

C1 6951

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 A516903

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 7 24 2007

Depth of Well 400'

PERMIT NO. Ho-95-1020

OWNER Highland Development Corporation, STREET OR RFD Brookline Way, TOWN Highland, SUBDIVISION Brighton Mill, SECTION, LOT 17

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Sand (0-50) and Gray Mica Rock (50-400).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 17, NO. OF POUNDS 598, GALLONS OF WATER 102, DEPTH OF GROUT SEAL 51 ft.

CASING RECORD

MAIN CASING TYPE ST, Nominal diameter top (main) casing 6 inch, Total depth of main casing 54 feet.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST), insert appropriate code below.

DEPTH (nearest ft.)

Table for depth measurements with columns for casing height and slot size.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

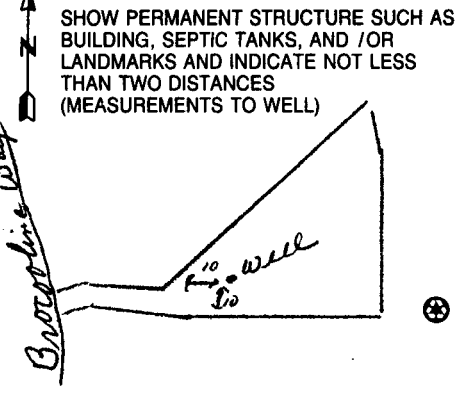
PUMPING TEST

HOURS PUMPED 6, PUMPING RATE 9.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE 31 to 35, PUMP HORSE POWER 37 to 41, PUMP COLUMN LENGTH 43 to 47, CASING HEIGHT 2 (nearest foot).

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted to production)

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

DRILLERS LIC. NO. MS D024, DRILLERS SIGNATURE Joseph L. Mayne, LIC. NO. D

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

B 1 9838  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

526279 please type

STATE PERMIT NUMBER

HD-95-1020  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Highland Development Corp  
15 Last Name Owner First Name 34  
P.O. Box 228  
36 Street or RFD 55  
Clarksville Md 21029  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph & Mayne MS DO 24  
76 License No. 81  
Joseph & Mayne Well Drilling  
5512 Ridge Rd Mt. Airy Md 21111  
Address  
Joseph & Mayne 3-2-07  
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 STANDEY-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

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

APPROP. PERMIT NUMBER HD 2006 6002  
PERMIT No. HD-95-1020

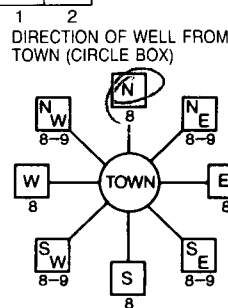
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

LOCATION OF WELL

Howard  
8 COUNTY 21  
Breatton Mill  
23 SUBDIVISION 42  
SECTION 44 46 LOT 17 48 50  
Highland  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 3 MI  
73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brookline Way  
NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37  
DISTANCE FROM ROAD 200  
ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 2 PARCEL 2

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 1516903  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED 3/30/07  
43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 3/30/08

NORTH GRID 502000 EAST GRID 805000  
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

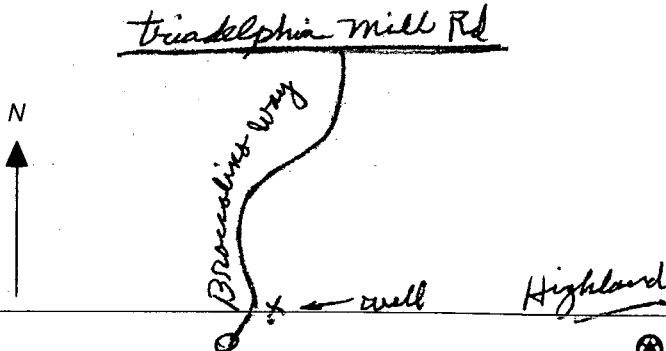
WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005

N 5002

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1020  
 Location of property (road) Brookline Way  
 Subdivision Brighton mill Lot 17 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayre Owner Highland Development Corp.

Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 37

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 354 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>8</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45	137'	3 sec	N/A	20 gpm
7:00	248	3		20
7:15	354	4		1.5
7:30	351	40		1.5
7:45	351	40		1.5
8:00	351	40		1.5
8:15	351	40		1.5
8:30	351	40		1.5
8:45	350	40		1.5
9:00	350	40		1.5
9:15	350	40		1.5
9:30	350	40		1.5
9:45	350	40		1.5
10:00	350	40		1.5
10:15	350	40		1.5
10:30	350	40		1.5
10:45	350	40		1.5
11:00	350	40		1.5
11:15	350	40		1.5
11:30	350	40		1.5
11:45	349	40		1.5
12:00	349	40		1.5
12:15	349	40		1.5
12:30	349	40		1.5
12:45	349	40		1.5
1:00	349	40		1.5
1:15	349	40		1.5

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Ave  
Sykesville, MD

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

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

Name (Print): Robert L. Feezer License# 2122

\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: BRIGHTON MILL Lot #: 17 Well Tag #: HO-95-1020  
Site Address: 3575 Broccolino Way  
Clarksville, MD 21029

Submersible Pump Data

Make: RYA-RITE  
Model #: 57P4HS10221  
Pump Capacity: 7 GPM  
Well Yield: 1.5 GPM

Pitless Adapter

Make: Campbell  
Model #: PT 800  
Depth: 42" (36" min)  
NSF 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: 400 (feet)  
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 guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 18'  
Sleeve caulked and sealed properly:

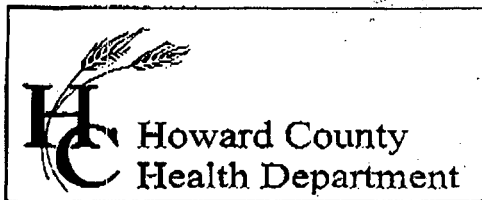
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 9/28/09

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 9/21/09 KW

- 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 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter



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

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Brighton Mill</u>	<sup>thru</sup> <u>1-22</u>	<u>Brookline Way</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on will be staked by 3-13-07 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

3/30/07 Staked by *Rachina*



MIC3  
NON-BUILDABLE PRESERVATION PARCEL D

EXISTING 100 YEAR FLOODPLAIN LIMITS

GhB2

GIC3

ChB2

ChB2

GIC3

ChB2

GIC2

GIC3

ChB2

GID3

487-NON-BUILDABLE PRESERVATION PARCEL D  
STORMWATER MANAGEMENT AND GREEN SPACE PRESERVATION, PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

24' BROWSE USE IN COMMON WITH 15' EASEMENT  
24' BROWSE USE IN COMMON WITH 15' EASEMENT  
24' BROWSE USE IN COMMON WITH 15' EASEMENT

NON-BUILDABLE PRESERVATION GREEN SPACE PRESERVATION PRIVATELY OWNED WITH HOWARD COUNTY AND THE HOMEOWNERS ASSOCIATION AS EASEMENT HOLDERS

SLOPES 15% - 24.9%

SLOPES 16% - 24.9%

SLOPES 24% OR GREATER 2,050 S.F.

SLOPES 15% - 24.9%

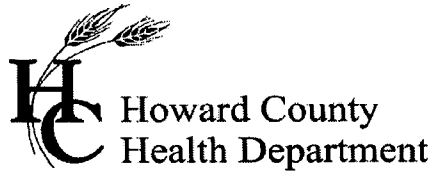
SLOPES 25% OR GREATER 614 S.F.

SLOPES 15% - 24.9%

SLOPES 25% OR GREATER 8,811 S.F.

334915

059



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](http://www.hchealth.org)

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

October 20, 2009

Homeowner  
13575 Broccolino Way  
Clarksville, MD 21029

RE: Brighton Mill, Lot 17  
13575 Broccolino Way  
BP #: B09001184  
Well Tag: HO-95-1020

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 10/14/2009. Final approval of the well line connection to the dwelling was approved on 09/21/2009.**

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.

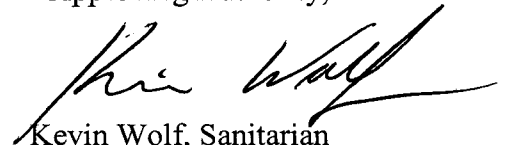
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1020. 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: 10/12/2009 & 10/19/2009  
Date of Well Completion: 04/24/2007

Approving Authority,



Kevin Wolf, Sanitarian  
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:**  
 NV Homes, Inc  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 74500  
**Report Date:** October 20, 2009

**Property Sampled:** 13575 Broccolino Way, 21029

**County:** Howard  
**Subdivision:** Brighton Mill  
**Lot #:** 17  
**Building Permit #:** B09001184

**Tax Map #:** 34  
**Parcel #:** 2

**Date/Time Collected:** October 19, 2009 at 11:40 am  
**Date/Time Received:** October 19, 2009 at 2:30 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 5745KC

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

**Well Tag Number:** HO-95-1020  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing



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:**  
 NV Homes, Inc  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 74415  
**Report Date:** October 13, 2009

**Property Sampled:** 13575 Broccolino Way, 21029

**County:** Howard  
**Subdivision:** Brighton Mill  
**Lot #:** 17  
**Building Permit #:** B09001184

**Tax Map #:** 34  
**Parcel #:** 2

**Date/Time Collected:** October 12, 2009 at 11:54 am  
**Date/Time Received:** October 12, 2009 at 2:31 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 5745KC

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

**Well Tag Number:** HO-95-1020  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	8.1 NTU	EPA 180.1	10 NTU	Pass
pH	7.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

*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.