

C1 06651 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 39706

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2352

OWNER Digi Data last name Emerald Valley first name TOWN W Friendship SUBDIVISION Hawks field SECTION LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Sandstone, Soft Blue Sandstone, Hard Blue Sandstone, Br. Sandstone, Hard Blue Sandstone, Br. Sandstone, Hard Blue Sandstone, Br. & Blue Sandstone, Hard Blue Sandstone, Hard Blue & Br. Sandstone, Hard Blue Sandstone.

GROUTING RECORD yes no Y N 44 44 WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 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 S T 6 31 Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

OTHER CASING (if used) 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 DEPTH (nearest ft.)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft. WHEN PUMPING 266 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED Y N

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 WD 296 Ronald Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D 334

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

DEPTH (nearest ft.) 31 360 E A C H S C 3 R E 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

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)

B 1 **8570** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

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

STATE PERMIT NUMBER

HO-94-2352
fill in this form completely

OWNER INFORMATION

Date Received (APA) **07/20/99**

DIGI-DATA HOLDINGS

15 Last Name Owner First Name 34
7881 BROOKLAND PARK

36 Street or RFD 55
COLUMBIA

57 Town 70 State 72 Zip 78
MD 21046

B 3 **LOCATION OF WELL**

1 **HOWARD** 2
8 COUNTY 21

HAWKSPIELD ESTATES 42
23 SUBDIVISION

SECTION **1** 44 46 LOT **24** 48 50

WEST HAWKSPIELD 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** 73 **M I** 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

Driller's Name **Ronald Kyker** 77 License No. 80 **296**

Firm Name **Westminster Rotary Well Drilling**

Address **P.O. Box 861, Westminster, Md 21158**

Signature **Ronald Kyker** Date **7-9-99**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 **Emerald Valley Road** 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH

34 **360** 37
DISTANCE FROM ROAD

ENTER FT OR MI **FT** 38 39

TAX MAP: **16** BLK: **20** PARCEL: **258**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **A39706**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **07/30/99** **A McMill** **7/30/00**
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **530000** EAST GRID **820000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **180** 24 28 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

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **2/16/00 9:00**

SOURCES OF DRILLING WATER

1. **city** **NO INSPCW**

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820**

N **5300530** 000 000

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

39 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

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 ↑

Emerald Valley Road

(X)

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

APPROP. PERMIT NUMBER _____ **G A P** _____ 54 63

FORCE **AD** WRITE INITIALS IN BOX PERMIT No. **HO-94-2352** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

**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: Gartland Plumbing Telephone #: 410-825-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21284

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Joe Gartland License# 6352

*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: Greenfield Homes Telephone #: 410-781-6782
Subdivision: Hawksfield Lot #: 24 Well Tag #: HO-94-2352
Site Address: 3120 Emerald Valley Rd
ELLICOTT CITY MD 21042

| | | |
|---|----------------------------|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Goulds</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>26510 422</u> | Model#: <u>PA 800</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>7</u> GPM | Depth: <u>48</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>12</u> GPM | NSF approved: <u>Yes</u> | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: <u>350</u> (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
Safety rope, if used, attached to inside of well casing with eye bolt Yes

| | | |
|---|---|---|
| Piping to house | House Connection | |
| Type: <u>Poly</u> | PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u> | } <u>Sleeved</u> <u>Under</u> <u>Footer</u> |
| PSI: <u>Yes</u> (160 psi min) | Approximate length of sleeve: _____ | |
| Depth of supply line: <u>48</u> (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: _____ date: 4-7-05

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

Date Insp. Requested: _____ Date Insp. Approved: 2/17/2006 **BB**

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

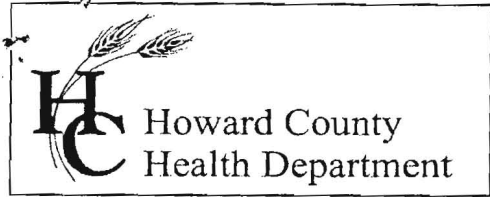
Elec. conduit extends at least 18" below grade/attached to cap properly

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 **Below Footer**

Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

February 17, 2006

Greenfield Homes
6656 Luster Drive
Highland, MD 20777

SENT VIA FACSIMILE 443-535-0551

RE: Hawksfield Estates, Lot 24
3120 Emerald Valley Drive
Ellicott City, MD 21042
BP #: B00148483
Well Permit # HO-94-2352

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 02/17/2006. Final approval of the well line connection to the dwelling was approved on 02/17/2006.**

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-94-2352. 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: 02/14/2006
Date of Well Completion: 02/16/2000

Approving Authority,
Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Feb 15, 2006

County Howard

Lab Number 06-2340

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Greenfield Homes
Mr. Wayne Greenfield
6656 Luster Drive
Highland, Maryland 20777

Property Sampled: U&O: 3120 Emerald Valley Drive

Station Sampled: Laundry Tub Tap

Tax Map #: 16

Date/Time Sampled: Feb 14, 2006 10:30 am

Parcel #: 40

Owner, Telephone No.:

Sampler: 67246P

Subdivision Name: Hawksfield Estates

Lot Number: 24

Building Permit No.:

Well Number: HO-94-2352

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

| PARAMETER | RESULT | METHOD | *MCL/**SMCL | |
|---------------------------|---------------|-----------|-----------------|------|
| Nitrate | 7.9 mg/L as N | SM 4500D | *10 mg/L as N | Pass |
| Turbidity | 5.6 NTU | EPA 180.1 | *10 NTU | Pass |
| pH | 5.3 Units | EPA 150.1 | **6.5-8.5 Units | *** |
| Sand | Negative | | Negative | |
| Total Coliform | Absent | SM 9223B | *Absent | SAFE |
| E. coli (18 Hour Test) | Absent | SM 9223B | *Absent | SAFE |

Treatment/Conditioning: NONE

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

A-39705

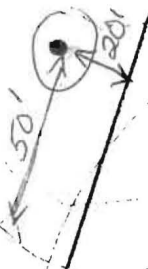
500

LOT 24
7.5269 AC. ±
PLAT #11417

8/20/99
Well site OK
as staked
Staked by
Surveyor

1/13/00
O.K. to move
well location
to location shown
(BB)

ALLEY



51

