

C1 3761 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 13 A516083

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY 8 12 04

22 300' 26 (TO NEAREST FOOT)

10/7/04 O.K. BB

HO-94-3992

OWNER Security Development last name first name TOWN Glenelg STREET OR RFD Burntwoods Road SUBDIVISION Jackson Property SECTION 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, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-77), Gray Mica Rock (77-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL 0 to 76 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 81

OTHER CASING (if used)

diameter depth (feet) inch from to

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table with columns: ACHSREN, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

C 3

PUMPING TEST

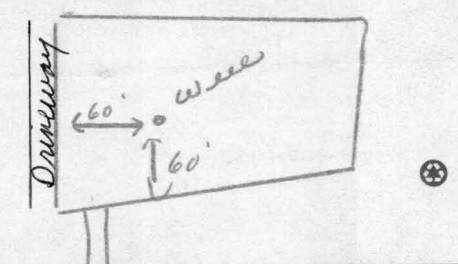
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 131 ft. TYPE OF PUMP USED (for test) S submersible

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)



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

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. 1 MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

Burntwoods Rd

B 1 9884

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520806

STATE PERMIT NUMBER HO-94-3992 fill in this form completely

Date Received (APA) 8/2/2004

OWNER INFORMATION

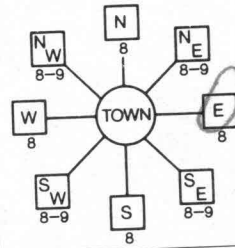
Security Development P.O. Box 417 Ellicott City Md 21041

LOCATION OF WELL Howard Jackson Property Glenwood 2 1/2 M I

DRILLER INFORMATION

Joseph L. Wayne MS Do 24 5512 Ridge Rd Mt Airy Md 21771 7/30/04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Brunnwoods Rd. 425 FT 22 7 530

WELL INFORMATION APPROX. PUMPING RATE 4 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A516083 COUNTY NAME COUNTY NO. DATE ISSUED 8/3/2004 Brunin Baker 8/3/2005 CO SIGNATURE EXP. DATE NORTH GRID 525 000 EAST GRID 802 000

- 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) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic 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 DEEPM 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)

APPROP. PERMIT NUMBER

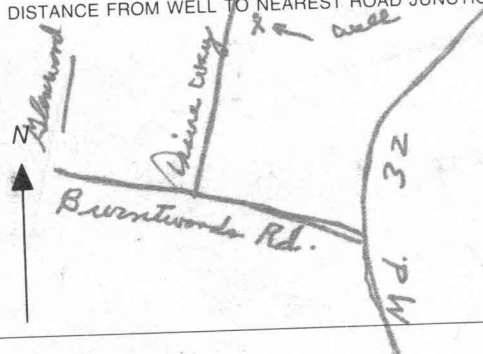
PERMIT No HO-94-3992

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

8092 5295

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



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Michael P Garland Inc Telephone #: (410) 549-1755  
Address: 6984 Run Kics Rd  
MT. Airy MD 21771

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

License # and name of individual responsible for the field installation:  
Name (Print): Michael Garland License# 6353

\*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: Douglas Homes Inc Telephone #: (410) 740-0522  
Subdivision: Paddocks Lot #: 1 Well Tag #: HO-94-3992  
Site Address: 3715 Bold Ruler Ct  
Glenside MD 21737

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Goolds</u>	Make: <u>Harwood</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>3/4 76PM</u>	Model#: <u>PI 400</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>2</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>        </u> GPM	NSF/WSC approved: <u>        </u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>        </u> (feet)		Conduit secured to well cap: <u>yes</u>

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

**Piping to house**  
Type: Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**  
PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 10  
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: Michael Garland date: 8/10/06

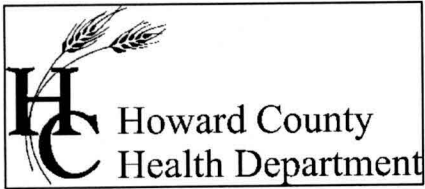
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested:          Date Insp. Approved: 1/26/07 Inspector: (KJW)

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 ✓





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

February 21, 2007

Homeowner  
3715 Bold Ruler Court  
Glenelg, MD 21737

*SENT VIA FACSIMILE 410-489-9661*

RE: Paddocks, Lot 1  
3715 Bold Ruler Court  
Glenelg, MD 21737  
BP #: B00157833  
HO-94-3992

Dear Sir/Madam:

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 06/20/2006. Final approval of the well line connection to the dwelling was approved on 01/26/2007.**

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.

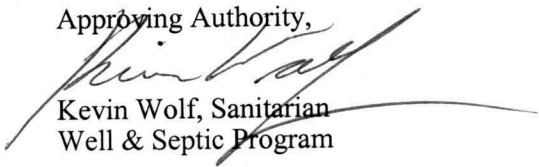
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3992. 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: 11/01/2006, & 11/07/2006  
Date of Well Completion: 08/12/2004

Approving Authority,



Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
Douglas Homes  
5034 Dorsey Hall Drive Suite 102  
Ellicott City, Maryland 21041

**S/O Number:** 60571  
**Report Date:** November 8, 2006

**TRACE LABORATORIES**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Property Sampled:** 3715 Bold Ruler Court, Retest #1

**County:** Howard  
**Subdivision:** Paddocks  
**Lot #:** 1  
**Building Permit #:** B00157833  
**Tax Map #:** 22  
**Parcel #:** 530

**Date/Time Collected:** November 7, 2006 at 12:10 pm  
**Date/Time Received:** November 7, 2006 at 1:15 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3992  
**Well Condition:** 2-Piece Cap  
Top Piece of Cap Removable  
4 Bolts Missing

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

# CERTIFICATE OF ANALYSIS



**Requester:**  
Douglas Homes  
5034 Dorsey Hall Drive Suite 102  
Ellicott City, Maryland 21041

**S/O Number:** 60448  
**Report Date:** November 2, 2006

**TRACE LABORATORIES**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

**Property Sampled:** 3715 Bold Ruler Court

**County:** Howard  
**Subdivision:** Paddocks  
**Lot #:** 1  
**Building Permit #:** B00157833  
**Tax Map #:** 22  
**Parcel #:** 530

**Date/Time Collected:** November 1, 2006 at 11:10 am  
**Date/Time Received:** November 1, 2006 at 12:05 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

*Mike Long*  
*6/10-489-9381*

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Well Tag Number:** HO-94-3992  
**Well Condition:** 2-Piece Cap  
Cap Tight  
2 Bolts Missing

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 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	

*Heather R. Beam*  
Heather R. Beam  
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.