

C1

3174

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

A523796

1 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
3 12 2008

Depth of Well

22 400 26 3/20/08
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"40 - 95 - 1536
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

LOT

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

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

150

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61

63 64

66 67

70

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

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2

E 1

A 8

C 9

H 11

S 23

C 24

R 26

E 38

R 39

E 41

N 45

SLOT SIZE 1

2

3

DIAMETER

OF SCREEN

56

60

(NEAREST
INCH)

from to

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.)

11 15

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

22 25 ft.

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

(describe below)

J jet

27

S submersible

27

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

49

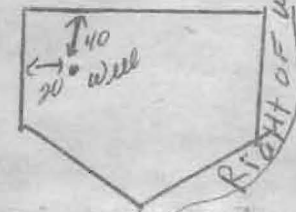
LAND SURFACE

- below

49

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)

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.

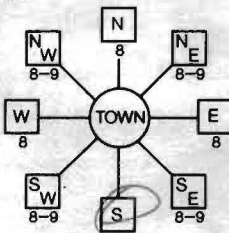
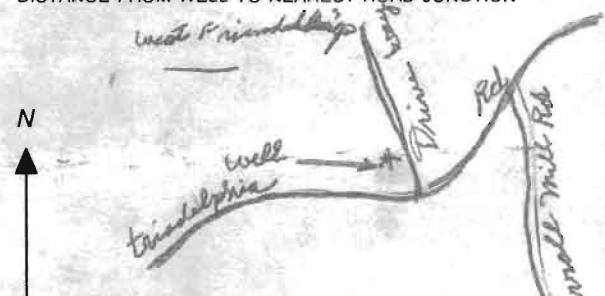
DRILLERS LIC. NO. 1 M SD 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 1 2 3 6 1025	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528459 please type	STATE PERMIT NUMBER HO-95-1536 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 <u>Greenfield Homes Inc</u> 15 Last Name Owner First Name 34 <u>6656 Lester Drive</u> 36 Street or RFD 55 <u>Highland Md 20777</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 <u>Howard</u> <u>The Woods at Trudolphia</u> 23 SUBDIVISION 42 SECTION 44 46 LOT <u>2</u> 48 50 <u>West Friendship</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4 1/2</u> M I 73 76 77 78	
OWNER INFORMATION Driller's Name <u>Joseph L Mayne</u> M S D 024 76 License No. 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy Md 21771</u> Signature <u>Joseph L Mayne 1-15-08</u> Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <u>Trudolphia Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>210</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 <u>FF</u> TAX MAP: <u>22</u> BLK: <u>5+6</u> PARCEL <u>528</u>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard (13) A523796</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>2/4/2008</u> <u>Brian Baker</u> <u>2/4/2008</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>526</u> 0 0 0 55 EAST GRID <u>816</u> 0 0 0 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		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>816</u> N <u>526</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY Drive-POINT other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input 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 DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>821452</u> 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>HO-95-1536</u> PERMIT No. 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Radium Sample Needed During Yield Test</u>			

Well Permit No. HO - 95-1536
Location of property (road) Triadelphia Rd
Subdivision The Woods at Triadelphia Lot 2 Block Plat Sec.
Well Driller Joseph L. Mayne Owner Greenfield Homes Inc

Depth of well 400'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 24'

Time pump started 7:30 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 249 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 #: 2 Well Tag #: HO - 951536
Site Address: 12506 Triadelphia Rd.

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.

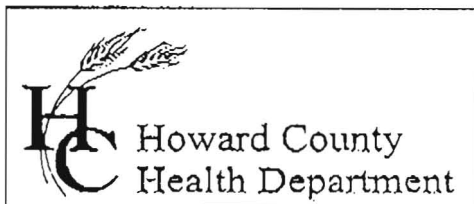
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____

Date Insp. Approved: 4/15/2014 BR

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 _____



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:

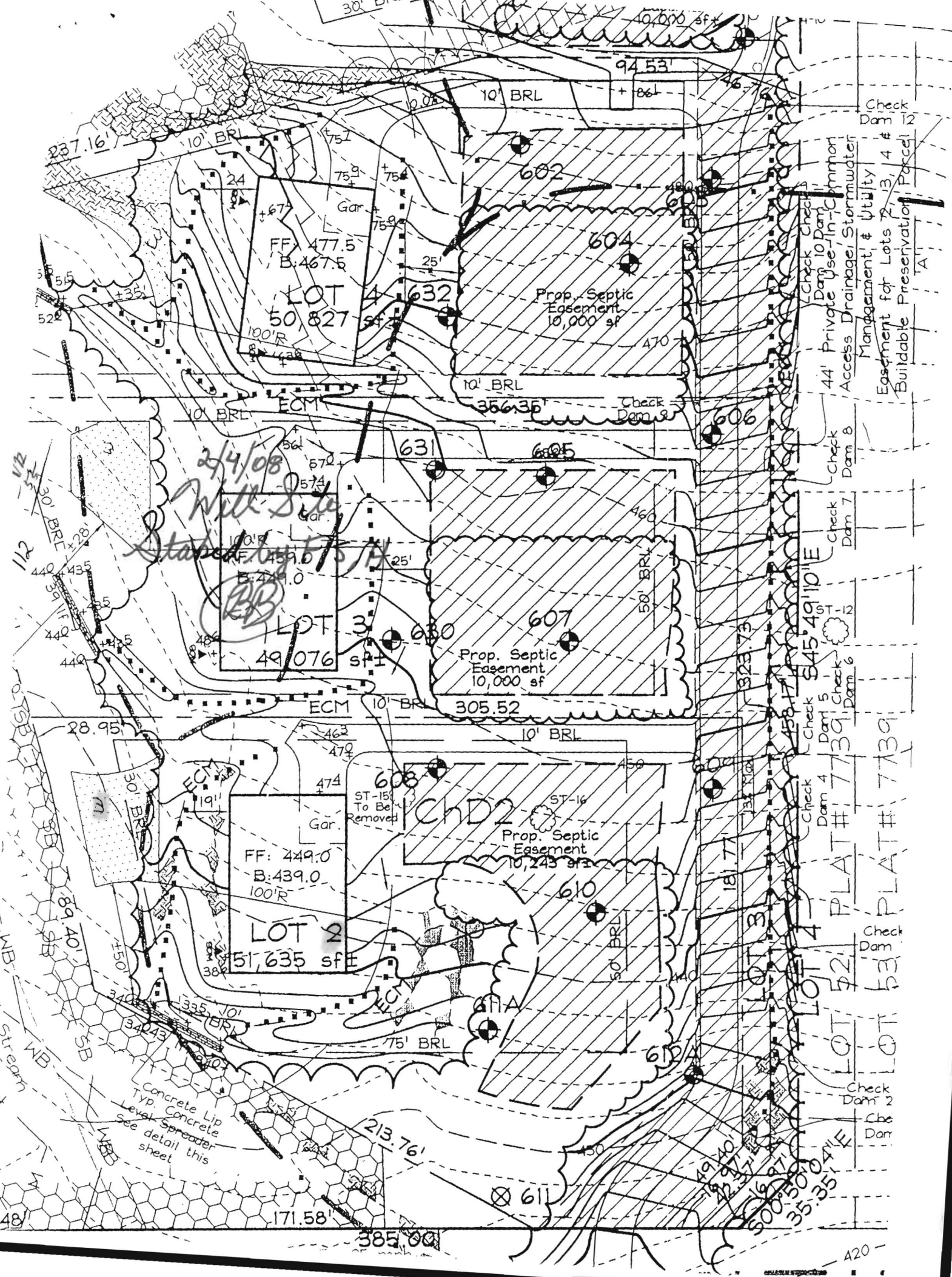
The Woods at Treadelphia 2-3-4 Treadelphia Rd
Subdivision/Property Name Lot# Road Name

- ☒ The well site has been staked by FSH
(professional land surveyor or company employing professional land surveyors)
on 1-23-08 (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



**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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DRIVE
SPRINGVILLE, MD 21154

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

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

Name (Print): CHRISTOPHER WILLOUGHBY License# 6992

*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: TRI DELPHIA ESTATES LLC Telephone #: 410-446-0676
Subdivision: THE WOODS AT TRI DELPHIA Lot #: 2 Well Tag #: HO 90-15318
Site Address: 12500 TRI DELPHIA ROAD
ELICOTT CITY, MD 21042

Submersible Pump Data

Make: JALUZZI
Model #: _____
Pump Capacity 6 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: HEWARD
Model#: _____
Depth: 18" (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: NED (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: PRESS LINE
PSI: 1" (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): 6'
Sleeve sealed properly: ☒

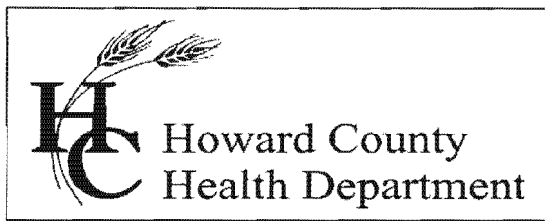
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Willoughby, Pres date: 12-2-73

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

drain water well 24'



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 – February 8, 2014

August 8, 2014

Homeowner
12506 Triadelphia Road
Ellicott City, Maryland, 21042

**RE: The Woods @ Triadelphia, Lot #2
12506 Triadelphia
Building Permit: B13002250
Well Permit: HO-95-1536**

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 **8/01/2014**. Final approval of the well line connection to the dwelling was granted on **4/15/2014**. The well construction was completed on **3/12/2008**. Water samples were collected on **7/11/2014**.

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-95-1536. 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.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script, appearing to read "Dana Bernard".

Dana Bernard, R.E.H.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:

Goodier Builders
2330 West Joppa Road, Suite 395
Lutherville, Maryland 21093

S/O Number: 93756**Report Date:** July 14, 2014

Property Sampled: 12506 Triadelphia Road, 21042
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13002250
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard**Subdivision:** Woods at Triadelphia RSB**Lot #:** 2**Date/Time Collected in Field:** July 11, 2014 2:28 pm**Date/Time Received in Lab:** July 11, 2014 3:31 pm**Well Tag #:** HO-95-1536**Well Condition:** 2-Piece Cap, Satisfactory

OK PD
8-8-14

Water Treatment/Conditioning: N/A – Raw Sample

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	8.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.8 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.

