

C1 0263

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 A518641

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0387

OWNER Cloverfield/Plattnerkorn LLC STREET OR RFD SUBDIVISION Cloverfield SECTION TOWN Gleneld LOT 2

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

GROUTING RECORD form with fields for cement, bentonite clay, bags, pounds, gallons, and depth of grout seal.

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and main casing details.

MAIN CASING TYPE form with fields for nominal diameter and total depth.

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

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and diameter of screen.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M SD 117 DRILLERS SIGNATURE LIC. NO. D

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

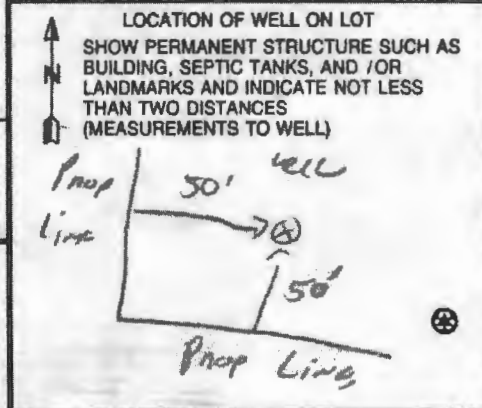
DEPTH (nearest ft.) table with columns for depth intervals (1-78, 79-100) and casing/electric log/tee line indicators.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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, pumping rate, method used, water level, and pump type.

PUMP INSTALLED form with fields for driller installed pump, type of pump, capacity, and pump horse power.



B 1	<b>0983</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>524386</b>	STATE PERMIT NUMBER <b>HO-95-0387</b> <small>70 fill in this form completely 79</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DO YY 13

15 Last Name Cloud Owner FIELD / PFEFFERKORN LLC First Name \_\_\_\_\_ 34

36 3060 Rt. 99 Street or RFD \_\_\_\_\_ 55

57 Glenwood Town 70 MD State 72 21738 Zip 76

**DRILLER INFORMATION**

Driller's Name Ralph E. MAYNE M SD 117 License No. 81

Firm Name Ralph E. MAYNE INC

Address 17024 Handy Rd Mt Airy MD 21771

Signature Ralph E. Mayne Date 3/25/06

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN) 5

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, 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" NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered)  AIR-ROTARY  CABLE  other \_\_\_\_\_

JETTED  AIR-PERCussion  REVerse-ROTary  Jetted & DRIVEN  ROTARY (Hydraulic Rotary)  DRive-POINT

**REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52 \_\_\_\_\_

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

APPROP. PERMIT NUMBER HO 2006G006

PERMIT No. HO-95-0387

**SPECIAL CONDITIONS**  
NOTE: APPLICATING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**LOCATION OF WELL**

B 3 Howard COUNTY 21

Cloud FIELD SUBDIVISION 42

SECTION \_\_\_\_\_ LOT 2

GLENELG NEAREST TOWN 71

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

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

Road A NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 SO 37 DISTANCE FROM ROAD ft.

ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 8 PARCEL 4

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

HOWARD COUNTY NAME (13) A518641 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 5/17/06 CO SIGNATURE [Signature] EXP. DATE 5/18/07

NORTH GRID 536 000 EAST GRID 803 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

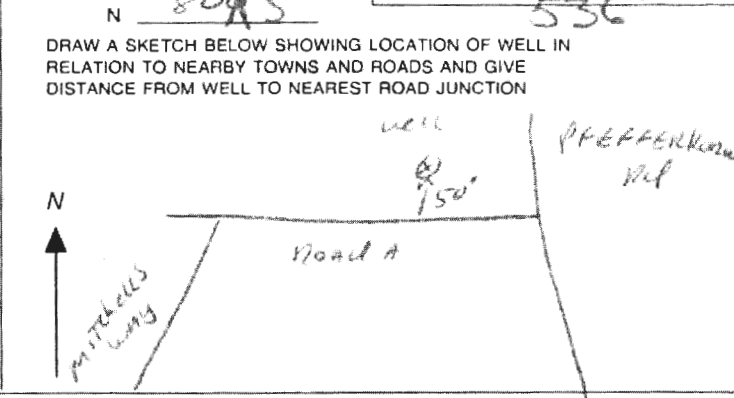
- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 536

N 803

000 000





**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: REC-WATER SYSTEMS INC. Telephone #: 410-239-0700  
Address: 4322 OPALS CHOLE DR.  
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): RILEY L. ROOS      License: PE-0141

\*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: CLOVERFIELD Lot #: 2 Well Tag #: EO-95-2581  
Site Address: 13512 MITCHELLS WAY      0387  
WEST FRIENDSHIP, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUND FOS</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>155DE07-15C</u>	Model #: <u>PTX</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>15</u> GPM	Depth: <u>42'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.0</u> GPM	NSF approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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 wrenches or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>2"</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>4 1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>FERNES'S</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: Riley L. Roos, SR.      Date: 5/4/08

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

Date Insp. Requested: 5/5/08      Date Insp. Approved: 5/5/08 (BR)  
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 5" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate ground observed below pitless adapter

HD-215 (Rev. 8/00)



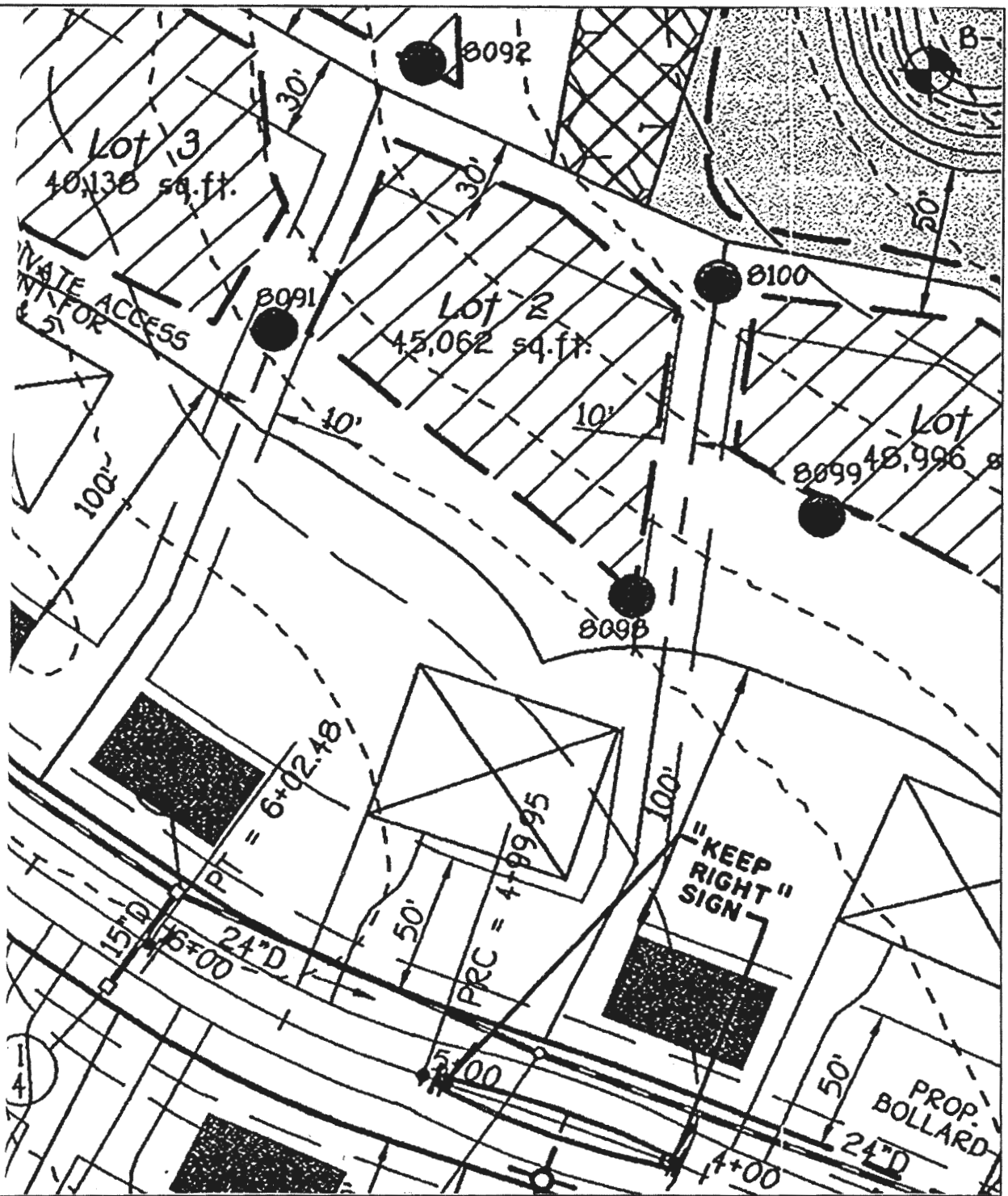
HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 2  
CLOVERFIELD

TAX MAP 915 ZONED RC-DE2 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: 410-488-7800



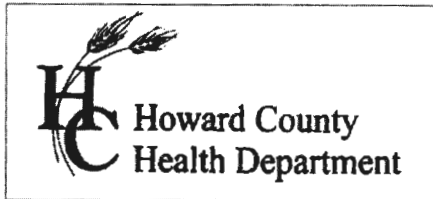
**HERITAGE**  
Land Development

WELL LOCATION EXHIBIT - LOT 2  
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, OLDWOOD, MD 21758 PHONE: 410-488-7900



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

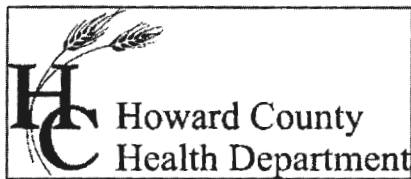
## ATTENTION WELL DRILLERS!!!

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  
BY 5/31/06 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



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

October 31, 2008

Homeowner  
13512 Mitchells Way  
West Friendship, MD 21794

RE: Cloverfield, Lot 2  
13512 Mitchells Way  
West Friendship, MD 21794  
BP# B07003513  
Well Tag #: HO-95-0387

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 01/10/2008. Final approval of the well line connection to the dwelling was approved on 05/05/2008.**

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-95-0387. 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: 10/30/2008  
Date of Well Completion: 06/13/2006

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
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:** 70312  
**Report Date:** October 31, 2008

**Property Sampled:** 13512 Mitchells Way, 21794

**County:** Howard  
**Subdivision:** Estates at Cloverfield **Tax Map #:** 15  
**Lot #:** 2 **Parcel #:** 4  
**Building Permit #:** B07003513

**Date/Time Collected:** October 30, 2008 at 9:55 am  
**Date/Time Received:** October 30, 2008 at 2:35 pm

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

**Well Tag Number:** HO-95-0387  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.4 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.