

05/19/1992 06:11

5

JOSEPH L MAYNE

PAGE 03

7170

(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A 43327

ST/CO USE ONLY

DATE RECEIVED

MM DD YY

8 13

DATE WELL COMPLETED

7 19 97

Depth of Well

460

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-1224

OWNER

RICKETTS

M.

SUSAN

STREET OR RFD

WATKINS WAY

TOWN

SUBDIVISION

PLANTATION HILLS

SECTION

LOT

12

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
bearing

Brown clay

47

Blue rock

47

460

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒BENTONITE CLAY ☐

NO. OF BAGS 16 NO. OF POUNDS 7504

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

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

ST

6

51

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

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

DEPTH (nearest ft.)

110 49 460

23 24 28 30 32 38

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 28MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 76 78

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

5.5

METHOD USED TO
MEASURE PUMPING RATE

Pump test

WATER LEVEL (distance from land surface)

BEFORE PUMPING 80 ft.

WHEN PUMPING 266 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 WILL INSTALL 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)

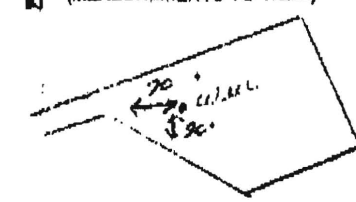
+ above

LAND SURFACE

- below

(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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes ☒no ☐

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.: MSD024

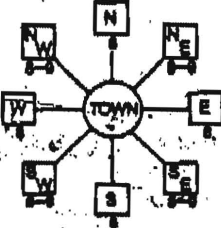
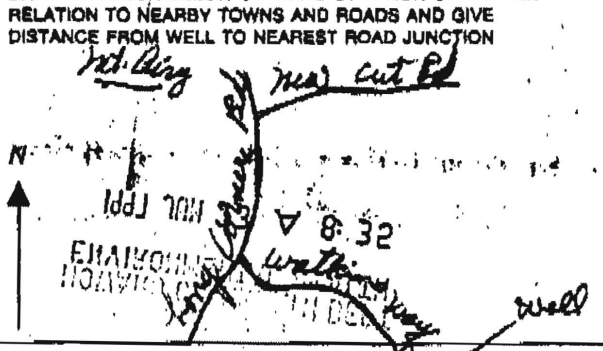
DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M D

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

EMERGENCY/TEMP NO. IF ANY

B 1 9438 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 5-8 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER MD-94-1224 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 6/23/92 <small>MA DO YY 13</small> 15 Last Name Woods Owner SUSAN First Name SUSAN 34 36 Street or RFD 10415 N 144 56 57 Town Woodbine M.d. MD 21797 76 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Howard 21 25 SUBDIVISION Pleasant Hills 42 SECTION 44 46 LOT 12 48 50 52 NEAREST TOWN Mt. Airy 71 MILES FROM TOWN (enter 0 if in town) 6 73 76 77 78	
DRILLER INFORMATION Driller's Name Joseph L. Mayne MS D 024 Firm Name W.D. Drilling Address 5512 Ridge Rd. Mt. Airy Md. 21771 Signature Joseph L. Mayne Date 6/20/92		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 30 NEAR WHAT ROAD Watkins Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 550 37 38 39 DISTANCE FROM ROAD FT ENTER FT OR MI TAX MAP 6 BLK: PARCEL:	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. 24 STATE SIGNATURE JOSEPH L. MAYNE INSERT 3 DATE ISSUED 07/07/92 CO SIGNATURE JOSEPH L. MAYNE EXP. DATE 7/6/98 43 NM DO YY MM DD CO SIGNATURE NORTH GRID 541 000 EAST GRID 0752 000 30 55 57 58	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 E 750 N 54A DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 400 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE Reverse-ROTARY Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER AS GAP FORCE AS INITIALS IN BOX PERMIT NO. MD-94-1224 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Page 1 of 1
Date 7/7/97

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1224
Location of property (road) Watkins Way
Subdivision Pleasant Hills Lot 12 Block Plat Sec.
Well Driller Josh Malone Owner Susan Bucketta

Depth of well 460
Distance of measuring point (N.P.) above ground 2'
Static water level (S.W.L.) below N.P. 80'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm.
Total time 30 min. to reach pumping water level 266 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
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: Pinnacle Construction Group Telephone #: 301-304-0402
Address: 8423 WATER STREET
WILKESVILLE, MD 21793

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

Name (Print): BEN LEWIS License# PN#182

*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: PAUL ROGUE Telephone #: 242-777-7757
Subdivision: PLEASANT HILLS Lot #: 12 Well Tag #: HO-94-1224 ✓
Site Address: 2047 WATKINS WAY
MT. AIRY MARYLAND

Submersible Pump Data

Make: Gould
Model #: 18G501422C
Pump Capacity 18 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: CAMMEL/ROBIN
Model#: R10K
Depth: 26" (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: 415 (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: POLYETHYLENE
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 8'
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

date

9-13-11

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

Date Insp. Requested: 7/6/11 Date Insp. Approved: _____ Inspector: _____

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 ✓

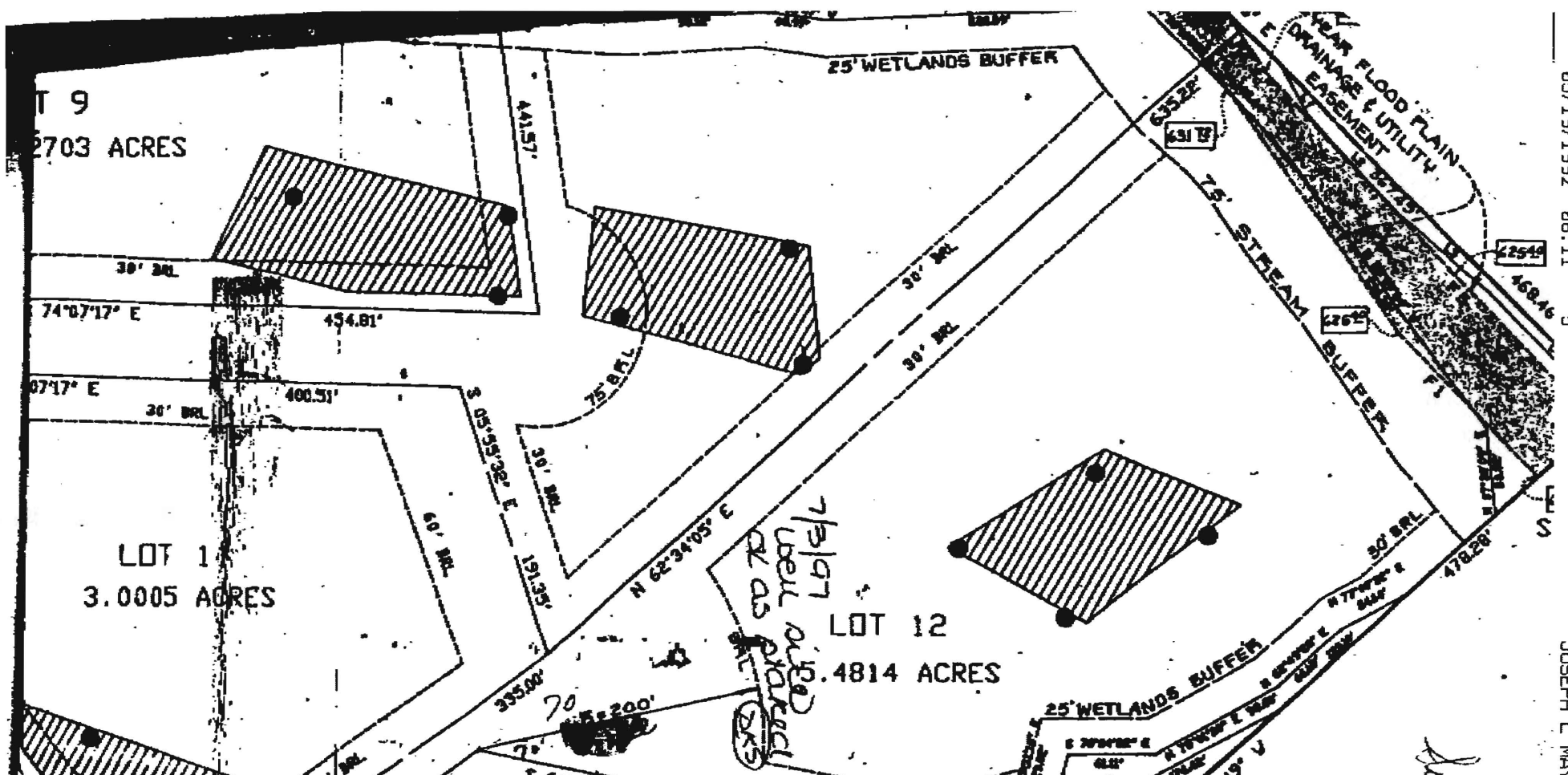
Safety rope not outside of well cap/casing no

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 ✓

missing Bolts MS

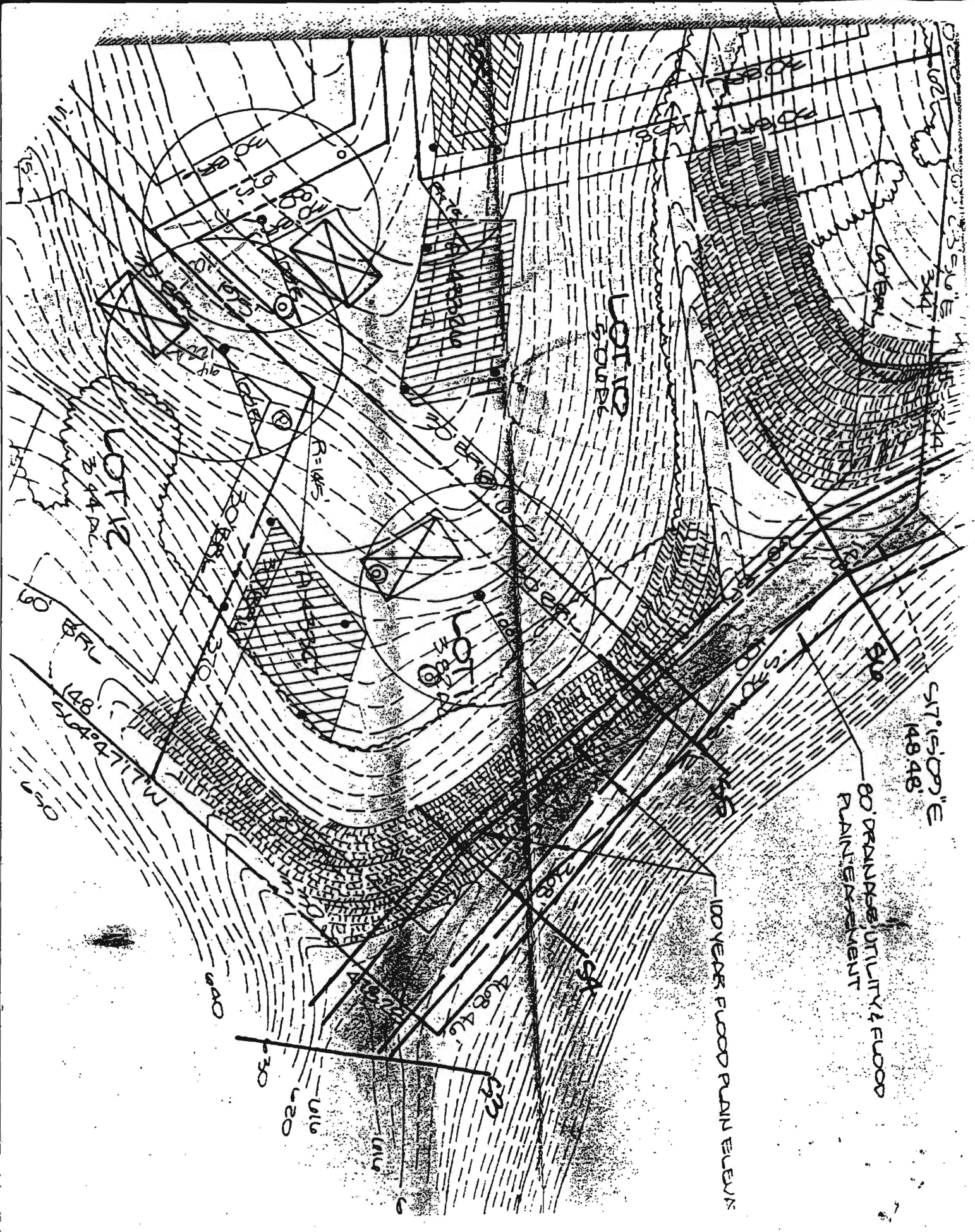


T 9
2703 ACRES

LOT 1
3.0005 ACRES

LOT 12
0.4814 ACRES

7/3/97
level placed
at as per
25' WETLANDS BUFFER



S 17° 15' 00" E
148.46'

80' DRAINAGE UTILITY & FLOOD
PLAIN IS PRESENT

100 YEAR FLOOD PLAIN ELEV

LOT 10

LOT 11

LOT 12

R=145'

116
120
130

148.46'

147

144

140

148

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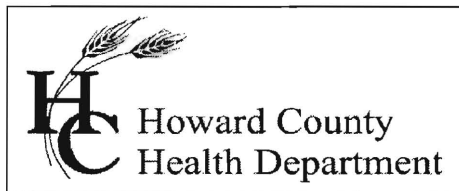
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Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

INTERIM CERTIFICATE OF POTABILITY

September 15, 2011

Homeowner
2047 Watkins Way
MT. Airy, MD 21771

RE: Pleasant Hills, Lot 12
BP #: B10003795
Well Tag: HO-94-1224

Dear Homeowner:

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 7/26/2011. Final approval of the well line connection to the dwelling was approved on 09/15/2011.**

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.

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-94-1224. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 08/04/2011
Date of Well Completion: 07/18/1997

Approving Authority,

Kevin M. Wolf, R.S.
Kevin M. Wolf, R.S., R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene
File



Fredericktowne
ENVIRONMENTAL TESTING

Labs Inc.

3020 Ventrilo Court • P.O. BOX 246 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2386
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7585 - 1-1

Field Record

Site visit performed on: Thursday, August 04, 2011 1:25 PM
by: Karen Becraft State ID No. 2307KB
Affiliation: Fredricktowne Labs, Inc.
Property Owner: New Home
Property Address: 2047 Watkins Way
Mt. Airy, MD 21771
Sample Source: Bathroom Sink
Treatment Devices Noted: No Treatment Devices
Sample taken after treatment: No
Well No.: HO-94-1224
Field pH: 7.2
Res. Cl.: <0.1 mg/l
Temp: 21.1° C

Laboratory Report

Sample Received at laboratory: 8/4/2011 3:30 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
>200	<1	08/04/11	17:00	08/05/11	11:08	9223B	JD

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.
Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	7.4 mg/l	10	8/5/2011	300.0	PH
Sand	<2 mg/l	5	8/8/2011	0.065mm Filter	SM
Turbidity	2.8 NTU	10	8/5/2011	180.1	SM

Reported by:

Paul Shiley 8/17/11
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



Fredericktowne
ENVIRONMENTAL TESTING

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www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7585 - 1-7

Field Record

Site visit performed on: Wednesday, September 07, 2011 10:11 AM

by: Karen Becraft State ID No. 2307KB

Affiliation: Fredricktowne Labs, Inc.

Property Owner: New Home

Property Address: 2047 Watkins Way

Mt Airy, MD 21771

Sample Source: Bathroom Sink

Treatment Devices Noted: No Treatment Devices

Sample taken after treatment: No

Well No.: HO-94-1224

Field pH: 6.0

Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 9/7/2011 12:25 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start Date Time	End Date Time	Method	Analyst
<1	<1	09/07/11-13:30	09/08/11-13:36	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

OK

Reported by:

Name

Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 116 Virginia Cert. No. 00444

MDOT WBE Cert. No.: 91-158

9/8/2011 1:37:58 PM

Page 1 of 1

No Regulatory Reports Required