

1 2 3 6  
5051

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

COUNTY  
NUMBER

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

ST/CO USE ONLY  
DATE RECEIVED  
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8 13

MM DD YY  
3/17/07

22 360 26  
(TO NEAREST FOOT)

4/11/07  
O.K. (RB)

28 29 30 31 32 33 34 35 36 37  
H70-93-0682

OWNER  
last name Browns Bridge Road first name TOWN Fulton  
STREET OR RFD J. Thompson Property SECTION LOT 3  
SUBDIVISION

WELL LOG

Not required for driven wells

GROUTING RECORD

yes no  
Y N  
44 44

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 152

DEPTH OF GROUT SEAL (to nearest foot) 47

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below  
S T CO  
STEEL CONCRETE  
P L OT  
PLASTIC OTHER

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
51 6 60  
60 61 63 64 66 70

OTHER CASING (if used) diameter depth (feet) to  
E A C H C A S I N G

SCREEN RECORD

screen type or open hole insert appropriate code below  
S T B R H O  
STEEL BRASS OPEN HOLE  
P L O T  
PLASTIC OTHER

DEPTH (nearest ft.)  
C 2  
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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no  
Y N

CIRCLE APPROPRIATE LETTER  
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 28.04.04 "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 W D 040  
George F. Easton  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 1 A W D 288

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 65 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

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)



Date Received (APA) \_\_\_\_\_

OWNER INFORMATION **10451**

8 MM DD YY 13  
**Hailey Development Lc**

15 Last Name Owner First Name 34  
**3905 National Drive, Suite 105**

36 Street or RFD 55  
**Burtonsville, Md 20866**

57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

8 COUNTY 21  
**J. Thompson Property**

23 SUBDIVISION 42  
**3**

SECTION 44 46 LOT 48 50  
**Fulton**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** M I  
73 76 77 78

DRILLER INFORMATION

**George F. Easterday** M W D **040**

Driller's Name 76 License No. 81

Firm Name  
**L. Franklin Easterday, Inc.**

Address  
**9265 Brown Church Rd., MT. Airy, Md. 21771**

Signature *George F. Easterday* Date **1/9/2007**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30  
**Browns Bridge Road**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37  
**870**

DISTANCE FROM ROAD FL. ENTER FT OR MI 38 39

TAX MAP: **45** BLK: **5** PARCEL **13**

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** (13) **A521970-B**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **2/9/2007** 41

43 MM DD YY 48 CO SIGNATURE **Brian Baker** EXP. DATE **2/9/2008**

NORTH GRID **480** 50 55 EAST GRID **813** 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **wells**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**810** ↓ **813**

**470** ← **480**

E 000 000 (X)

N

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 \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

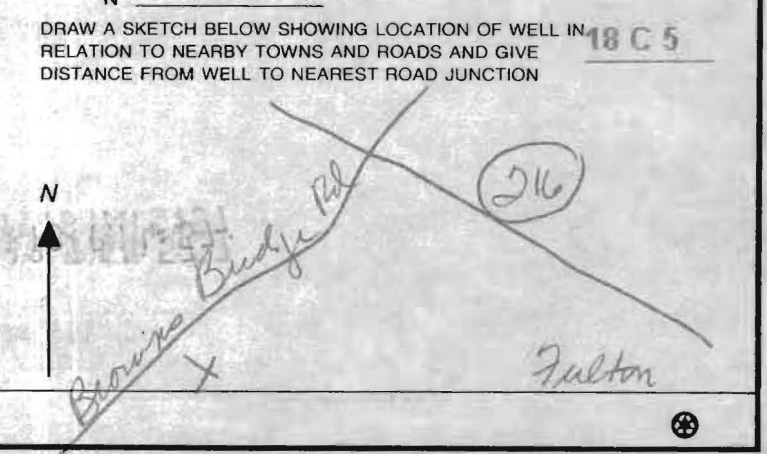
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM 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. **HO-95-0682**  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



253-928.2740

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648



FAXED
3-16-11

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 #: 301-834-1333
Address: P.O. Box 138
Ashton, MD 20841
201-854-1333

(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# PI 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 HOMES Telephone #:
Subdivision: VISTA @ BROWNS BRIDGE Lot #: 3 Well Tag #: HO-95-0682
Site Address: 12617 FARMING DR
HIGHLAND MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: BRUNDFOS Make: CAMPBELL Two piece watertight cap:
Model #: 1550E0718D Model#: PA800 Screened, vented well cap:
Pump Capacity 15 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 20 GPM NSF approved: YES Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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 or Cable guards are required - Must circle one CAS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house House Connection
Type: POLY PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 40 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 4' (36" min) Sleeve caulked and sealed properly: YES

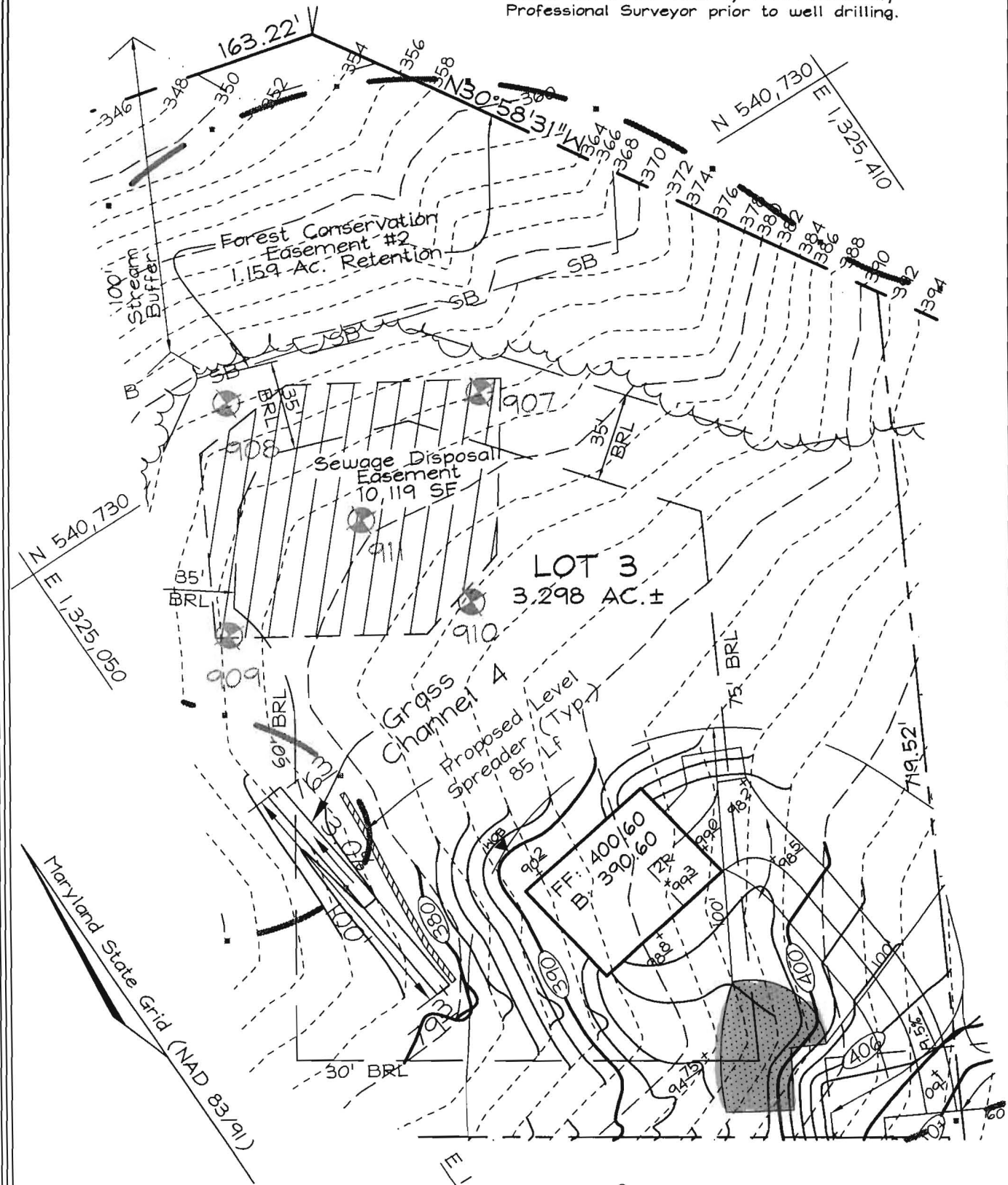
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation date 3-16-11

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

Date Insp. Requested: 1/2/10 Date Insp. Approved: 3/21/11
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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

Note:  
 The proposed well box on this plan has been staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.



# FSH Associates

Engineers Planners Surveyors

6339 Howard Lane, Elkridge, MD 21075

Tel: 410-567-5200 Fax: 410-796-1562

E-mail: info@fsheri.com

2/9/07

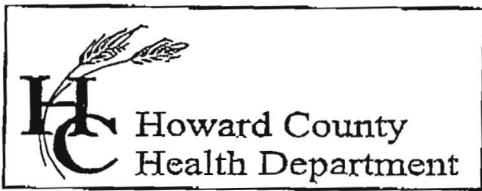
*Well site staked  
 by T. S. H.*

DESIGN BY: ZYF  
 DRAWN BY: SAR  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Jan. 11, 2007  
 W.O. No.: 3288  
 SHEET No.: 3 OF 6

## WELL PERMIT PLAN J. THOMPSON PROPERTY LOT 3

TAX MAP 45 GRID 5  
 5TH ELECTION DISTRICT

PARCEL 13  
 HOWARD COUNTY, MARYLAND



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 FSN 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

Harley Development, Peter Moore  
301-476-7715

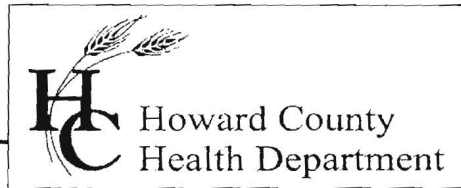
03/11/08 01:07:03



Rec. on 3/21/11

Must accompany ~~the~~  
the file. Picture was  
used to approve  
the installation of the  
water line.

MS



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 29, 2011

Homeowner  
12617 Farming Drive  
Highland, MD 20777

RE: Vistas at Brown Bridge, Lot 3  
12617 Farming Drive  
BP #: B10002437  
Well Tag: HO-95-0682

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 11/19/2010. Final approval of the well line connection to the dwelling was approved on 03/21/2011.**

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.

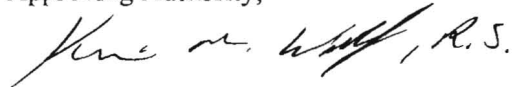
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0682. 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, 03/10/2011, 03/28/2011  
Date of Well Completion: 03/07/2007

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.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:	78910	Account #:	3123
Reference:	Winchester Vista Lot #3	Company:	National Water Servicing
Location:	12617 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/ Time Collected:	3/28/2011 1220	Source:	Well Water
Date/Time Rec'd:	3/28/2011 1545	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener/Sediment Filter**
Collected By:	C. Mooshian 7268CM	pH:	7.2
		Well #:	HO-95-0682

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.43	NTU	<10	SM18 2130B	3/28/2011 / 1610 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	3/28/2011 / 1610 / KME

OK  
 Spoke w/ Rep (under by  
 issues w/ pump caused  
 wrong of well column  
 Sample ok for  
 Sand and  
 Turbidity

**NOTES**

- 1 \*\*Sample collected prior to treatment
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND = None Detected
- 6 Visual well check: Scaled, vented cap
- 7 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy retest  
 Building Permit # : B-10002437

Date Reported: 3/28/2011

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1418 Old Taneytown Rd Westminster, MD (410) 848-1034 (410) 876-4554 FAX (410) 848-0298

### REPORT OF ANALYSIS

Laboratory ID #:	78666	Account #:	3123
Reference:	Winchester Vista Lot #3	Company:	National Water Servicing
Location:	12617 Farming Drive Highland, MD 20777	Requested By:	Dave Rycke
Date/ Time Collected:	3/4/2011 0935	Source:	Well Water
Date/Time Rec'd:	3/4/2011 1345	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	B. Dutterer 4717BD	pH:	7.0
		Well #:	HO-95-0682

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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	<1.0	mg/L	10	601	3/4/2011 / 1545 / CCH
Turbidity	30.2	NTU	<10	SM18 2130B	3/4/2011 / 1555 / KME
Sand	Present	mg/L	5	Visual/Gravimetric	3/4/2011 / 1555 / KME

*> 5mg/L*

*\* Turbidity - needs test for Iron.*

*\* Sand must meet well construction req of 5mg/L or less (ANR 26, 04.04.07. 5.(1)(a)(b))*

**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 # : B-10002437

Date Reported: 3/7/2011

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 548-1014 (410) 576-4554 FAX (410) 548-0298

## REPORT OF ANALYSIS

Laboratory ID #: 78727	Account #: 3123
Reference: Winchester Vista Lot #3	Company: National Water Servicing
Location: 12617 Farming Drive Highland, MD 20777	Requested By: Dave Rycke
Date/ Time Collected: 3/10/2011 1143	Source: Well Water
Date/Time Rec'd: 3/10/2011 1242	Site: Sampling Tap
Chlorine ppm: Free: ND Total: ND	Treatment: Neutralizer/Softener/Sediment Filter
Collected By: J. Yeager 6176JY	pH: <u>7.0</u>
	Well #: HO-95-0682

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.46	NTU	<10	SM18 2130B	3/11/2011 / 0835 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	3/11/2011 / 0835 / KME

*Iron?*

*Needs  
to be  
on-treated.  
for Iron*

### NOTES

- 1 NS = None Seen (NS indicates less than 5 mg/L)
- 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 # : B-10002437

Date Reported: 3/11/2011