

C 1 **2942** 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.  
 COUNTY NUMBER **A523394**

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

DATE WELL COMPLETED  
 MM DD YY  
 12 19 2006

Depth of Well  
 22 400 26  
 (TO NEAREST FOOT)  
 PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 70 - 95 - 0590

OWNER *Richard*  
 STREET OR RFD *Boka Valley Ct* TOWN *Woodbine 21297*  
 SUBDIVISION *Boka Valley* SECTION \_\_\_\_\_ LOT *11*

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Shale	0	64	✓
Blue Rock	64	400	✓

*15' x 6.0" = 2.5' dia anchor. OK.*

**GROUTING RECORD**  
 YES NO  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS *15* NO. OF POUNDS *1410*  
 GALLONS OF WATER *90*  
 DEPTH OF GROUT SEAL (to nearest foot) *6'*  
 from *0* ft. to *60* ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) *6* Total depth of main casing (nearest foot) *69'*  
 St  60 61  63 64  66  67 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: *0*

WELL HYDROFRACTURED  Y  N

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

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6
<i>110</i>	<i>66</i>	<i>400</i>			
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
 from *56* to *60*

**C 3** **PUMPING TEST**

HOURS PUMPED (nearest hour) *3*

PUMPING RATE (gal. per min.) *4*

METHOD USED TO MEASURE PUMPING RATE *Bucket*

WATER LEVEL (distance from land surface)

BEFORE PUMPING *24* ft.  
 WHEN PUMPING *221* 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  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. *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 } *3* (nearest foot)

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. *MSD024*

DRILLERS SIGNATURE *Mark L. Mayne*  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. *D*

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

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



B 1 1099

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

HO-95-0590 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Nunn Richard 15 Last Name Owner First Name 34 1815 Boka Valley Ct. 36 Street or RFD 55 Woodbine Md 21797 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph E. Mayne M S D 024 76 License No. 81 Firm Name Joseph E. Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Signature Joseph E. Mayne Date 12-7-2006

WELL INFORMATION

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

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 52

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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-0590

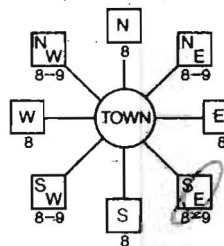
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Boka Valley 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Lubon MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Boka Valley Ct. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 275 37 DISTANCE FROM ROAD ENTER FT OR MI FT

TAX MAP: 8 BLK: 19 PARCEL 43

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. A523394 State Signature INSERT S Date Issued 12/11/06 Co Signature Exp. Date 12/11/07 North Grid 542 000 East Grid 782 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

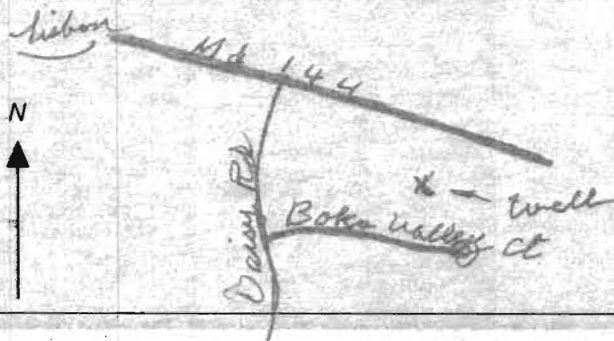
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78X2 N 54X2

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



Vertical stamp: 2008 DESIGN CENTER 3:12 PM 3/12/08



**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: EASTERDAY WELL & PUMP Telephone #: 301-831-5170  
 Address: 9265 BROWN CHURCH RD  
MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer **X**

License # and name of individual responsible for the field installation:  
 Name (Print): Jerry A. Miller, III License# WR0074

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: Mindful Innovations Telephone #: 240-515-0987  
 Subdivision: Boka Valley Lot #: 11 Well Tag #: HO-95-0590  
 Site Address: 811 Boka Valley Court  
Woodbine, MD. 21797

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>76507</u>	Model#: <u>B-1DX</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>4</u> GPM	Depth: <u>5 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF/WSC 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, Cable guards, or other acceptable method used— Must circle one  
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

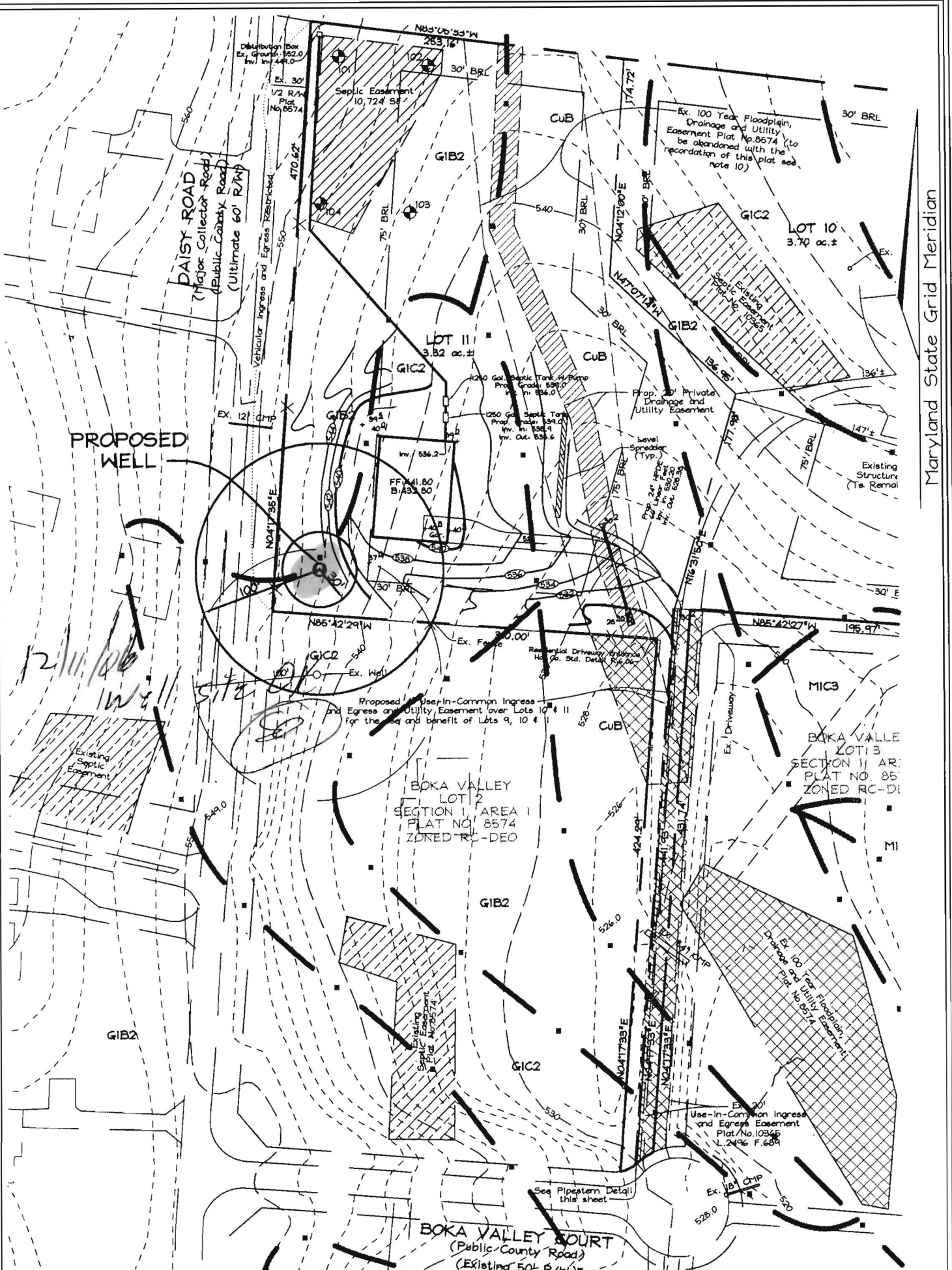
<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5ft.</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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: Jerry A. Miller, III date: 3/30/11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/20/2011 Inspector: BB  
 Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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



# FSH Associates

Engineers Planners Surveyors  
 6339 Howard Lane, Elkridge, MD 21075  
 Tel: 410-567-5200 Fax: 410-796-1562  
 E-mail: info@fsheri.com

Note:  
 The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.

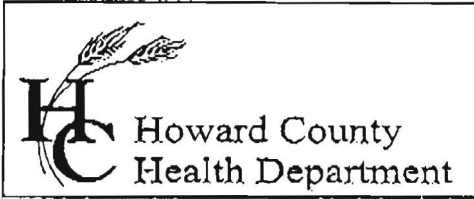
DESIGN BY: ZYF  
 DRAWN BY: SAR  
 CHECKED BY: ZYF  
 SCALE: 1"=100'  
 DATE: Dec. 06, 2006  
 W.O. No.: 3079  
 SHEET No. 1 OF 1

## WELL EXHIBIT

### BOKA VALLEY

TAX MAP 08 GRID 19  
 4TH ELECTION DISTRICT

PART OF PARCEL 43  
 HOWARD COUNTY, MARYLAND



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>Boka Valley</u>	<u>11</u>	<u>Boka Valley Ct.</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by FSH Associates,  
 (professional land surveyor or company employing professional land surveyors)  
 on 12-7-2006 (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*

May 23, 2011

Homeowner  
1811 Boka Valley Court  
Woodbine, MD 21797

RE: Boka Valley, Lot 11  
1811 Boka Valley Court  
BP #: B10001156  
Well Tag: HO-95-0590

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 05/06/2011. Final approval of the well line connection to the dwelling was approved on 03/20/2011.**

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.

#### **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-95-0590. 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: 05/04/2011  
Date of Well Completion: 12/19/2006

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

# 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 #: 79328 Account #: 13907  
Reference: Ambrose To Company: CASH ACCOUNT  
Location: 1811 Boka Valley Court Requested By: Ambrose To  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 5/4/2011 1000 Site: Mud Room Bathroom Tap  
Date/Time Rec'd: 5/4/2011 1056 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: J.Yeager 6176JY Well #: HO-95-0590

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	5/5/2011 / 0920 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/5/2011 / 0920 / KME
Nitrate	<1.0	mg/L	10	601	5/4/2011 / 1600 / CCH
Turbidity	9.86	NTU	<10	SM18 2130B	5/5/2011 / 0915 / KME
Sand	NS	mg/l.	5	Visual/Ciravimetric	5/5/2011 / 0915 / KME

↓  
Very close

### 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 # : B10001156

Date Reported: 5/5/2011

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-1298

**REPORT OF ANALYSIS**

Laboratory ID #: 79408 Account #: 13907  
 Reference: Ambrose To Company: CASH ACCOUNT  
 Location: 1811 Boka Valley Court Requested By: Ambrose To  
 Woodbine, MD 21797 Source: Well Water  
 Date/ Time Collected: 5/10/2011 0915 Site: Mud Room Bathroom Tap  
 Date/Time Rec'd: 5/10/2011 1124 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 6.7  
 Collected By: J.Yeager 6176JY Well #: HO-95-0590

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Colliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2011 / 1030 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/11/2011 / 1030 / KME

**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
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Reason for Test : Use & Occupancy  
 Building Permit # : B10001156

Date Reported: 5/11/2011