

C1 0835

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 ON SRK 51501

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 04-24-01

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3011

OWNER Dale Thompson Builders last name first name STREET OR RFD Pindell Woods Drive TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 47

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Red Clay, Lt Brown mica silt, med hard grey rock, med hard limestone.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (35), NO. OF POUNDS (3290), GALLONS OF WATER (210), DEPTH OF GROUT SEAL (0' to 80').

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6"), Total depth of main casing (80').

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD Form: screen type or open hole (insert appropriate code below: ST, BR, HO, PL, OT), DEPTH (nearest ft.) 80', 250'.

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), 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...

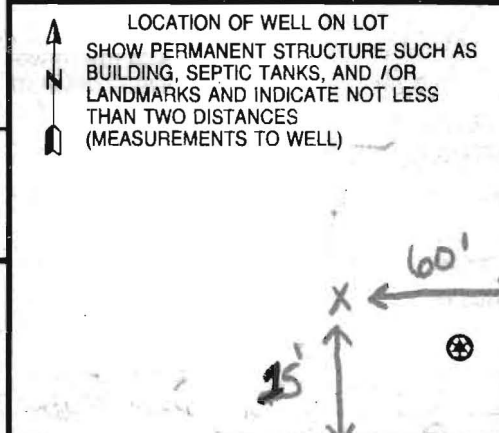
DEPTH (nearest ft.) 80', 250', SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60.

DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE, LIC. NO. MWD 350, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) 36, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (above, below) 2' (nearest foot).



B 1 03196

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-3011 fill in this form completely

W54687

Date Received (APA)

12/22/00

OWNER INFORMATION

Dale Thompson Bullock 6300 Woodside Ct Columbia MD 21045

B 3

LOCATION OF WELL

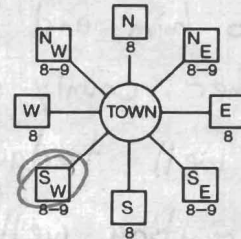
Howard Pindell Woods 47 Simpsonville

DRILLER INFORMATION

Michael Barlow MD D 355 Michael Barlow Well Drilling 522 Underwood Lane Bel Air MD

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOODS DR. Pindell Woods Dr. NEAR WHAT ROAD ON WHICH SIDE OF ROAD

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 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 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 02/23/01

APPROXIMATE DEPTH OF WELL 260' FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. 2. 3.

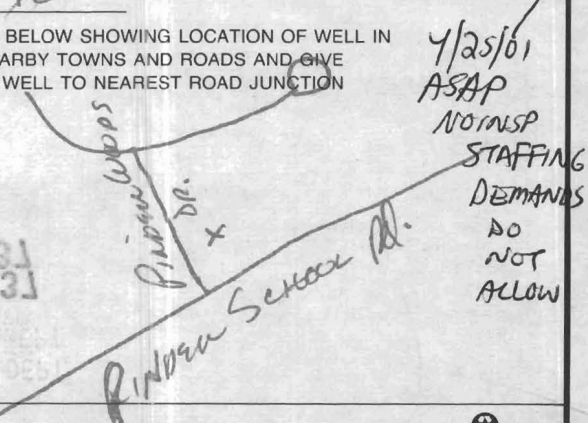
WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 496

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

4/23/01 11:30 GROUT APPEARS TO HAVE BEEN STARTED, NOT COMPLETE 20 Bags used so far (SEE OVER) 4/23/01 LOC OK MR 000 TAG NOT ATTACHED



4/25/01 ASAP NORNISP STAFFING DEMANDS DO NOT ALLOW

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 10 00 GAP 012(01) PERMIT No. 10-94-3011

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4/24/01 = Arrived at 11:40am completely  
Lot 47's well still not ~~grouted~~ grouted  
About 30'± of open hole still exists from grade down.  
Driller yield testing well but says he's doing what  
he's told. Called Barlow and left message. (SRK)

4/25/01 = Telephone conv. w/installer (Michael Barlow)  
Spoke to him and he said they were very busy  
with other county ~~projects~~ commitments. He will  
grout well today. I mentioned my concern  
about grouting well in one continuous operation.  
He agreed. (SRK)







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: 1203 PATRICK DR  
SYKESVILLE, 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 # 6992

\*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 HOWARD BURS Telephone #: 410-945-6736  
Subdivision: MED2 PINDELL WOODS Lot #: 47 Well Tag #: HO 94-2011  
Site Address: FULTON, MD 20759  
PINDELL WOODS

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: JACOZZI Make: HALVATED Two piece watertight cap:   
Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity: \_\_\_\_\_ GPM Depth: 48" (36" min) Cap secured to casing:   
Well Yield: 5 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 250 (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, 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

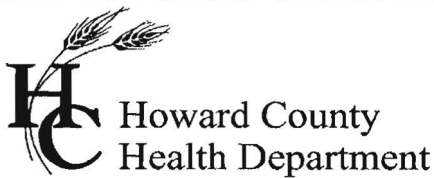
Piping to house House Connection  
Type: CRESTLINE PVC sleeve to undisturbed soil at wall penetration:   
PSI: 1" (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line:  (36" min) Sleeve caulked and sealed properly:

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.

Signature of company representative responsible for installation: Chris Willoughby date: 1/13/04

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

Date Insp. Requested: 1/15/04 Date Insp. Approved: 1/15/04 Inspector: CO  
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 \_\_\_\_\_



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

March 24, 2004

Dale Thompson Builders  
6300 Woodside Court  
Columbia, MD 21046

**SENT VIA FACSIMILE 410-381-8747**

RE: Pindell Woods, Lot #47  
11602 Pindell Woods Drive  
BP # B00142737  
Well Permit # HO-94-3011

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 1/15/2004.

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-94-3011. 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: 3/1/2004 & 3/8/2004  
Date of Well Completion: 4/24/2001

Approving Authority,

*Stuart Oster/mlb*  
Stuart Oster, R. S.  
Well & Septic Program

mlb  
cc: Building Inspector's Office  
Community Health Services  
File