

C1 0812 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 -3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 OK 21-02 (KG)

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

DATE WELL COMPLETED MM DD YY 01 21 02 Depth of Well 22 380 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3284 28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Builders last name first name STREET OR RFD Preservation Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 18

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	60	✓
Sand Stone	60	70	
MICKA	70	100	
Sand Stone	100	105	✓
MICKA	105	380	

GROUTING RECORD YES NO WELLS HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) 30 77? from 0 ft. to 30 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 380

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

DEPTH (nearest ft.) 380 A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

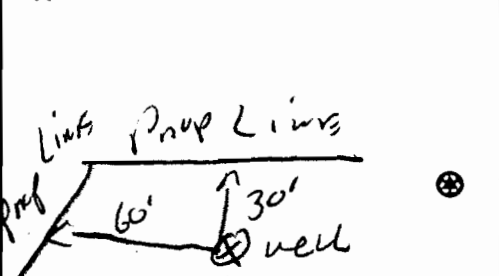
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 ft. WHEN PUMPING 160 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 (40) ( ) below (2) LAND SURFACE (nearest foot) 50 51

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 18628

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL W 5 14687 please print or type

STATE PERMIT NUMBER

40-94-3284 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Thomas Dale Builder's 30 Woodside Court Columbia, MD 21045

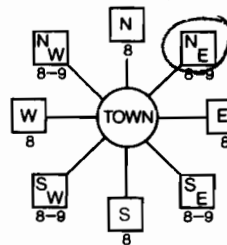
LOCATION OF WELL

Howard Pindellwoods Fulw 18 3

DRILLER INFORMATION

Ralph Mayne M S D 117 Ralph Mayne Well Drilling 17024 Hardy Rd, Mt. Airy MD 12-8-00

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Beaver Pond Ct. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 225 ENTER FT OR MI 275 TAX MAP: 41 BLK: 8 PARCEL 275

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (D) Farming (F) Industrial, Commercial, Dewatering (I) Public Water Supply Well (P) Test, Observation, Monitoring (T) Geo-Thermal (G)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 Brian Baber 12/6/2001 12/6/2002 488 000 823 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

1/18/02 NOON 12:15 pump broke 70' casing 380' well 30' open 22 bags

METHOD OF DRILLING (circle one)

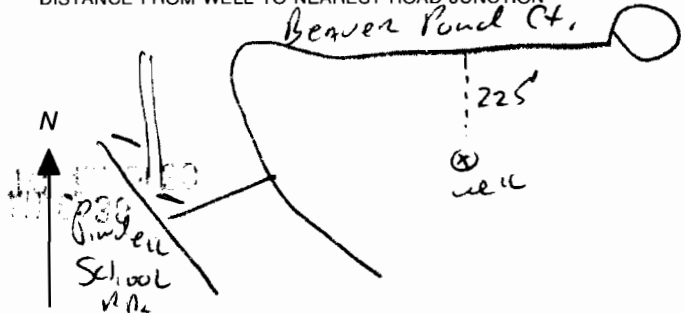
BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other

WRITE THE BOX NUMBER FROM THE MAP HERE 823 488

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (N) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (S) THIS WELL WILL DEEPEM AN EXISTING WELL (D)

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)

APPROX. PERMIT NUMBER H000 GAP 012 PERMIT No. H0-94-3284

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3284  
 Location of property (road) Preservation Court  
 Subdivision Pindell Woods Lot 18 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller R. Mayne Owner Dale Thompson Builders

Depth of well 380  
 Distance of measuring point (M.P.) above ground 2<sup>nd</sup>  
 Static water level (S.W.L.) below M.P. 45'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 160 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 & gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	45 ft	6 Sec		10 GPM
8:30	160 ft	24 Sec		2.5 GPM
8:45	160 ft	24 Sec		2.5 GPM
9:00	160 "	24 "		2.5 "
9:15	160 "	24 "		2.5 "
9:30	160 "	24 "		2.5 "
9:45	160 "	24 "		2.5 "
10:00	160 "	24 "		2.5 "
10:15	160 ft	24 Sec		2.5 GPM
10:30	160 ft	24 Sec		2.5 GPM
10:45	160 ft	24 Sec		2.5 GPM
11:00	160 ft	24 Sec		2.5 GPM
11:15	160 "	24 "		2.5 "
11:30	160 "	24 "		2.5 "
11:45	160 "	24 "		2.5 "
12:00	160 "	24 "		2.5 "
12:15	160 "	24 "		2.5 "
12:30	160 ft	24 Sec		2.5 GPM
12:45	160 ft	24 Sec		2.5 GPM
1:00	160 ft	24 Sec		2.5 GPM
1:15	160 "	24 "		2.5 "
1:30	160 "	24 "		2.5 "
1:45	160 ft	24 Sec		2.5 GPM
2:00	160 ft	24 Sec		2.5 GPM
HD-324 2:15	160 ft	24 Sec		2.5 GPM
2:30	160 ft	24 Sec		2.5 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 #: 410-781-7057  
Address: 12203 PATRICK DR  
SEKESVILLE, 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 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: DAVE JOHNSON BBA Telephone #: 410-995-6731  
Subdivision: HUNDEL WOODS Lot #: 18 Well Tag #: HO 94-5284  
Site Address: 1224 PRESERVATION CT  
FULTON, MD

**Submersible Pump Data**  
Make: JACUZZI Pitless Adapter Make: HARVARD Well Cap and Electric Conduit  
Model #: \_\_\_\_\_ Model #: \_\_\_\_\_ Two piece watertight cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 48" (36" min) Screened, vented well cap:   
Well Yield: 2 1/2 GPM NSF approved: \_\_\_\_\_ Cap secured to casing:   
Depth of well encountered at time of pump installation: 350 (feet) Conduit min 1 1/2" B.G.:   
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**  
Type: CUES LINE House Connection  
PSI: 1" (160 psi min) PVC sleeved to undisturbed soil at wall penetration:   
Depth of supply line:  (36" min) Approximate length of sleeve: 10'  
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 date: 8/14/07

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/8/08 (KW)  
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

1/2  
380 depth  
2-5  
static water  
45

g/20/07  
N.A. F. [Signature]  
cust. tag broken  
no tag seen

# 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@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**ISO 9001:2000**


Cert No. C2005-01504

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

**S/O Number:** 67090  
**Report Date:** February 7, 2008

**Property Sampled:** 7224 Preservation Court

**County:** Howard  
**Subdivision:** Pindell Woods  
**Lot #:** 18  
**Building Permit #:** B06006112

**Tax Map #:** 41  
**Parcel #:** 274

**Date/Time Collected:** February 6, 2008 at 10:50 am  
**Date/Time Received:** February 6, 2008 at 2:00 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3284  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

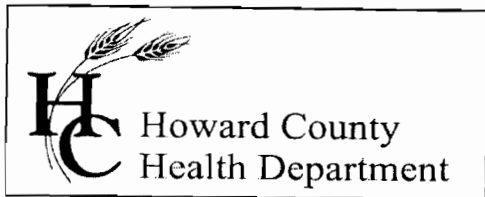
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.2 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.6 NTU	EPA 180.1	10 NTU	Pass
pH	6.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

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.



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

February 15, 2008

Mount View, LLC  
6300 Woodside Court, Suite A  
Columbia, MD 21046

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

RE: Pindell Woods, Lot 18  
7224 Preservation Court  
Fulton, MD 20759  
BP #: B06006112  
Well Permit # HO-94-3284

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 09/10/2007. Final approval of the well line connection to the dwelling was approved on 02/08/2008.**

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-94-3284. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 02/06/2008  
Date of Well Completion: 1/21/2002

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File