

C1 3760

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 A516083

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3993

OWNER Security Development last name first name STREET OR RFD Burntwoods Road TOWN Glenelg SUBDIVISION Jackson Property SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1786 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 73 ft.

C3

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 29 ft. WHEN PUMPING 85 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-78), Gray Mica (78-285), Rock (285-285).

CASING RECORD (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) 82

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

SCREEN RECORD (ST) STEEL (BR) BRASS (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 DEPTH (nearest ft.) 80 285

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

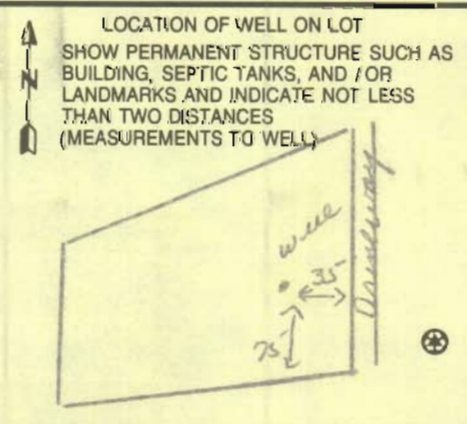
DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE Jacob L. Maize LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

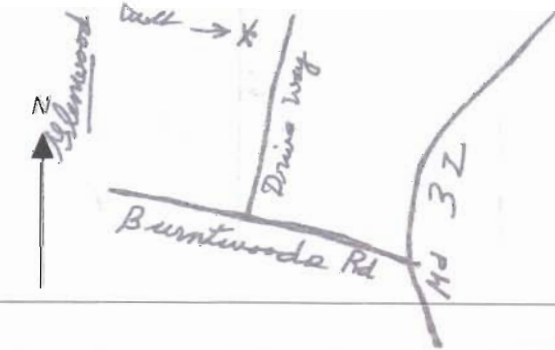
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.F.O.S.) T W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 } LAND SURFACE - below } 2 (nearest foot)



B 1	9886	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 520806 please type	STATE PERMIT NUMBER <b>HO-94-3993</b> <small>fill in this form completely</small>
Date Received (APA) 8/2/2004 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Security Development <small>15 Last Name Owner First Name 34</small>		Howard <small>8 COUNTY 21</small>		
P.O. Box 417 <small>36 Street or RFD 55</small>		Jackson Property <small>23 SUBDIVISION 42</small>		
Ellicott City Md 21044 <small>57 Town 70 State 72 Zip 76</small>		SECTION 44 46 LOT 2 48 50 Glenwood <small>52 NEAREST TOWN 71</small>		
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town) 2 1/2 MI <small>73 76 77 78</small>		
Joseph H. Mayne MS D024 <small>Driller's Name 76 License No. 81</small>		B 3		
Joseph H. Mayne Well Drilling <small>Firm Name</small>		4		
5512 Ridge Rd Mt Airy Md 21771 <small>Address</small>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Joseph H. Mayne 7/30/04 <small>Signature Date</small>		Burntwoods Rd <small>11 NEAR WHAT ROAD 30</small>		
B 2		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
WELL INFORMATION		34 375 37 <small>DISTANCE FROM ROAD FT</small>		
APPROX. PUMPING RATE (GAL. PER MIN.) 4 <small>8 12</small>		ENTER FT OR MI 38 39		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		TAX MAP: 22 BLK: 7 PARCEL 530		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		Howard (13) A516083 <small>COUNTY NAME COUNTY NO.</small>		
		STATE SIGNATURE _____ INSERT S → DATE ISSUED 8/3/2004 Brian Baber 8/3/2005 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>		
		NORTH GRID 525 000 EAST GRID 802 000 <small>50 55 57 63</small>		
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		SOURCES OF DRILLING WATER 1. well 2. 3.		
METHOD OF DRILLING (circle one)		WRITE THE BOX NUMBER FROM THE MAP HERE E 8042 N 5295		
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		APPROX. PERMIT NUMBER: _____ PERMIT No. HO-94-3993 <small>70 71 72 73 74 75 76 77 78 79</small>		
SPECIAL CONDITIONS				





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: CLARKE P+H Inc Telephone #: 410-489-4029  
 Address: 3510 Ridge Rd  
Westminster, MD 21157

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

Name (Print): Ken Clarke License# 3808

\*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: Douglas Homes Telephone #: 410-740-0422  
 Subdivision: \_\_\_\_\_ Lot #: 2 Well Tag #: HO-94-3993  
 Site Address: 3714 Bold Ruler Ct

Submersible Pump Data

Make: Myers  
 Model #: \_\_\_\_\_  
 Pump Capacity 8 GPM  
 Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: Harvard  
 Model #: P-7-800  
 Depth: 42 (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: 300 (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: Plastic  
 PSI:  (160 psi min)  
 Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
 Approximate length of sleeve: 15'  
 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: Ken Clarke date: 8-3-07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: KW 8/16/07

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   
 Adequate grout observed below pitless adapter



# CERTIFICATE OF ANALYSIS



**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@comnext.net](mailto:tracelab@comnext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Douglas Homes  
5034 Dorsey Hall Drive Suite 102  
Ellicott City, Maryland 21041

**S/O Number:** 66485  
**Report Date:** December 14, 2007

**Property Sampled:** 3714 Bold Ruler Court, 21737

**County:** Howard  
**Subdivision:** The Paddocks  
**Lot #:** 2  
**Building Permit #:** B07001273  
**Tax Map #:** 22  
**Parcel #:** 530

**Date/Time Collected:** December 13, 2007 at 12:46 pm  
**Date/Time Received:** December 13, 2007 at 2:30 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3993  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

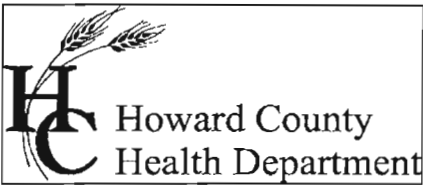
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*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.



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

December 14, 2007

Homeowner  
3714 Bold Ruler Court  
Glenelg, MD 21737

**SENT VIA FACSIMILE 410-489-9661**

RE: Jackson Property - Lot 1  
3714 Bold Ruler Court  
Glenelg, MD 21737  
BP #: B007001273  
HO-94-3993

Dear Sir/Madam:

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 08/08/2007. Final approval of the well line connection to the dwelling was approved on 08/16/2007.**

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-94-3993. 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: 12/13/2007  
Date of Well Completion: 08/11/2004

Approving Authority

Brian Baker, R.S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File