

C1 6918

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

A 53 1992

ST/CO USE ONLY

DATE Received
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
8 15 2007

Depth of Well

22 300' 26
(TO NEAREST FOOT)8/24/07
OK (S)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO - 95 - 1173
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT 2

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

Sand

0 96

Gray Mica
Rock

96 300 ✓

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

23

NO. OF POUNDS

2162

GALLONS OF WATER

138

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

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

100

60 61

63 64

66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS:

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

3 D 0 24

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

MS

D 0 27

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

1 2

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

46

17 20

WHEN PUMPING

60

22 25

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)

Road Access



B 1	1000	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527267 please type	STATE PERMIT NUMBER HO - 95 - 1173 <small>fill in this form completely</small>
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 <u>Mesahaw Property</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>2</u> 48 50 <u>Alenwood</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u> M 73 76 77 78		
DRILLER INFORMATION Driller's Name <u>Joseph L Mayne</u> 76 License No. <u>MSD 024</u> 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy Md 21111</u> Signature <u>Joseph L Mayne</u> Date <u>9-17-2007</u>		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 <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>675</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>21</u> BLK: <u>5</u> PARCEL <u>138</u>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		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 <u>260</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>A531992</u> STATE SIGNATURE <u>[Signature]</u> INSERT S 41 DATE ISSUED <u>8/3/07</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>8/3/08</u> NORTH GRID <u>52B</u> 0 0 0 EAST GRID <u>797</u> 0 0 0 50 55 57 63		
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. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>797</u> N <u>52B</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEENED 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO - 95 - 1173</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 M17 of 50'</u>				

100' casing
70 open
23 bags

Well Permit No. HO - 95-1173
Location of property (road) Burntwoods Rd
Subdivision Neshawat Property Lot 2 Block Plat Sec.
Well Driller Joseph E. Mayne Owner Security Development

Depth of well 300'
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 46'

Time pump started, 6:30 am. Pumping rate 20 gpm.
Total time 5 min. to reach pumping water level 60 ft. below M.P.

[illegible]

Ryan Homes
Lot - NT2002

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 P/bg SMC Telephone #: 410 442-5780
Address: 643 E. Watersville Rd
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 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: Burntwoods Manor Lot #: 2002 Well Tag #: HO-95-1173
Site Address: 3314 Secretariat Way
Glenwood, MD 21036

Submersible Pump Data

Make: Grundfos

Model #: 314 HP

Pump Capacity 8-10 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation: _____ (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: 20'

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

5-12-11

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

Date Insp. Requested: _____

Date Insp. Approved: 5/12/2011 **BB**

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

Two piece cap installed and attached to casing securely ☒

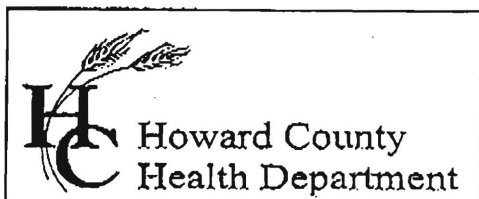
Elec. conduit extends at least 18" below grade attached to cap properly ☒

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 ☒



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:

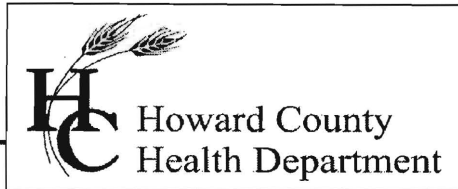
Neshawat Property 1, 2, 3, 4, 5 Burntwoods Rd
Subdivision/Property Name Lot# Road Name

☒ 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

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

June 10, 2011

Homeowner
3314 Secretariat Way
Glenwood, MD 21738

RE: Neshawat Property, Lot 2
3314 Secretariat Way
BP #: B10003428
Well Tag: HO-95-1173

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 05/13/2011. Final approval of the well line connection to the dwelling was approved on 5/12/2011.**

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.

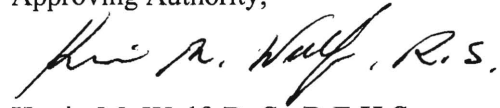
INTERIM CERTIFICATE OF POTABILITY

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: 06/02/2011
Date of Well Completion: 08/15/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf, R.S.", written in a cursive style.

Kevin M. Wolf, R. S., R.E.H.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 #:	79810	Account #:	6488
Reference:	Burntwoods Manor Lot 2002	Company:	Hatfield's Equipment, Inc.
Location:	3314 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	6/7/2011 1225	Source:	Well Water
Date/Time Rec'd:	6/7/2011 1355	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	K. Eichstedt 2870KE	pH:	5.6
		Well #:	HO-95-1173

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	7.29	NTU	<10	SM18 2130B	6/7/2011 / 1630 / CCH

NOTES

- 1 **Sample collected prior to treatment
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B1-0003428

Date Reported: 6/8/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tappetown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	79751	Account #:	6488
Reference:	Burntwoods Manor Lot 2002	Company:	Hatfield's Equipment, Inc.
Location:	3314 Secretariat Way Glenwood, MD 21738	Requested By:	Kenny Hatfield
Date/ Time Collected:	6/2/2011 1140	Source:	Well Water
Date/Time Rec'd:	6/2/2011 1252	Site:	Laundry Utility Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	J.Yeager 6176JY	pH:	6.0
		Well #:	HO-95-1173

Before Treatment

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/3/2011 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/3/2011 / 0900 / CCH
Nitrate	2.9	mg/L	10	601	6/3/2011 / 1000 / CCH
Turbidity	23.3	NTU	<10	SM18 2130B	6/3/2011 / 0905 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	6/3/2011 / 0830 / CCH

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : B1-0003428

Date Reported: 6/3/2011