

C1 6605

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 4521624

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Primmity Builders, last name, first name, TOWN: Pyles, SUBDIVISION, SECTION, LOT

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 (PL), Nominal diameter, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter, depth

SCREEN RECORD

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

DEPTH (nearest ft.) table with rows for casing sections and slot size

C 3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

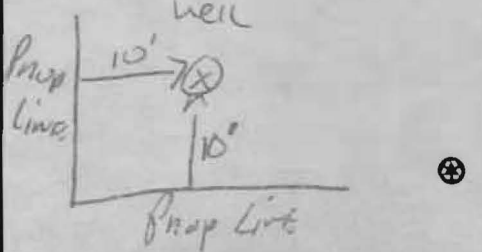
LOCATION OF WELL ON LOT, SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P)

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

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR

GRAVEL PACK, MDE USE ONLY, TELESCOPE CASING, LOG INDICATOR, OTHER DATA



B 1 8936

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0039

fill in this form completely

522498 please type

Date Received (APA)

OWNER INFORMATION

Trinity Builders, 3625 Park Ave, Elkton City MD 21043

LOCATION OF WELL

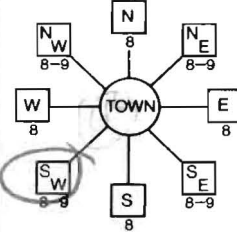
Howard County, The Oaks at Bridle Creek, Dayton

DRILLER INFORMATION

Ralph E. Mayne, M S D 117, Ralph E. Mayne Inc, 17024 Hardy Road

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Green Bridge Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 150 FT, TAX MAP: 28 BLK: 7 PARCEL 13

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, AS21624, DATE ISSUED 6/10/05, CO SIGNATURE, EXP. DATE 6/10/06, NORTH GRID 510 000, EAST GRID 902 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

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

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

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

APPROX. PERMIT NUMBER, PERMIT No. HD-95-0039

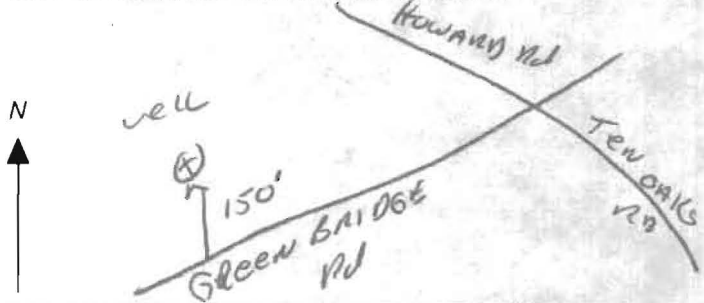
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

802 E 510, 510 N 802

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

lets S & B - yield test at same time

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0039  
 Location of property (road) Green Bridge Rd  
 Subdivision The Cycles (at Bridge Creek) Lot 5<sup>th</sup> Block 7 Plat 26 Sec. 13  
 Well Driller Ralph W. Payne Owner Trinity Builders

Depth of well 400  
 Distance of measuring point (M.P.) above ground 2<sup>ft</sup>  
 Static water level (S.W.L.) below M.P. 40<sup>ft</sup>

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 237 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	40 <del>ft</del>	6 Sec	Test Started	10 GPM
7:30	237 <del>ft</del>	45 Sec		1.3 GPM
7:45	237 <del>ft</del>	45 Sec		1.3 GPM
8:00	237 <del>ft</del>	45 Sec		1.3 GPM
8:15	237 "	45 "		1.3 "
8:30	237 "	45 "		1.3 "
8:45	237 "	45 "		1.3 "
9:00	237 <del>ft</del>	45 Sec		1.3 GPM
9:15	237 <del>ft</del>	45 Sec		1.3 GPM
9:30	237 <del>ft</del>	45 Sec		1.3 GPM
9:45	237 "	45 "		1.3 "
10:00	237 "	45 "		1.3 "
10:15	237 "	45 "		1.3 "
10:30	237 <del>ft</del>	45 Sec		1.3 GPM
10:45	237 <del>ft</del>	45 Sec		1.3 GPM
11:00	237 <del>ft</del>	45 Sec		1.3 GPM
11:15	237 "	45 "		1.3 "
11:30	237 "	45 "		1.3 "
11:45	237 "	45 "		1.3 "
12:00	237 <del>ft</del>	45 Sec		1.3 GPM
12:15	237 <del>ft</del>	45 Sec		1.3 GPM
12:30	237 <del>ft</del>	45 Sec		1.3 GPM
12:45	237 "	45 "		1.3 "
1:00	237 "	45 "		1.3 "
HD-224 1:15	237 <del>ft</del>	45 Sec		1.3 GPM
1:30	237 <del>ft</del>	45 Sec		1.3 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: WTC TWP P&H Telephone #: 410 489 4457  
Address: 1820 Gillis Falls Rd  
Woodhine 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): William T. Cumberland License# 7979  
**\*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: Jed J. Harp Telephone #: \_\_\_\_\_  
Subdivision: Oaks at Bridle Creek Lot #: 5 Well Tag #: HO - \_\_\_\_\_  
Site Address: 5034 Green Bridge Rd

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Miyas</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>525</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.5</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</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 <del>cable guards are required</del> - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>6/yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6' +</u>
Depth of supply line: <u>5' +</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</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: Oct 24 2011

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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 \_\_\_\_\_

**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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: oaks @ Bridal Creek Lot #: 5 Well Tag #: HO - 95 - 0039  
Site Address: 5034 Greenbridge Rd.

**Submersible Pump Data**

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

**Pitless Adapter**

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

**House Connection**

PVC sleeved 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: 8/25/11 Date Insp. Approved: 8/26/11

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

*8/26/11*  
*Needs to be checked to cap*  
*Not finished*

554

556

558

560

562

564

566

568

570

572

574

*Shelby G1A  
well site OK  
lots 5 & 6 to have  
yield tests at the same time*

3552-A  
1A

3552-B  
3

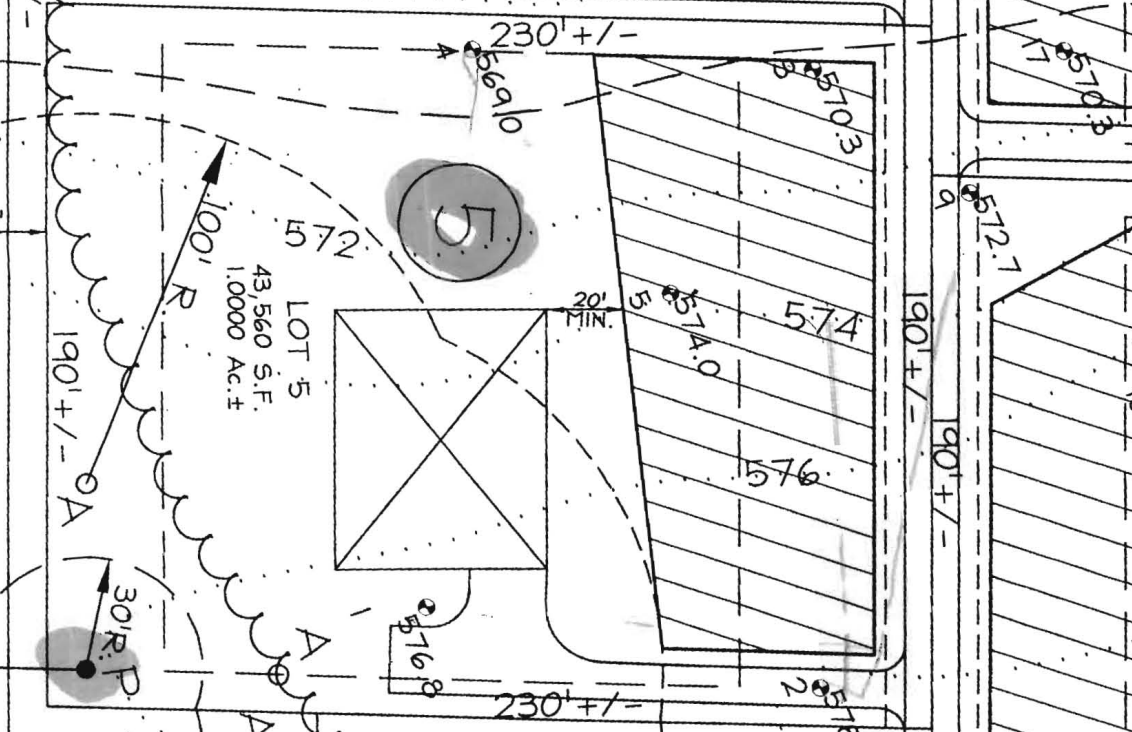
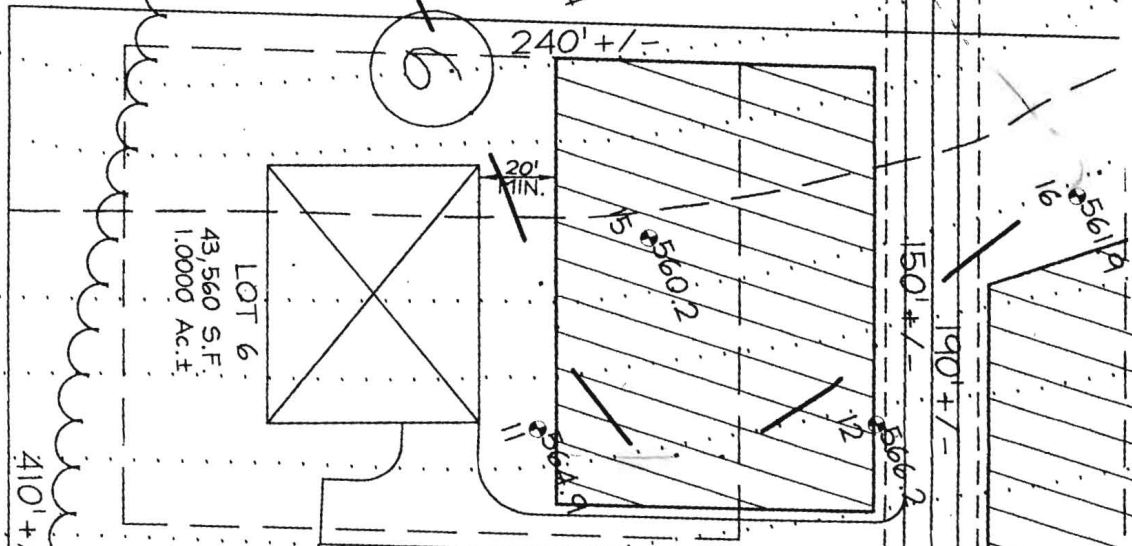
3556  
16

3559-A  
16

3570-B  
17

3572-C  
8

3578-D  
6



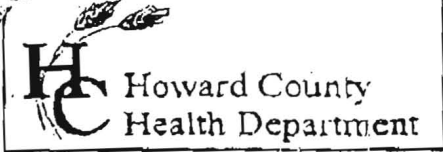
24' PRIVATE USE-IN-COMMON ACCESS ESMT. FOR LOTS 1-6

GREEN RD

574

(5)

May 25, 2005 4:10PM 4107208228



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

TO ALL INTERESTED PARTIES

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

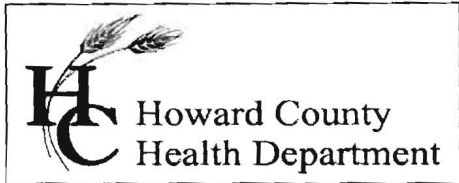
- The well site has been staked by LDE Inc (professional land surveyor or company employing professional land surveyors) on 5/16/05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify 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 6/10/03

*[Handwritten Signature]* LS 10685

Post-it® Fax Note	7671	Date	5/25/05	# of pages	1
To	TIM KEANE	From			
Co./Dpt.		Co.			
Phone #		Phone #			
Fax #	410 480 0013	Fax #			



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*

**INTERIM CERTIFICATE OF POTABILITY**

October 26<sup>th</sup>, 2011

Homeowner  
5034 Green Bridge Rd.  
Dayton, MD 21036

RE: The Oaks at Bridle Creek, Lot 5  
BP #: B11000511  
Well Tag: HO-95-0039

Dear Homeowner:

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 08/24/2011. Final approval of the well line connection to the dwelling was approved on 08/26/2011.**

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.

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-95-0039. 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: 10/21/2011  
Date of Well Completion: 11/09/2005

Approving Authority,

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4354 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	81852	Account #:	4226
Reference:	Harp	Company:	Viking Development Corporation
Location:	5034 Green Bridge Road Dayton, MD 21036	Requested By:	Cary Cumberland
Date/ Time Collected:	10/21/2011 1130	Source:	Well Water
Date/Time Rec'd:	10/21/2011 1446	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	K. Eichstedt 2870KE	pH:	6.2
		Well #:	HO-95-0039

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2011 / 1700 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/22/2011 / 1700 / CCH
Nitrate	<1.0	mg/L	10	601	10/21/2011 / 1615 / CCH
Turbidity	1.83	NTU	<10	SM18 2130B	10/21/2011 / 1525 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	10/21/2011 / 1525 / KME

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B11000511

Date Reported: 10/24/2011