C 1 6686

SEQUENCE NO. (MDE USE ONLY)

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

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 (13) A519052

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM 9 DD 28 YY 05 15 20

Depth of Well 22 560 26 (TO NEAREST FOOT)

OK 10/26/05 (GAC)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-0101 28 29 30 31 32 33 34 35 36 37

OWNER Mercer Homes (last name / first name)

STREET OR RFD Ten Oaks Road TOWN Dayton

SUBDIVISION Gosselin Property SECTION ____ LOT 5

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	FEET TO	check if water bearing
Sand	0	73	
Gray Mica Rock	73	560	✓

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. M S D 022 1

Jack L Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. ___ D ___

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y 44 no N 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM 45 46 BENTONITE CLAY BC 45 46

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 21 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	77 (66 70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C 2 (1 2)

DEPTH (nearest ft.) — EACH SCREEN

1	40 (8 9)	75 (11 15)	560 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____ 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

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 4 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft. (17 20)

WHEN PUMPING 37 ft. (22 25)

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) (27)
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

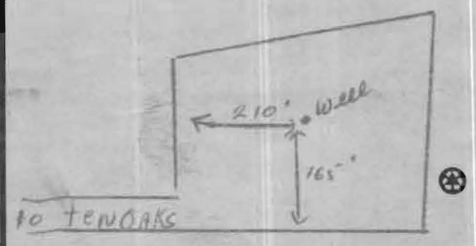
CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____ (31 35)

PUMP HORSE POWER ____ (37 41)

PUMP COLUMN LENGTH (nearest ft.) ____ (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)
+ above (49) / – below (49) LAND SURFACE 2 (nearest foot) (50 51)

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)



DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 8100 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

523218

STATE PERMIT NUMBER: HO-95-0101

fill in this form completely

Date Received (APA): 8/28/2005

OWNER INFORMATION

Mercer Custom Homes LLC
Last Name / Owner / First Name

13787 Rover Mill Rd
Street or RFD

West Friendship Md 21794
Town / State / Zip

DRILLER INFORMATION

Joseph L. Mayne — License No. MSD024
Driller's Name

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt Airy Md 21771
Address

Joseph L. Mayne — Date 8/25/05
Signature

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I — INDUSTRIAL, COMMERICIAL, DEWATERING
- P — PUBLIC WATER SUPPLY WELL
- T — TEST, OBSERVATION, MONITORING
- G — GEO-THERMAL

APPROXIMATE DEPTH OF WELL: 300 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)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED 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
- 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): HO-73-2883

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER — — — — — — G — — —

PERMIT No. HO-95-0101

B 3 LOCATION OF WELL

Howard
COUNTY

Robert L Gosselin Property
SUBDIVISION

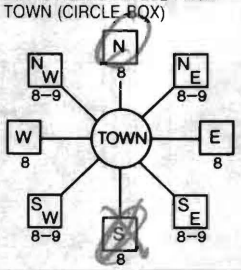
SECTION ____ LOT 5

Dayton
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): Yr M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ten oaks Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 1,150 FT (ENTER FT OR MI)

TAX MAP: 28 BLK: 8 PARCEL 301

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A519052
COUNTY NAME / COUNTY NO.

STATE SIGNATURE ____ INSERT S →

DATE ISSUED 9/8/2005 — CO SIGNATURE Brian Baber — EXP. DATE 9/8/2006

NORTH GRID 513 000 — EAST GRID 805 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →

SOURCES OF DRILLING WATER
1. well
2.
3.

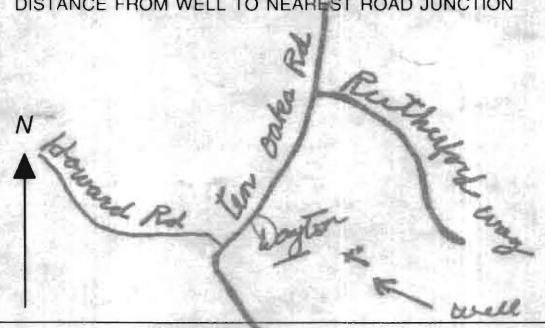
WRITE THE BOX NUMBER FROM THE MAP HERE

E 805
N 513

000
000

X

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS: Old Well Must Be Sealed

NOTE – APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

Page _____ of _____ Review _____

Date 9-28-05

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0101
Location of property (road) Ten Oaks Road
Subdivision Gosselin Property Lot 5 Block ____ Plat ____ Sec. ____
Well Driller Joseph Mayhe Owner Mercer Homes

Depth of well 560'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
Total time 45 min to reach pumping water level 371 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill ~~5~~ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	149'	3 sec		20 gpm
7:30	258	4		15
7:45	371	5		12
8:00	371	15		4
8:15	371	15		4
8:30	371	15		4
8:45	371	15		4
9:00	371	15		4
9:15	371	15		4
9:30	371	15		4
9:45	371	15		4
10:00	371	15		4
10:15	371	15		4
10:30	371	15		4
10:45	371	15		4
11:00	371	15		4

HD-224

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: K.H. Plumbing, Inc. Telephone #: 410-259-5910
Address: 440 Doris Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License# 8300
*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: Doug Dayhoff Telephone #: 443-398-1623
Subdivision: Lot #: Well Tag # : HO 95-0101
Site Address: 4747 Ten Oaks Rd.
Dayton, MD 21036

Submersible Pump Data
Make: Myers
Model #: PJ5.B0075A2
Pump Capacity 5 GPM
Well Yield: 4 GPM

Pitless Adapter
Make: Amy Cauby
Model#: FT800
Depth: 42" (36" min)
NSF approved: Yes

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: 560 (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: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

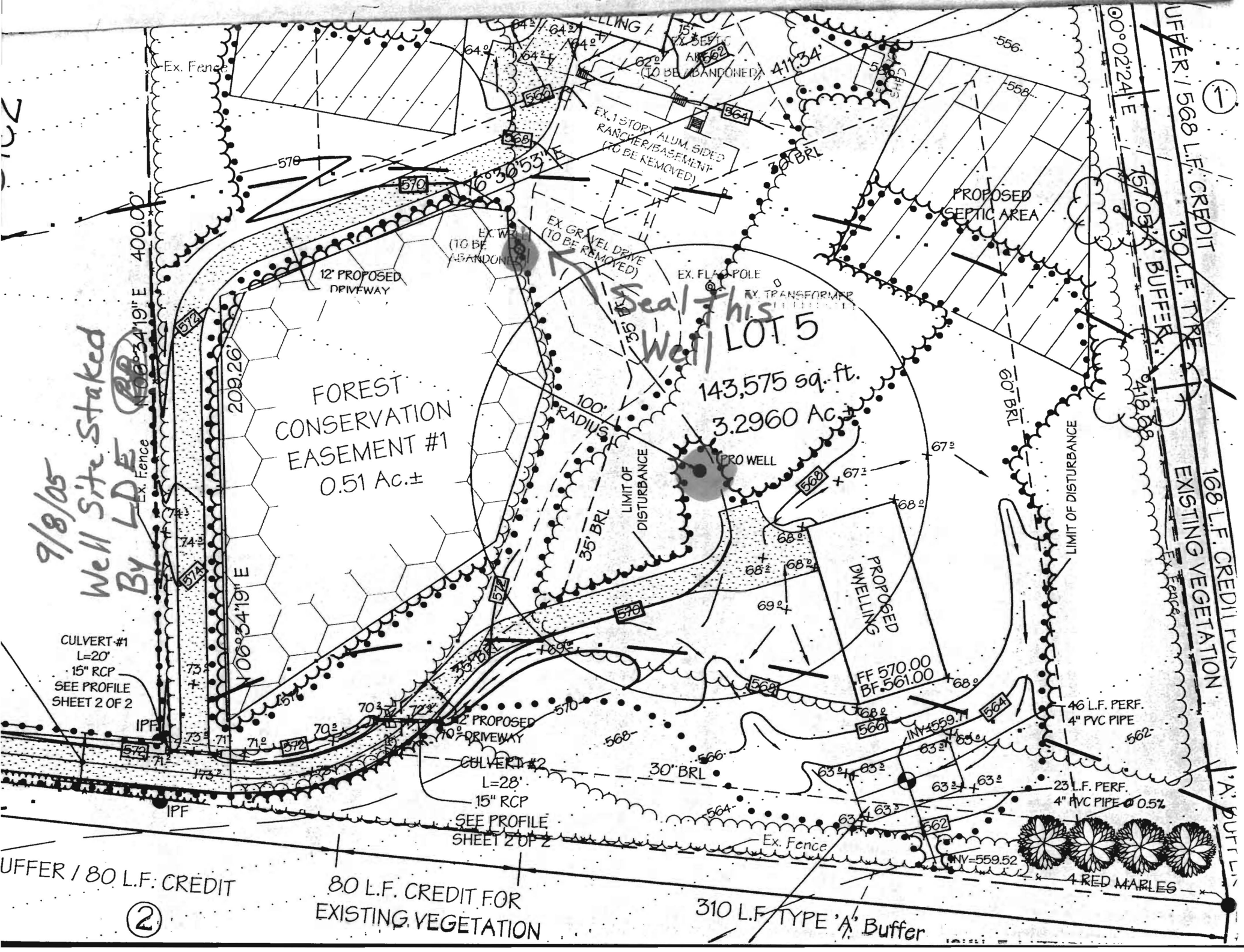
House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: ✓

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.

Keith Hundertmark 2-5-11
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: 12/20/2010 (BB)
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 ✓


9/8/05
Well Site Staked
By LDE
Seal this Well
LOT 5
143,575 sq. ft.
3.2960 Ac.±
FOREST CONSERVATION EASEMENT #1
0.51 Ac.±
PROPOSED SEPTIC AREA
EX. 1 STORY ALUM. SIDED RANCHER/BASEMENT (TO BE REMOVED)
EX. WELL (TO BE ABANDONED)
EX. GRAVEL DRIVE (TO BE REMOVED)
EX. FLAG POLE
EX. TRANSFORMER
12' PROPOSED DRIVEWAY
100' RADIUS
LIMIT OF DISTURBANCE
PRO WELL
PROPOSED DWELLING
FF 570.00
BF 561.00
CULVERT #1
L=20'
15" RCP
SEE PROFILE SHEET 2 OF 2
CULVERT #2
L=28'
15" RCP
SEE PROFILE SHEET 2 OF 2
46 L.F. PERF. 4" PVC PIPE
23 L.F. PERF. 4" PVC PIPE @ 0.5%
INV=559.52
4 RED MARLES
Ex. Fence
BUFFER / 80 L.F. CREDIT
80 L.F. CREDIT FOR EXISTING VEGETATION
310 L.F. TYPE 'A' Buffer
168 L.F. CREDIT FOR EXISTING VEGETATION
130 L.F. TYPE 'A' BUFFER
BUFFER / 568 L.F. CREDIT
N06°34'19" E
209.26'
400.0'
N00°02'24" E
30" BRL
35' BRL
60' BRL

Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☑ The well site has been staked by LDE Inc on 8-18-05 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☑ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Lots 5, 6, Robert L. Gosselin Property

Mercer Custom Homes

Howard County
Health Department

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

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

March 14, 2011

Homeowner
4747 Ten Oaks Road
Dayton, MD 21036

RE: Gosselin Property, Lot 5
4747 Ten Oaks Road
BP #: B10002435
Well Tag: HO-95-0101

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 12/22/2010. Final approval of the well line connection to the dwelling was approved on 12/20/2010.**

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-95-0101 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: 03/09/2011
Date of Well Completion: 09/28/2005

Approving Authority,

Brian Baker

Brian Baker, R. S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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:

Carrigan Homes
9812 Kaillins Court
Ellicott City, Maryland 21042

S/O Number: 80635

Report Date: March 10, 2011

Property Sampled: 4747 Ten Oaks Road, 21036
Sample Location: Laundry Tub
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002435
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 28
Subdivision: Robert L. Gosselin Prop
Parcel: 301
Lot #: 5

Date/Time Collected in Field: March 9, 2011 @ 10:55 am
Date/Time Received in Lab: March 9, 2011 @ 3:00 pm

Well Tag #: HO-95-0101
Well Condition: 2-Piece Cap, Satisfactory

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	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.9 Units	***
Sand		Negative	Negative	

Katherine C. Higgs
Katherine C. Higgs
Administrative Assistant

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.

Howard County
Health Department

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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 1, 2004

TO: Cindy Hamilton
Chief, Division of Land Development

FROM: John A. Boris, Jr., R.S.
Well and Septic Program
Development Coordination Section

RE: File Number: F-04-123
Title: Robert L. Gosselin Property, Lots 5 & 6

The following comments apply to the plan prepared by LDE Inc. The revisions/corrections mentioned below must be corrected prior to plan approval or signature. Applicant is advised to revise and resubmit prior to signature.

- All water wells for potable supply must be drilled prior to final plan signature. As of this time, this office has received no well applications.

JAB

Vacant lot

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

****

WATER WELL ABANDONMENT-SEALING REPORT FORM

****

SUBMIT COPIES OF COMPLETED FORM TO:

* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1-20-09 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) — —
* PERMIT NUMBER OF REPLACEMENT WELL HO-95-0101
* PERSON ABANDONING WELL: Allen Compton — WELL DRILLERS LICENSE NUMBER: 009
  CIRCLE: MWD/MSD/MGD
* OWNER'S NAME: Doug Dayhoff
* WELL LOCATION:
  COUNTY: Howard
  NEAREST TOWN: Dayton
  TAX MAP 28 BLOCK 8 PARCEL 301
  SUBDIVISION: Robert L Gosselin Property
  SECTION: ____ LOT: 5
  NEAREST ROAD: 4747 Ten Oaks Rd

MARYLAND GRID COORDINATES
BOX NUMBER E 800 N 510 <

X	
000 000	

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:
  ✓ DRILLED ____ JETTED
  ____ BORED/AUGUERED ____ HAND DUG
  ____ OTHER (specify) ____

* USE CODE:
  ✓ DOMESTIC ____ MUNICIPAL/PUBLIC
  ____ IRRIGATION ____ INDUSTRIAL
  please ____ TEST/OBSERVATION

* TYPE OF CASING:
  ✓ STEEL ____ PLASTIC
  ____ CONCRETE ____ OTHER (specify) ____

* SIZE OF CASING: 6 INCHES IN DIAMETER
* DEPTH OF WELL: 405 FEET DEEP
* WAS ANY CASING REMOVED? ✓ YES ____ NO
  if yes, length removed, in feet: 21
* WAS CASING RIPPED OR PERFORATED? ____ YES ✓ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
Cement	0	400
PBS 10 Ext. 4400 21014		

Allen Compton — 009 — MWD/MSD/MGD CIRCLE ONE — 1-20-09

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN — LICENSE # — DATE

DENV 828 JULY 1993 — 2) COUNTY ENVIRONMENTAL AGENCY