

C1 0819 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 01 26 2-1-02

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01 05 02

Depth of Well 400 (TO NEAREST FOOT) PERMIT NO. HO-94-3287

OWNER Dale Thompson Builders first name TOWN Filton SUBDIVISION Pindell Woods SECTION LOT 21

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 (Use additional sheets if needed), 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 (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD

screen type or open hole insert appropriate code below DEPTH (nearest ft.)

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. 1 M SD 112 DRILLERS SIGNATURE

LIC. NO. 1 M D

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

Table with columns: E A C H C A S I N G, 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

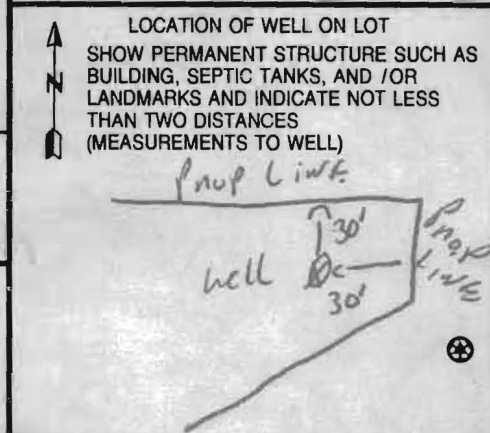
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 ft. WHEN PUMPING 165 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest) foot



B 1 8934

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3287 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Thompson DALE Builders 6300 Woodside Ct Columbia MD 21045

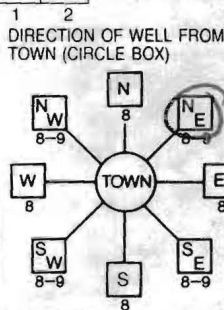
B 3 LOCATION OF WELL

Howard Pindell woods Fulton 3 miles from town

DRILLER INFORMATION

Ralph E. Mayne MSD 117 17024 Handy Rd Mt Airy MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Ct. 310 feet from road on the south side. Tax map: 41 BLK: 8 PARCEL: 275

B 2 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 (circled)
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. Brian Baker 12/6/2002

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

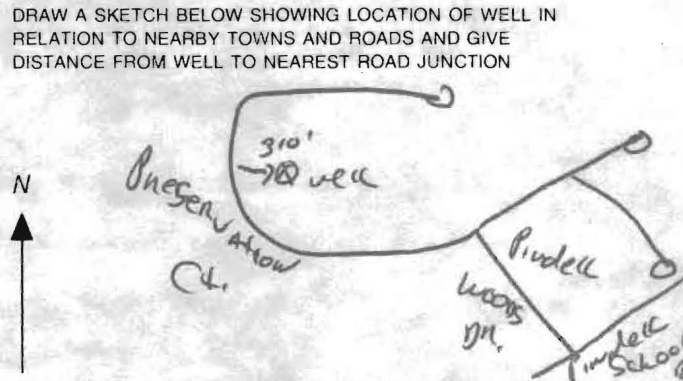
METHOD OF DRILLING (circle one)

AIR-ROTary JETTED ROTARY (Hydraulic Rotary) DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (circled)
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 deepen an existing well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER: 1. well. WRITE THE BOX NUMBER FROM THE MAP HERE: E 480 823 N 820 488



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

APPROX. PERMIT NUMBER H000G012 PERMIT No. HO-94-3287

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3287
 Location of property (road) _____ Preservation Court
 Subdivision Pindell Woods Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller Barlow Ralph MAYNE Owner Dale Thompson Builders

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 47 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 165 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 $\frac{1}{2}$ gallon bucket | FLOW METER READING (if used) | CALCULATED FLOW (gallons per minute) |
|-------------------------------|------------------------|---|------------------------------|--------------------------------------|
| 8:00 | 47 ft. | 6 Sec | | 10 GPM |
| 8:30 | 165 ft. | 30 Sec | | 2 GPM |
| 8:45 | 165 " | 30 " | | 2 " |
| 9:00 | 165 " | 30 " | | 2 " |
| 9:15 | 165 " | 30 " | | 2 " |
| 9:30 | 165 " | 30 " | | 2 " |
| 9:45 | 165 " | 30 " | | 2 " |
| 10:00 | 165 " | 30 " | | 2 " |
| 10:15 | 165 " | 30 " | | 2 " |
| 10:30 | 165 " | 30 " | | 2 " |
| 10:45 | 165 " | 30 " | | 2 " |
| 11:00 | 165 " | 30 " | | 2 " |
| 11:15 | 165 " | 30 " | | 2 " |
| 11:30 | 165 " | 30 " | | 2 " |
| 11:45 | 165 ft | 30 Sec | | 2 GPM |
| 12:00 | 165 ft | 30 Sec | | 2 GPM |
| 12:15 | 165 ft | 30 Sec | | 2 GPM |
| 12:30 | 165 " | 30 " | | 2 " |
| 12:45 | 165 " | 30 " | | 2 " |
| 1:00 | 165 " | 30 " | | 2 " |
| 1:15 | 165 " | 30 " | | 2 " |
| 1:30 | 165 " | 30 " | | 2 " |
| 1:45 | 165 " | 30 " | | 2 " |
| 2:00 | 165 " | 30 " | | 2 " |
| HD-224 2:15 | 165 ft | 30 Sec | | 2 GPM |
| 2:30 | 165 ft | 30 Sec | | 2 GPM |

**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): MRS 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: Dora Thompson Telephone #: 410-995-0732
Subdivision: INDELL WOODS Lot #: 21 Well Tag #: HO-94-3287
Site Address: 7012 PRESERVATION CT
FULTON, MD 20759

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACUZZI 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: 2 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 400 (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 _____

Piping to house **House Connection**
Type: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1/2" (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.

Chris Willoughby 12-19-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/22/06 Date Insp. Approved: 2/25/06 GAC
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 ground observed below pitless adapter

CERTIFICATE OF ANALYSIS



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

S/O Number: 07-0194
Report Date: May 13, 2006

TRACE LABORATORIES-EAST

Property Sampled: 7212 Preservation Court

County: Howard
Subdivision: Pindell Woods
Lot #: 21
Building Permit #: B00155314
Tax Map #: 41
Parcel #: 274

Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Date/Time Collected: May 12, 2006 at 10:35 am
Date/Time Received: May 12, 2006 at 12:50 pm

Sample Location: Powder Room Tap & Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Maryland State Certified
Water Quality Laboratory
No. 318

Well Tag Number: HO-94-5287
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

| PARAMETER | RESULT | METHOD | MCL/*SMCL | |
|----------------|---------------|-----------|----------------|------|
| Nitrate | 7.2 mg/L as N | SM 4500D | 10 mg/L as N | Pass |
| Turbidity(Raw) | <1.0 NTU | EPA 180.1 | 10 NTU | Pass |
| pH | 6.1 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.



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

May 25, 2006

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

SENT VIA FACSIMILE 301-381-8747

RE: Pindell Woods, Lot 21
7212 Preservation Court
Fulton, MD 20759
BP #: B00155314
Well Permit # HO-94-3287

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 2/22/2006. Final approval of the well line connection to the dwelling was approved on 5/25/2006.**

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-94-3287. 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: 5/12/2006
Date of Well Completion: 1/05/2002

Approving Authority


Gabriel Creighton, RS
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File