

C1 7058

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS16063

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 05 03 07

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-45-1086

OWNER Thompson Date Builders last name first name STREET OR RFD TOWN Clarksville SUBDIVISION Jacobsony locale SECTION 34/11/77 LOT 7A1

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 Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter (6) Total depth of main casing (46)

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole (ST, BR, HO) DEPTH (nearest ft.) 43, 400

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/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. 1 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, rows 1-3, values for depth and slot size

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

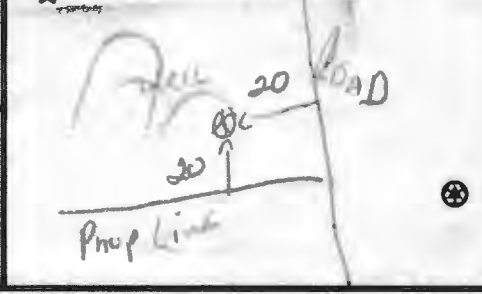
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 24 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 138 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above 49 LAND SURFACE (nearest foot) 22

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 8449

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

526281 please type

STATE PERMIT NUMBER

HO-95-1086

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Thompson DALE Builders
6300 WOODSIDE Court, Suite A
Columbia MD 21046

B 3

LOCATION OF WELL

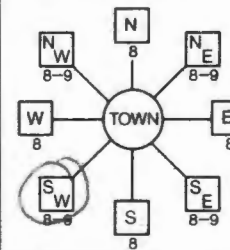
Howard COUNTY
Turn Quay GROVE SUBDIVISION
CLARKSVILLE NEAREST TOWN
MILES FROM TOWN

DRILLER INFORMATION

Ralph E. MAYNE MSD 119
Ralph MAYNE INC
17024 Handy Road Mt Airy MD 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Heather GLEN way NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 11 PARCEL 29

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 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 COUNTY NAME
AS16063 COUNTY NO.
STATE SIGNATURE
DATE ISSUED 4/16/07
CO SIGNATURE
NORTH GRID 500 000 EAST GRID 814 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

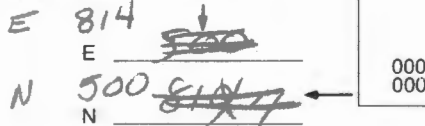
APPROX. PERMIT NUMBER HO 2006 G003

PERMIT No. HO-95-1086

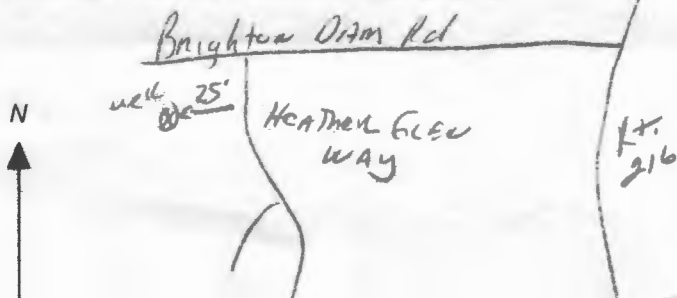
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE WHEN NEEDED

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-1086  
 Location of property (road) Hampton Clay Way  
 Subdivision Turkey Grove Lot DM Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R. J. Mynce Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Depth of well 400'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 25'

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:45 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 138 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 I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	25'	6 Sec	Test Started	10 GPM
9:05	138'	30 Sec		2 GPM
9:30	138'	30 Sec		2 GPM
9:45	138'	30 Sec		2 GPM
10:00	138'	30 "		2 "
10:15	138'	30 "		2 "
10:30	138'	30 "		2 "
10:45	138'	30 Sec		2 GPM
11:00	138'	30 Sec		2 GPM
11:15	138'	30 Sec		2 GPM
11:30	138'	30 "		2 "
11:45	138'	30 "		2 "
12:00	138'	30 "		2 "
12:15	138'	30 Sec		2 GPM
12:30	138'	30 Sec		2 GPM
12:45	138'	30 Sec		2 GPM
1:00	138'	30 "		2 "
1:15	138'	30 "		2 "
1:30	138'	30 "		2 "
1:45	138'	30 Sec		2 GPM
2:00	138'	30 Sec		2 GPM
2:15	138'	30 Sec		2 GPM
2:30	138'	30 "		2 "
2:45	138'	30 "		2 "
HD-224 3:00	138'	30 Sec		2 GPM
3:15	138'	30 Sec		2 GPM

**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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051  
Address: 6203 PATRICK DRIVE  
SEKESVILLE MD 21784

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

License # and name of individual responsible for the field installation:  
Name (Print): CHRIS WILLOUGHBY License# 6992

\*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: DALE THOMPSON BUS Telephone #:  
Subdivision: RESERVES AT CLARKSVILLE Lot #: 1 Well Tag #: HO 95-1086 ✓  
Site Address: 2206 HEATHER GLEN WAY  
CLARKSVILLE, MD 21029

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: JACUZZI      Make: HOBAS      Two piece watertight cap: ✓  
Model #:      Model#:      Screened, vented well cap: ✓  
Pump Capacity: 60 GPM      Depth: 48" (36" min)      Cap secured to casing: ✓  
Well Yield: 15 GPM      NSF approved:      Conduit min 1 1/2" B.G.: ✓  
Depth of well encountered at time of pump installation: 400 (feet)      Conduit secured to well cap: ✓  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
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**      **House Connection**  
Type: CRESTLINE      PVC sleeved to undisturbed soil at wall penetration: ✓  
PSI: 1" (160 psi min)      Approximate length of sleeve: 6"  
Depth of supply line: ✓ (36" min)      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: Chris Willoughby      date: 9/21/07

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

Date Insp. Requested: 9/24/07      Date Insp. Approved: 9/24/07      (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 4" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate gromm observed below pitless adapter ✓

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

## ATTENTION WELL DRILLERS!!!

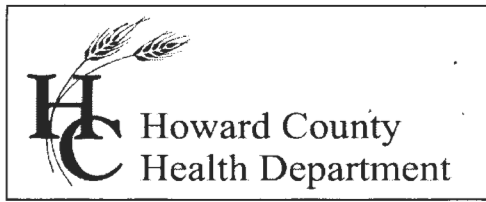
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Benchmark Engineering, Inc. on 2/16/2007 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

~~From - Dale Thompson Builders, Inc.~~  
From - Dale Thompson Builders, Inc.  
Lot # - 1  
Sub Division - Turnbury Grove



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

September 19, 2008

Dayton Oaks LLC  
6300 Woodside Court  
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Turnbury Grove, Lot 1  
6206 Heather Glen Way  
Clarksville, MD 21029  
BP # B07000783  
Well Permit #HO-95-1086

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 03/13/2008. Final approval for the well installation was granted on 09/24/2007.

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 that 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 at the time of sampling and are bacteriologically safe for drinking. The results for nitrates, turbidity and sand were also acceptable.

This temporary deviation is good for sixty days to allow time for water sampling and treatment if necessary. An Interim Certificate of Potability will be issued upon submission of a water sample report that documents a Radium level that is within the EPA standards.

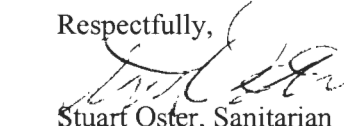
**The Health Department has no objection to the issuance of temporary Use and Occupancy for the above referenced property.**

Date of Initial Water Sample(s): 09/16/2008

**Pending Radium Samples**

Date of Well Completion: 05/03/2007

Respectfully,

  
Stuart Oster, Sanitarian  
Well and Septic Program

cc: Building Inspector's office  
Community 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:**  
 Dale Thompson Builders  
 6300 Woodside Court  
 Columbia, Maryland 21046

**S/O Number:** 69799  
**Report Date:** September 17, 2008

**Property Sampled:** 6206 Heather Glen Way, 21029

**County:** Howard  
**Subdivision:** Preserve at Clarksville  
**Lot #:** 1  
**Building Permit #:** B07000783

**Tax Map #:** 34  
**Parcel #:** 77

**Date/Time Collected:** September 16, 2008 at 2:00 pm  
**Date/Time Received:** September 16, 2008 at 3:00 pm

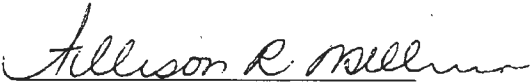
**Sample Location:** Basement Powder Room Tap  
**Sampler ID:** 9406NW

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

**Well Tag Number:** HO-95-1086  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.5 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.3 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 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.



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Turbidity	3.3 NTU	EPA 180.1	10 NTU	Pass
pH	7.2 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

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 \*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

2011

DATE  
3/12/07

115

Received From

Dale Thompson Builders

PHONE #410.995.6736

For Well permit - Lot I



Heather Glen Way

CASH

CHECK

NO.

20765

one hundred sixty dollars

Dollars

\$

160 00

Received By

LLSims