

C1 0824

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2997

OWNER Dale Thompson Builders Meandering Stream Way TOWN Fulton Pindell Woods SECTION LOT 33

WELL LOG

Not required for driven wells

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. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 8 NO. OF POUNDS 800

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 35

OTHER CASING (if used)

Empty casing record table with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T)

DEPTH (nearest ft.)

Table with columns for depth intervals (1-21 ft) and slot size/diameter of screen.

NUMBER OF UNSUCCESSFUL WELLS: 0

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"

DRILLERS LIC. NO. M SD 117 DRILLERS SIGNATURE

LIC. NO. M D

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

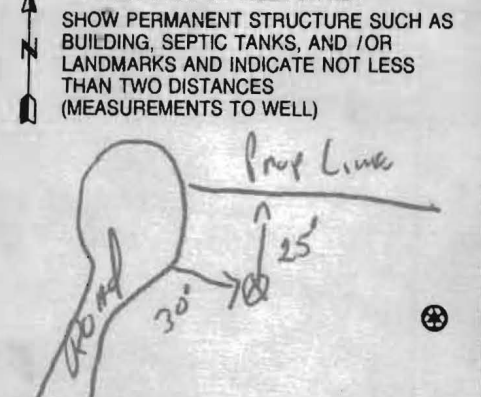
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 11.5 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

LOCATION OF WELL ON LOT



B 1 18637  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
W514687 please print or type

STATE PERMIT NUMBER  
10-94-2997  
fill in this form completely

Date Received (APA) 12/13/00  
OWNER INFORMATION  
8 MM DD YY 13  
Thomas Dale Builders  
15 Last Name Owner First Name 34  
630 Woodside Ct  
36 Columbia, MD 21045  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard  
8 COUNTY 21  
Pindellwoods  
23 SUBDIVISION 42  
SECTION 44 46 LOT 33 48 50  
Kulston  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION  
Ralph Mayne M S D 114  
Driller's Name 76 License No. 81  
Ralph Mayne Well Drilling  
Firm Name  
17024 Hardy RD MT. AIRY MD  
Address  
Ralph E. Mayne 12-8-00  
Signature Date

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
W N NE  
8-9 8 8-9  
W TOWN E  
8 8  
S SW SE  
8-9 8 8-9  
MEANDERING STREAM  
NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
34 30 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 500 12  
AVERAGE DAILY QUANTITY NEEDED 14 20  
(GAL. PER DAY)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 02/22/01  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 823 000 EAST GRID 0488 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 480  
N 8203  
35' CASING GROUT  
30' OPEN OK @ SURFACE  
8 BAGS  
3' CASING AG  
AG @ WRONG

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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  
WELL TO BE SWITCHED  
MR 3/28/01  
Beaver Pond Ct  
130' well  
Pindellwoods School Bus

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER 10-94-2997  
54 63  
PERMIT No. 10-94-2997  
70 71 72 73 74 75 76 77 78 79

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

B 1 8978

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3427 fill in this form completely

Date Received (APA) 6 22 02

OWNER INFORMATION

Thompson DALE Builders 6300 WOODSIDE Ct Columbia MD 21045

LOCATION OF WELL

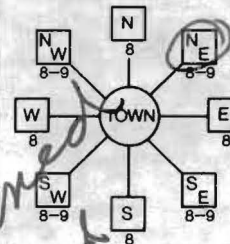
Howard Pindell Woods SECTION 44 46 LOT 48 50 FULTON

MILES FROM TOWN (enter 0 if in town) 3

DRILLER INFORMATION

Ralph E. MAYNE M S D 117 Ralph E. MAYNE well DRILLING 17024 Hardy Rd. Mt Airy MD 21771 June 1 2002

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BEAVER Pond Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 20 37 SOUTH 38 39 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 41 BLK: 9 PARCEL 274

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000

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 AS13640 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 6/24/02 Kacie Norman 6/24/03 NORTH GRID 820 000 EAST GRID 480 000

APPROXIMATE DEPTH OF WELL 150 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

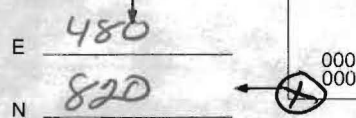
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

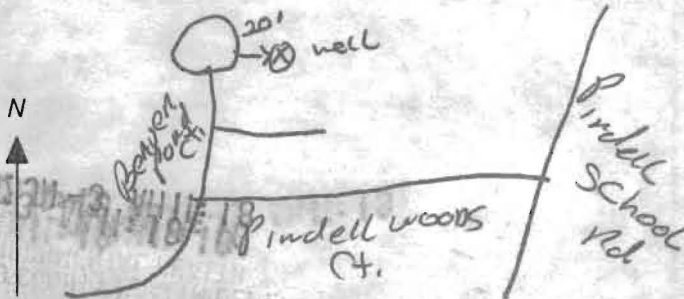
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



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 G

PERMIT No. HO-94-3427

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2997  
 Location of property (road) Meandering Stream Way  
 Subdivision Pindell Woods Lot 33 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R. Mayne Owner Dale Thompson Builders

Depth of well 500'  
 Distance of measuring point (M.P.) above ground 3R  
 Static water level (S.W.L.) below M.P. 30R

I. High rate pumping -- reservoir drawdown Pump Set 475'  
 Time pump started 8:30 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 195 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	30 R	6 Sec		10 GPM
8:45	110 R	6 Sec		10 GPM
9:00	195 R	60 Sec	Test Started	I GPM
9:15	195 "	60 "		I "
9:30	195 "	60 "		I "
9:45	195 "	60 "		I "
10:00	195 R	60 Sec		I GPM
10:15	195 R	60 Sec		I GPM
10:30	195 R	60 Sec		I GPM
10:45	195 "	60 "		I "
11:00	195 "	60 "		I "
11:15	195 "	60 "		I "
11:30	195 R	60 Sec		I GPM
11:45	195 R	60 Sec		I GPM
12:00	195 R	60 Sec		I GPM
12:15	195 "	60 "		I "
12:30	195 "	60 "		I "
12:45	195 "	60 "		I "
1:00	195 R	60 Sec	2:30	I GPM
1:15	195 R	60 Sec	At 195 Sec 60 GPM I	I GPM
1:30	195 R	60 Sec	2:45	I GPM
1:45	195 "	60 "	At 195 Sec 60 GPM I	I "
2:00	195 "	60 "	3:00	I "
2:15	195 R	60 Sec	At 195 Sec 60 GPM I	I GPM

HD-224  
 35" Casey 30' of pipe  
 83795 3-28-01

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 PLUMB Telephone #: 410-781-7051  
Address: 1203 PATRICK DR  
SEKESVILLE, 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 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: Bill Thompson Telephone #: 410-995-1938  
Subdivision: PINDEL WOOD Lot #: 33 Well Tag #: HO 94-2997  
Site Address: 1029 PENDELING STREAM WAY  
HULTON, MD 20754

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: ITALLZZI Make: HARVARD Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity: 6 GPM Depth: 48" (36" min) Cap secured to casing:   
Well Yield: 1 GPM NSF approved: \_\_\_\_\_ Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 500 (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 or Cable guards are required -- Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

State 201

Piping to house House Connection  
Type: PESTLINE PVC sleeved to undisturbed soil at well penetration:   
PSI: 1/2 (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line: 1 (36" min) Sleeve caulked and sealed properly:

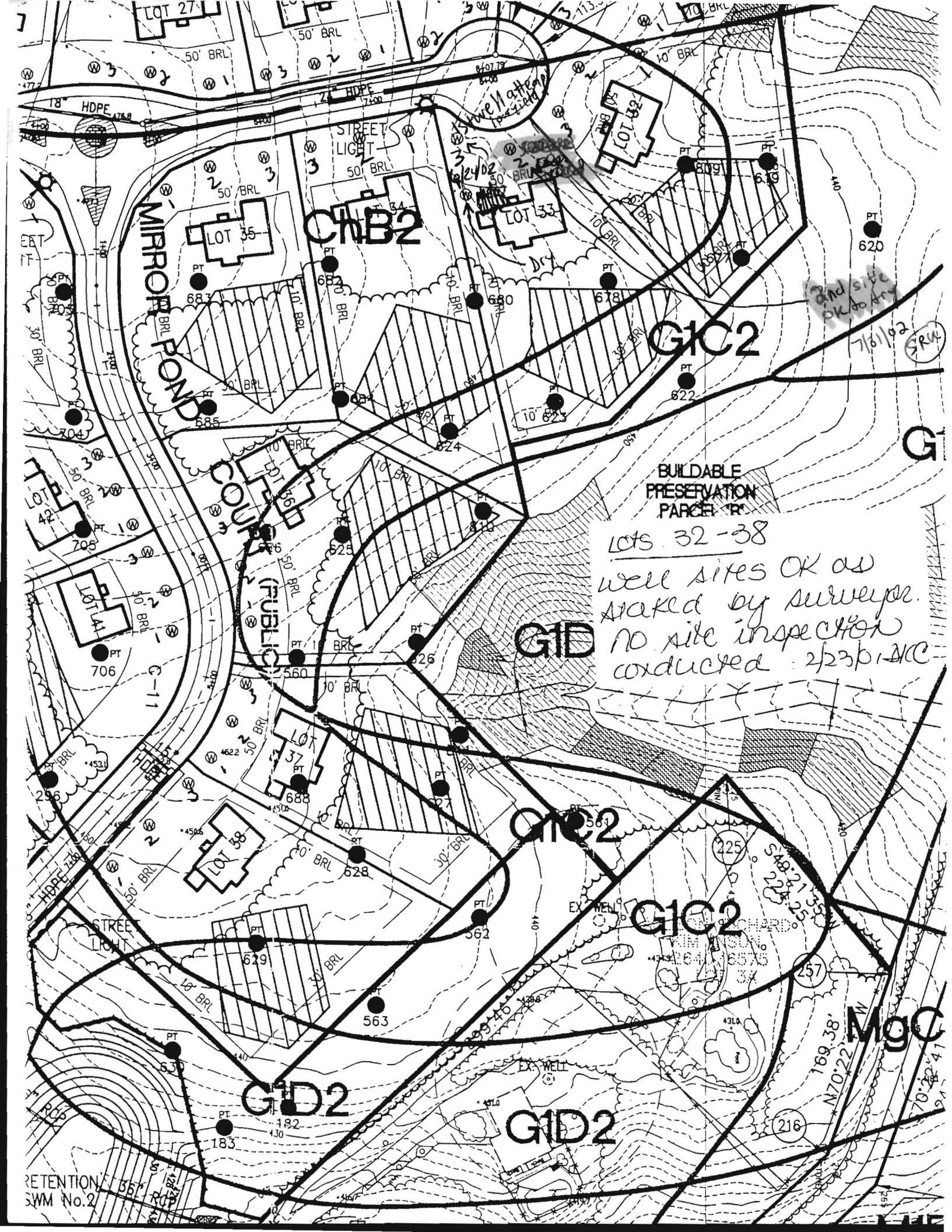
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Chris Willoughby 8/30/06  
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: 1/25/07 O.K. (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   
Adequate grout observed below pitless adapter

HD-215 (Rev. 8/00)



MIRROR POND

G1B2

G1C2

BUILDBLE PRESERVATION PARCEL

G1D

G1C2

G1C2

G1D2

G1D2

M9C

lots 32-38  
well sites OK as  
staked by surveyor.  
no site inspection  
conducted 2/23/11 KC

and site  
OK to Any

SR14

RETENTION  
SWM No.2



# 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



PERRY JOHNSON  
REGISTRARS, INC.  
Cert No. C2005-01504

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

**S/O Number:** 61751  
**Report Date:** January 23, 2007

**Property Sampled:** 7024 Meandering Stream

**County:** Howard  
**Subdivision:** Pindell Woods  
**Lot #:** 33  
**Building Permit #:** B00158858  
**Tax Map #:** 41  
**Parcel #:** 274

**Date/Time Collected:** January 22, 2007 at 1:02 pm  
**Date/Time Received:** January 22, 2007 at 3:15 pm

**Sample Location:** Powder Room Tap & Pressure Tank Tap  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-2997  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	2.4 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	1.5 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

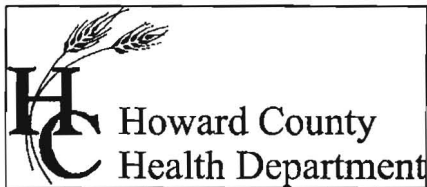
*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing

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.

Amended 61751 Jan 23, 2007



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

February 1, 2007

Dale Thompson Builders  
6300 Woodside Court  
Columbia, MD 21046

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

RE: Pindell Woods, Lot 33  
7024 Meandering Stream Way  
Fulton, MD 20759  
BP #: B00158858  
Well Permit # HO-94-2997

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 10/30/2006. Final approval of the well line connection to the dwelling was approved on 01/25/2007.**

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-94-2997. 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: 01/22/2007  
Date of Well Completion: 03/29/2001

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File