

C1 6942

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 AS20414

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95 - 0691

OWNER: Winchester Homes Inc. STREET OR RFD: Hunters View Rd. TOWN: Ellicott City. SUBDIVISION: Riverwood Phase 2. SECTION: LOT 46

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 FROM TO check if water bearing

Sand Stone 0 56 Gray Granite 56 220

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N. TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]. NO. OF BAGS 25 NO. OF POUNDS 2350. GALLONS OF WATER 150. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 56 ft.

CASING RECORD

MAIN CASING TYPE: ST (STEEL) 6 inch diameter, 60 feet depth. OTHER CASING (if used): none.

SCREEN RECORD

screen type or open hole: insert appropriate code below. SCREEN RECORD: ST (STEEL) 58 inch diameter, 220 feet depth.

C 2

DEPTH (nearest ft.)

Table with columns for casing types (A, C, H, S, R, E, N) and depths (1, 2, 3). Values include 58 and 220.

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

C 3

PUMPING TEST

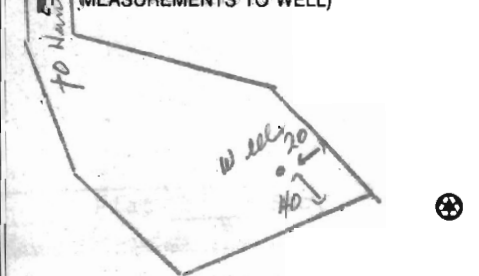
HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 20. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 52 ft. TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 49 LAND SURFACE - below 2 (nearest foot) 50 51.

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)



DRILLERS LIC. NO.: M SD 024

DRILLERS SIGNATURE: Joseph L. Mayne

LIC. NO.: D

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

B 1 1417

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525693 please type

STATE PERMIT NUMBER

40-95-0691 fill in this form completely

Date Received (APA) 2/1/07

OWNER INFORMATION

Winchester Homes Inc 6905 Rockledge Drive Suite 800 Bethesda Md 20817

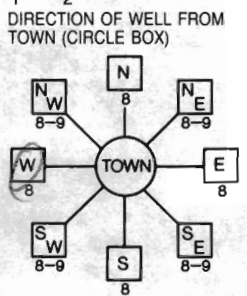
LOCATION OF WELL

Howard County Riverwood Phase 2 Section 44 46 Lot 46 Ellicott City 5 miles from town

DRILLER INFORMATION

Joseph L. Mayne M SD 024 Driller's Name License No. Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 Signature Date 1-30-07

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hunters View Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 230 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 29 BLK: 4 PARCEL 20

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 4520414 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/13/07 Pin Wall 2/13/09 CO SIGNATURE EXP. DATE NORTH GRID 514 000 EAST GRID 0828 000

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

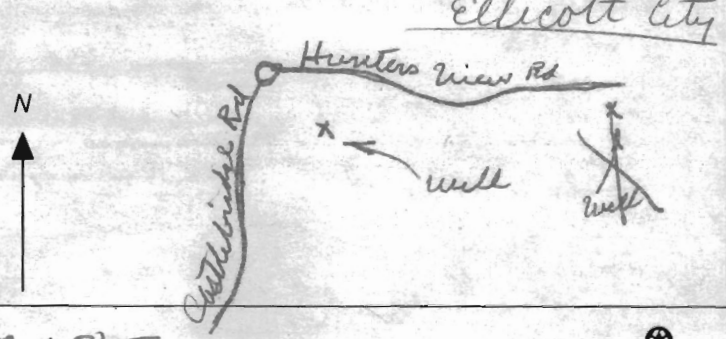
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 824 B N 514 4

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)

APPROP. PERMIT NUMBER H02004G007 PERMIT No. 40-95-0691

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - NEED RADIUM SAMPLE

**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 Rucke 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 Home Telephone #: _____
Subdivision: Riverwood Lot #: 82 Well Tag #: HO-95-0692
Site Address: 11051 Hunters View Rd
Ellicott City, MD 20777

| | | |
|--|----------------------------|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>SDF</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>07-180</u> | Model#: <u>PA 800</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>20</u> GPM | NSF approved: <u>yes</u> | Conduit min 18" E.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 or Cable guards are required - Must circle one CPS
Safety rope, if used, attached to inside of well casing with eye bolt N/A

| | |
|--|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>POLY</u> | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>160</u> (160 psi min) | Approximate length of sleeve: <u>5</u> |
| Depth of supply line: <u>(36" min)</u> | Sleeve caulked and sealed properly: <u>YES</u> |

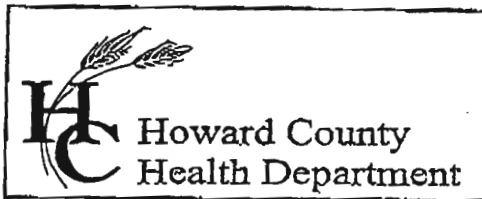
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 7-1-13

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

Date Insp. Requested: 7/1/13 Date Insp. Approved: 7/1/13 (RW)

| | |
|---|-------------------------------------|
| 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"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |



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:

Riverwood Phase II 43-77 Castlebridge Rd, Hunters View Road
 Subdivision/Property Name Lot# Road Name(s)
OPEN RUN ROAD & Whithorn Way

The well site has been staked by Benchmark Eng,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

All lots will be staked by 12/29/06

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

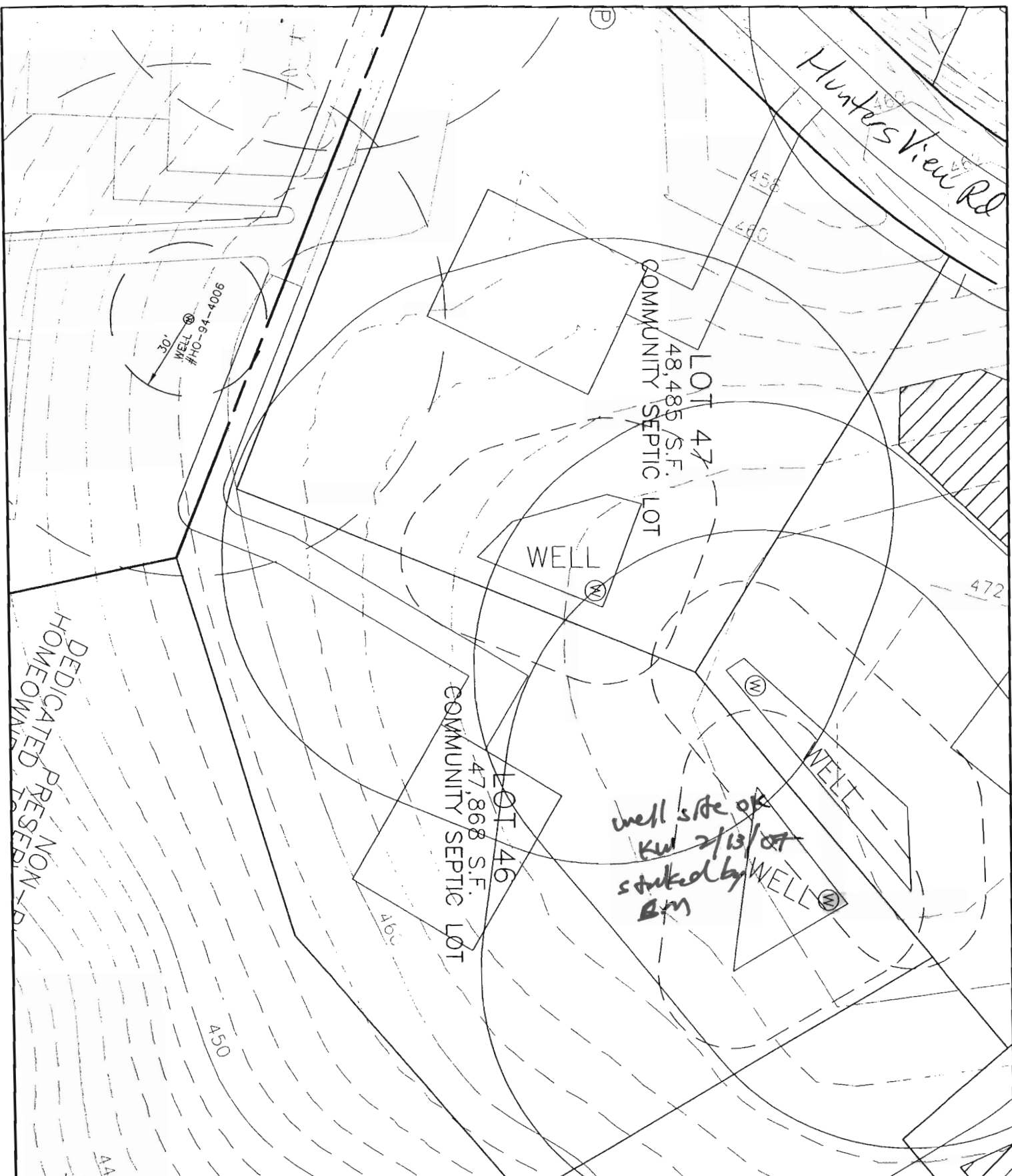
Contact is:

Easterday's

301-829-1440

2006 DE 18 PM 2:32

HOWARD COUNTY
 HEALTH DEPARTMENT
 RECEIVED



BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043

PHONE: 410-465-6105 FAX: 410-465-6644

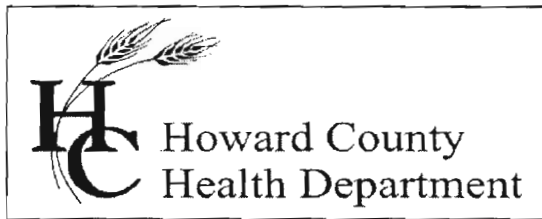
DATE: 1/24/2007 5:54 PM
 P:\1132 Homewood\1132.dwg LRP
 mc. Kyocera Mita KM-2530 KX.pc3

RIVERWOOD, PHASE 2

LOT 46

FORTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 1/24/07



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 1, 2014

October 1, 2013

Homeowner
11049 Hunters View Road
Ellicott City, Maryland 21042

**RE: Riverwood, Lot # 82
11049 Hunters View Road
Building Permit: B13001766
Well Permit: HO-95-0691**

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 **8/30/13**. Final approval of the well line connection to the dwelling was granted on **7/1/13**. The well construction was completed on **6/11/07**. Water samples were collected on **9/26/13**.

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. 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-95-0691. 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 Maryland certified water 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,

Dana Bernard

Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
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 #: | 91267 | Account #: | 3123 |
| Reference: | Riverwood Lot 82 | Company: | National Water Servicing |
| Location: | 11049 Hunters View Road Ellicott City, MD 21042 | Requested By: | Dave Rycke |
| Date/ Time Collected: | 9/26/2013 1140 | Source: | Well Water |
| Date/Time Rec'd: | 9/26/2013 1520 | Site: | Pressure Tank |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | None |
| Collected By: | C. Mooshian 7268CM | pH: | 5.9 |
| | | Well #: | HO-95-0691 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|------------------------|
| Bacteria, Coliform, Total, MPN | ✓ <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 9/27/2013 / 1030 / LLO |
| Bacteria, E. coli, MPN | ✓ <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 9/27/2013 / 1030 / LLO |
| Nitrate | ✓ 5.46 | mg/L | 10 | 601 | 9/27/2013 / 1445 / CCH |
| Turbidity | / 2.60 | NTU | <10 | SM18 2130B | 9/27/2013 / 1130 / JKW |
| Sand | / NS | mg/L | 5 | Visual/Gravimetric | 9/27/2013 / 1115 / JKW |

OK
DB
10-1-13

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B13001766

Date Reported: 9/27/2013

Martin, Sharhonda

From: Tudor, Matt
Sent: Thursday, September 26, 2013 9:42 AM
To: Day, Lori; Scott, Heidi
Cc: Pickett, Tom; Vanderveer, Shaun; Hart, Amy; Martin, Sharhonda; Baker, Brian; Wolf, Kevin; Williams, Jeffrey; Tudor, Matt; Rocco, Anthony
Subject: U&O Release 11049 Hunters View Road

Yesterday morning, Shaun VanderVeer observed the start-up of a Sewage Grinder Pump at the Riverwood Shared Septic System:

Riverwood, Contract 50-4287-D
Winchester Homes, Lot #82
11049 Hunters View Road
Ellicott, MD 21042

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U&O.

This is the 15th lot on the shared septic system at this location.

Matt
410-313-4934 office
410-978-1320 mobile