

1 2 3 6
7062
SEQUENCE NO. (MDE USE ONLY)
STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE
COUNTY NUMBER A518625
THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
Depth of Well
OWNER
STREET OR RFD
SUBDIVISION
SECTION
LOT

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING
DESCRIPTION (Use additional sheets if needed)
FEET
FROM TO
check if water bearing
Top Soil 0 2
Sandy 2 15
MICKA 15 90
Sandstone 90 95
MICKA 95 160

GROUTING RECORD
WELL HAS BEEN GROUTED
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 8 NO. OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 20 ft.
CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 22
OTHER CASING (if used)
diameter depth (feet)
inch from to
SCREEN RECORD
screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN
BRONZE HOLE
PL PLASTIC OT OTHER

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 14 ft.
WHEN PUMPING 22 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

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 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. 1 M 3 D 112
DRILLERS SIGNATURE
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to
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
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED
DRILLER INSTALLED PUMP (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 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
- below
LAND SURFACE 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)
well 60 Prop Line
100
Prop Line

B 1 0579

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526627 please type

STATE PERMIT NUMBER

HD - 95 - 1092
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

ABA Properties LLC
 15 Last Name Owner First Name 34
 5850 WATERLOO Road
 36 Street or RFD 55
 Columbia MD 21045
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne M S D 117
 Driller's Name 76 License No. 81
 Ralph E. Mayne Inc
 Firm Name
 17024 Hardy Rd. Mt Airy MD 21271
 Address
 J. E. Mayne 44-07
 Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
☒ AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 30
 37 CABLE REverse-ROTary Drive-POINT
 other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ 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 G

PERMIT No. HD - 95 - 1092

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

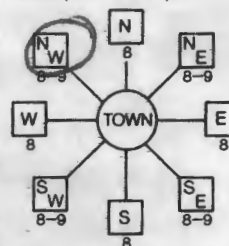
B 3

LOCATION OF WELL

8 COUNTY Howard
 23 SUBDIVISION Henry Prop
 SECTION 44 LOT 4
 52 NEAREST TOWN GLENDELLE Glenwood
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Burntwoods Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 505 37
 DISTANCE FROM ROAD 4
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: 5 PARCEL 106

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Health AS/6625
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 4/23/07 EXP. DATE 4/23/08
 43 MM DD YY 48 CO SIGNATURE
 NORTH GRID 50 527 000 55 EAST GRID 57 796 000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

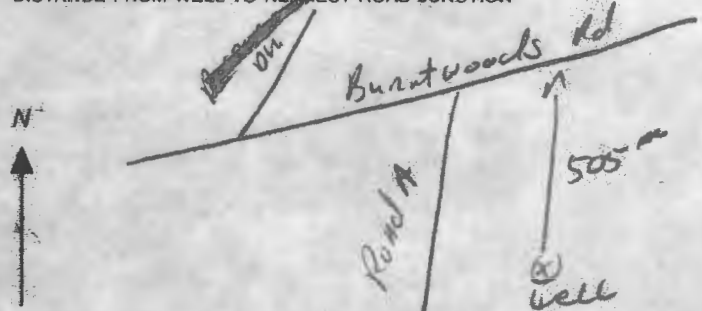
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 525 796
 527 800
 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



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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: 4 Well Tag #: HO-95-1092
Site Address: 3323 Secretariat Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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.: _____
Conduit secured to well cap: _____

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, 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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

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

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

Date Insp. Requested: _____ Date Insp. Approved: 3-28-93 Inspector: BR

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 _____
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 _____



Howard County
Health Department

7178 Columbia Gateway Dr., 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 application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

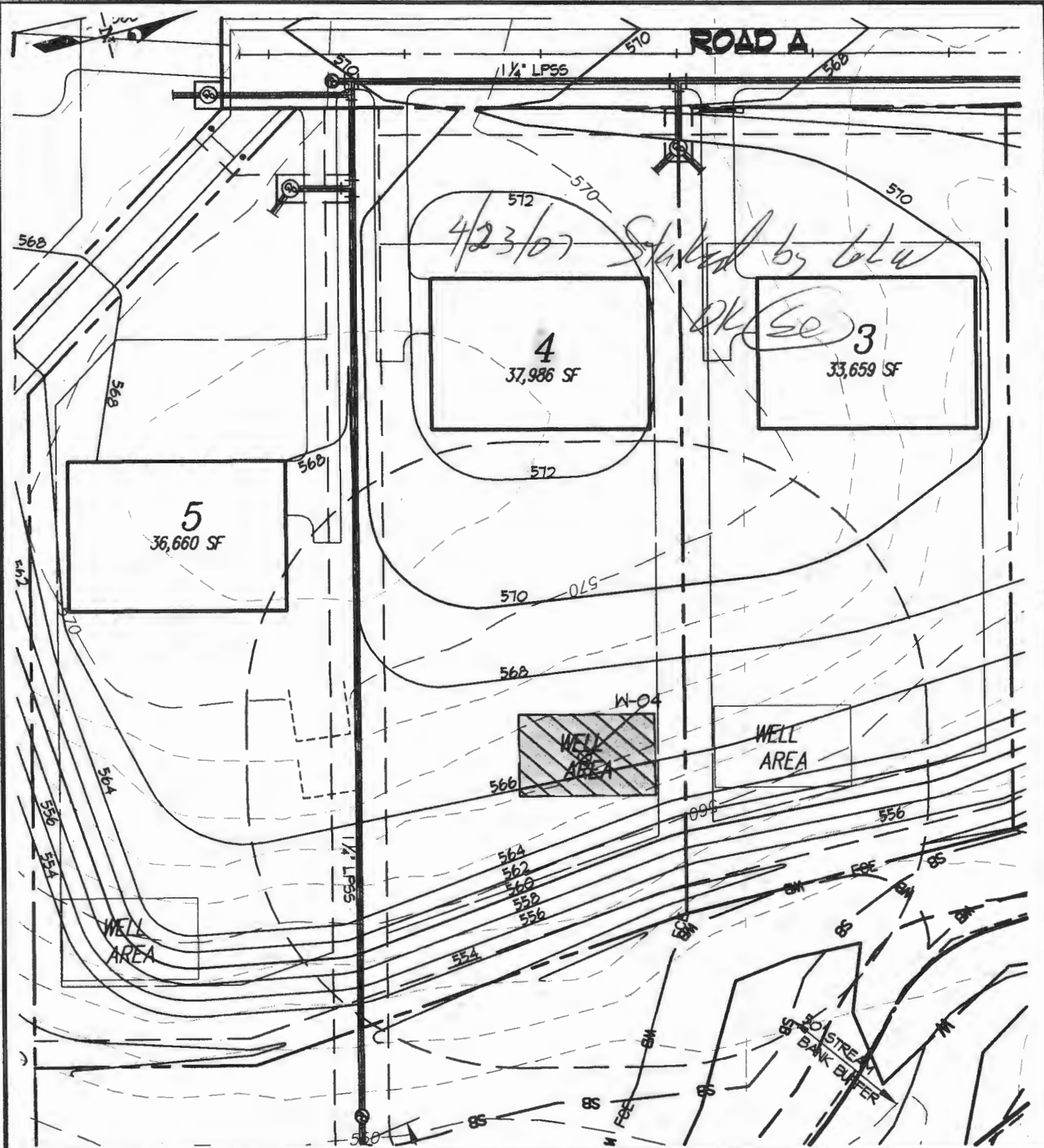
| | | |
|---------------------------|-------|------------------|
| Henry Property | Lot 4 | Burnt Woods Road |
| Subdivision/Property Name | Lot # | Road Name |

☒ The well site has been staked by GLW,
(professional land surveyor or company employing professional land surveyors)
on 4-2-07 (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



LEGEND

- PROPOSED LPSS
- PROPOSED STORM DRAIN

HOUSE BOX



WELL BOX

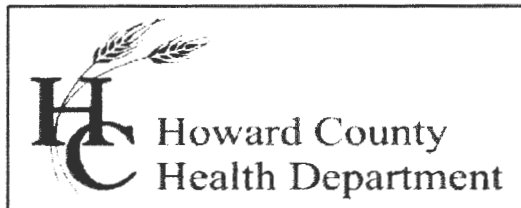
W-05 — X — WELL SURVEY POINT

WELL LOCATION EXHIBIT - LOT 4

Henry Property
 Lots 1 thru 6, Buildable Preservation Parcel "A",
 Non-Buildable Preservation Parcels "B" & "C"

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-989-2524 FAX: 301-421-4186



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 18, 2014

September 18, 2013

Homeowner
3323 Secretariat Way
Genwood, MD 21738

**RE: Maplewood Farms, Lot 4
 3323 Secretariat Way
 Building Permit: B13000706
 Well Permit: HO-95-1092**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/18/2013**. Final approval of the well line connection to the dwelling was granted on **7/15/2013**. The well construction was completed on **5/24/2007**. Water samples were collected on **9/13/2013**.

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. 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-95-1092. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mdc.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker". The signature is fluid and cursive, with the first name "Robert" and last name "Bricker" clearly distinguishable.

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 90455**Report Date:** September 16, 2013

Property Sampled: 3323 Secretariat Way, 21738
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13000706
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Maplewood Farms
Parcel: 106

Lot#: 4

Date/Time Collected in Field: September 13, 2013 @ 2:45 pm
Date/Time Received in Lab: September 13, 2013 @ 4:11 pm

Well Tag #: HO-95-1092
Well Condition: 2-Piece Cap, Satisfactory

'OK' reB 9/10/13

Water Treatment/Conditioning: None

| PARAMETER | METHOD | MCL/*SMCL | RESULT | PASS/FAIL |
|----------------|-----------|----------------|-----------------|-----------|
| Total Coliform | SM 9223B | Absent | Absent ✓ | Pass |
| E. coli | SM 9223B | Absent | Absent ✓ | Pass |
| Nitrate | SM 4500D | 10 mg/L as N | 4.7 mg/L as N ✓ | Pass |
| Turbidity | EPA 180.1 | 10 NTU | <1.0 NTU ✓ | Pass |
| pH | EPA 150.1 | *6.5-8.5 Units | 5.5 Units ✓ | *** |
| Sand | | Absent | Absent ✓ | Pass |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

Envision Builders
Attn: Al Guerieri
7939 Honeygo Boulevard, Suite 112
Nottingham, Maryland 21236

S/O Number: 90496**Report Date:** September 19, 2013*Follow Up*

Property Sampled: 3323 Secretariat Way, 21738
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13000706
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Maplewood Farms
Parcel: 106

Lot#: 4

Date/Time Collected in Field: September 18, 2013 @ 1:32 pm
Date/Time Received in Lab: September 18, 2013 @ 3:44 pm

Well Tag #: HO-95-1092
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

| PARAMETER | METHOD | MCL | RESULT | PASS/FAIL |
|----------------|----------|--------|--------|-----------|
| Total Coliform | SM 9223B | Absent | Absent | Pass |
| <i>E. coli</i> | SM 9223B | Absent | Absent | Pass |

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs

Manager – Drinking Water Testing