

C1 3743 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

DATE WELL COMPLETED MM DD YY 7 21 04 Depth of Well 22 240' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3975

OWNER Van Der Valk Kbbo STREET OR RFD 13477 Highland Road TOWN Highland SUBDIVISION Chris Mark Estates SECTION II LOT 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Micaceous Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) MENTONITE CLAY (B) C NO. OF BAGS 19 NO. OF POUNDS 1786

CASING RECORD MAIN CASING TYPE S Nominal diameter 6 Total depth 31

OTHER CASING (if used) diameter inch depth (feet) from to

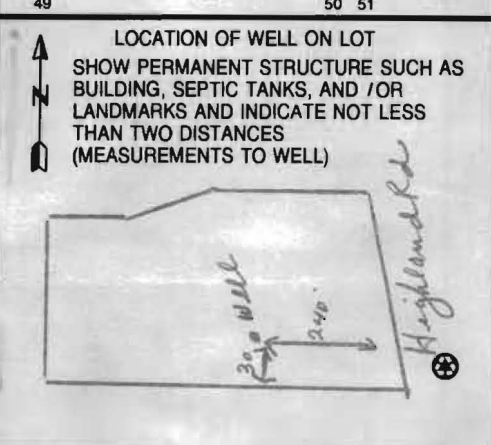
SCREEN RECORD screen type or open hole (S) T (B) R (H) O (P) L (O) T

DEPTH (nearest ft.) 29 240 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 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N) A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

B 1 9823  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
W520436 please type

STATE PERMIT NUMBER  
HO-94-3975  
fill in this form completely 79

Date Received (APA)  
6/23/04  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: Van Der  
Owner: Van Der  
First Name: Udo G. H.  
34  
36 Street or RFD: 13455 Highland Rd  
56  
57 Town: Highland Md 20777  
70 State: Md 72 Zip: 20777 76

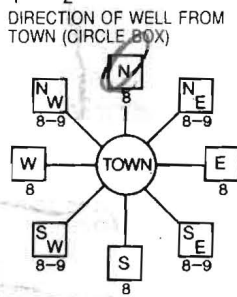
B 3 LOCATION OF WELL

8 COUNTY: Howard 21  
23 SUBDIVISION: Chris Mar Estates 42  
SECTION: 2 44 46 LOT: 5 48 50  
52 NEAREST TOWN: Highland 71  
MILES FROM TOWN (enter 0 if in town): 2 1/2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne MS D024 76 License No. 81  
Firm Name: Joseph L. Mayne Well Drilling  
Address: 5512 Ridge Rd. Net Airy Md 21771  
Signature: Joseph L. Mayne 6/18/04 Date

B 4



11 NEAR WHAT ROAD: 13447 Highland Road 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH  
34 DISTANCE FROM ROAD: 275 FT 37  
ENTER FT OR MI: FT 38 39  
TAX MAP: 34 BLK: 14 PARCEL: 381

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A27907  
COUNTY NAME: Howard COUNTY NO.: 13  
STATE SIGNATURE: Brian Baker 41  
DATE ISSUED: 7/6/2004 43 MM DD YY 48  
CO SIGNATURE: Brian Baker EXP. DATE: 7/6/2005  
NORTH GRID: 497 0'0"0" 50 55  
EAST GRID: 806 0'0"0" 57 63

APPROXIMATE DEPTH OF WELL: 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVERSE-ROTary DRIVE-POINT  
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEM AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

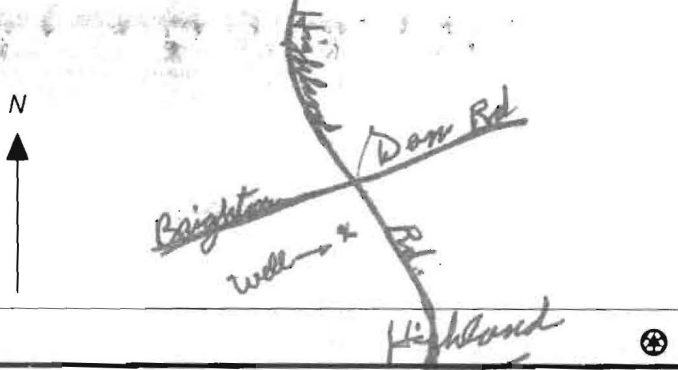
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8006  
N 4907

7/21/04 (50)  
240' Deep  
31' casing  
19 Bags Grout  
20 gpm  
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



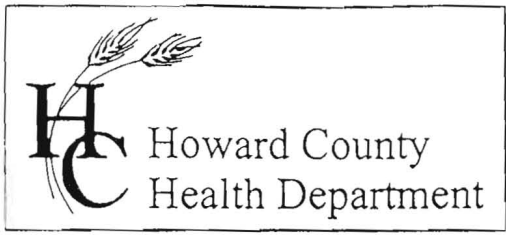
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER: G  
PERMIT No. HO-94-3975  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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 Ubbo VanDerWalk on \_\_\_\_\_ and is ready for site inspection.
- Mr. VanDerWalk 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

H. G. Ubbo Van Der Valk

301-596-9013

WELL DATA

WATER WELL LOCATION

Existing Elev. 497.0

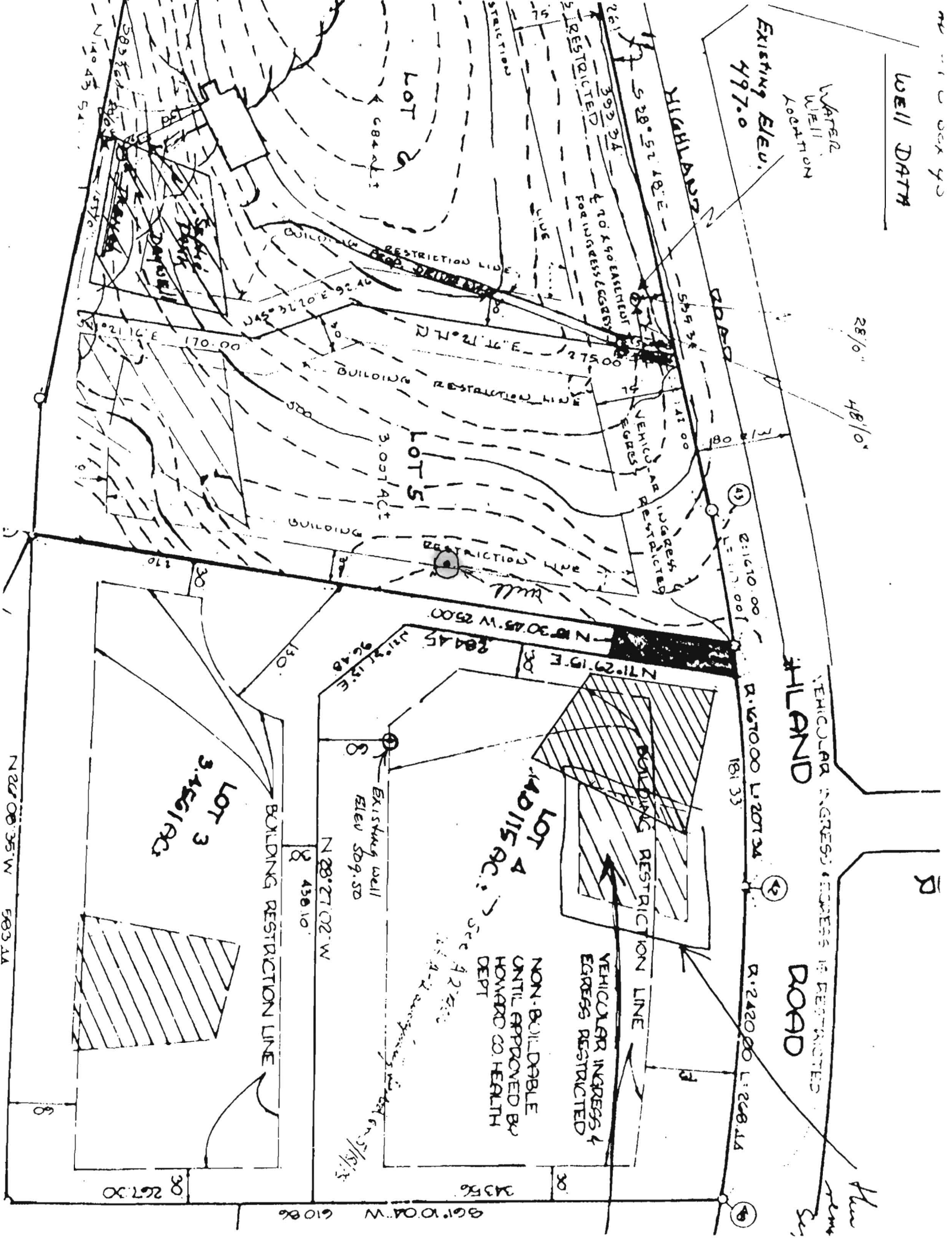
28'0" 48'0"

HILAND ROAD

ROAD

VEHICULAR INGRESS & EGRESS IS RESTRICTED

How many feet



SUBDIVISION: Chris Mar Estates, section 2 LOT NUMBER: 5

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

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

158 sq. ft./bedroom

Trench to be 2 ft. wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 9 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

6 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 absorbant sidewall area by 22%.

LOCATION: Start the trench 180 ft. from the rear lot line and 35 ft. from the left sideline, as seen when facing the lot from Highland Rd. Continue to dig the trench on level ground the necessary distance. Place the second trench if needed parallel to and 12 ft. away from the first trench.

**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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94-3975

Site Address: 13447 Highland Road

**Submersible Pump Data**

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

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_ (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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

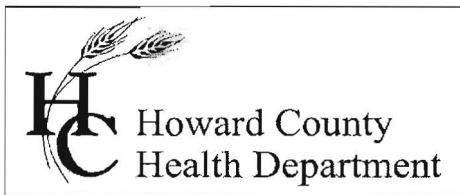
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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: 7/26/07 Inspector: (KW)  
 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 ✓

7/25/07  
Sleeved Under  
Driveway  
(RB)



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

November 26, 2007

Trinity Quality Homes  
3675 Park Avenue, #301  
Ellicott City, MD 21043

RE: Chris Mar Estates II, Lot 5  
13447 Highland Road  
Highland, MD 20777  
BP #: 07000072  
Well Permit # HO-94-3975

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 07/25/2007.** **Final approval of the well line connection to the dwelling was approved on 07/26/2007.**

### **TEMPORARY DEVIATION**

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria; the water is bacteriologically safe for drinking. The nitrate, turbidity and sand levels are all acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

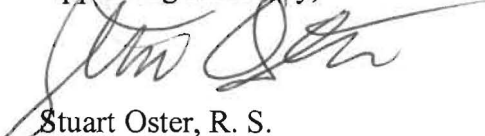
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3975. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

Date of Water Samples: 11/09/2007

**PENDING RADIUM TESTING FOR GROSS ALPHA AND GROSS BETA**

Date of Well Completion: 07/21/2004

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over the printed name.

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Bureau Of Environmental Health  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-6300 Fax (410) 313-6303  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

Temporary Radium Agreement

A review of records indicates that required sampling for Gross Alpha & Gross Beta was not performed during the well yield test for Lot 5 Chris Mar Estates II (13447 Highland Road).

Properties not tested or initially found to have an elevated Gross Alpha and/or Gross Beta, are required to have appropriate treatment installed and additional testing performed.

No radium testing has been done to date. Water must be sampled, and treatment device will have to be installed if radium levels are above the EPA standards.

\* Since all other sampling, construction and inspection requirements have been satisfied, an Initial Certificate of Potability (ICOP) will be issued with the following addendum and agreement:

If the results for the initial Gross Alpha, Gross Beta and Radium are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the Final Certificate of Potability (FCOP).

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the Gross Alpha, Gross Beta and Radium results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the FCOP.

The undersigned have read and agreed with the provisions as established above.

[Signature] 11/20/07  
 Owner Date

[Signature] 11/20/07  
 Owner Date

[Signature] 11/20/07  
 Builder/Representative Date

\_\_\_\_\_  
 Health Department Representative Date

Stuart F. Oster, R.S.  
 Groundwater Management Section  
 Well & Septic Program  
 Bureau of Environmental Health  
 Howard County Health Department

### CERTIFICATE OF ANALYSIS



**Requester:**  
 Trinity Homes/TBI Homes  
 3675 Park Avenue Suite 301  
 Ellicott City, Maryland 21043

**S/O Number:** 66045  
**Report Date:** November 12, 2007

**Property Sampled:** 13447 Highland Road, 21029

**County:** Howard  
**Subdivision:** Chris Mar Est Sec 2  
**Lot #:** 5  
**Building Permit #:** B07000072  
**Tax Map #:** 34  
**Parcel #:** 381

**Date/Time Collected:** November 9, 2007 at 12:20 pm  
**Date/Time Received:** November 9, 2007 at 1:23 pm

**Sample Location:** Downstairs Bathroom Tap & Pressure Tank  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3975  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity (Raw)	5.3 NTU	EPA 180.1	10 NTU	Pass
Turbidity (Treated)	1.5 NTU	EPA 180.1	10 NTU	Pass
pH (Raw)	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
pH (Treated)	5.9 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*  
 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.

Trace Laboratories, Inc.  
 Maryland

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

Maryland State Certified  
 Water Quality Laboratory  
 No. 318

ISO 9001:2000



Cert No. C2005-01504