

C1 14116 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 514944-E

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
04 04 03

Depth of Well

22 180 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37  
H0-94-3639OWNER LAND MARKETING CONSULTANTS  
STREET OR RFD TWIN PINES SECTION WEST FRIENDSHIP  
SUBDIVISION LOT 3

## 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

FROM TO

check  
if water  
bearing

Top Soil	0	2	
Sandy	2	50	
Sand Stone	50	55	
MICKA Blue	55	80	
Sand Stone	80	85	
MICKA Blue	85	180	

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 NO. OF POUNDS 45 46

GALLONS OF WATER 114

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

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)8L 6 60 70  
60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING  
diameter inch depth (feet) from toscreen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

DEPTH (nearest ft.)

C2 H0 58 180  
1 2 8 9 11 15 17 21

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no  
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. M D 117

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 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 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 75 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

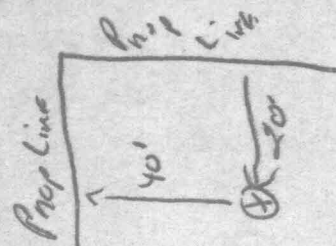
IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING 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		2458		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL				STATE PERMIT NUMBER 40-94-3639					
1		2		3		4		5		6		7		8	
Date Received (APA) 02 03 8 MM DD YY 13												OWNER INFORMATION			
Land Marketing Consultants												3060 Washington Rd.			
57 Town												70 State 72 Zip 76			
DRILLER INFORMATION												B 3			
Ralph E. Mayne MS D 112												LOCATION OF WELL			
Ralph E. Mayne Well Drilling												8 COUNTY 21			
12024 Handy Rd. Mt Airy MD 21771												23 SUBDIVISION			
Signature Date 2-4-03												SECTION 44 46 LOT 48 50			
B 2												52 NEAREST TOWN			
WELL INFORMATION												MILES FROM TOWN (enter 0 if in town)			
APPROX. PUMPING RATE 5												73 76 77 78			
AVERAGE DAILY QUANTITY NEEDED 500												B 4			
USE FOR WATER (CIRCLE APPROPRIATE BOX)												DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
22 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION												1 2			
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)												TOWN			
I INDUSTRIAL, COMMERCIAL, DEWATERING												ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
P PUBLIC WATER SUPPLY WELL												NORTH			
T TEST, OBSERVATION, MONITORING												WEST 32 EAST			
G GEO-THERMAL												SOUTH			
APPROXIMATE DEPTH OF WELL 150 FEET												DISTANCE FROM ROAD 280			
APPROXIMATE DIAMETER OF WELL 64 INCH												ENTER FT OR MI 38 39			
METHOD OF DRILLING (circle one)												TAX MAP: 22 BLK: PARCEL 17			
BORED (or Augered) JETTED Jetted & DRIVEN												NOT TO BE FILLED IN BY DRILLER			
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)												HEALTH DEPARTMENT APPROVAL			
37 CABLE REVERSE-ROTary DRIVE-POINT												Howard A514944			
other												COUNTY NAME COUNTY NO.			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)												STATE SIGNATURE INSERT S			
N THIS WELL WILL NOT REPLACE AN EXISTING WELL												DATE ISSUED 02/21/03 Kacie Noonan 02/21/04			
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED												43 MM DD YY 48 CO SIGNATURE EXP. DATE			
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS												NORTH GRID 810 000 EAST GRID 530 000			
D THIS WELL WILL DEEPEMED AN EXISTING WELL												SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41												SOURCES OF DRILLING WATER			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)												1. well			
APPROX. PERMIT NUMBER												2.			
PERMIT No. 40-94-3639												3.			
SPECIAL CONDITIONS												WRITE THE BOX NUMBER FROM THE MAP HERE			
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED												E 530			
												N 810			
												DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
												Sketch showing proposed well location near MD Rt 32, 280' distance.			





**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: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykesville md 21784

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

Name (Print): Allen Compton License# MSD 009

\*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: D.R. Horton Telephone #: \_\_\_\_\_  
Subdivision: Twin Pines Lot #: 5 Well Tag #: HO-94-3639  
Site Address: 3136 Shiksway

**Submersible Pump Data**

Make: Goulds  
Model #: FT 75B 05422  
Pump Capacity 7 GPM  
Well Yield: 6 GPM

**Pitless Adapter**

Make: Camco II  
Model#: N/A  
Depth: 36 (36" min)  
NSF/WSC approved: yes

**Well Cap and Electric Conduit**

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 180 (feet)  
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 N/A

**Piping to house**

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: yes

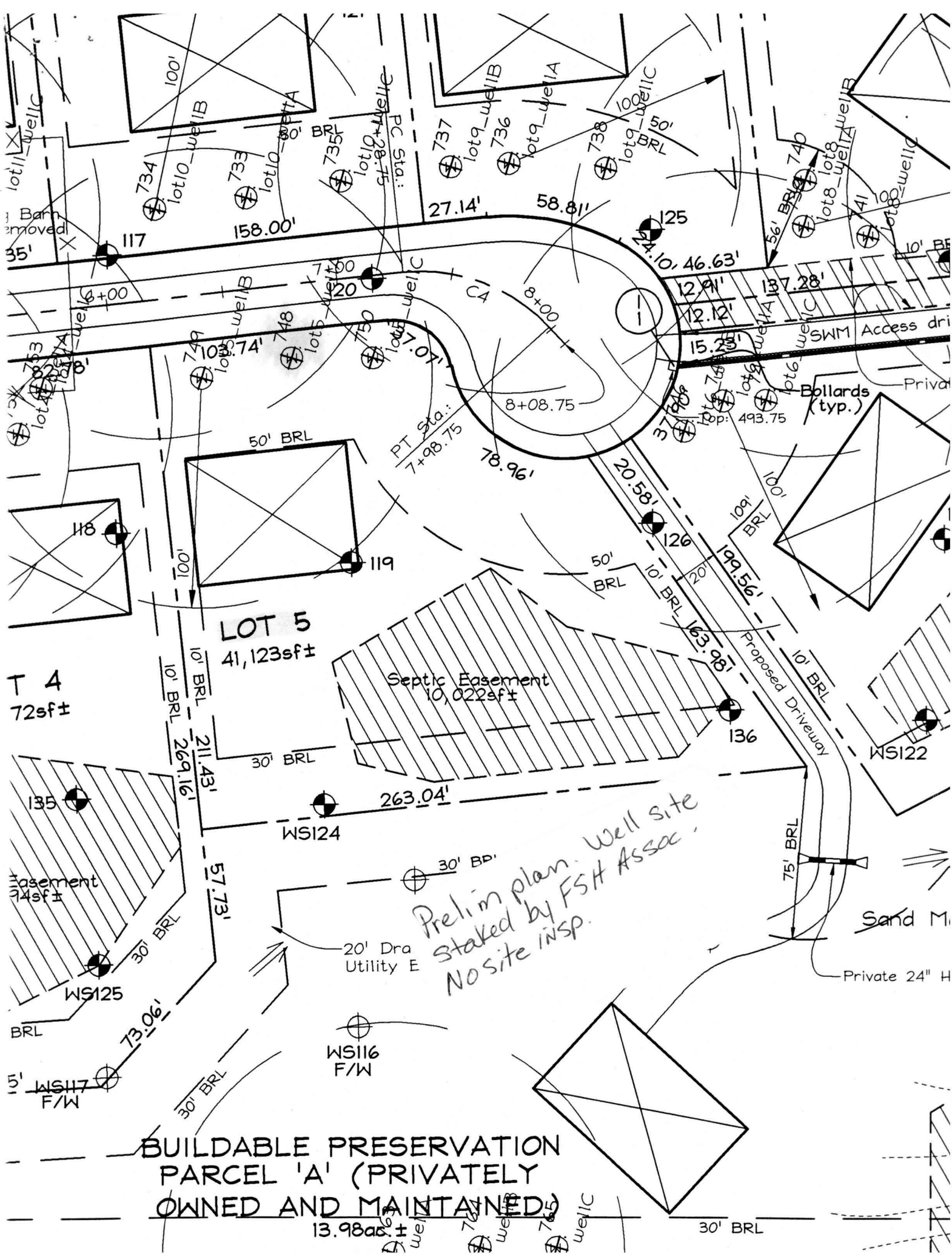
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton  
Signature of company representative responsible for installation

8-30-04  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/18/04 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 seen 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 ✓



**BUILDABLE PRESERVATION  
PARCEL 'A' (PRIVATELY  
OWNED AND MAINTAINED)**

*Prelim plan. Well site  
staked by FSH Assoc.  
No site insp.*





Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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)

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

December 29, 2004

D. R. Horton, Inc.  
1370 Piccard Drive, Suite 230  
Rockville, MD 20850

SENT VIA FACSIMILE 410-486-5185

RE: Twin Pines, Lot 5  
3136 Stiles Way  
West Friendship, MD 21794  
BP # B00145730  
Well Permit #HO-94-3639

Dear Sirs:

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 09/28/2004.**

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 raw nitrate sample results were previously documented to be 13.1 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on 09/29/2004, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

**INTERIM CERTIFICATE OF POTABILITY**  
(Permanent Deviation for Nitrates)

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-94-3639. **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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 09/21/2004, 09/27/2004 & 09/29/2004

Date of Well Completion: 04/04/2003

Respectfully,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

mlb

cc: Building Inspector's office  
Community Environmental Health Program  
File



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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

September 28, 2004

D. R. Horton, Inc.  
1370 Piccard Drive, Suite 230  
Rockville, MD 20850

**SENT VIA FACSIMILE 410-486-5185**

RE: Twin Pines, Lot 5  
3136 Stiles Way  
West Friendship, MD 21794  
BP # B00145730  
Well Permit #HO-94-3639

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 September 28, 2004.**

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability to be brought into compliance with these regulations.

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 nitrate sample results were previously documented to be **13.1 ppm** on September 21, 2004. A nitrate device **has not** been installed to treat the excessive nitrate contamination. COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant temporary deviation to that section of the regulation on condition that a nitrate removal system is installed within a period of 15 days from receipt of this letter. The nitrate removal system must effectively maintain the nitrate-nitrogen contaminant level of 10 ppm or below at the primary drinking tap. Documentation of a nitrate level of 10 ppm or below shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Must be certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

11-16-04  
Resolved  
Sept 29, 2004  
SEE LAB RESULTS  
KN



- Page 2 -

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to accept the well as being in compliance with the nitrate standard of COMAR 26.04.04.09Bdi and issue an Interim Certificate of Potability or issue an order that the well be abandoned and sealed. **An Interim Certificate of Potability may be issued upon submission of a water sample report that documents a nitrate level in compliance with COMAR 26.04.04.09Bdi (10 ppm or less).**

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample(s): September 21, 2004 & September 27, 2004

Date of Well Completion: April 4, 2003  
(HO-94-3639)

Respectfully,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

mlb

cc: Building Inspector's office  
Community Services  
File