

C1 2095

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

P50950

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
3 24 2010

Depth of Well

22 400' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HO - 95 - 1861
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Winchester Homes
7120 Ramsgate Ct
Ashleigh Knolls

first name

TOWN

Pulton

SECTION 2

LOT 32

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
bearingClay
Sand
Mica Rock0 10
10 64
64 400

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

BC

NO. OF BAGS

45 46

NO. OF POUNDS

45 46

GALLONS OF WATER

102

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 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

68

60 61

63 64

66 67

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
(insert
appropriate
code
below)

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

BRONZE

OT

HOLE

PLASTIC

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 MS D024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D027

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

8 9

METHOD USED TO
MEASURE PUMPING RATE

11 15

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

22

ft.

WHEN PUMPING

70

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)

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.

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)

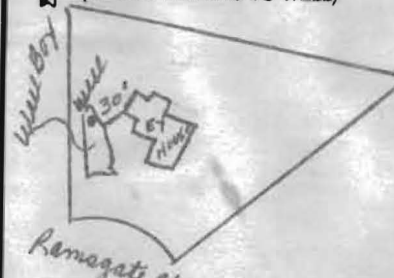
+ above

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)

B 1 6379 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 532486 please type	STATE PERMIT NUMBER HO-95-1861 <small>70 79</small> fill in this form completely
Date Received (APA) 8 MM DD YY 13 <u>Winchester</u> <u>Homes</u> 15 Last Name Owner First Name 34 <u>6905 Rockledge Dr Suite 800</u> 36 Street or RFD 55 <u>Bethesda</u> <u>md</u> <u>20817</u> 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 <u>Ashleigh Knolls</u> 23 SUBDIVISION 42 SECTION <u>2</u> LOT <u>32</u> 44 46 48 50 <u>Fulton</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <u>Joseph L. Mayne</u> MS D084 76 License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> 5512 Ridge Rd Mt. Airy Md 21771 Address Signature <u>Joseph L. Mayne</u> Date <u>12-15-2009</u>		B 4 7120 <u>Ramsgate Ct</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 100 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>41</u> BLK: <u>7</u> PARCEL <u>475</u>	
DRILLER INFORMATION APPROX. PUMPING RATE <u>4</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 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	
WELL INFORMATION APPROX. PUMPING RATE <u>4</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard (13) P50950</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>1/29/2010</u> <u>Brian Baker</u> <u>1/29/2011</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>489</u> 000 EAST GRID <u>817</u> 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>400</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		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>8107</u> N <u>4809</u>	
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		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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 <u>HO-94-0580</u> 52		3/29/2018 Radium Sample Collected During Yield Test (BB)	
Not to be filled in by driller. (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HO-95-1861</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-27-2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

H0 - 94 - 0580

* PERMIT NUMBER OF REPLACEMENT WELL

H0 - 95 - 1861

* PERSON ABANDONING WELL: Joseph L. Mayne

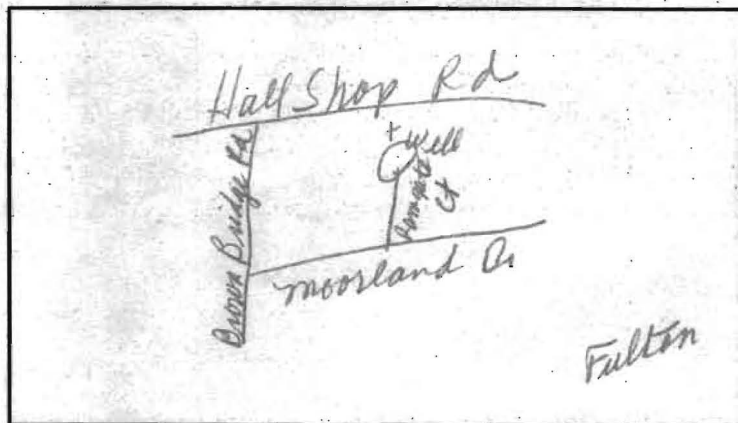
WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Winchester Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 41 BLOCK PARCEL 475
SUBDIVISION: Ashleigh Knolls
SECTION: 2 LOT: 22
NEAREST ROAD: 7120 Ramagate Ct



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 400 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel mixed	0	400
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

MSD024 LICENSE #

MWD/MSD/MGD CIRCLE ONE

5-27-2010 DATE

HALL SHO

N 549,900

EXISTING FOREST
CONSERVATION
EASEMENT
PLAT NUMBER 15328

EX. WELL
HO-94-0581

EX. WELL
HO-94-0580
TO BE ABANDONED

EXISTING SUB
WASTEWATER
AND UTILITY F
PLAT NUMBER

1/28/2010
Well Site
Staked by
Benchmark

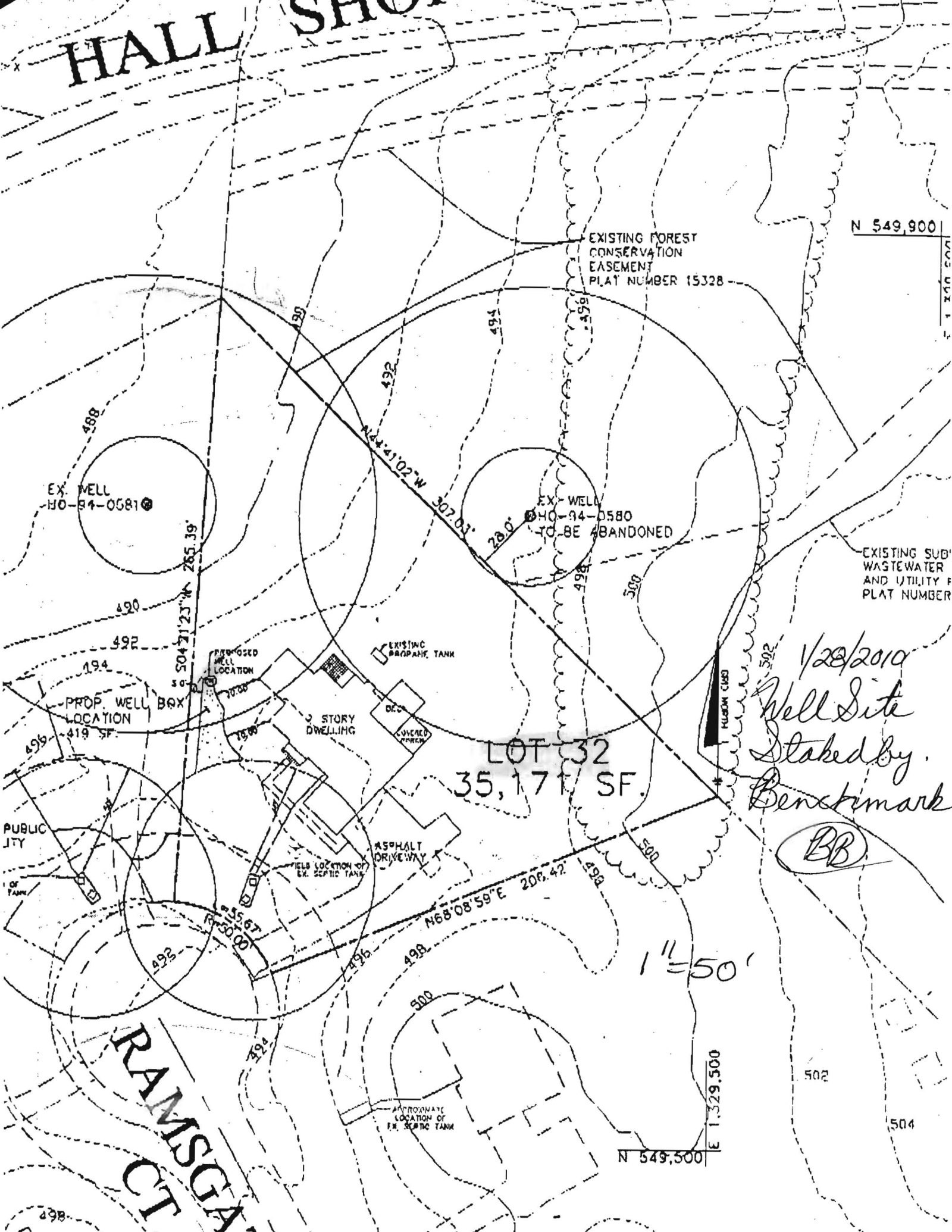
BB

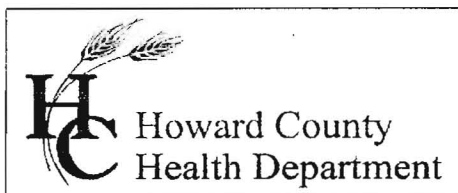
LOT 32
35,171 SF.

1" = 50'

RAMSGA
CT

N 549,500
E 1,329,500





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 L. Bellenson, M.D., M.P.H., Health Officer

July 6, 2010

Winchester Homes
69055 Rockledge Drive
Suite 800
Bethesda, Maryland 20817

RE: Ashleigh Knolls Lot 32
7120 Ramsgate Court
Well Tag: HO - 95 - 1861

To Whom It May Concern:

A sample was collected during a yield test on March 29, 2010 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of $< 1.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was 2.6 ± 1.6 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, if applicable, other standard testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure

cc: Barry Glotfelty, MDE Water Mgmt.
Well & Septic property file

Send Report To:

Bert Nixon
Howard County Env. Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P. H., Director

002031 E29 6

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 951861BB No. B: _____ Field Blank Bottle No. 1: _____ No B: _____
Plant/Site Name: Ashleigh Knolls - Lot 32 County: Howard
Sample Source: 7120 Ramsgate Ct. Location: HO-95-1861
(well no, lab sink, sample tap, etc.)

County: ☒ 1 ☒ 3 Plant No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CHECK (one per box)

Drinking Water ☒
Landfill ☐
Stream ☐
Other ☐

Community ☐
Non-community ☐
Private ☒
Other ☐

Source (raw water) ☒
Distribution (treated) ☐
MCL ☐

Emergency ☐
Routine ☒
Recheck ☐
Special ☐

Collector: B. Baker

Telephone No.: 410/313-2643

Date Collected: 3/29/2010

Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐

Field Data: _____ pH _____ Chlorine _____

Remarks: Sample Collected During Yield Test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Analyzed	Date Reported
✓	Gross Alpha	4000	2031	< 1.0	04/06/10	04/07/10
✓	Gross Beta	4100	2031	2.6 ± 1.6	"	"
	Radon-222 Bottle A	4004				
	Radon-222 Bottle B	4004				
	Field Blank #A	4004				
	Field Blank #B	4004				
	Tritium					
	Ra - 226	4020				
	Ra - 228	4030				
	Total Uranium	4006				

Date Received: 3/29/10

Supervisor: [Signature]

• Tel. No.: (410) 767-5537 • Fax No.: (410) 333-5373

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1861

Site Address: 7120 Remington Ct.

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ 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: _____

Model #: _____

Depth: _____ (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: _____

PSI: _____ (160 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____

Approximate length of sleeve: _____

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 _____

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

Date Insp. Requested: 5/24/10 Date Insp. Approved: _____

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 _____

✓
✓
✓
✓
✓
connected to ex. well line?
✓

Howard County, Maryland
Department of Finance
3430 Court House Drive
Ellicott City, MD 21043

6/23/2010 12:14 PM Cashier 0021
T/Ref 0002130063 Reg 0002 Tran No 8255
Cash Report: 100623-01 for 6/23/2010

01 - Main Location
General Collections
035-361-0001-3765-1933
Description: gross alpha and Beta lab
test
Validation Number: 439075 \$45.00
=====

Total	\$45.00
Check	(\$45.00)
Check No. 62599	

Thank You!



Howard County
Health Department

Bureau of Environmental Health
Attn: Bert Nixon, Director

7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Phone 410-313-2640 Fax 410-313-2648
www.hchealth.org

BILL Winchester Homes
TO 69055 Rockledge Drive #800
Bethesda, Maryland 20817

COMMENTS Payment due upon receipt. Letter
and results will be released upon
receipt of payment.

DATE: MAY 12, 2010
DATE OF SERVICE: MARCH 29, 2010
INVOICE #: 2010-003

DATE	DESCRIPTION	BALANCE	AMOUNT
3/29/2010	Gross alpha/beta testing performed for Ashleigh Knolls, Lot # 32 HO-95-1861		\$45.00
<p>Approvals: <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i></p> <p><i>107024</i></p> <p>Ydr# _____ Co# _____ Inv# _____</p> <p>Inv Date _____ Total <u>45.00</u> Bus Unit _____</p> <p>Account# _____ Subedger _____ Amount Ret _____</p> <p><u>10009921.1549.841080</u> <u>\$45.00</u></p> <p><u>Sub Ashleigh Knolls</u></p>			
			AMOUNT DUE
			\$45.00

035-361-0001 3765-1933

Check Date 06/18/10 Stub 1 of 1

Check Number 00062599

Invoice Number	Invoice Date	Description	Gross Amount	Discount/ Retention	Net Amount
2010-003A	05/12/10		45.00		45.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2010-003
Site Information	Ashleigh Knolls, Lot 32
Amount Due	\$45.00
Amount Enclosed	

Gross Alpha/Gross Beta

L96 testing

in book under Environmental Health

Bert Nixon
Health
dept.

Make all checks payable to: **The Director of Finance**

102024

Vendor: 102024 Howard County, MD Dept of Fin	Check Total	45.00	\$*****45.00
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