

C1 3817

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) A516084

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11/16/04

Depth of Well 22 325 26 1/24/05

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4038

OWNER Winchester Homes Inc. STREET OR RFD Open Run Road TOWN Ellicott City SUBDIVISION Riverwood SECTION 1 LOT 13

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. Rows include topsoil, brown rocky clay, Sandstone, brown rocky Clay, Sandstone, dark brown mica, Green mica, Gray mica, Brown mica, Tannish/brown Sandstone, Grayish/green Mica, Sandstone, Dutch/gray Mica, Sandstone/Limestone.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO 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. MW D 040 DRILLERS SIGNATURE

LIC. NO. JWD 727

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Y N) TYPE OF GROUTING MATERIAL (C M B C) NO. OF BAGS 24 NO. OF POUNDS 2400 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 47 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 68

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

SCREEN RECORD screen type or open hole (insert appropriate code below) ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows 1-3 for depth measurements.

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

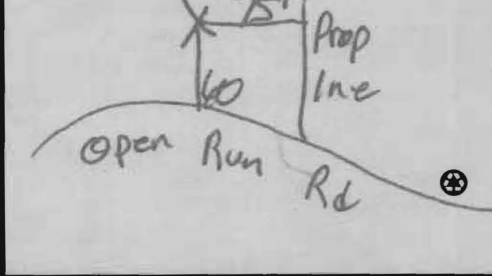
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 39 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (nearest foot)

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 9719

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520762

STATE PERMIT NUMBER

HO-94-4038 fill in this form completely

Date Received (APA)

OWNER INFORMATION 9768

8 MM DD YY 13

Winchester Homes, Inc

15 Last Name Owner First Name 34

6905 Rockledge Drive, Suite 800

36 Street or RFD 55

Bethesda, Md 20817

57 Town 70 State 72 Zip 76

B 3 Howard

LOCATION OF WELL

8 COUNTY 21

Riverwood

23 SUBDIVISION 42

SECTION 1 LOT 17

Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

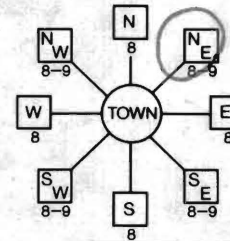
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 6/28/04

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Open Run Road

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 15 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: 29 BLK: 4 PARCEL 20

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D 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 A516084

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 10/14/2004 Brian Baker 10/14/2005

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 516 0 0 0 EAST GRID 828 0 0 0

APPROXIMATE DEPTH OF WELL 300 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

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 52

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

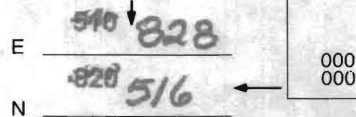
APPROP. PERMIT NUMBER HO2004G007 PERMIT No. HO-94-4038

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

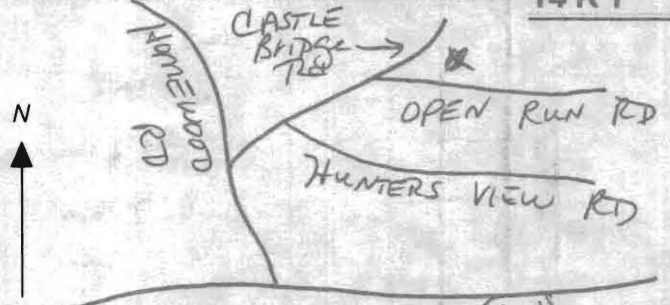
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

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 14K1



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: NATIONAL WATER SERVICE Telephone #: 301-854-1333
Address: P.O. Box 138
ASHTON, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): DAVID RYCKE License# PI

*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: WINCHESTER Homes Telephone #: _____
Subdivision: RIVERWOOD Lot #: 17 Well Tag #: HO-94-4038
Site Address: #10 12052 OPEN RUN RD
ELICOTT CITY

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>BLL</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>1.508 10-250</u>	Model#: _____	Screened, vented well cap: <u>Y</u>
Pump Capacity <u>15</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 1 1/2" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>32 1/2</u> (feet)		Conduit secured to well cap: <u>Y</u>

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	House Connection
Type: <u>POLY</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

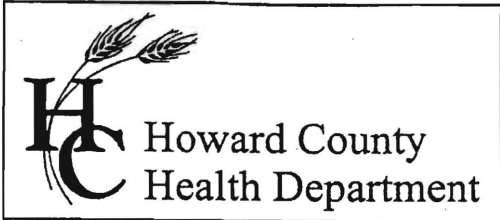
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: D. Rycke date: 9-10-09

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

Date Insp. Requested: _____ Date Insp. Approved: 4/24/09 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>Y</u>
Two piece cap installed and attached to casing securely	<u>Y</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>Y</u>
Safety rope not seen outside of well cap/casing	<u>Y</u>
Correct well tag attached properly and casing 8" above finished grade	<u>Y</u>
Water supply line sleeved adequately at house connection	<u>Y</u>
Adequate grout observed below pitless adapter	<u>Y</u>



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
 (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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate ~~one of~~ the following:

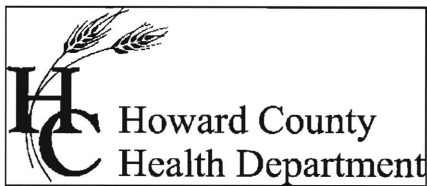
- The well site has been staked by Benchmark Engineering on June '04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Winchester Homes

<u>LOTS</u>	<u>1-10</u>	<u>Phase I</u>
	<u>12-23</u>	<u>Riverwood</u>
	<u>34-41</u>	

All are staked



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 21, 2009

Homeowner
12052 Open Run Road
Ellicott City, MD 21042

RE: Riverwood I, Lot 17
12052 Open Run Road
BP# B08002043
Well Tag #: HO-94-4038

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 08/24/2009. Final approval of the well line connection to the dwelling was approved on 04/24/2009.**

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.

Gross Alpha and Beta samples were also collected on 08/20/2009. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for **these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate are copies of the septic permit and the septic as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

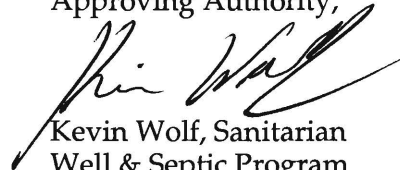
INTERIM CERTIFICATE OF POTABILITY

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-94-4038. 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: 08/20/2009 & 09/02/2009
Date of Samples for Gross Alpha & Gross Beta: 08/20/2009
Date of Well Completion: 11/16/2004

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 Fax (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 72548 Account #: 3123
 Reference: Riverwood Lot 17 Company: National Water Servicing
 Location: 12052 Open Run Road Requested By: Dave Rycke
 Ellicott City, MD 21042 Source: Well Water
 Date/ Time Collected: 9/2/2009 1117 Site: Test Port
 Date/Time Rec'd: 9/2/2009 1314 Treatment: **
 Chlorine ppm: Free: ND Total: ND pH: 5.8
 Collected By: J.Yeager 6176JY Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/3/2009 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/3/2009 / 1000 / CCH
Nitrate	<1.0	mg/L	10	601	9/3/2009 / 1015 / CCH

NOTES

- 1 **UV Light/ Whole House Nitrate System/ Sediment Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND = None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : Use & Occupancy retest 72373
 Building Permit # : B08002043

Date Reported: 9/3/2009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 145 Old Line Towne Rd., Westminster, MD 21156-1010 TEL: 410-876-5559 FAX: 410-876-0298

REPORT OF ANALYSIS

Laboratory ID #:	72373	Account #:	3123
Reference:	Winchester Riverwood Lot 17	Company:	National Water Servicing
Location:	12052 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/20/2009 1200	Source:	Well Water
Date/Time Rec'd:	8/20/2009 1311	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter
Collected By:	J. Yeager 6176JY	pH:	5.8
		Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE RANGE	APPLICABLE STANDARD	DATE/TIME TEST
Bacteria, Coliform, Total, MPN	<u>88.5</u>	MPN/ 100 ml	<1.0	SM18 9223	8/21/2009 / 0800 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/21/2009 / 0800 / CCH
Nitrate	<u>17.8</u>	mg/L	10	601	8/21/2009 / 1530 / BCD
Turbidity	1.58	NTU	<10	SM18 2130B	8/21/2009 / 1200 / CCH
Sand	NS	mg/L	5	Visual/Gravimetry	8/21/2009 / 1200 / CCH

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B08002043

Date Reported: 8/21/2009

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	72374	Account #:	3123
Reference:	Riverwood Lot 17	Company:	National Water Servicing
Location:	12052 Open Run Road Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	8/20/2009 1200	Source:	Well Water
Date/Time Rec'd:	8/20/2009 1311	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	5.8
		Well #:	No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	ND	pCi/L	15	900.0	8/28/2009 / --- / CM
Gross Beta	ND	pCi/L	50	900.0	8/28/2009 / --- / CM

NOTES

- 1 Gross Alpha Detection Limit: 3 Ci/L
- 2 Gross Beta Detection Limit: 4 pCi/L
- 3 pCi/L = picocuries per liter
- 4 pH tested on-site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 Subcontracted to Reference Lab

Reason for Test : Use & Occupancy
 Building Permit # : B08002043

Date Reported: 9/4/2009