



B 1 5717  
SEQUENCE NO. (MDE USE ONLY)  
1 2 3 6

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-94-3428  
70 fill in this form completely 79

Date Received (APA) 6/24/02  
8 MM DD YY 13  
OWNER INFORMATION  
15 Last Name Rompson Owner First Name DALE 34  
36 6300 WOODSIDE (4) Street or RFD 55-  
57 Columbia MD 21046 Town State Zip 76

DRILLER INFORMATION  
Driller's Name Ralph E. MAYWE License No. MS D 117 81  
Firm Name Ralph E. MAYWE well DRILLING  
Address 17024 Handy Rd. Mt Airy MD 21071  
Signature [Signature] Date 6-23-02

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

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

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30  AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
37  CABLE  REVerse-ROTary  DRive-POINT  
other \_\_\_\_\_

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) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER 54 \_\_\_\_\_ GAP \_\_\_\_\_ 63  
PERMIT No. HO-94-3428  
70 71 72 73 74 75 76 77 78 79

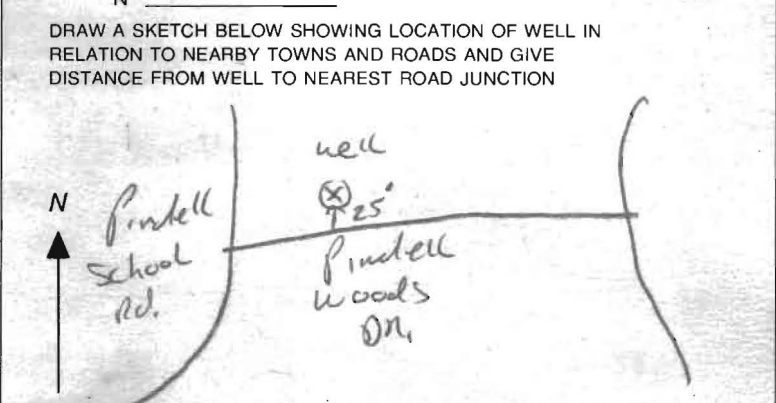
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL  
8 COUNTY Howard 21  
23 SUBDIVISION Pindell Woods 42  
SECTION 44 46 LOT I 48 50  
52 NEAREST TOWN Fulton 71  
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD Pindell woods Dr. 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 25 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
DATE ISSUED 06 24 02 Karen Norman 6/24/03  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 823 0 0 0 EAST GRID 488 0 0 0  
50 55 57 63

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 488  
N 823  
7/25/02  
9:00  
No Insp.  
BB







MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION

1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

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: July 20 2006 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 2927

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 3428

\* PERSON ABANDONING WELL: Ralph E. Wayne

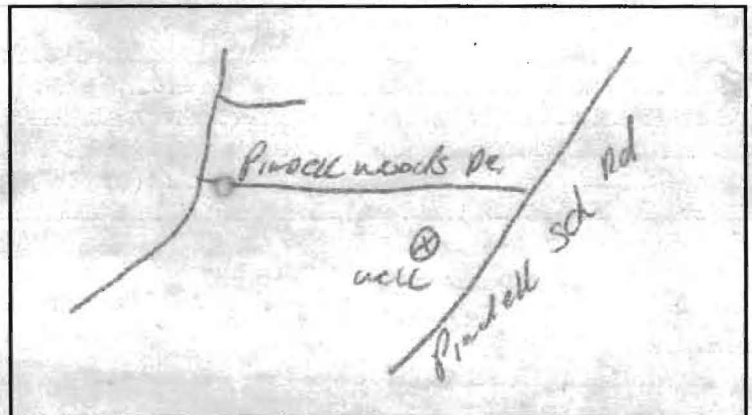
WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: ONE Thompson Blvd's

SITE LOCATION MAP

\* WELL LOCATION: 11603 Pindell Woods Dr  
 COUNTY: HOWARD  
 NEAREST TOWN: Fulton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Pindell woods  
 SECTION: \_\_\_\_\_ LOT: I  
 NEAREST ROAD: Pindell woods 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 1/4 INCHES IN DIAMETER

\* DEPTH OF WELL: 220 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 2

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	220	3
Top Soil	3	0
<u>220'-380' ?</u>		
VOLUME OF MATERIAL USED		
<u>32 bags Cement</u>		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

117

LICENSE #

MWD/MSD/MGD July 20 2006

CIRCLE ONE

DATE



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: Willoughby Plumbing Telephone #: 410-781-7051  
Address: 2203 PATRICK DR  
SUKESVILLE, 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): Chris Willoughby License# 12992

\*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: Dale Hampton Telephone #: 410-995-1436  
Subdivision: PINDELL WOODS DR Lot #: 1 Well Tag #: HO-94-3428  
Site Address: 11203 PINDELL WOOD DR  
FULTON MD 20759

Submersible Pump Data

Make: JACUZZI  
Model #: 6  
Pump Capacity: 4 GPM  
Well Yield: 5 GPM

Pitless Adapter

Make: HARWARD  
Model #: 48"  
Depth: 48" (36" min)  
NSF/WSC 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, 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: PREST LINE  
PSI: 1" (160 psi min)  
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 10'  
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.

Chris Willoughby 1-16-07  
Signature of company representative responsible for installation date

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

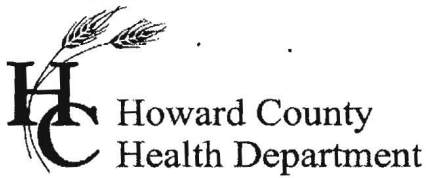
Date Insp. Requested:          Date Insp. Approved: 1/17/07 Inspector: (KW) BB

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 ✓

sleeved  
Under  
Driveway

52' static  
#20





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

April 13, 2007

Dale Thompson Builders  
6300 Woodside Court, Suite A  
Columbia, MD 21046

RE: Pindell Woods, Lot 1  
11603 Pindell Woods Drive  
Fulton, MD 20759  
BP #: B06000099  
Well Permit # HO-94-3428

Dear Sirs:

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 02/01/2007. Final approval of the well line connection to the dwelling was approved on 01/17/2007.**

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-94-3428. 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 Sample(s): 03/22/2007  
Date of Well Completion: 07/24/2002

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
Dale Thompson Builders  
6300 Woodside Court  
Columbia, Maryland 21046

**S/O Number:** 62578  
**Report Date:** March 23, 2007

**Property Sampled:** 11603 Pindell Woods Drive

**County:** Howard  
**Subdivision:** Pindell Woods  
**Lot #:** 1  
**Building Permit #:** B06000099  
**Tax Map #:** 41  
**Parcel #:** 274

**Date/Time Collected:** March 22, 2007 at 1:30 pm  
**Date/Time Received:** March 22, 2007 at 2:40 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 3175BH  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3428  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

2007 MAR 23 PM 12:18

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

**Trace Laboratories, Inc.**  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: [tracelab@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

*Allison R. Milburn*  
Allison R. Milburn  
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.