

C1 6008

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  
NUMBER1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
6-18-09

Depth of Well

22 400 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-95-1764  
28 29 30 31 32 33 34 35 36 37

OWNER

STEVENS BUILDERS

STREET OR RFD

last name

13031

WAINWRIGHT

first name

RD

TOWN

Highland

SUBDIVISION

Wainwright Prop

SECTION

LOT

2

## 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  
bearing

Top Soil 0 2  
Brown mica 2 50  
Sandy 50 60  
Grey mica 60 125  
Green mica 125 135  
Brown mica 135 400

24 ÷ 7.5 = 3.2  
3.2 @ 80' = 256  
256 ÷ 60 = 4.27

## 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  
24

NO. OF POUNDS

45 46  
144

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 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

80

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter  
inchdepth (feet)  
from toscreen type  
or open hole  
(insert  
appropriate  
code  
below)

## SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN  
HOLE

PL

PLASTIC

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

Y

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

MWD 0410

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

AWD 288

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

TELESCOPE  
CASING

72

LOG  
INDICATOR

74

75 76  
OTHER DATA

## C3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

6

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50

ft.

WHEN PUMPING

192

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

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)

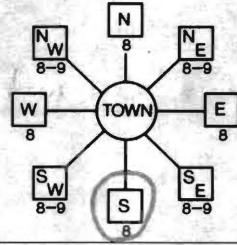

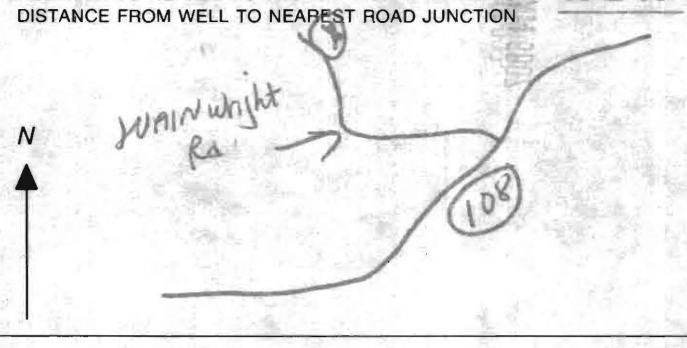
N

↑

30'

Driveway

⊗

B 1 <b>2653</b> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 531017 please type	STATE PERMIT NUMBER <b>110-95-1764</b> 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 <b>Stevens Builders</b> 15 Last Name Owner First Name 34 <b>4714 Linthicum Road</b> 36 Street or RFD 55 <b>Dayton, Md 21036</b> 57 Town 70 State 72 Zip 76		B 3 <b>LOCATION OF WELL</b> 8 COUNTY <b>Howard</b> <b>Wainwright Property</b> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <b>Highland</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> M I 73 76 77 78	
<b>OWNER INFORMATION 11107</b> <b>George F. Easterday</b> M W D 040 Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address <b>George F. Easterday</b> 5/14/2009 Signature Date		B 4 <b>13031</b> 1 2 <b>Wainwright Rd</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 450 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <b>40</b> BLK: <b>8</b> PARCEL <b>398</b>	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <b>Howard</b> COUNTY NAME <b>45008703</b> COUNTY NO. STATE SIGNATURE DATE ISSUED <b>6/3/10</b> INSERT S → 41 43 MM DD YY 48 CO SIGNATURE NORTH GRID <b>486</b> 0 0 0 EAST GRID <b>806</b> 0 0 0 50 55 57 63	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <b>AIR-ROTary</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>wells</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>826 06</b> N <b>1816</b> 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 <b>18 E 10</b> 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 <b>G</b> PERMIT No. <b>110-95-1764</b> 70 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b> NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

## Review

Maryland Well Permit No. HO-95-1764 Election District \_\_\_\_\_  
Location of Property (road) L3031 WAINWRIGHT ROAD  
Subdivision Wainwright Prop Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller EASTERDAY Owner STEVENS BUILDERS  
Depth of Well 400 feet  
Distance of Measuring Point (M.P.) above ground 2'  
Static Water Level (S.W.L.) below M.P. 50

Time pump started 8:30 Pumping rate 206 gpm  
Total time 1/2 hr to reach pumping water level 192 ft. below M.P.

[illegible]

**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 - 95-1764  
Site Address: 13001 Warriglet Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**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: \_\_\_\_\_

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 \_\_\_\_\_

**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: 4/7/10 Date Insp. Approved: OK KW  
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 ☒

3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT.

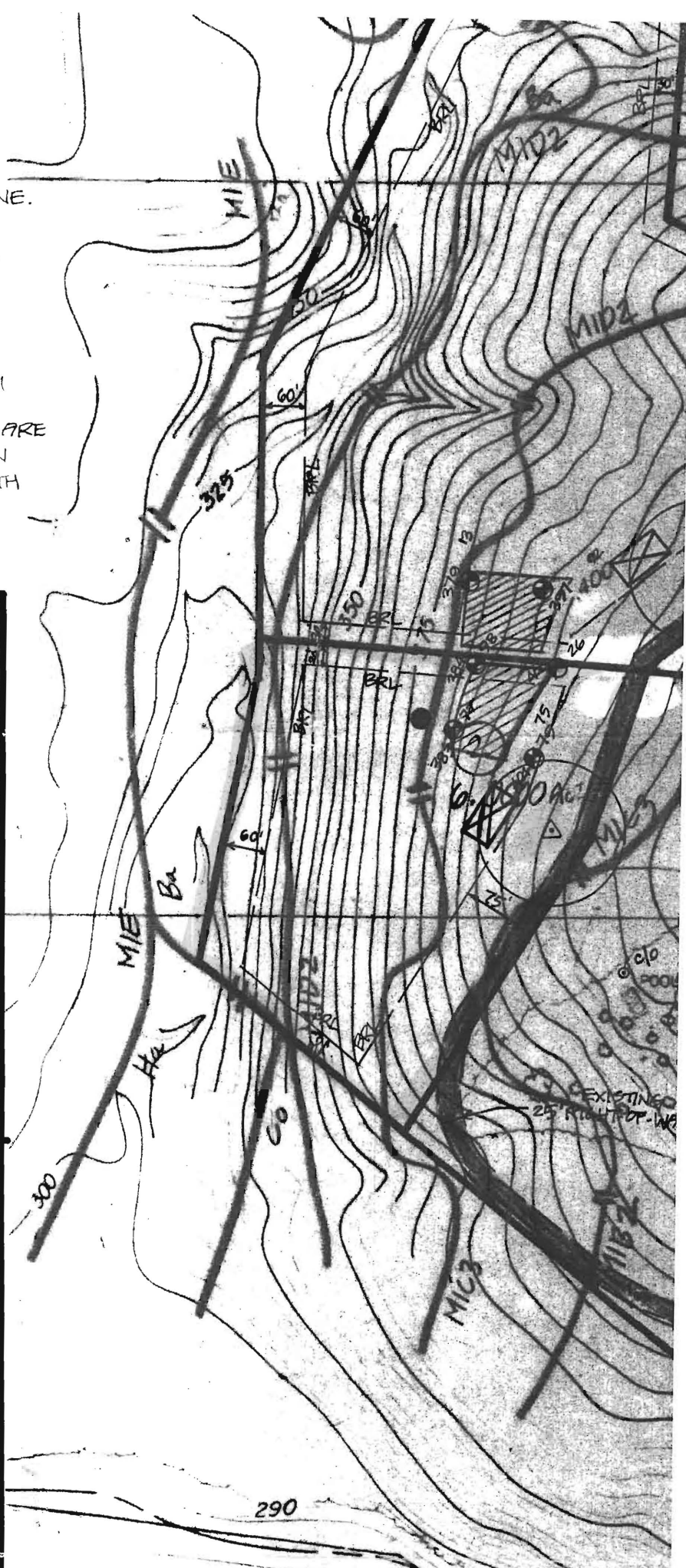
-  DESIGNATES PROPOSED HOUSE.
-  DESIGNATES SUCCESSFUL PERC TEST
-  DESIGNATES FAILED PERC TEST
-  DESIGNATES EXISTING WELL
-  DESIGNATES PROPOSED WELL
-  DESIGNATES EXISTING SEPTIC SYSTEM CLEANOUT

5. ELEVATIONS SHOWN HEREON ARE FIELD RUN, ARE BASED ON HOWARD COUNTY CONTROL STATION # 2235004 AND DO NOT SEEM TO AGREE WITH HOWARD COUNTY 200' SCALE AERIAL PHOTOGRAMMETRY.
6. ALL VISIBLE WELLS & SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY HAVE BEEN SHOWN HEREON.

APPROVED: FOR PRIVATE WATER &  
PRIVATE SEWAGE  
SYSTEMS.

6/3/09  
Well Site OK  
(X)

Josephine B. L. C. 11-2F-94  
COUNTY HEALTH OFFICER DATE



G SCOTT SHANABERGER

DATE \_\_\_\_\_



Howard County  
Health Department

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:

Subdivision/Property Name

Lot#

Road Name

13001 Wainwright Rd

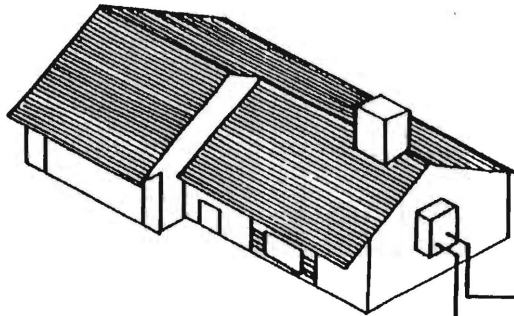
☐ The well site has been staked by \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

☒ 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.

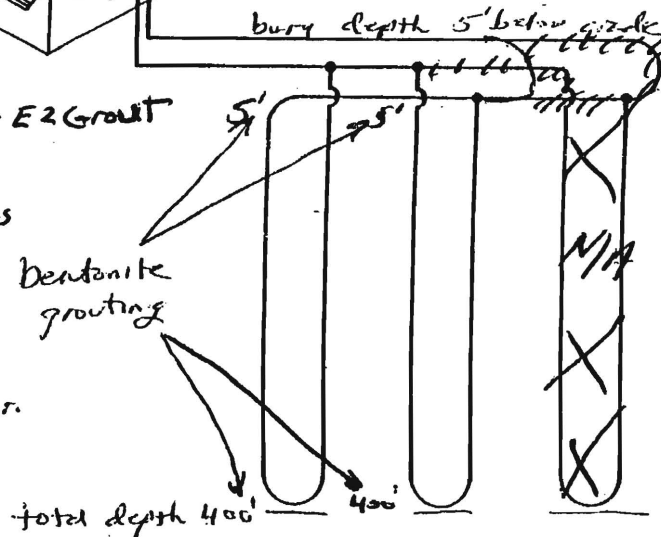
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Driller: Jones Well Drilling Inc.  
 contact: David Kelly  
 410-692-6981



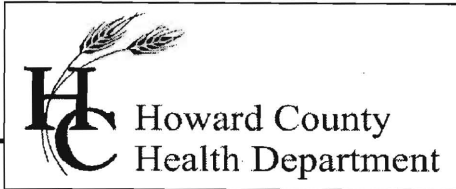
Wyo-Ben bentonite-E2 GROUT  
 (50 lb. bags)  
 mixed with 24 gallons  
 of water per  
 manufacturer specs  
 yields 27 gal. slurry  
 with a 0.42 btu/ft-hr.  
 thermal conductivity



Earth Coil Type: Vertical - Single U-Bend  
 Water Flow: Parallel  
 Pipe Sizes: 1 1/4" double Loop

Bore Lengths: 400' x 3 holes (200' vertical bore)  
 Pipe Lengths: 800 x 3 (~~400~~ 2400 vertical pipe)

FIGURE 4.5: Parallel Vertical Ground Heat Exchanger



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](http://www.hchealth.org)

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

July 2, 2010

Homeowner  
13001 Wainright Road  
Highland, MD 21036

RE: Brokaw Property – Lot 2  
13001 Wainright Road  
BP #: B09002375  
Well Tag: HO-95-1764

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 6/25/10. Final approval of the well line connection to the dwelling was approved on 4/07/10.**

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-95-1764. 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: 6/28/2010  
Date of Well Completion: 06/18/2009

Approving Authority,

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

cc: Building Inspector's Office  
Community Hygiene  
File

# Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

Phillip Stevens Builders  
4714 Linthicum Road  
Dayton, Md 21036

Reporting Date: 6/30/2010  
Report #: K6192

Submitted Sample Address: 13001 Wainwright Road  
Highland, MD 20777  
Submitted Sample Source: Outside faucet-No Treatment Systems  
Date / Time Collected: 6/28/2010 11:01 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-95-1794

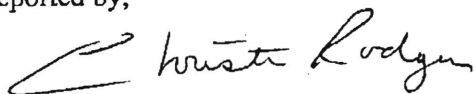
## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	<b>Absent</b>	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	<b>Absent</b>	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	<b>ND</b>	mg/L	1.0	10	EPA 353.2
Sand	<b>Absent</b>	P/A	Present/Absent	Present	Visual
Turbidity	<b>0.5</b>	NTU	0.5	10	SM 2130B
pH	<b>8.1</b>	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

### Notes:

1. Bacteriological analysis of this sample indicates this water is  for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: LB