

C1 6557 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A513229

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 9 6 05

Depth of Well 22 400' 26 9/23/05 (TO NEAREST FOOT) O.K. (EB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0080

OWNER Dale Thompson Builders STREET OR RFD Deanmat Drive TOWN Highland SUBDIVISION Owings Property SECTION LOT 28 30

WELL LOG Not required for driven wells

GROUTING RECORD yes no Y N 44 44

PUMPING TEST 1 2

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), check if water bearing. Rows: Sand 0 43, Gray Miss Rock 43 400

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1728 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 44 ft.

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 370 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 48

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

OTHER CASING (if used) diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS: 2

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

WELL HYDROFRACTURED yes no Y N

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 3 (nearest foot)

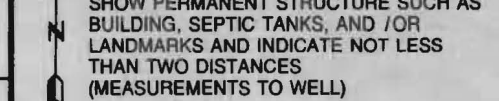
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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



DRILLERS LIC. NO. 1 MSD 1171 RALPH MAINE S.P.I. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 024 Joseph X Maine

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 8994

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0080

fill in this form completely

522053 please type

Date Received (APA)

3/28/05

OWNER INFORMATION

8 MM DD YY 13

DALE Thompson Bld

15 Last Name Owner First Name 34

6300 WOODSIDE CT.

36 Street or RFD 55

Columbia MD 21046

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Owings Prop

23 SUBDIVISION 42

SECTION 44 46 LOT 28 30

48 50

Highland

52 NEAREST TOWN 71

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

73 76 77 78

DRILLER INFORMATION

Ralph E. Maywe M S D 117

Driller's Name 76 License No. 81

RAYLE. MAYWE INC

Firm Name

17024 Handy Rd. W41 Aring MD 21221

Address

Ralph E. Maywe 3-26-05

Signature Date

B 2

WELL INFORMATION

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

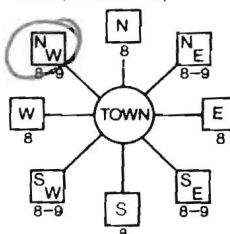
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



DEANMAN DR.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34/200 37

DISTANCE FROM ROAD 46

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 4 PARCEL 44

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A513229

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 7/27/2005 Brian Baker 7/27/2006

43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 491 000 EAST GRID 809 000

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 DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G PERMIT No HO-95-0080

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

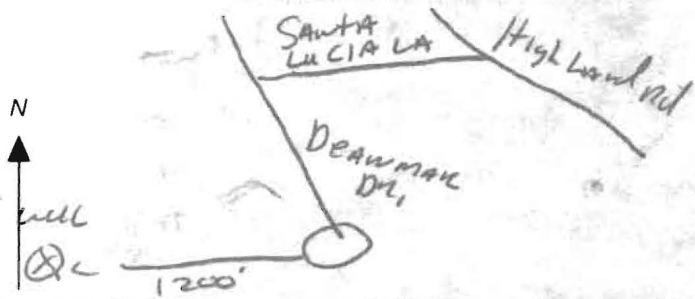
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 809
N 491

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 SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0080  
 Location of property (road) Deanmar Drive  
 Subdivision Quinn Property Lot 28 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Oate Thompson Builders

Depth of well 400  
 Distance of measuring point (M.P.) above ground 3'  
 Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 15 gpm  
 Total time 45 min to reach pumping water level 370 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	184'	4 sec		15 gpm
7:15	292	4		15
7:30	370	5		12
7:45	368	30		2
8:00	368	30		2
8:15	367	30		2
8:30	367	30		2
8:45	367	30		2
9:00	367	30		2
9:15	367	30		2
9:30	367	30		2
9:45	367	30		2
10:00	367	30		2
10:15	367	30		2
10:30	367	30		2
10:45	367	30		2
11:00	367	30		2
11:15	367	30		2
11:30	367	30		2
11:45	367	30		2
12:00	367	30		2
12:15	366	30		2
12:30	366	30		2
12:45	366	30		2
HD-12:00	366	30		2
1:15	366	30		2
1:30	366	30		2
1:45	366	30		2

R&G

**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: R & G WATER SYSTEMS, Inc. Telephone #: 410-239-0700  
Address: 4322 OPALS CHOICE DRIVE  
MANCHESTER, MD 2102

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): RICKEY ROOS, SR. 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: M/R Mancada Telephone #: 443-250-5889  
Subdivision: Highland over look Lot #: 80 Well Tag #: HO-95-0080  
Site Address: 6920 Green Hollow Way  
Highland, Md.

Submersible Pump Data

Make: GRUNDOS  
Model #: 153QED-250  
Pump Capacity: 15 GPM  
Well Yield: 2 GPM

Pitless Adapter

Make: HARVEY  
Model #: 11800  
Depth: 44" (36" min)  
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

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 N/A

Piping to house

Type: PVC  
PSI: 160 (160 psi min)  
Depth of supply line: 44 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 8'-10' - NOTE: I PERSONALLY OBSERVED  
Sleeve caulked and sealed properly: YES 4'-5' OF 2" PVC SLEEVE.

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: Rickey Roos, SR. date: 10/8/09

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: OK (RW) 10/8/09

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

EX SEPTIC  
PB 30 F 51

SENSITIVE CREDIT

Well Sites Have Been  
Staked By AB Consultants

P.355. LOT 26 RESIDENTIAL  
RRDEO  
BRYANT WILLIAM C JR & BRYANT  
CYNTHIA

P.355  
RRDE  
HERS

EX SEPTIC  
PB 30 F 51

FOREST CONSERVATION EASEMENT "A"  
(2.90 ACRES - RETENTION)

ACCESS E

N 30°32'37" E  
657.65'

N 30°22'39" E  
400.00'

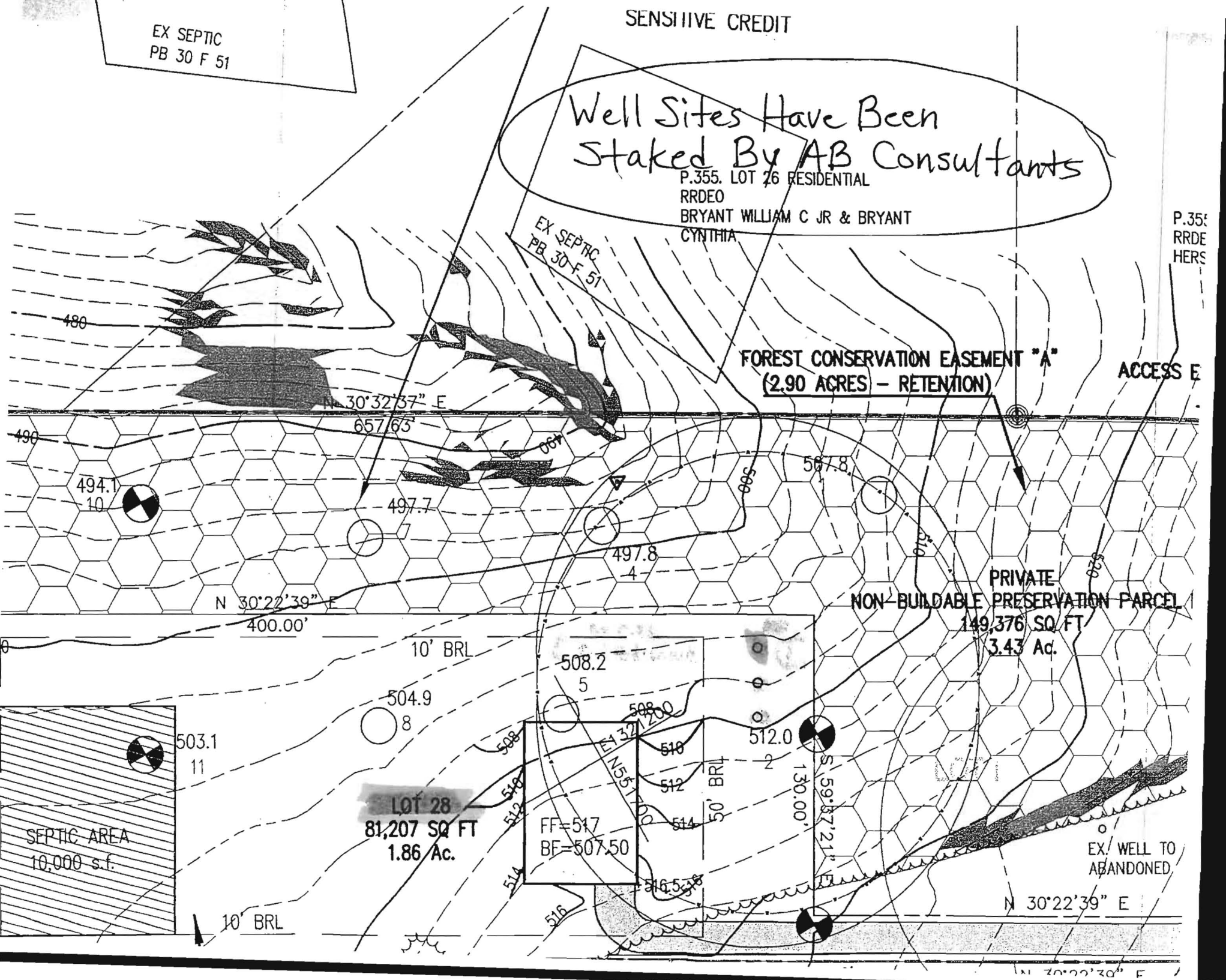
PRIVATE  
NON-BUILDABLE PRESERVATION PARCEL  
149,376 SQ FT  
3.43 Ac.

LOT 28  
81,207 SQ FT  
1.86 Ac.

FF=517  
BF=507.50

EX. WELL TO  
ABANDONED

N 30°22'39" E





Howard County  
Health Department

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 8, 2009

Homeowner  
6820 Green Hollow Way  
Highland, MD 20777

RE: Highland Overlook, Lot 30  
6820 Green Hollow Way  
BP #: B07004358  
Well Permit # HO-95-0080

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 03/26/2008. Final approval of the well line connection to the dwelling was approved on 10/08/2009.**

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.

Also, Gross Alpha and Beta samples were collected on 07/27/2009. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, are copies 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.

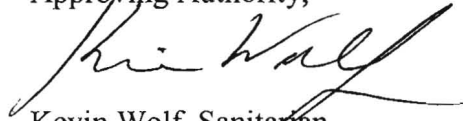
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0080. 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: 07/27/2009, 08/28/2009 & 10/07/2009  
Gross Alpha & Beta Samples: 07/27/2009  
Date of Well Completion: 09/06/2005

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

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:**  
 Ms. Kirsten Moncada  
 7514 Cherry Tree Drive  
 Fulton, Maryland 20759

**S/O Number:** 74355  
**Report Date:** October 8, 2009

**Property Sampled:** 6820 Green Hollow Way

**County:** Howard  
**Subdivision:** Highland Overlook **Tax Map #:** 40  
**Lot #:** 30 **Parcel #:** 44  
**Building Permit #:** B07004358

**Date/Time Collected:** October 7, 2009 at 2:10 pm  
**Date/Time Received:** October 7, 2009 at 4:18 pm

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

**Well Tag Number:** HO-95-0080  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	SMCL	
Turbidity	2.1 NTU	EPA 180.1	10 NTU	Pass

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

SMCL=Secondary Maximum Contamination Level



**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Ms. Kirsten Moncada  
 7514 Cherry Tree Drive  
 Fulton, Maryland 20759

**S/O Number:** 7862  
**Report Date:** August 31, 2009

**Property Sampled:** 6820 Green Hollow Way

**County:** Howard  
**Subdivision:** Highland Overlook **Tax Map #:** 40  
**Lot #:** 30 **Parcel #:** 44  
**Building Permit #:** B07004358

**Date/Time Collected:** August 28, 2009 at 12:00 pm  
**Date/Time Received:** August 28, 2009 at 1:00 pm

**Sample Location:** Powder Room **Samples Iced:** Yes  
**Sampler ID:** 9813AM **Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0080  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
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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 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
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Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Ms. Kirsten Moncada  
 7514 Cherry Tree Drive  
 Fulton, Maryland 20759

**S/O Number:** 73437  
**Report Date:** July 28, 2009

**Property Sampled:** 6820 Green Hollow Way

**County:** Howard  
**Subdivision:** Highland Overlook **Tax Map #:** 40  
**Lot #:** 30 **Parcel #:** 44  
**Building Permit #:** B07004358

**Date/Time Collected:** July 27, 2009 at 1:24 pm  
**Date/Time Received:** July 27, 2009 at 4:10 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-95-0080  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	32 NTU	EPA 180.1	*10 NTU	High
pH	6.5 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.



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Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 Ms. Kirsten Moncada  
 7514 Cherry Tree Drive  
 Fulton, Maryland 20759

**S/O Number:** 73437  
**Report Date:** August 11, 2009

**Property Sampled:** 6820 Green Hollow Way

**County:** Howard  
**Subdivision:** Highland Overlook **Tax Map #:** 40  
**Lot #:** 30 **Parcel #:** 44  
**Building Permit #:** B07004358

**Date/Time Collected:** July 27, 2009 at 1:24 pm  
**Date/Time Received:** July 27, 2009 at 4:10 pm

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

**Well Tag Number:** HO-95-0080  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	DETECTION LIMIT	
Gross Alpha	3.8 +/- 1.3 pCi/L	EPA 900.0	1.2 pCi/L	Pass
Gross Beta	7.2 +/- 1.3 pCi/L	EPA 900.0	1.7 pCi/L	Pass

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