

C1 0256

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 518641

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0374

OWNER MATTHEWS & LYONS STREET OR RFD Mitchell's Way TOWN Glenelg SUBDIVISION Cloverfield SECTION LOT 14

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

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (6), NO. OF POUNDS (630), GALLONS OF WATER (36), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (20).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (HO), diameter of screen (60), slot size.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE

LIC. NO. D

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

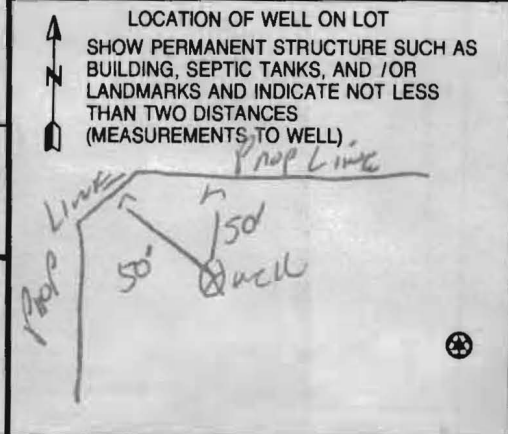
DEPTH (nearest ft.) table with rows for casing and screen depths.

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

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+/-).



B 1 0973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 524386 please type

STATE PERMIT NUMBER

HO-95-0374 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Cloverfield / PFEFFERKORN LLC 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

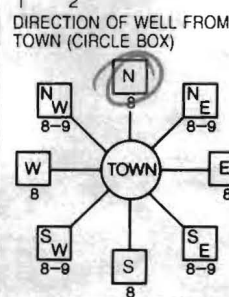
B 3 LOCATION OF WELL

8 COUNTY 21 Howard 23 SUBDIVISION 42 Cloverfield SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 GLENFIELD MILES FROM TOWN (enter 0 if in town) 73 I M I 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Ralph E. Mayne M S D 117 Firm Name Ralph E. Mayne, INC. Address 17024 Hardy Rd. MT. Airy, MD. 21771 Signature Date 3/25/06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Mitchells way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 60 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 15 BLK: PARCEL 4

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 51 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

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 Co 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/2/06 KACEN Roman 5/2/06 CO SIGNATURE EXP. DATE NORTH GRID 50 800 000 EAST GRID 57 530 000

APPROXIMATE DEPTH OF WELL 24 28 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

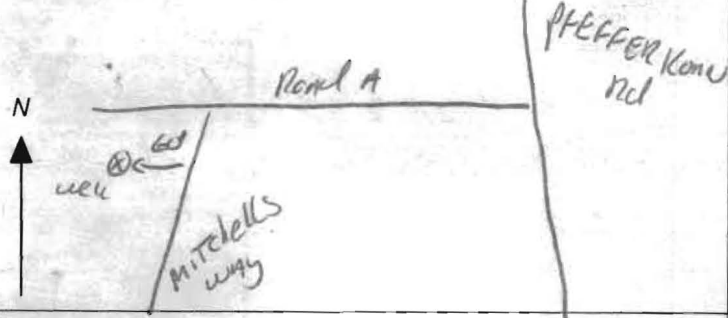
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE 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 530 N 800

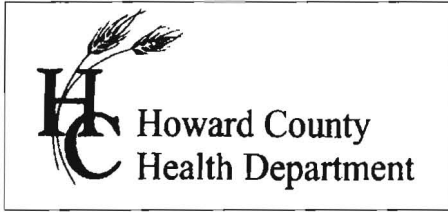
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER G PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



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

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

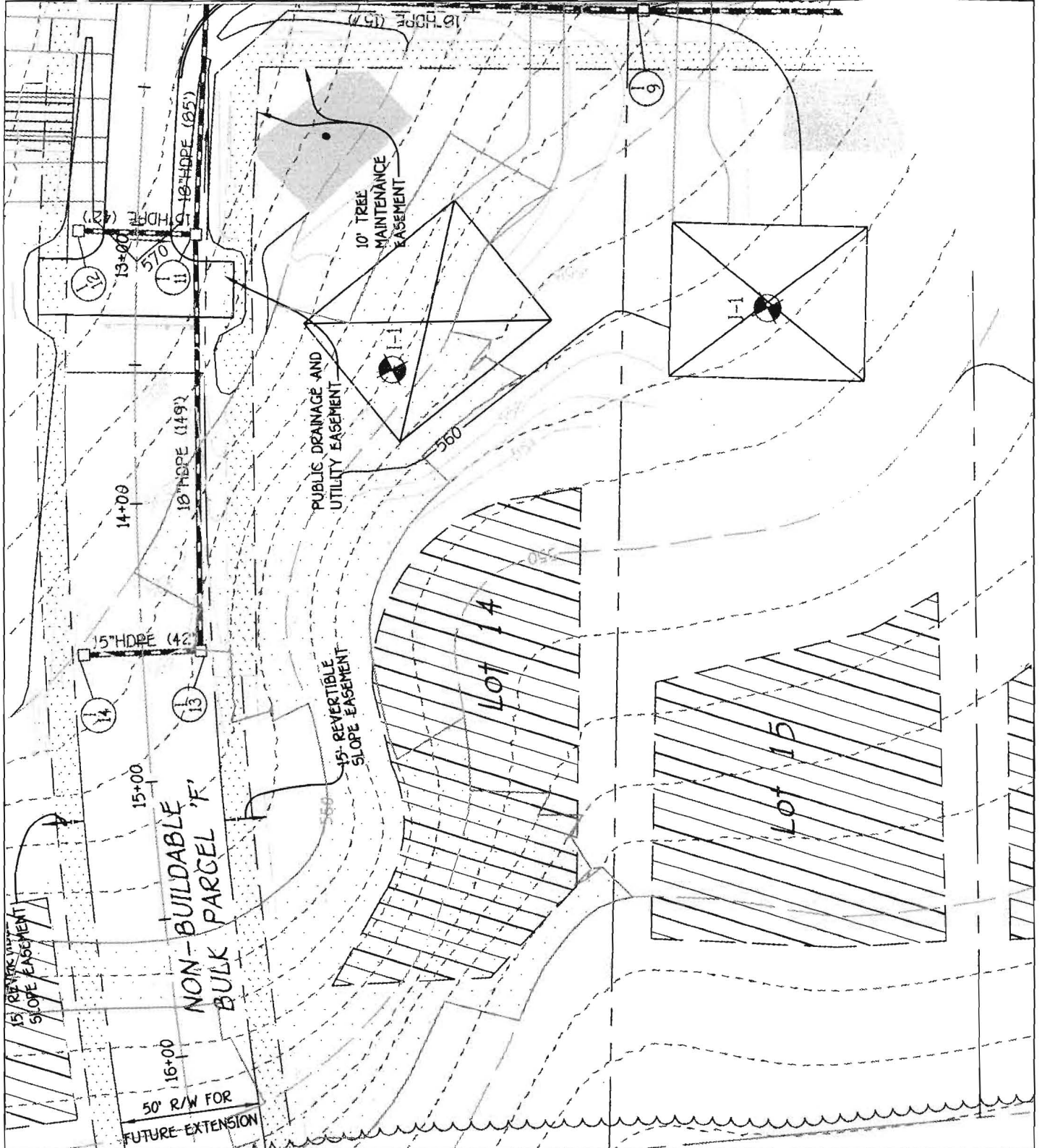
ATTENTION WELL DRILLERS!!!

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 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 14
CLOVERFIELD

TAX MAP 815 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: 410-486-7800

**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, Fitters Adapter, and Supply Lines

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 & E WATER SYSTEMS, INC. Telephone #: 410-239-0700
Address: 4322 ODYSSEY CHASE DR.
WINDHESTEL, MD. 21102

(Please circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ Licensed PE 041

*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: CATONSVILLE HOMES Telephone #: _____
Subdivision: CLOVER FIELD Lot #: 14 Well Tag #: HO-8-0374
Site Address: ELLIES WAY
WEST FRIENDSHIP MD.

<u>Submersible Pump Data</u>	<u>Fitters Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>MANUAL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7LS10422</u>	Model #: <u>MFB-10</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 1 1/2" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>360</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
Torque arrestors or Cable glands are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sloved to undisturbed soil at well penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>FOULCO</u>

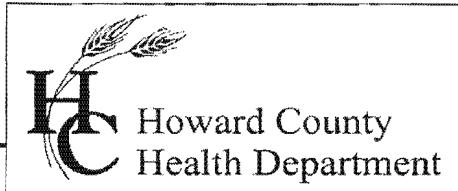
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 1/21/10

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

Date Insp Requested: 1/21/10 Date Insp Approved: OK (CW) 6/29/10
Inspection Data: Fitters 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 sloved adequately at house connection:
Adequate gROUT observed below fitters adapter:

OK.
Verify H.S. w/ final grade
not EWP's tag.
Plumber is aware
of this. (CW)



Bureau of Environmental Health
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

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

June 8, 2010

Homeowner
13555 Mitchells Way
West Friendship, MD 21774

RE: Cloverfield, Lot 14
13555 Mitchells Way
BP #: B09002417
Well Tag: HO-95-0374

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 03/31/2010. Final approval of the well line connection to the dwelling was approved on 06/07/2010.**

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-95-0374. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 06/02/2010
Date of Well Completion: 11/03/2006

Approving Authority,



Kevin M. Wolf, R.S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 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:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 77747
Report Date: June 3, 2010

Property Sampled: 13555 Mitchells Way, 21794

County: Howard
Subdivision: Estates at Cloverfield **Tax Map #:** 15
Lot #: 14 **Parcel #:** 4
Building Permit #: B09002417

Date/Time Collected: June 2, 2010 at 12:52 pm
Date/Time Received: June 2, 2010 at 2:40 pm

Sample Location: Pressure Tank Tap **Samples Iced:** Yes
Sampler ID: 9813AM **Residual Cl₂ <0.1 mg/L:** Yes

Well Tag Number: HO-95-0374
Well Condition: 2-Piece
 Satisfactory

Water Conditioning/Treatment: Sediment Filter

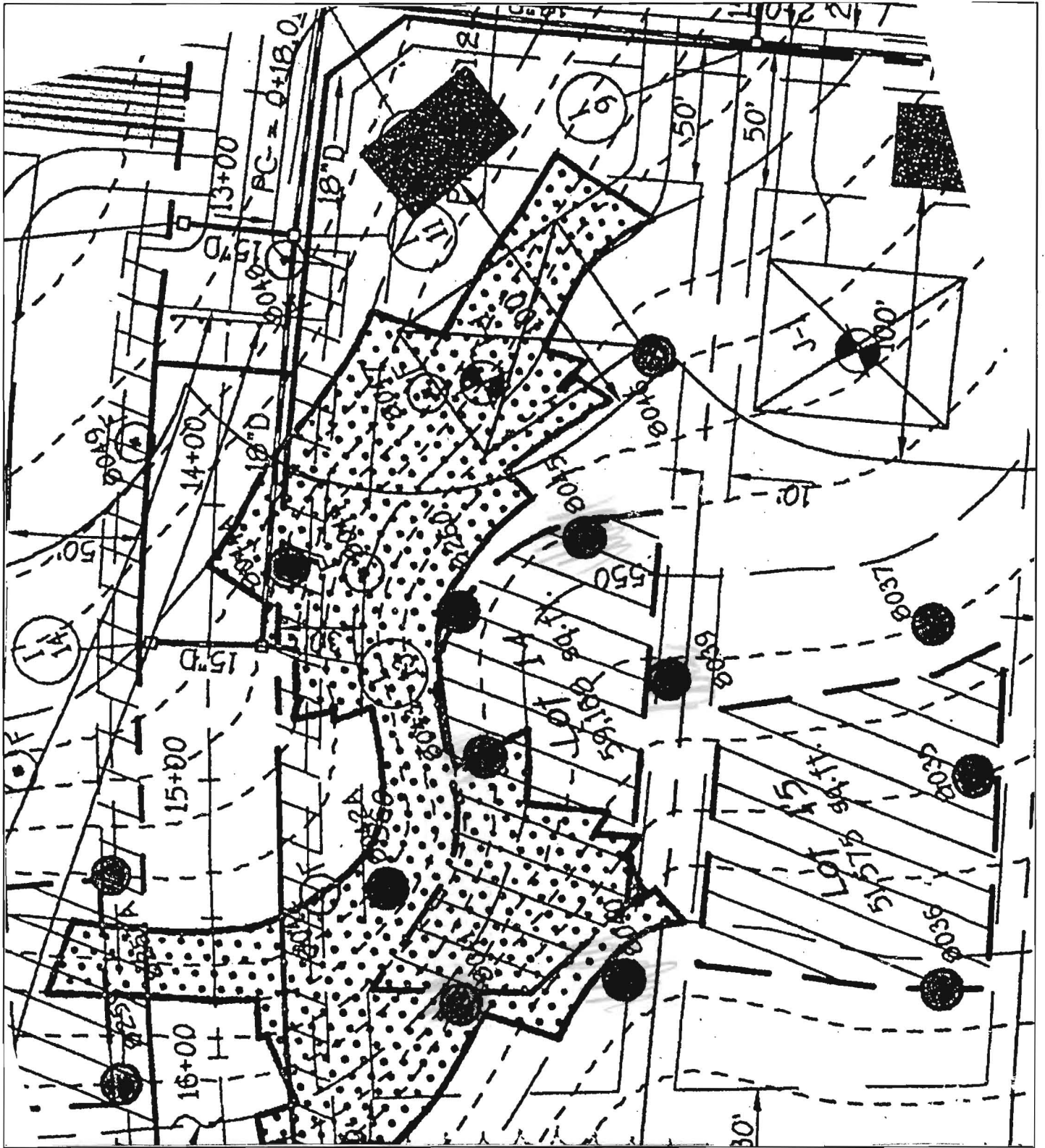
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Kara Waltmyer
 Kara Waltmyer
 Drinking Water Testing Division

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.



HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 14
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCELS: 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



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
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

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11175 Stratfield Court
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S/O Number: 77747
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Date/Time Collected: June 2, 2010 at 12:52 pm
Date/Time Received: June 2, 2010 at 2:40 pm

Sample Location: Pressure Tank Tap Samples Iced: Yes
Sampler ID: 9813AM Residual Cl2 <0.1 mg/L: Yes

Well Tag Number: HO-95-0374
Well Condition: 2-Piece
Satisfactory

Water Conditioning/Treatment: Sediment Filter

Table with 4 columns: PARAMETER, RESULT, METHOD, MCL/*SMCL. Rows include Nitrate, Turbidity, pH, Sand, Total Coliform, and E.coli.

Kara Waltmyer
Kara Waltmyer
Drinking Water Testing Division

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.