

C1 14166 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 512673

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

ST/CO USE ONLY DATE Received 04/17/03 DATE WELL COMPLETED 07/18/03 Depth of Well 160 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3681

OWNER Thompson STREET OR RFD Green Hollow Way TOWN Highland SUBDIVISION Owings Pool SECTION LOT 15

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	
Top Soil	0	2	
Sandy	2	25	✓
Sandstone	25	30	
MICKA B	30	85	
Sandstone	85	90	✓
MICKA S	90	160	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
CEMENT BENTONITE CLAY
NO. OF BAGS 15 NO. OF POUNDS 1500
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35

OTHER CASING (if used)
EACH CASING 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 yes no

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

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 S D 112
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)

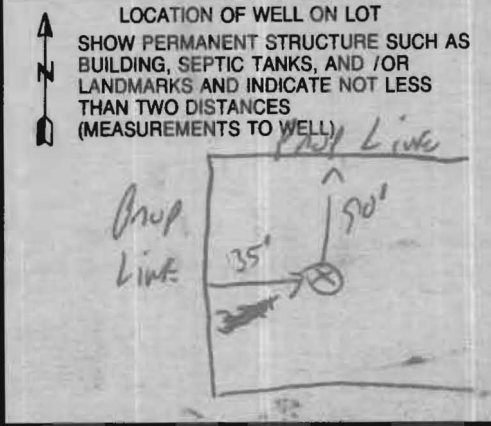
C 2 DEPTH (nearest ft.)
1 10-33 160
EACH CASING diameter inch depth (feet) from to
A 8 9 11 15 17 21
C 23 24 26 30 32 36
S 38 39 41 45 47 51
E
N SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

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
TELESCOPE CASING LOG INDICATOR 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 25 ft. WHEN PUMPING 60 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
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 2 (nearest foot)



B 1 8972 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 110-94-3681 fill in this form completely

OWNER INFORMATION Date Received (APA) 04 11 03 ... Prompsov DALE Inc ... 6300 Wood Side Ct ... Columbia MD 21045

LOCATION OF WELL B 3 Howard ... Owings Prop ... SECTION 44 46 LOT 48 50 ... HIGHLAND ... NEAREST TOWN ... MILES FROM TOWN

DRILLER INFORMATION Ralph E. MAYNE M SD 112 ... Ralph E. MAYNE Well Drilling ... 12024 Handy Rd Mt Airy MD 21091 ... 6-4-02

B 4 DIRECTION OF WELL FROM TOWN ... ON WHICH SIDE OF ROAD ... DISTANCE FROM ROAD ... TAX MAP: 40 BLK: 4 PARCEL 44

WELL INFORMATION APPROX. PUMPING RATE 5 ... AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

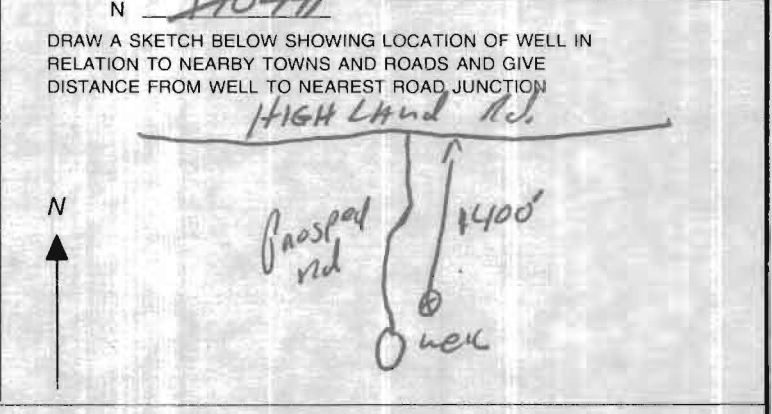
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 512673 ... DATE ISSUED 04 21 03 ... CO SIGNATURE ... EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET ... APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 810 N 490491

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 ... [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY ... PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER H 020020003 PERMIT No. 110-94-3681

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: Accel Plumbing Telephone #: 410-489-5550
Address: 14029 Monticello Dr. Coaksville, MD 21223

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Richard Jung License# 30049
***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: HARI RAJ SINGH Telephone #: 443-829-1830
Subdivision: _____ Lot #: 15 Well Tag #: HO - -
Site Address: 6825 GREEN HOLLOW WAY HIGHLAND MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>25T525-P-4</u>	Make: <u>Cumple</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Myers</u>	Model #: <u>CAMBIOX</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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

Piping to house	House Connection
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>8'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: Richard Jung date: March 26, 2012

OK
gw
3/30/12

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 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 _____

**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

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Company Name: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: 15 Well Tag #: HO-95-

Site Address: 6825 Green Hollow Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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 No Tag
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

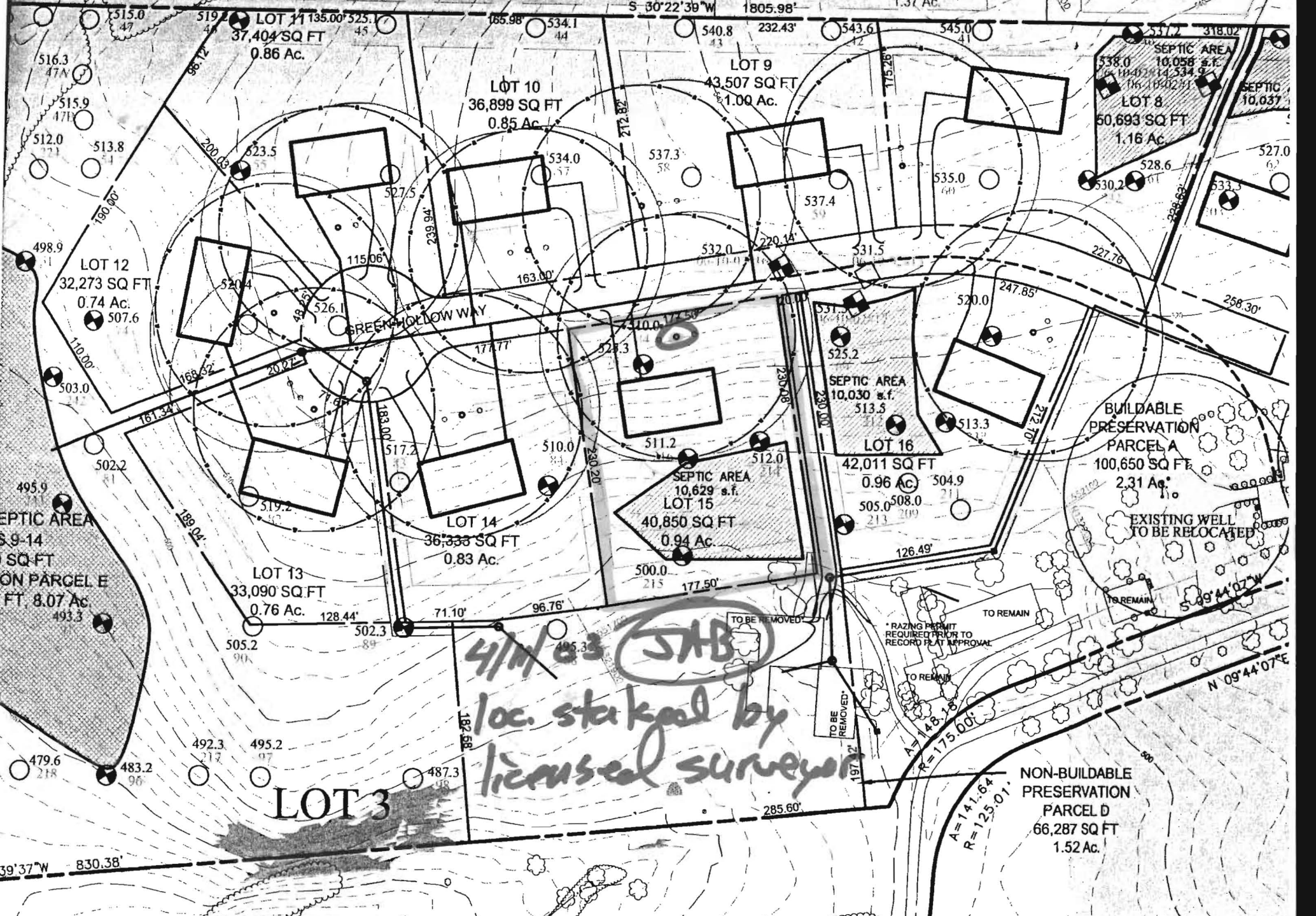
1/19/2012 BB

BUILDABLE PRESERVATION
PARCEL P5
233,031 SQ FT
5.35 Ac.

TO BE ABANDONED

P4
59,667 SQ FT
1.37 Ac.

B3
39,418 SQ FT
0.90 Ac.



LOT 11
135,007 SQ FT
37,404 SQ FT
0.86 Ac.

LOT 10
36,899 SQ FT
0.85 Ac.

LOT 9
43,507 SQ FT
1.00 Ac.

SEPTIC AREA
10,058 s.f.
LOT 8
50,693 SQ FT
1.16 Ac.

LOT 12
32,273 SQ FT
0.74 Ac.

BREEKHOLLOW WAY

SEPTIC AREA
10,030 s.f.
LOT 16
42,011 SQ FT
0.96 Ac.

BUILDABLE PRESERVATION
PARCEL A
100,650 SQ FT
2.31 Ac.

SEPTIC AREA
S. 9-14
SQ FT
ION PARCEL E
FT, 8.07 Ac

LOT 14
36,333 SQ FT
0.83 Ac.

SEPTIC AREA
10,629 s.f.
LOT 15
40,850 SQ FT
0.94 Ac.

EXISTING WELL
TO BE RELOCATED

LOT 13
33,090 SQ FT
0.76 Ac.

*4/11/03 (SMB)
loc. staked by
licensed surveyor*

* RAZING PERMIT
REQUIRED PRIOR TO
RECORD PLAT APPROVAL

NON-BUILDABLE
PRESERVATION
PARCEL D
66,287 SQ FT
1.52 Ac.

LOT 3

4°39'37"W 830.38'

N 09°44'07"E



Howard County
Health Department

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 L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 30th, 2012

March 30th, 2012

Homeowner
6825 Green Hollow Way
Highland, MD 20777

**RE: Owings Property, Lot 15
6825 Green Hollow Way
Building Permit: B10000347
Well Permit: HO-94-3681**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/27/2012**. Final approval of the well line connection to the dwelling was granted on **1/19/2012**. The well construction was completed on **7/18/2003**. Water samples were collected on **3/13/2012**.

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.

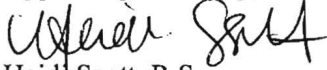
Gross Alpha and Beta samples were also collected on **3/13/2012**. Results showed a Gross Alpha level of **0.0 ± 0.0 pCi/L** and Gross Beta level of **5.18 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the MCL of 50pCi/L. At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-94-3681. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: <http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Water Testing Laboratories

P.O. Box 712
 Stevensville, MD 21666
 410-643-7711

of Maryland, Inc.

Competent Builders & Developers, LLC.
 12574 Hall Shop Road
 Fulton, MD 20759

Reporting Date: 3/13/2012
 Report #: K8096

Submitted Sample Address: 6825 Green Hollow Way, Highland, MD 20777
 Submitted Sample Source: Holding tank
 Date / Time Collected: 3/1/2012 10:40 AM
 Sample Type: Drinking Water
 Sampler/Company: D. Pitts 4322DP, WTL of MD
 Field Record: Chlorine residual: Absent Clear when drawn
 Well #: No Tag

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	4.04	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	5.3	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B
Short Term Gross Alpha	ND	pCi/L	2.93	15	ECLS-R-GA
Short Term Gross Beta	5.18	pCi/L	4.90	50	ECLS-R-GA
Gross Alpha	ND	pCi/L	2.64	15	EPA 900.0
Gross Beta	5.73	pCi/L	3.34	15	EPA 900.0

Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time.
- Short Term Gross Alpha & Beta analyzed by lab 315; Analysis Start 3/3/2012 @ 0627 and Analysis End 3/3/2012.
- Analyzed by Lab 214 & Lab 315.
- SM Greenberg, Closer and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

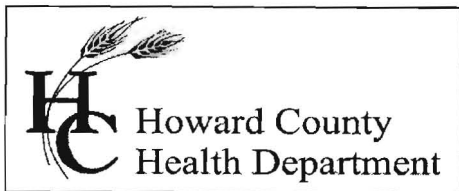
Reported by,

Christine Rodgers

C. Rodgers, Customer Service Representative

Reviewed by: *SNB*

OK
 9w
 3/30/12



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 L. Beilenson, M.D., M.P.H., Health Officer

July 29, 2011

Hari R. Singh
Competent Builders
12544 Hall Shop Road
Fulton, MD 20759

**RE: 6825 Green Hollow Way, Owings Property subdivision, Lot 15
Well tag: HO-94-3681**

Dear Mr. Singh,

Be advised that when the well on the subject property was completed (July 18, 2003), a water quality sample was not collected during the yield test. Since that time, policy has been enacted that requires analyses for **Gross Alpha** and **Gross Beta**. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

The Health Department requires that you obtain results of analyses for **Gross Alpha and Gross Beta (short-term and long-term)**, and if any of these results exceed limits, a **Radium** analysis prior to issuance of an Interim Certificate of Potability (ICOP), in essence prior to Use and Occupancy. You are encouraged to have the water source sampled as soon as possible as the analysis of each water sample requires approximately one month.

Please call this office at **410-313-1771** if you have any further questions.

Sincerely,

Robert Bricker, R.S.
Environmental Sanitarian Supervisor
Well and Septic Program
410-313-2691

Copy: Well and Septic property file