

C1 3783

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 13 A516084

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 11 19 04

DEPTH OF WELL 22 320 28 11/19/04 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-4005

OWNER Winchester Homes STREET OR RFD Hunters View Road TOWN Ellicott City SUBDIVISION Riverwood SECTION 1 LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like topsoil, sandstone, limestone, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter, Total depth.

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) table.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

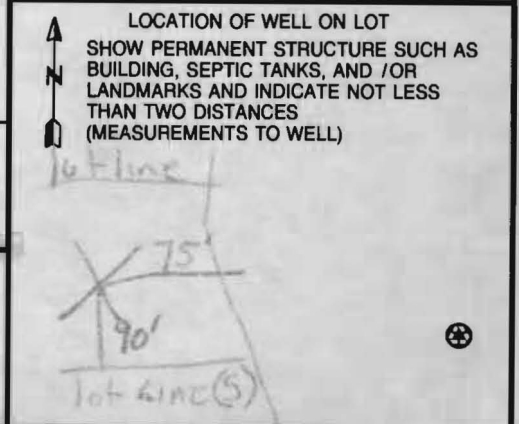
WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

DRILLERS LIC. NO. M D, DRILLERS SIGNATURE, LIC. NO. 34 D 727.

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (F), MDE USE ONLY (T, W Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 9706
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 4005
70 fill in this form completely 79

520762 please type

Date Received (APA)

OWNER INFORMATION 9756

8 MM DD YY 13
Winchester Homes, Inc
15 Last Name Owner First Name 34
6905 Rockledge Drive, Suite 800
36 Street or RFD 55
Bethesda, Md 20817
57 Town 70 State 72 Zip 76

B 3

Howard LOCATION OF WELL

8 COUNTY 21
Riverwood
23 SUBDIVISION 42
SECTION 1 LOT 4
44 46 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

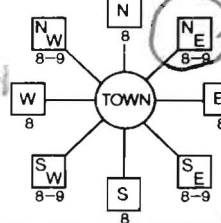
DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 6/28/04
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Hunters View Road

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 400 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 4 PARCEL 28+20

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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 A516084
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →
DATE ISSUED 8/20/2004 Brian Baker 8/20/2005
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 514 0 0 0 EAST 828 0 0 0
GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
30
37 CABLE REVerse-ROtary DRive-POINT
other

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 52

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

APPROX. PERMIT NUMBER HO2004G007

PERMIT No. HO 94 - 4005
70 71 72 73 74 75 76 77 78 79

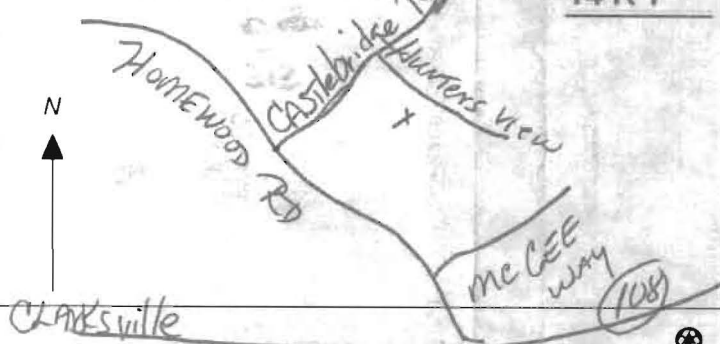
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- wells
 -
 -

WRITE THE BOX NUMBER FROM THE MAP HERE

E 828
N 514

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 K 1



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PL-0145

*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: WINCHESTER HOMES Telephone #: 301-803-4174
Subdivision: RIVERWOOD Lot #: 4 Well Tag #: HO-94-4085
Site Address: 11063 HUNTERSVIEW Rd
ELICOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>15 SQE 10-250</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>600</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 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: 160 (160 psi min)
Depth of supply line: 4' (36" min)

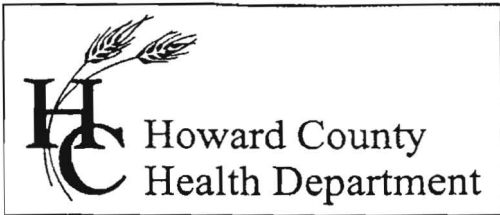
House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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 5/26/11

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

Date Insp. Requested: _____ Date Insp. Approved: 7/1/11 (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



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

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 on June '04 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.

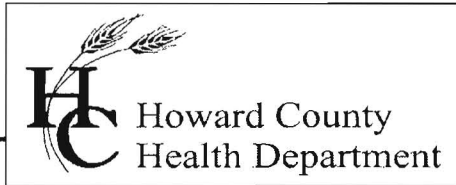
KN Winchester Homes

LOTS 1-10 Phase I

12-23 Riverwood

34-41

all are staked



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

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

October 13, 2011

Homeowner
11063 Hunters View Road
Ellicott City, MD 21042

RE: Riverwood, Lot 4
11063 Hunters View Road
BP #: B11000166
Well Tag: HO-94-4005

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 06/03/2011. Final approval of the well line connection to the dwelling was approved on 07/01/2011.**

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.

Gross Alpha and Beta samples were collected on 06/08/2011 by Fountain Valley Analytical Laboratory. Results showed a post-treated Gross Alpha level of **4.0 pCi/L** and **Gross Beta** level of **7.3 pCi/L**. The **Gross Alpha** was below the maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta was below the MCL of 50pCi/L.

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-95-4005 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: 05/18/2011, 06/08/2011, & 6/16/2011
Date of Radium Samples: 06/08/2011
Date of Well Completion: 10/01/2004

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 11301 Elmwood Rd., Westminster, MD 21157-3814 (410) 876-4353 FAX (410) 648-0228

REPORT OF ANALYSIS

Laboratory ID #:	79972	Account #:	3123
Reference:	Riverwood Lot 4	Company:	National Water Servicing
Location:	11063 Hunters View Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/16/2011 1110	Source:	Well Water
Date/Time Rec'd:	6/16/2011 1240	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.5
		Well #:	HO-94-4005

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2011 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/17/2011 / 1100 / CCH

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 11000166

Date Reported: 6/17/2011

MD State Certification # 133

PASSING



REPORT OF ANALYSIS

Laboratory ID #:	79833	Account #:	3123
Reference:	Riverwood Lot 4	Company:	National Water Servicing
Location:	11063 Hunters View Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/8/2011 1540	Source:	Well Water
Date/Time Rec'd:	6/8/2011 1715	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Holland 0547CH	pH:	5.7
		Well #:	HO-94-4005

PARAMETER	RESULTS	UNIT	REFERENCE	METHOD	DATE-TIME/ANALYST
Gross Alpha	4.0	pCi/L	15	900.0	6/10/2011 / 0725 / MJN
Gross Beta	7.3	pCi/L	50	900.0	6/10/2011 / 0725 / MJN

O.K. ?

NOTES

- 1 Gross Alpha Detection Limit: 1.3 pCi/L
 - 2 Gross Beta Detection Limit: 2.1 pCi/L
 - 3 pCi/L = picocuries per liter
 - 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 5 Sub-contracted to Lab #278
 - 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 # : 11000166

Date Reported: 6/14/2011



REPORT OF ANALYSIS

Laboratory ID #:	79832	Account #:	3123
Reference:	Riverwood Lot 4	Company:	National Water Servicing
Location:	11063 Hunters View Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	6/8/2011 1540	Source:	Well Water
Date/Time Rec'd:	6/8/2011 1715	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Holland 0547CH	pH:	5.7
		Well #:	HO-94-4005

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	6/9/2011 / 1200 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/9/2011 / 1200 / KME
Nitrate	1.00	mg/L	10	601	6/10/2011 / 0900 / CCH
Turbidity	2.33	NTU	<10	SM18 2130B	6/9/2011 / 0950 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	6/9/2011 / 0950 / 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 # : 11000166

Date Reported: 6/10/2011

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	79525	Account #:	3123
Reference:	Riverwood Lot 13	Company:	National Water Servicing
Location:	11063 Hunter's View Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/Time Collected:	5/18/2011 0935	Source:	Well Water
Date/Time Rec'd:	5/18/2011 1140	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4034

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2011 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/19/2011 / 0830 / CCH
Nitrate	5.76	mg/L	10	601	5/18/2011 / 1330 / CCH
Turbidity	66.7	NTU	<10	SM18 2130B	5/18/2011 / 1200 / KME
Sand	Present	mg/L	5	Visual/Gravimetric	5/18/2011 / 1200 / 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 # : B11000139

Date Reported: 5/19/2011