

C1 0654

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A528887

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED MM DD YY 07 29 10

Depth of Well 220 (TO NEAREST FOOT) 12/10/2000

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-19415

OWNER Doetsch George STREET OR RFD 5410 Chambers Dr TOWN Clarksville SUBDIVISION CMA Mary Est SECTION LOT 6

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. Rows include Top Soil, Sandy Sandstone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 9 NO. OF POUNDS 500

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 30

OTHER CASING (if used)

Empty table for other casing details.

SCREEN RECORD

screen type or open hole (HO) DEPTH (nearest ft.) 28 220

DEPTH (nearest ft.) 28 220

Table with columns: Slot size (1, 2, 3), Diameter of screen (56, 60, 68)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

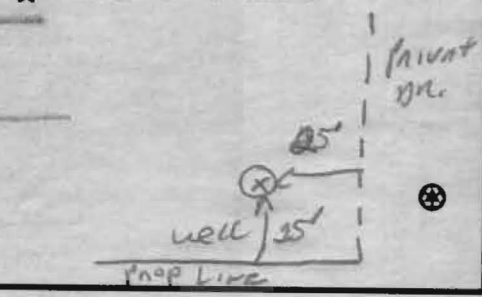
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

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

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 M 80111 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)

B 1 / 0876

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1945

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

MUeller Homes Inc, 7520 Main Street, Sykesville MD 21794

LOCATION OF WELL

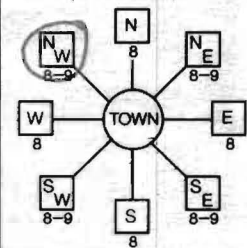
Howard County, Glen Mary Estates, Clarksville

DRILLER INFORMATION

Ralph E. Mayne, M SD 117, Ralph E. Mayne Well Drilling, 17024 Hardy Rd. Mt. Airy MD 21771

MILES FROM TOWN (enter 0 if in town) 1 M 11

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHAMOLIS DR., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 30 FT, TAX MAP: 34 BLK: 5 PARCEL 15

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D), Farming (F), Industrial (I), Public Water Supply Well (P), Test (T), Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 6/29/10, CO Signature, North Grid 505 000, East Grid 0811 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

AIR-ROTary, JETted, ROTARY (Hydraulic Rotary), Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y)

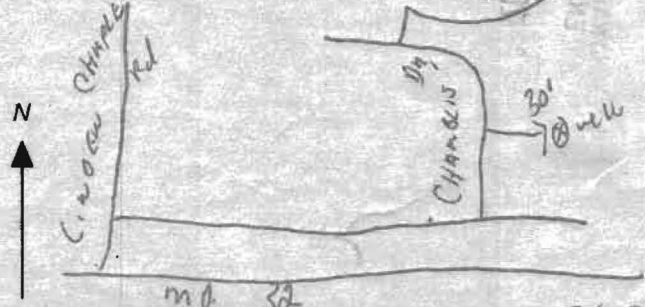
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 819, N 505

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)

APPROX. PERMIT NUMBER G, PERMIT No. HO-95-1945

SPECIAL CONDITIONS Ex Well HO-81-0153 will be sealed per COMAR 26.01.04.1

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 Telephone #: 410-781-4655
Address: 6324 BAINBRIDGE AVENUE
SYLVESVILLE, MD 21784

(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 CO 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: MORUEL HOMES INC Telephone #: 410-549-4444
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1945
Site Address: 5610 CHAMBUS DRIVE
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: LOWMOS Make: PA800 Two piece watertight cap:
Model #: 155010-250 Model #: CAMPBELL Screened, vented well cap:
Pump Capacity 15 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 220 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: POLY PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 6
Depth of supply line: 42 (36" min) 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.

Robert L. Feezer Signature of company representative responsible for installation
4-1-11 date

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

Date Insp. Requested: _____ Date Insp. Approved: (100) 4/5/11
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

* could not tell if ex. well was sealed.



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

August 18, 2011

Homeowner
5610 Chamblis Drive
Clarksville, MD 21029

RE: Glen Mary Estates, Lot 6
5610 Chamblis Drive (Tenant House)
BP #: B10001608
Well Tag: HO-95-1945

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 04/07/2011. Final approval of the well line connection to the dwelling was approved on 04/05/2011.**

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-95-1945. 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: 08/15/2011
Date of Well Completion: 07/28/2010

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



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:

Mueller Homes, Inc.
 7520 Main Street, Suite 201
 Sykesville, Maryland 21784

S/O Number: 82319

Report Date: August 16, 2011

Property Sampled: 5610 Chamblis Drive, 21029
Sample Location: Laundry Room Sink
Residual Chlorine: <0.1 mg/L

Building Permit #: B10001608
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

Subdivision: Glen Mary Est Rsb Lt 1
Parcel: 15

Lot #: 6

Date/Time Collected in Field: August 15, 2011 @ 10:50 am
Date/Time Received in Lab: August 15, 2011 @ 3:20 pm

Well Tag #: HO-95-1945
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

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	6.8 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.9 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.

WATER WELL ABANDONMENT-SEALING REPORT FORM

ATTN: BROWN & HOWE CO. HENRY DEPT

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: Oct 12 2010 (month/day/year)

12/21/2000

O.K. (BB)

HO - 81 - 0153

HO - 95 - 1945

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: PHILIP E. MAYNE

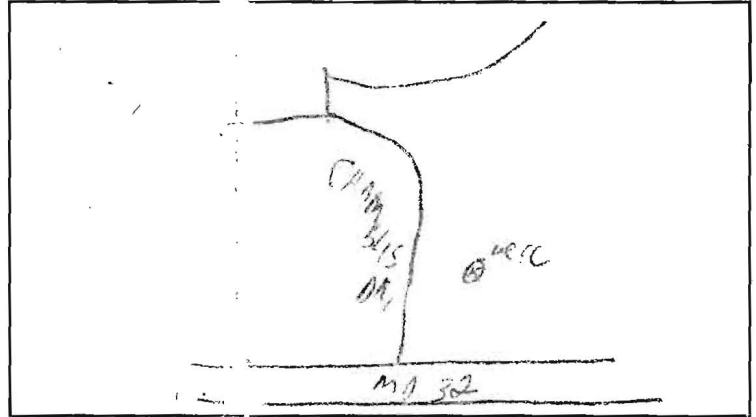
WELL DRILLERS LICENSE NUMBER: 217

CIRCLE: MWD (MSD) (MGD)

* OWNER'S NAME: GEORGE DOETSCH

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: CLARKSVILLE
 TAX MAP 34 BLOCK 5 PARCEL 15
 SUBDIVISION: GLENN MARYLAND
 SECTION: LOT: 6
 NEAREST ROAD: 5610 CHEMISTS DR.



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>160</u>	<u>2</u>
<u>Top Soil</u>	<u>2</u>	<u>0</u>

VOLUME OF MATERIAL USED

one yard cement

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 117

MWD (MSD) (MGD) 004 12 2010
 CIRCLE ONE DATE