

C1 5048

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0680

OWNER: HAILEY DEVELOPMENT LC; STREET OR RFD: Browns Bridge Road; TOWN: Fulton; SUBDIVISION: J. Thompson Property; SECTION: ; LOT: ;

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Brown Mica, Gray Mica, Brown Mica Quartz, Gray Mica, Brown Mica Quartz, Brown Mica, and Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CM/Bentonite Clay); NO. OF BAGS (31); NO. OF POUNDS (349.08); GALLONS OF WATER (186); DEPTH OF GROUT SEAL (82 ft.); CASING RECORD (ST/Steel, CO/Concrete, PL/Plastic, OT/Other).

C 3

PUMPING TEST

HOURS PUMPED (3); PUMPING RATE (15 gal/min); METHOD USED TO MEASURE PUMPING RATE (Bucket); WATER LEVEL (32 ft before, 48 ft when pumping); TYPE OF PUMP USED (S/submersible).

OTHER CASING (if used) diameter and depth; SCREEN RECORD (ST/Steel, BR/Brass, PL/Plastic, HO/Open Hole, OT/Other).

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); TYPE OF PUMP INSTALLED (S/submersible); CAPACITY: GALLONS PER MINUTE (31); PUMP HORSE POWER (37); PUMP COLUMN LENGTH (43); CASING HEIGHT (2 ft below land surface).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned), E (Log obtained), P (Test well converted).

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...

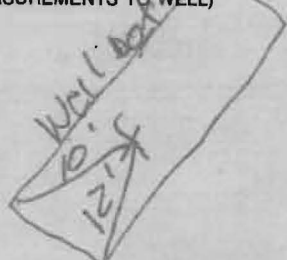
DRILLERS LIC. NO. MW D 040; DRILLER'S SIGNATURE: George F. Erdstulky

DRILLER'S LIC. NO. JW D 727

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

DEPTH (nearest ft.): 98, 500; E A C H S R E E N; DIAMETER OF SCREEN (58, 60); GRAVEL PACK (F/68); MDE USE ONLY (T, W Q); TELESCOPE CASING (70, 72, 74, 75, 76); LOG INDICATOR; OTHER DATA.

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 0302

SEQUENCE NO. (MDE USE ONLY)

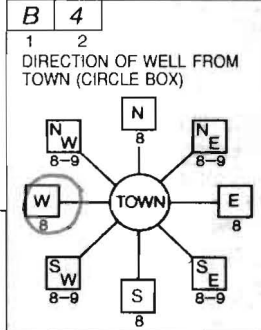
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526192 please type

STATE PERMIT NUMBER HO-95-0680 fill in this form completely

Date Received (APA) OWNER INFORMATION 10449 Hailey Development Lc 3905 National Drive, Suite 105 Burtonsville, Md 20866

LOCATION OF WELL Howard CC# J. Thompson Property 21 1 50 71

DRILLER INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9255 Brown Church Rd., MT. Airy, Md. 21771



Browns Bridge Road 11 30 550 13

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A521970-A

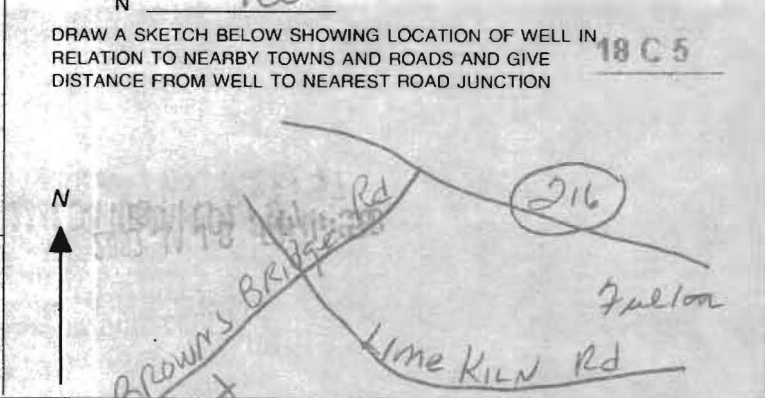
USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) PERMIT No. HO-95-0680

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: PO BOX 138
ASHTON MD 20841

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# P1 0145
\*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: WINCHESTER HOME Telephone #: 301-803-4174
Subdivision: VISTA Lot #: 1 Well Tag #: HO-95-0680
Site Address: 17605 FARMING DR
HIGHLAND MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GRUNDFOSS Make: CAMPGILL Two piece watertight cap: [checked]
Model #: 1550E10-220 Model#: PA 300 Screened, vented well cap: [checked]
Pump Capacity 15 GPM Depth: 48" (36" min) Cap secured to casing: [checked]
Well Yield: 15 GPM NSF approved: YES Conduit min 18" E.G.: [checked]
Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap: [checked]
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 CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection
Type: PEX PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4' (36" min) Sleeve caulked and sealed properly: YES

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

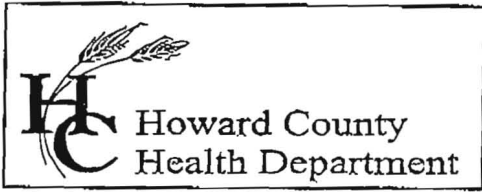
11/12/10

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

Date Insp. Requested: Date Insp. Approved: 9/8/2010 (KW)

- Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]
Under Footer





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:

J. Thompson Property 1-6      Browns Bridge Rd  
Subdivision/Property Name      Lot#      Road Name

The well site has been staked by FSH Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 1-10-07 (date) and does not require a site inspection.

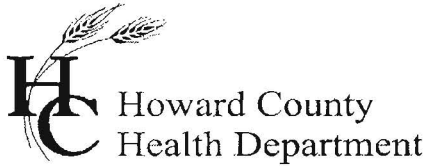
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Hailey Development, Peter Moore  
301-476-7715

99:4 11 07 07 00



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*

January 14, 2011

Homeowner  
12605 Farming Drive  
Highland, MD 20777

RE: Vistas at Brown Bridge, Lot 1  
12605 Farming Drive  
BP #: B10002105  
Well Tag: HO-95-0680

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 10/08/2010. Final approval of the well line connection to the dwelling was approved on 09/08/2010.**

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-95-0680. 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: 01/07/2011  
Date of Well Completion: 02/28/2007

Approving Authority,



Brian Baker, R. 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 #:	78127	Account #:	3123
Reference:	Vista @ Brown's Bridge Lot 1	Company:	National Water Servicing
Location:	12605 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/Time Collected:	1/7/2011 1248	Source:	Well Water
Date/Time Rec'd:	1/7/2011 1500	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	J.Yeager 6176JY	pH:	6.4
		Well #:	HO-95-0680

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/8/2011 / 1000 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/8/2011 / 1000 / KME
Nitrate	1.68	mg/L	10	601	1/7/2011 / 1600 / CCH
Turbidity	0.72	NTU	<10	SM18 2130B	7/7/2011 / 1518 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	1/7/2011 / 1518 / KME

**NOTES**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B10002105

Date Reported: 1/10/2011