

C 1 07030

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 K6/SRK OK K6/alzob1

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 07 28 01

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3003

OWNER DALE THOMPSON BUILDERS STREET OR RFD MIRROR POND COURT TOWN SUBDIVISION PINDELL WOODS SECTION LOT 39

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Red Clay Silt, Tanish Orange Micn Soil, Brown Micn Soil, med. Hard Tanish Gray Rock, med. Hard Gray + Tan Micn Rock, DRILL HOLE, and Cement Grout.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) M BENTONITE CLAY (B) C NO. OF BAGS 23 NO. OF POUNDS 2162 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 91 ft.

CASING RECORD MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 91

OTHER CASING (if used) diameter inch 4.5 depth (feet) from 85 to 180

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

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 MWD 755 DRILLERS SIGNATURE Michael Burt LIC. NO. 1 D

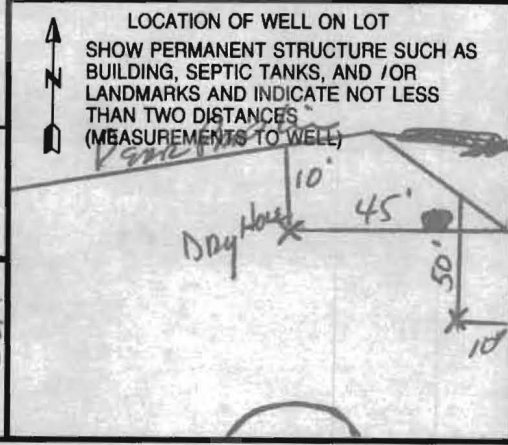
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) 180 91 180 A 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S 3 38 39 41 45 47 51 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE WATER TURBINE WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 64 ft. TYPE OF PUMP USED (for test) S submersible

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 03187

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-3003

W514687 please print or type

fill in this form completely

Date Received (APA)

12/22/00

OWNER INFORMATION

8 MM DD YY 13

Dale Thompson Builders

6300 Woodside Ct

Columbia MD 21045

B 3

LOCATION OF WELL

Howard

Pindell Woods

SECTION LOT 39

Simpsonville

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Michael Barlow M W D 355

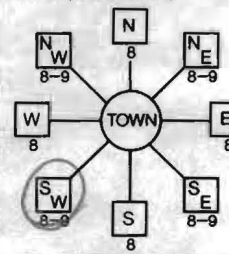
Michael Barlow Well Drilling

522 Underwood Lane Bel Air Md

Signature Date 12/22/00

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MIRROR Pond Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 250 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
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

DATE ISSUED 02/22/01

CO SIGNATURE EXP. DATE

NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED 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
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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER 1000 GAP 012(01)

PERMIT No. 10-94-3003

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

8203
4908

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



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: Willoughby Plumb Telephone #: 410-781-7051  
Address: 6203 Patrick Dr.  
Sikesville, MD

(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 Johnson Telephone #: 410-997-7400  
Subdivision: Pindel Woods Lot #: 39 Well Tag #: H094-3023  
Site Address: 11020 NIKKIS POND CT  
FILTON, MD

Submersible Pump Data

Make: JACUZZI  
Model #: \_\_\_\_\_  
Pump Capacity: 6 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: HARVARD  
Model #: \_\_\_\_\_  
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: 180 (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: CRESTLINE  
PSI: 111 (160 psi min)  
Depth of supply line:  (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6  
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.

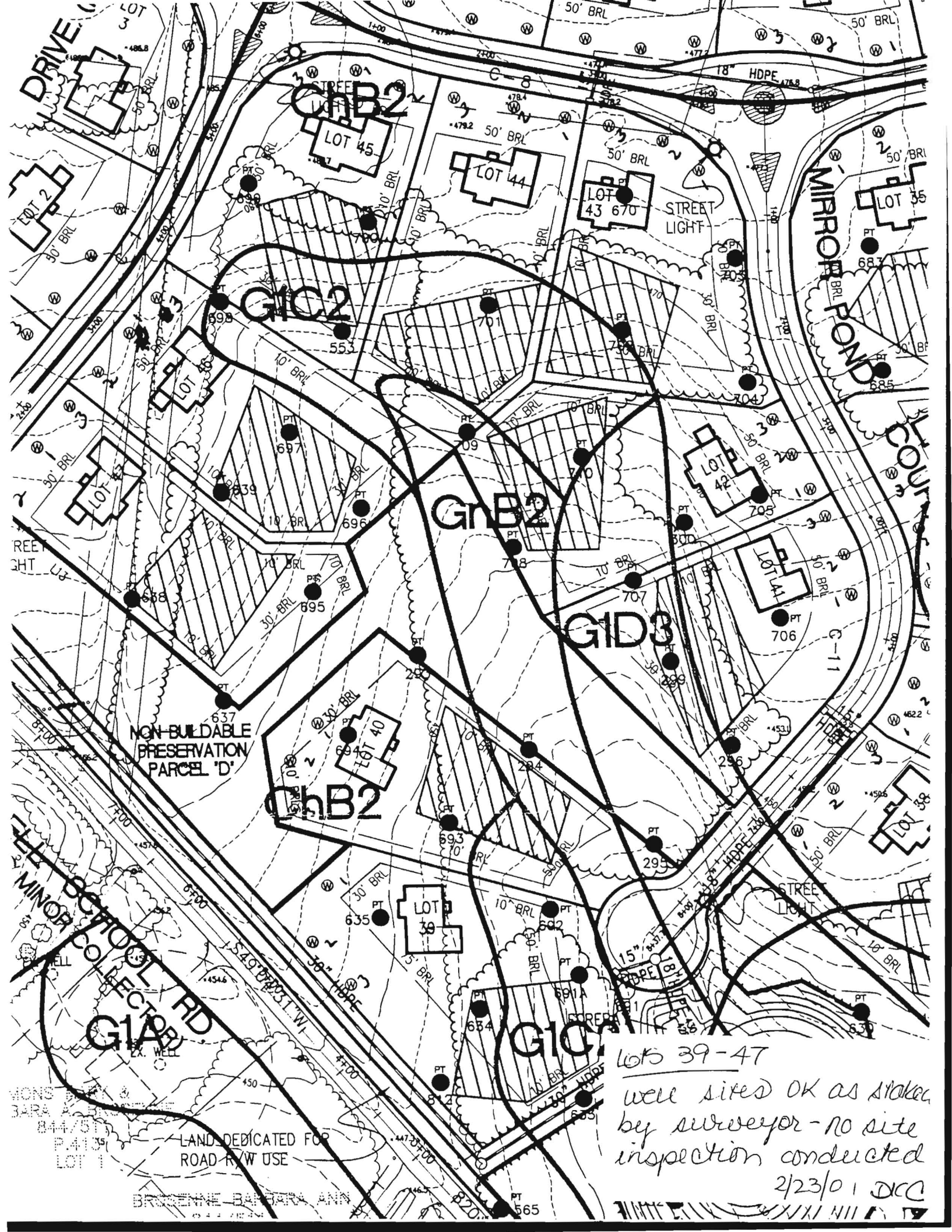
Signature of company representative responsible for installation: Chris Willoughby Pres

date: 8/24/05

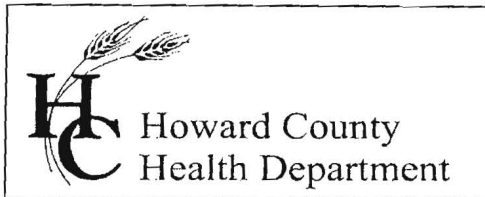
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/31/05 Inspector: 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



lots 39-47  
 well sited OK as stated  
 by surveyor - no site  
 inspection conducted  
 2/23/01 DCC



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300

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

December 30, 2005

Toll MD II LP  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

*SENT VIA FACSIMILE 410-489-6293*

RE: Pindell Woods, Lot 39  
11620 Mirror Pond Court  
Fulton, MD 20759  
BP #: B00151608  
Well Permit # HO-94-3003

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 9/14/2005. Final approval of the well line connection to the dwelling was approved on 8/31/2005.**

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.

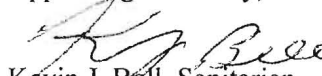
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3003. 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: 12/29/2005  
Date of Well Completion: 7/28/2001

Approving Authority,

  
Kevin J. Bell, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**CASSELL TESTING, INC.**

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

REPORT DATE: Dec 30, 2005

County Howard

Lab Number 06-1720

Sample iced Yes  
 Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
 Laboratory No. 115

REQUESTER: Dale Thompson Builders  
 6300 Woodside Court  
 Columbia, Maryland 21046

Property Sampled: U&O: 11620 Mirror Pond Court

Station Sampled: Laundry tub & pressure tank taps

Tax Map #: 41

Date/Time Sampled: Dec 29, 2005 10:00 am

Parcel #: 274

Owner, Telephone No.:

Sampler: 67246P

Subdivision Name: Pindell Woods

Lot Number: 39

Building Permit No.: B00151608

Well Number: HD-94-3003

Observation: 2-Piece Cap  
 Satisfactory

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.7 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: Sediment filter

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



Sharon K. Cassell

\*MCL = Maximum Contamination Level  
 \*\*SMCL = Secondary Maximum Contamination Level