

C17649

SEQUENCE NO.  
(DENV USE ONLY)

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

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

COUNTY  
NUMBERA-47-155

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

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

Check  
if water  
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

OTHER CASING (if used)

SCREEN RECORD

GRAVEL PACK

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.  
to nearest gal.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS  
EXCEPT HOME USE  
TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX - SEE ABOVE:

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)

CASING HEIGHT (circle appropriate box  
and enter casing height)

LAND SURFACE

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)

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 000-92-0419  
Location of property (road) WILLOW BIRCH RD LOT 6  
Subdivision CATTAIL CREEK Lot 10 Block 2 Plat 2 Sec. 2  
Well Driller RAIPH MAYNE Owner SYCAMORE VALLEY PART.

Depth of well 305'  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 40 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 15 min 8:30 Pumping rate 10 GPM  
Total time 15 min to reach pumping water level 87 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 <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	87 ft	15 Sec	X	4 GPM
9:00	87 ft	15 Sec		4 GPM
9:15	87 ft	15 Sec		4 GPM
9:30	87 "	15 "		4 "
9:45	87 "	15 "		4 "
10:00	87 "	15 "		4 "
10:15	87 ft	15 Sec		4 GPM
10:30	87 ft	15 Sec		4 GPM
10:45	87 ft	15 Sec		4 GPM
11:00	87 "	15 "		4 "
11:15	87 "	15 "		4 "
11:30	87 ft	15 Sec		4 GPM
11:45	87 ft	15 Sec		4 GPM





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**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 SERVING Telephone #: 301-854-1333  
Address: P.O. 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 #: PI 0145

\*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: Selfridge Builders Telephone #: 410-531-8930  
Subdivision: CATTAIL CREEK Lot #: 56 Well Tag #: HO-92-0419  
Site Address: 3608 Willow Birch Dr  
GLENWOOD MD 21738

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>15 SQE 15-290</u>	Make: <u>AMERICAN</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>GRUND 700</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>      </u> (feet)		Conduit secured to well cap: <u>YES</u>
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 → <u>Low WATER</u> Cut off built-in to pump		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

**Piping to house**  
Type: AQUA JET  
PSI: 160 (160 psi min)  
Depth of supply line: 30 (36" min)

**House Connection**  
PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6  
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.

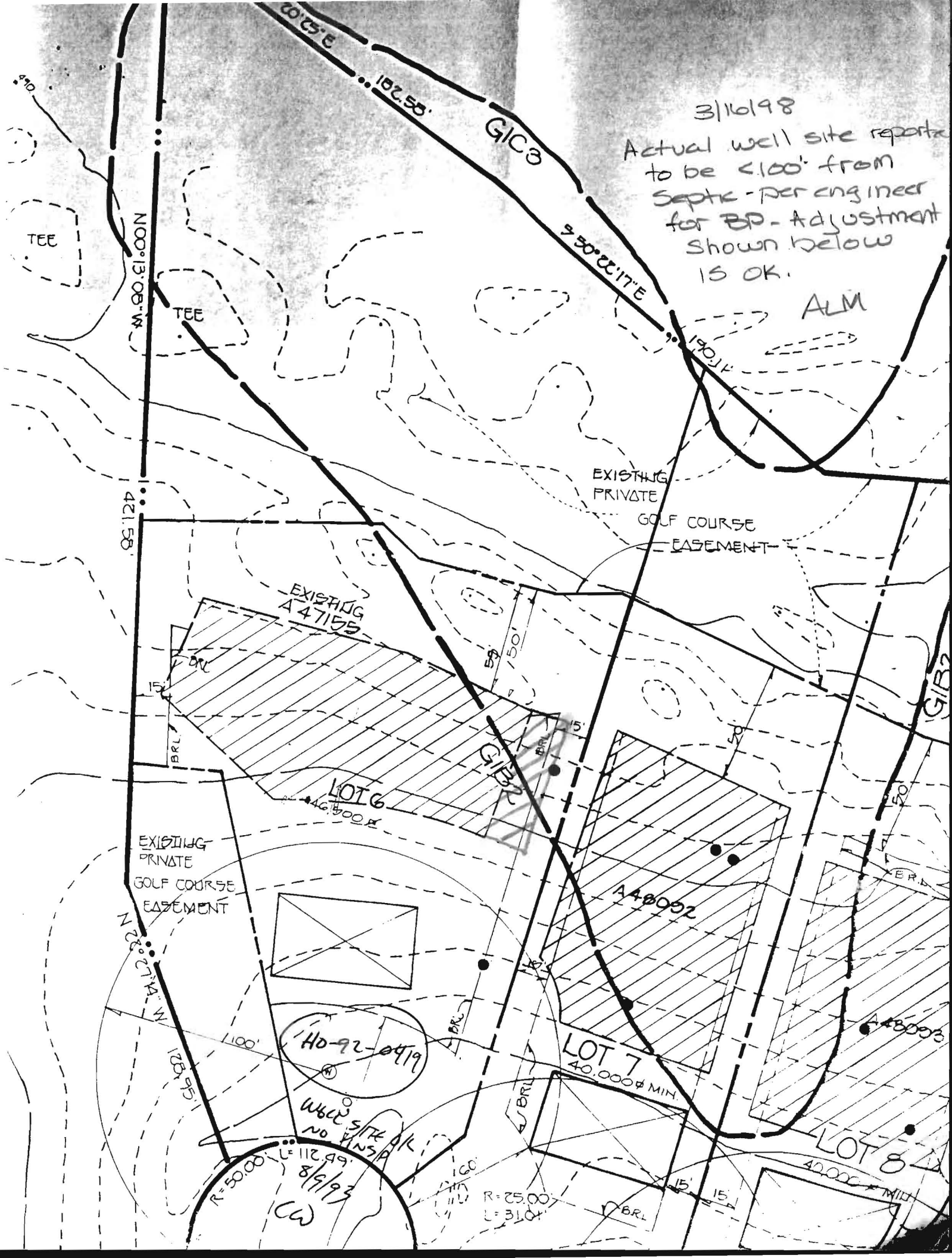
Signature of company representative responsible for installation

3/01/06  
date

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

Date Insp. Requested:        Date Insp. Approved: 1/25/06 Inspector: BB  
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 seen 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 ✓

ALM



## CERTIFICATE OF ANALYSIS



## TRACE LABORATORIES-EAST

**Headquarters**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connex.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Requester:**  
Selfridge Builders  
14045 Gared Drive  
Glenwood, Maryland 21738

**S/O Number:** 06-3174  
**Report Date:** April 13, 2006

**Property Sampled:** 3608 Willow Birch Drive

**County:** Howard  
**Subdivision:** Cattail Creek Country  
**Lot #:** 6  
**Building Permit #:** B00154244  
**Tax Map #:** 21  
**Parcel #:** 211

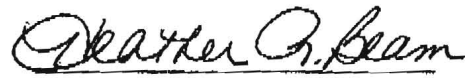
**Date/Time Collected:** April 12, 2006 at 11:30 am  
**Date/Time Received:** April 12, 2006 at 1:30 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-92-0419  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** NONE

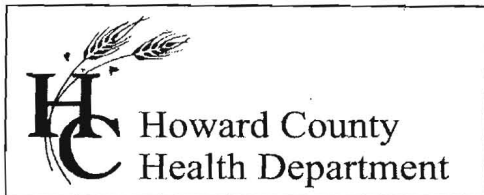
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

May 9, 2006

Selfridge Builders  
14045 Gared Drive  
Glenwood, MD 21738

531-8939

SENT VIA FACSIMILE 410-~~489-2278~~

RE: Cattail Creek County Club, Lot 6  
3608 Willow Birch Drive  
Glenwood, MD 21738  
BP #: B00154244  
Well Permit # HO-92-0419

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 house connection to the septic system was granted on 4/19/2006 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 1/25/2006.**

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.

#### 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-92-0419. 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: 4/12/2006  
Date of Well Completion: 9/24/1993

Approving Authority,

Gabriel Creighton, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services

FILE

CATTAIL CREEK SECTION II  
WILLOW BIRCH DR.

A 47155

SUBDIVISION:

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Trench length = 217'

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 3' wide.

Inlet 4 feet below original grade.

Bottom maximum depth 6 feet below original grade.

Effective area begins at 4 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 150' FROM  
THE FRONT LOT LINE AND 100' FROM THE RIGHT  
LOT LINE. RUN TRENCHES ALONG IN BOTH DIRECTIONS.

9/27/94 CWL