

C1 6907

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 531992

ST/CO USE ONLY

DATE Received

MM DD YY  
8 20 2007

DATE WELL COMPLETED

MM DD YY  
8 20 2007

Depth of Well

22 140' 26

(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO - 95 - 1175

OWNER Security Development Corporation  
STREET OR RFD Bluntwoods Rd TOWN Glennwood  
SUBDIVISION Neshawat Property SECTION 4 LOT 4

## 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 TOcheck  
if water  
bearingSand 0 80  
Gray Mica Rock 80 140

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 23 NO. OF POUNDS 2162GALLONS 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  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)!Total depth  
of main casing  
(nearest foot)ST 6 85  
60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING diameter depth (feet)  
inch from toscreen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN  
HOLEPL  
PLASTICOT  
OTHER

## 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  
A 8 9 11 15 17 21  
C 23 24 26 30 32 36  
S 38 39 41 45 47 51  
R  
E  
N  
SLOT SIZE 1 2 3DIAMETER  
OF SCREEN (NEAREST  
INCH)  
56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

## C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24 ft.

WHEN PUMPING 52 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine  
27 27 27  
C centrifugal R rotary O other  
27 27 27 (describe below)  
J jet S submersible  
27 27

## PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO  
(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) 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)  
49 50 51

## LOCATION OF WELL ON LOT

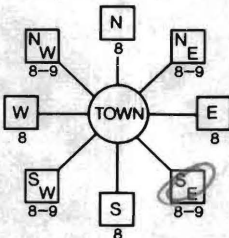
SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

DRILLERS LIC. NO. 1 MS DO 24

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS DO 27

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

B 1	1002	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527267 please type	STATE PERMIT NUMBER <u>HO-95-1175</u> 70 fill in this form completely 79
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name <u>Security Development</u> Owner First Name <u>34</u> 36 Street or RFD <u>P.O. Box 417</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>M 5 D 034</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>7-17-2007</u>		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Mesquit Property</u> 42 SECTION <u>44</u> 46 LOT <u>4</u> 48 50 52 NEAREST TOWN <u>Blenwood</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u> 73 M I 76 77 78		
B 2 WELL INFORMATION		B 4		
APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED <u>14</u> (GAL. PER DAY) 14 20		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>725</u> 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>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
22 <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>A53/912</u> STATE SIGNATURE <u>8/1/07</u> INSERT S → 41 DATE ISSUED <u>8/7/08</u> 43 MM DD YY 48 CO SIGNATURE <u>797</u> EXP. DATE NORTH GRID <u>528</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>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		E <u>797</u> N <u>528</u> 000 000		
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		
39 <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		N <u>Burntwoods Rd</u> <u>well</u> <u>50'</u>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____				
PERMIT No. <u>HO-95-1175</u>				
SPECIAL CONDITIONS		NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Grant to Min. of 50'</u>		

Depth of well 140'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 24'

FD-224



**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 Pkby Srvc Telephone #: 410 442-5780  
Address: 643 E. Waterville 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 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: Bentwoods Manor Lot #: 2004 Well Tag #: HO-95-1175  
Site Address: 3322 Secretariat Way  
Columbia MD

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1/2 HP</u>	Model #: <u>1"</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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 date: 2-4-11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/4/11 Inspector: BS  
Inspection Data: Pitless adaptor 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 ☒

\* Inspected on 2/4/11 by BB (sticker on well cap.)



ASSOCIATION  
SEMENT  
C. UTILITY &  
N EASEMENT  
MENT HOLDER

IRRIGATION WELL  
-94-3266  
(BE ABANDONED)

593.350

TO  
THE  
ROAD

WELL AND SEPTIC AREA  
FOR POTENTIAL FUTURE  
LOT

EX. WELL

EX. WELL

LOT 3  
GLENWOODS ESTATES  
PLAY NO. 3496  
ZONED RR-DEC

EX. SEPTIC AREA

EX. HOUSE

ACCESS  
AND UTILITY EASEMENT

OP-6

P-24

O P-21/12

P-20

P-22

P-18

P-23

P-19

LOT 2

100' W.B.

30' W.B.

25' PUBLIC SEWER, AND  
UTILITY EASEMENT

LOT 4

APPROX. LOCATION  
OF APPROVED SEPTIC  
AREA (NOT IN USE)

30' W.B.

LOT 5

12' SYM. ACCESS

FOREST CONSERVATION  
EASEMENT (2)  
(32 AC. APPROXIMATE)

PUBLIC ACCESS PLACE  
(40' R/W)

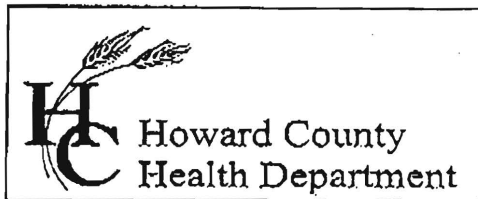
PUBLIC ROAD R/W

NON-BU  
PRESERVATION  
DEDICATED TO HOME  
PRESERVATION  
FOREST CONSERVATION  
AND UTILITY  
HOWARD COUNTY

24' USE-IN-COMMON (LOTS  
2-5 AND POTENTIAL FUTURE  
LOT WITHIN BULK PARCEL D)  
AND UTILITY EASEMENT

GERARD





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

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

March 10, 2011

Homeowner  
3322 Secretariat Way  
Glenwood, MD 21738

RE: Neshawat Property, Lot 4  
3322 Secretariat Way  
BP #: B10003281  
Well Tag: HO-95-1175

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.

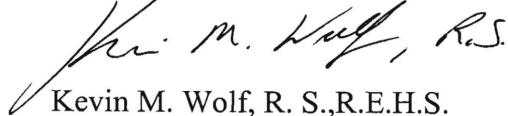
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1175. 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: 03/04/2011,03/08/2011  
Date of Well Completion: 08/20/2007

Approving Authority,

  
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.**

1115 Old Limerick Rd., Westminster, MD (410) 848-1014 (410) 848-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 78696 Account #: 6488  
Reference: Burntwoods Manor Lot 2004 Company: Hatfield's Equipment, Inc.  
Location: 3322 Secretariat Way Requested By: Kenny Hatfield  
Glenwood, MD 21738 Source: Well Water  
Date/ Time Collected: 3/8/2011 1120 Site: Pressure Tank  
Date/Time Rec'd: 3/8/2011 1315 Treatment: Reverse Osmosis\*\*  
Chlorine ppm: Frec: ND Total: ND pH: 5.6  
Collected By: B. Dutterer 4717BD Well #: HO-95-1175

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Turbidity	3.24	NTU	<10	SM18 2130B	3/9/2011 / 0810 / BCD

OK

**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 retest  
Building Permit # : B10003281

Date Reported: 3/9/2011



## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

143 Old Fairytown Rd., Westminster, MD 21157 (410) 848-1014 (410) 848-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 78664 Account #: 6488  
 Reference: Burntwoods Manor Lot 2004 Company: Hatfield's Equipment, Inc.  
 Location: 3322 Secretariat Way Requested By: Kenny Hatfield  
 Glenwood, MD 21738 Source: Well Water  
 Date/ Time Collected: 3/4/2011 0820 Site: Pressure Tank  
 Date/Time Rec'd: 3/4/2011 1345 Treatment: Reverse Osmosis\*\*  
 Chlorine ppm: Free: ND Total: ND pH: 5.8  
 Collected By: B. Dutterer 4717BD Well #: HO-95-1175

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/5/2011 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/5/2011 / 0930 / KME
Nitrate	5.77	mg/L	10	601	3/4/2011 / 1545 / CCH
Turbidity	13.8	NTU	<10	SM18 2130B	3/4/2011 / 1555 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	3/4/2011 / 1555 / 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 # : B10003281

Date Reported: 3/7/2011