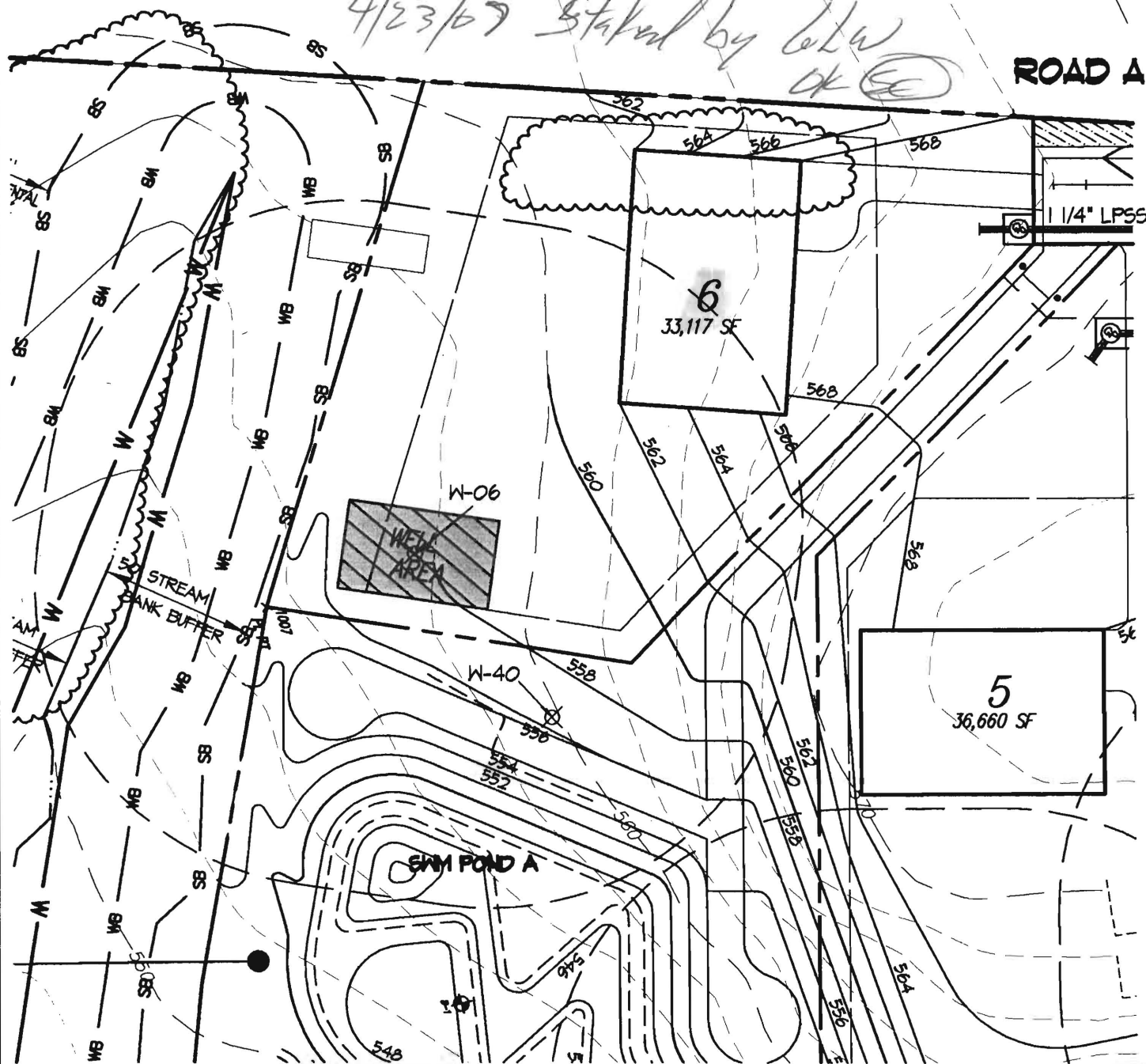
Depth of well 220'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

Time pump started 12:00 Pumping rate 15 Gpm
Total time 15 min to reach pumping water level 23 ft. below M.P.

[illegible]

4/23/67 Staked by GLW
OK (SE)

ROAD A



LEGEND

- PROPOSED LPSS
- - -○- - - PROPOSED STORM DRAIN

HOUSE
BOX



WELL BOX

W-05 —X— WELL
SURVEY
POINT

WELL LOCATION EXHIBIT - LOT 6

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

GLW GUTSCHICK 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
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: Joel Isaacs Pkg Srvc Telephone #: 410 442-5780
Address: 643 E. Watersville Rd. C 410 365-1279
MT. AIRY MD 21771

(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 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: Ryan Homes Telephone #: 410 982-5899
Subdivision: Burntwoods Manor Lot #: 6 Well Tag #: HO-95-1094
Site Address: 3335 Secretariat Way
Glenwood MD

Submersible Pump Data

Make: Grundfos
Model #: 1/2 HP
Pump Capacity: 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell
Model#: 1"
Depth: 42" (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: 240' (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: Poly
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve(5' minimum from foundation): 10'
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.

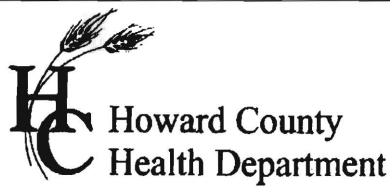
Signature of company representative responsible for installation: [Signature] date: 8-3-11

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

Date Insp. Requested: _____ Date Insp. Approved: 8/3/2011 Inspector: BB

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 ✓

Fill Down to 4'
Some Grout at 5'



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:

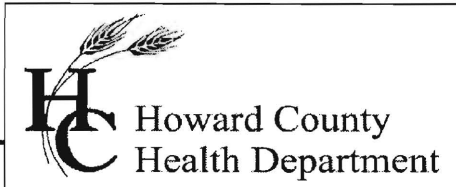
Henry Property	Lot 6	Burnt Woods Road
Subdivision/Property Name	Lot #	Road Name

☒ 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

September 26, 2011

Homeowner
3335 Secretariat Way
Glenwood, MD 21738

RE: Maplewood Farms, Lot 6
3335 Secretariat Way
BP #: B11001380
Well Tag: HO-95-1094

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 09/21/2011. Final approval of the well line connection to the dwelling was approved on 08/03/2011.**

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-95-1094. 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: 09/13/2011
Date of Well Completion: 05/24/2007

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" and "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 #:	81302	Account #:	6488
Reference:	Burntwoods Manor Lot 6	Company:	Hatfield's Equipment, Inc.
Location:	3335 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	9/16/2011 1425	Source:	Well Water
Date/Time Rec'd:	9/16/2011 1530	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/ Reverse Osmosis**
Collected By:	J. Menz 0944JM	pH:	6.2
		Well #:	HO-95-1094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2011 / 0945 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/17/2011 / 0945 / KME

NOTES

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 Sample collected by client, analyzed as received
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B11001380

Date Reported: 9/19/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd., Westminster, MD 21157 (410) 848-1014 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	81248	Account #:	6488
Reference:	Burntwoods Manor Lot 6	Company:	Hatfield's Equipment, Inc.
Location:	3335 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	9/13/2011 1211	Source:	Well Water
Date/Time Rec'd:	9/13/2011 1318	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/ Reverse Osmosis**
Collected By:	J.Yeager 6176JY	pH:	5.7
		Well #:	HO-95-1094

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	78.2	MPN/ 100 ml	<1.0	SM18 9223	9/14/2011 / 0800 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/14/2011 / 0800 / KME
Nitrate	3.85	mg/L	10	601	9/14/2011 / 0945 / CCH
Turbidity	0.66	NTU	<10	SM18 2130B	9/13/2011 / 1700 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	9/13/2011 / 1700 / BCD

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 # : B11001380

Date Reported: 9/14/2011