

C1 8968

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)

COUNTY NUMBER AS16098

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Scayge Bros last name first name TOWN Laurel STREET OR RFD Subdivision Scaygeville Knolls SECTION 96/9/118 LOT 1

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray Mica, Rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 59 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 64

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N] CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) 62 500 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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. DRILLERS LIC. NO. MS D 0 24 DRILLERS SIGNATURE Joseph & Mayra LIC. NO. 1 D

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 70 72 74 75 76

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 373 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [X] 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 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [X] above } LAND SURFACE [ ] below } 2 (nearest foot)

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) See attached location

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA COUNTY

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Last Name Scaygs Brothers Owner First Name \_\_\_\_\_ 34  
 36 3258 Bethany Lane Street or RFD 55  
 57 Ellicott City MD 21042 Town 70 State -72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21  
 23 SUBDIVISION Scaygsville Knolls 42  
 SECTION [ ] 44 46 LOT I 48 50  
Laurel 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) I 73 M I 76 77 78

**DRILLER INFORMATION**

76 Driller's Name RAY E MAYNE M S D 112 License No. 81  
 Firm Name RAY E MAYNE INC  
 Address 17024 Hamby Rd Mt Airy MD 20771  
 Signature Ray E Mayne Date 7-30-06

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 MELVIN CT. 30 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: 46 BLK: 9 PARCEL 118

B 2 **WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 500 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME COUNTY NO. A516098  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 5/20/06 CO SIGNATURE [Signature] EXP. DATE 9/20/07  
 43 MM DD YY 48 NORTH GRID 476 000 EAST GRID 826 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

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 476 826  
 N 476 826 ← 000 000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 37 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  
 39  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  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HD-95-0522  
 70 71 72 73 74 75 76 77 78 79

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

Well Permit No. HO - 95-0522  
 Location of property (road) Melrose Ct  
 Subdivision Seagoville Knolls Lot 1 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph M. Payne Owner Seagov Brothers

Depth of well 500'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 51'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 373 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>51</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	143	3 sec		20 gpm
8:00	236	4		15
8:15	373	5		12
8:30	373	50		1.2
8:45	373	50		1.2
9:00	373	50		1.2
9:15	373	60		1.2
9:30	373	50		1.2
9:45	373	50		1.2
10:00	373	50		1.2
10:15	373	50		1.2
10:30	373	50		1.2
10:45	373	50		1.2
11:00	373	50		1.2
11:15	373	50		1.2
11:30	373	50		1.2
11:45	373	50		1.2
12:00	373	50		1.2
12:15	373	50		1.2
12:30	373	50		1.2
12:45	373	50		1.2
1:00	373	50		1.2
1:15	373	50		1.2
1:30	373	50		1.2
1:45	373	50		1.2
2:00	373	50		1.2
2:15	373	50		1.2

HD-234

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: 6301 PARSONS 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: W. Homes Telephone #: 410-379-5956  
Subdivision: MAPLE RIDGE ESTATES Lot #: 1 Well Tag #: HO-95-0522  
Site Address: 11205 MELBURN CT  
LAUREL, MD 20723

Submersible Pump Data  
Make: STA-RITE  
Model #: S7P4NS10221  
Pump Capacity: 7 GPM  
Well Yield: 1.2 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" E.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 500 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque wrenches 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: 10'  
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: 11/29/10

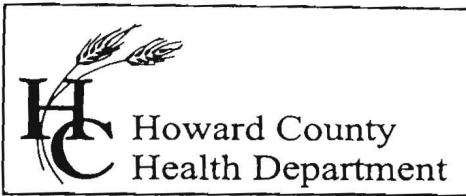
INSPECTION CALLED IN FOR 11/3/10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/3/10 (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:

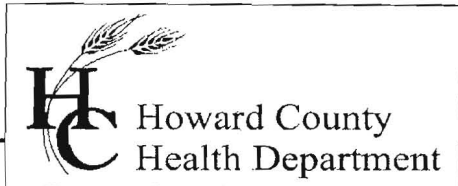
SCAGGSVILLE Knolls F      MELVIN Ct.  
Subdivision/Property Name      Lot#      Road Name

The well site has been staked by VOGEL ENGINEERING,  
(professional land surveyor or company employing professional land surveyors)  
on Sept 8 2006 (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



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*

December 1, 2010

Homeowner  
11205 Melvin Court  
Laurel, MD 20723

RE: Scaggsville Knolls, Lot 1  
11205 Melvin Court  
BP #: B10002499  
Well Tag: HO-95-0522

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 11/4/2010. Final approval of the well line connection to the dwelling was approved on 11/03/10.**

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.

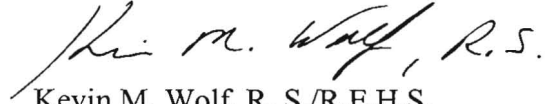
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0522. 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: 11/29/2010  
Date of Well Completion: 11/15/2006

Approving Authority,



Kevin M. Wolf, R. S./R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File



**TRACE LABORATORIES, INC**  
 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.  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 79642

**Report Date:** November 30, 2010

**Property Sampled:** 11205 Melvin Court, 20723  
**Sample Location:** Pressure Tank  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10002499  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 46

**Subdivision:** Scaggsville Knolls  
**Parcel:** 118

**Lot #:** 1

**Date/Time Collected in Field:** November 29, 2010 @ 10:45 am  
**Date/Time Received in Lab:** November 29, 2010 @ 3:35 pm

**Well Tag #:** HO-95-0522  
**Well Condition:** 2-Piece Cap, Satisfactory Condition

**Water Treatment/Conditioning:** Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	6.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.6 Units	***
Sand		Negative	Negative	

*Katherine C. Higgs*

Katherine C. Higgs  
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.