

C1 0255 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 518641

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10 31 06 Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0375

OWNER MATTHEWS + LYONS STREET OR RFD TOWN Glenelg SUBDIVISION Claresfield SECTION LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy Sandstone, MICKA, and Sandstone.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 13, NO. OF POUNDS 1700.

CASING RECORD. MAIN CASING TYPE: PL (PLASTIC). Nominal diameter 6 inch, Total depth of main casing 33 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD. SCREEN TYPE: HO (OPEN HOLE). DEPTH (nearest ft.) 531.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 12 gal. per min. TYPE OF PUMP USED: S (submersible).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: N.

- CIRCLE APPROPRIATE LETTER: A (ABANDONED), E (ELECTRIC LOG), P (TEST WELL CONVERTED).

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...

DRILLERS LIC. NO. M SD 112. DRILLERS SIGNATURE. LIC. NO. D.

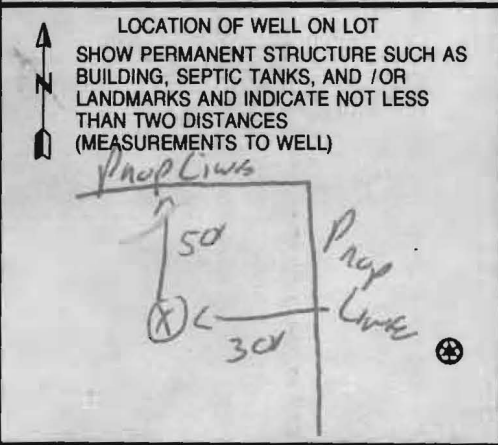
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns: A, C, H, S, R, E, N. Includes entries for 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

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. TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED. DRILLER INSTALLED PUMP YES (NO). TYPE OF PUMP INSTALLED: S (submersible). CAPACITY: 12 GPM. PUMP HORSE POWER 37, PUMP COLUMN LENGTH 41.



B 1 0974

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

524386 please type

HO-95-0375 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Cloverfield/Pfeffer Koen LLC
3060 Rt. 97
Glenwood Md 21738

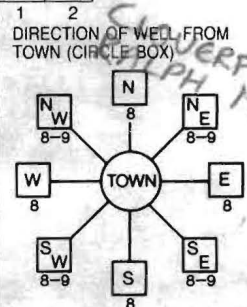
LOCATION OF WELL

Howard
Cloverfield
SECTION 44 46 48 50
LOT 15
GLENW 6
MILES FROM TOWN (enter 0 if in town) I M I

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Ralph E. Mayne, INC.
17024 Hardy Rd. Mt. Airy MD 21771
3/25/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mitchells way
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 5015
TAX MAP: 15 BLK: PARCEL

WELL INFORMATION
APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS18641
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/2/06
NORTH GRID 530 000 EAST GRID 800 000

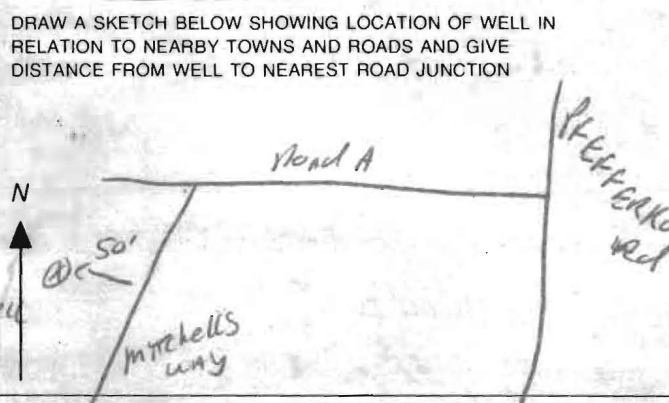
- USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 530 800
N 800 530

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

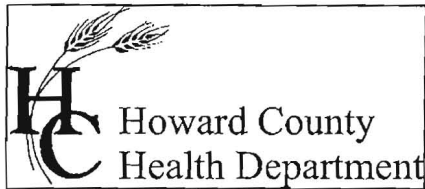
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER HO 006 G 006 (01)
PERMIT No. HO-95-0375

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

February 4, 2009

Homeowner  
2410 Ellies Way  
West Friendship, MD 21794

RE: Cloverfield, Lot 15  
BP# B08001407  
Well Tag #: HO-95-0375

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 08/06/08. Final approval of the well line connection to the dwelling was approved on 09/11/08.**

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-95-0375. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 01/16/2009  
Date of Well Completion: 10/31/06

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Catonsville Builders  
 11175 Stratfield Court  
 Marriottsville, Maryland 21104

**S/O Number:** 71137  
**Report Date:** January 21, 2009

**Property Sampled:** 2410 Ellies Way, 21794

**County:** Howard  
**Subdivision:** Estates at Cloverfield **Tax Map #:** 15  
**Lot #:** 15 **Parcel #:** 4  
**Building Permit #:** 8001407

**Date/Time Collected:** January 16, 2009 at 9:37 am  
**Date/Time Received:** January 16, 2009 at 11:00 am

**Sample Location:** Laundry Room Tap  
**Sampler ID:** 5745KC

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0375  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.5 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 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

Allison R. Milburn  
 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.

**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 26.04.06 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: R&G WATER SYSTEMS, INC. Telephone #: 410-239-0700  
Address: 4322 OPALS CHOICE DRIVE  
MANCHESTER, MD - 21102

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

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

Name (Print): RICKEY L. ROOS License # PE0141

\*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: CATONVILLE HOMES Telephone #: 410-489-7000  
Subdivision: CLOUDFIELD/VEFFERKORN Lot #: 15 Well Tag #: HO-95-0375  
Site Address: 2410 ELLIES WAY  
WESTERLEIGH, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDOS</u>	Make: <u>HOWARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>153QEDT-180</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>40</u> " (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>160</u> feet		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Large 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: 46 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 2" YES  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly: FERNCO

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: Rickey L. Roos Sr.

date: 9/8/08

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

Date Insp. Requested: _____	Date Insp. Approved: <u>9/11/08</u> (kw)
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 3" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



Howard County  
Health Department

7178 Columbia Gateway Dr. • 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)

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

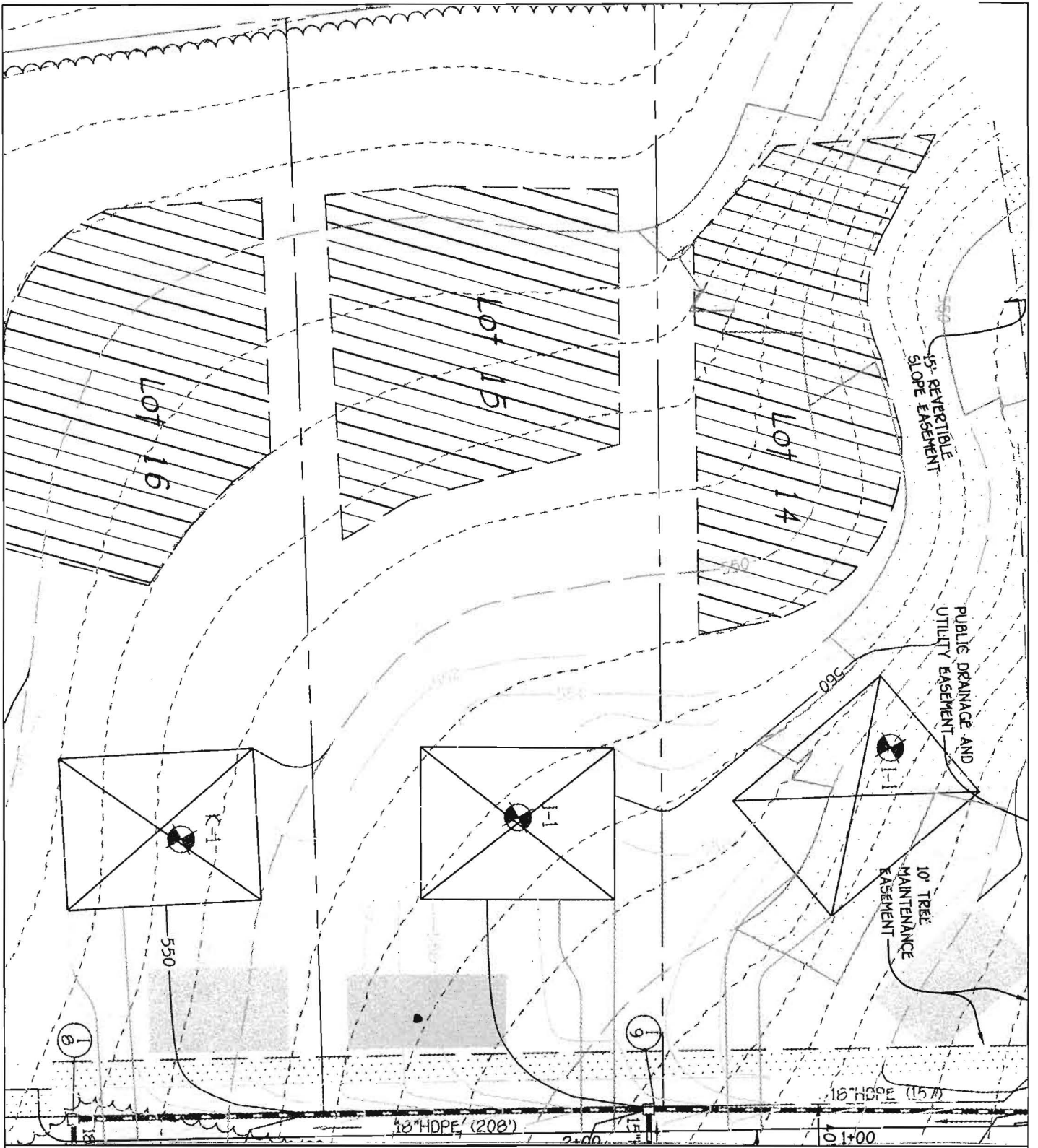
## ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by FCC  
on by 3/31/06 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



HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 15  
CLOVERFIELD

TAX MAP #15    ZONED: RC-DED    PARCEL: 4  
3RD ELECTION DISTRICT    HOWARD COUNTY, MARYLAND  
SCALE: 1"=50'    DATE: MARCH 21, 2006

LAND PLANNING   ♦   DEVELOPMENT   ♦   MARKETING   ♦   ZONING   ♦   VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-488-7900