

C1 5053

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HAILEY DEVELOPMENT LC STREET OR RFD Browns Bridge Road TOWN Fulton SUBDIVISION J. Thompson Property SECTION LOT 6

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil mica, Brown mica, Grey mica, Quartz, etc.

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

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

Table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes slot size and diameter of screen.

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 MW D 040 DRILLERS SIGNATURE George F. Gustelung LIC. NO. 1 AW D 788

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

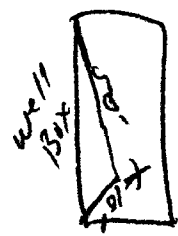
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 373 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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) 31-35 PUMP HORSE POWER 37-41 PUMP COLUMN LENGTH (nearest ft.) 43-47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below (nearest foot) 2

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 2 3 6
0307

SEQUENCE NO. (MDE USE ONLY)

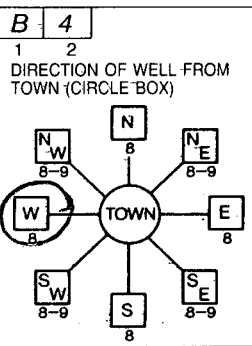
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526192 please type

STATE PERMIT NUMBER
HO-95-0685
70 fill in this form completely 79

Date Received (APA)
8 MM DD YY 13
OWNER INFORMATION 10454
Hailey Development Lc
15 Last Name Owner First Name 34
3905 National Drive, Suite 105
36 Street or RFD 55
Burtonsville, Md 20866
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL
8 COUNTY **CCF** 21
J. Thompson Property
23 SUBDIVISION 42
SECTION **6** LOT **6**
44 46 48 50
Fulton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I 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 19/2007
Signature Date



Browns Bridge Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **550** 37
DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39
TAX MAP: **45** BLK: **5** PARCEL **13**

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) A521970
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED **2/9/2007** *Brian Baker* **2/9/2008**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **479 000** EAST GRID **812 000**
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

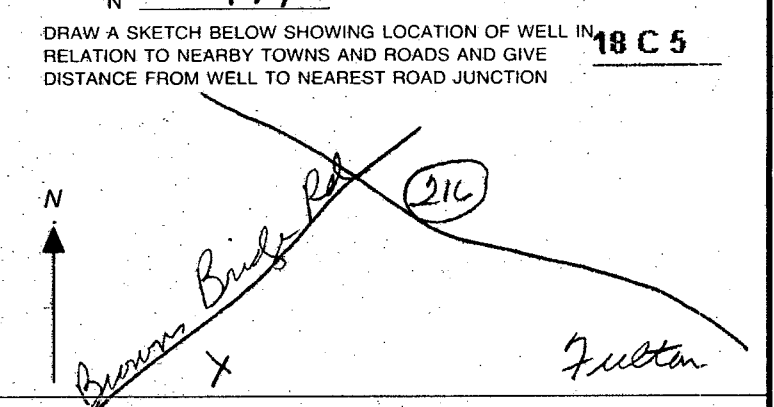
APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

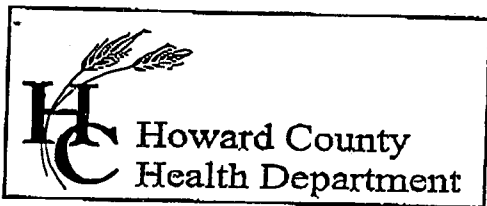
SOURCES OF DRILLING WATER
1. **wells**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **810 812**
N **470 479**
000
000

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 DEEPEINED 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
39 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO-95-0685**
70 71 72 73 74 75 76 77 78 79



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:

<u>J. Thompson Property 1-6</u>	<u>1-6</u>	<u>Browns Bridge Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well site ^s has been staked by FSN Associates
 (professional land surveyor or company employing professional land surveyors)
 on 1-10-07 (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

Hailey Development, Peter Moore
301-476-7715

2006 JAN 18 PM 4:55

ENVIRONMENTAL HEALTH
 HEALTH OFFICER
 P. E. BORENSTEIN

**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# PI-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: VISTA @ BROWNS BRIDGE Lot #: 60 Well Tag #: HO-95-2685
 Site Address: 12606 FARMING DR
HIGHLAND, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDOS</u>	Make: <u>CANNON</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550G15-290</u>	Model#: <u>PA300</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>7.5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 600 (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: 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

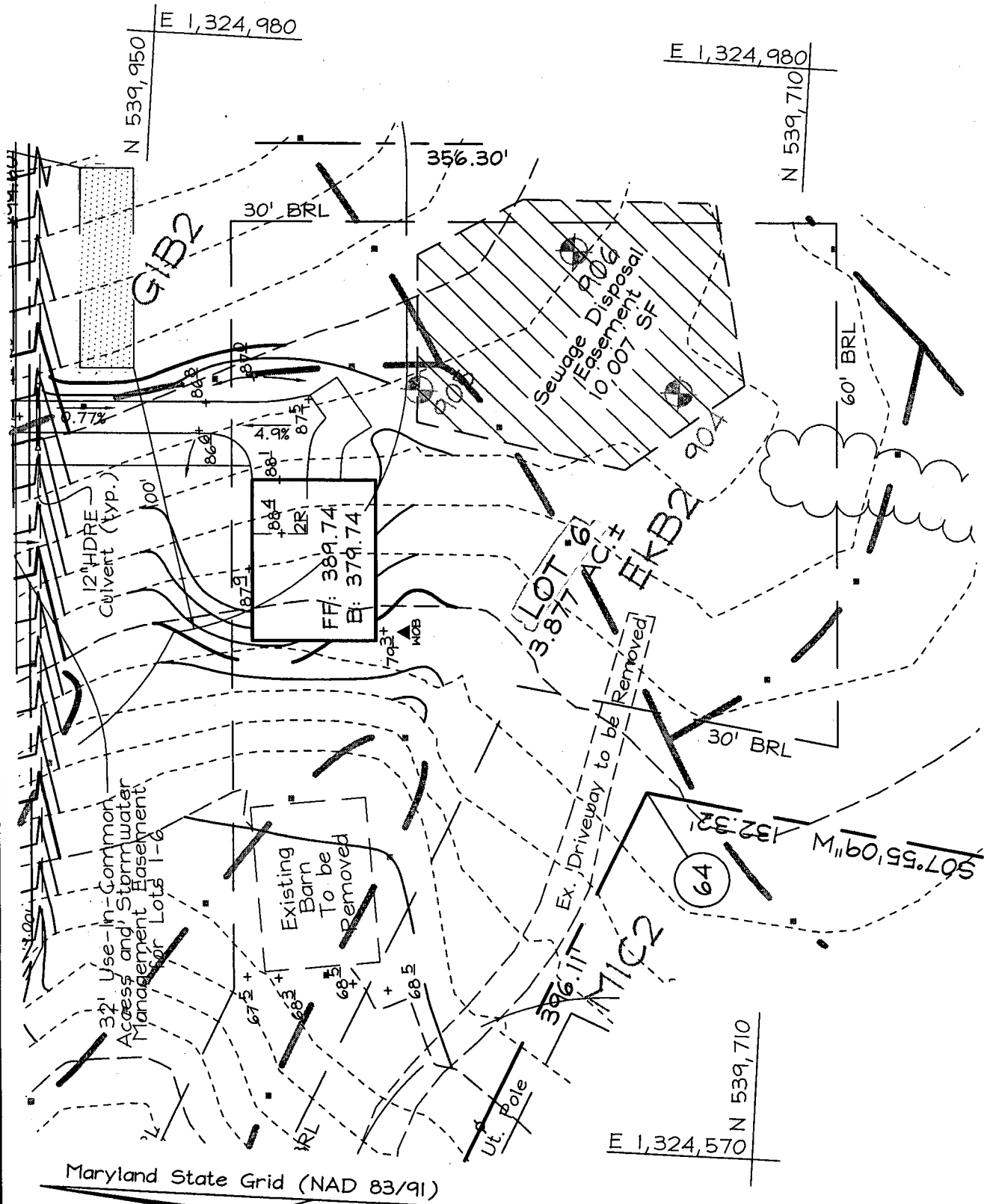
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 11-17-09

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

Date Insp. Requested: _____	Date Insp. Approved: <u>OK BO/KWS 2/1/10</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/> <u>OK 2/1/10 (KWS)</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Note:
 The proposed well box on this plan has been
 staked out in the field by FSH Associates,
 Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors

6339 Howard Lane, Elkridge, MD 21075

Tel: 410-567-5200 Fax: 410-796-1562

E-mail: info@fsherl.com

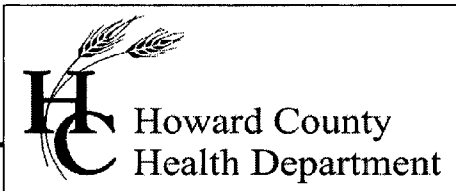
2/9/07
 Well site staked
 by J. S. H. (PB)

DESIGN BY: ZYF
 DRAWN BY: SAR
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 11, 2007
 W.O. No.: 3288
 SHEET No.: 6 OF 6

WELL PERMIT PLAN J. THOMPSON PROPERTY LOT 6

TAX MAP 45 GRID 5
 5TH ELECTION DISTRICT

PARCEL 13
 HOWARD COUNTY, MARYLAND



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

February 2, 2010

Homeowner
12606 Farming Drive
Highland, MD 20777

RE: Vistas at Browns Bridge, Lot 6
12606 Farming Drive
BP #: B09002060
Well Permit # HO-95-0685

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 12/04/2009.** **Final approval of the well line connection to the dwelling was approved on 02/01/2010.**

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, 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-95-0685. 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: 01/18/2010 & 01/25/2010
Date of Well Completion: 03/07/2007

Approving Authority,

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

Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 74169 Account #: 3123
Reference: Vista @ Brown's Bridge Lot 6 Company: National Water Servicing
Location: 12606 Farming Drive Requested By: Dave Rycke
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 1/25/2010 1201 Site: Pressure Tank
Date/Time Rec'd: 1/25/2010 1317 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J.Yeager 6176JY Well #: HO-95-0685

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/26/2010 / 0800 / KE
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/26/2010 / 0800 / KE

NOTES

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

Reason for Test : Use & Occupancy
Building Permit # : B09002060

Date Reported: 1/26/2010

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 #: 74094 Account #: 3123
 Reference: Vista @ Brown's Bridge Lot 6 Company: National Water Servicing
 Location: 12606 Farming Drive Requested By: Dave Rycke
 Highland, MD 20777 Source: Well Water
 Date/ Time Collected: 1/18/2010 1030 Site: Pressure Tank
 Date/Time Rec'd: 1/18/2010 1209 Treatment: Sediment Filter**
 Chlorine ppm: Free: ND Total: ND pH: 6.7
 Collected By: J.Yeager 6176JY Well #: HO-95-0685

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	7.5	MPN/ 100 ml	<1.0	SM18 9223	1/19/2010 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/19/2010 / 0830 / CCH
Nitrate	1.50	mg/L	10	601	1/19/2010 / 1115 / CCH
Turbidity	3.46	NTU	<10	SM18 2130B	1/19/2010 / 0915 / CCH
Sand	NS	mg/L	5	Visual/Gravimetr	1/19/2010 / 0900 / CCH

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : B09002060

Date Reported: 1/19/2010

