

C1 6953

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 A 516903

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1018

OWNER Highland Development Corporation
STREET OR RFD Brookline Way
SUBDIVISION Brighton Mill SECTION LOT 15

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL (C)
NO. OF BAGS 15 NO. OF POUNDS 7410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL 0 to 57 ft.

C 3

PUMPING TEST

HOURS PUMPED 3
PUMPING RATE 10 gal. per min.
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL BEFORE PUMPING 38 ft.
WHEN PUMPING 76 ft.
TYPE OF PUMP USED (for test) S submersible

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: Sand 0-56, Gray Mica Rate 56-220.

CASING RECORD

MAIN CASING TYPE ST
Nominal diameter top (main) casing 6
Total depth of main casing 60

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole ST
insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

Table for depth with columns: 1-21, 23-36, 38-51. Values: 1-21, 58, 220.

WELL HYDROFRACTURED (Y) (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...

DRILLERS LIC. NO. 1 MS0024
DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 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

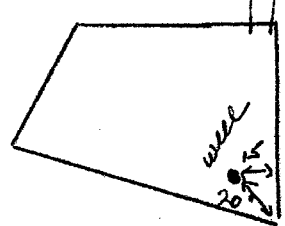
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)
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 **9836**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
**526279** please type

STATE PERMIT NUMBER  
**HD-95-1018**  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
**Highland Development Corp**  
15 (Last Name) Owner First Name 34  
**P.O. Box 228**  
36 Street or RFD 55  
**Clarksville Md. 21029**  
57 Town 70 State 72 Zip 76

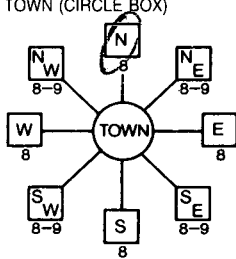
B 3 LOCATION OF WELL

8 COUNTY **Howard** 21  
23 SUBDIVISION **Brighton Mill** 42  
SECTION 44 46 LOT **15** 48 50  
**Highland**  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **3** M I  
73 76 77 78

DRILLER INFORMATION

Driller's Name **Joseph & Maoye MS D024** 76 License No. 81  
Firm Name **Joseph & Maoye Well Drilling**  
Address **5512 Ridge Rd Mt. Airy Md 21771**  
Signature **Joseph & Maoye** Date **3-2-07**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Brocolino Way**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
34 **640** 37 DISTANCE FROM ROAD FT 38 39  
ENTER FT OR MI  
TAX MAP: **34** BLK: **2** PARCEL **2**

B 2 WELL INFORMATION

APPROX. PUMPING RATE **5** GAL. PER MIN. 8 12  
AVERAGE DAILY QUANTITY NEEDED **500** GAL. PER DAY 14 20

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** COUNTY NAME  
**AS16913** COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED **3/30/07** 41  
**Joseph Maoye** CO SIGNATURE EXP. DATE  
43 MM DD YY 48  
NORTH GRID **501 000** EAST GRID **805 000**  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER **HD 2006 G 607**  
PERMIT No. **HD-95-1018**  
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

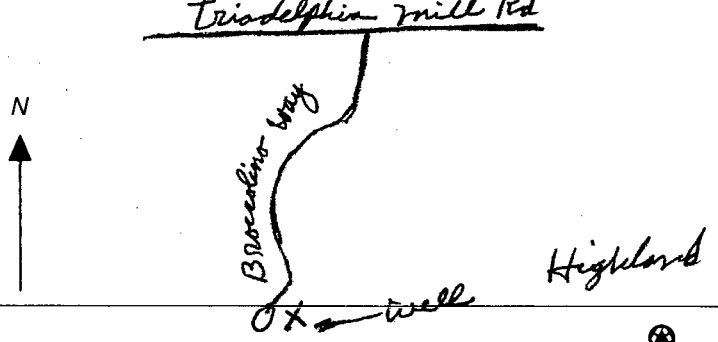
- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **80 X 5**  
N **50 X 1**

000 X  
000

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 Barnett Hill Ave.  
Sykesville, 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): Robert L. Feezer License# 2122

\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: BRIGHTON MILL Lot #: 15 Well Tag #: HO-95-1018  
Site Address: 3583 BROCCOLINO WAY  
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: SPR RPLC Make: Campbell Two piece watertight cap:   
Model #: 57P4H507221 Model#: PT 800 Screened, vented well cap:   
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 10 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 220 (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

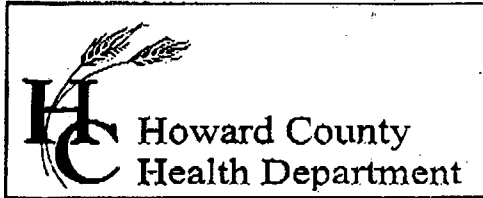
Piping to house House Connection  
Type: Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 200 (160 psi min) Approximate length of sleeve: 18'  
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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.

Signature of company representative responsible for installation: Robert L. Feezer date: 11/16/09  
Inspection called in for 11/9 A.M.

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

Date Insp. Requested: 11/5/09 Date Insp. Approved: 11/9/09 OK (SCW)  
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



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (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

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Brighton Mill</u>	<u>1<sup>th</sup>-22</u>	<u>Brookline Way</u>
Subdivision/Property Name	Lot#	Road Name

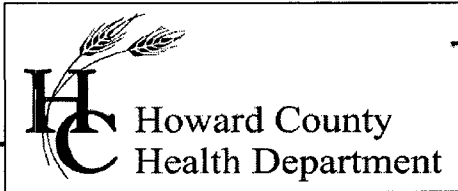
The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on will be staked by 3-13-07 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

December 8, 2009

Homeowner  
13583 Broccolino Way  
Clarksville, MD 21029

SENT VIA FACSIMILE 301-854-3983  
RE: Brighton Mill, Lot 15  
BP #: B09001706  
Well Permit # HO-95-1018

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 11/16/2009.**  
**Final approval of the well line connection to the dwelling was approved on 11/09/2009.**

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.

Enclosed with this certificate, are copies of the septic permit and the 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.

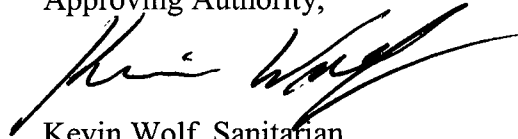
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1018. 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: 11/30/2009  
Date of Well Completion: 04/27/2007

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", written over a horizontal line.

Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 NV Homes, Inc  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 74935  
**Report Date:** December 1, 2009

**Property Sampled:** 13583 Broccolino Way, 21029

**County:** Howard  
**Subdivision:** Brighton Mill  
**Lot #:** 15  
**Building Permit #:** B09001706

**Tax Map #:** 34  
**Parcel #:** 2

**Date/Time Collected:** November 30, 2009 at 10:21 am  
**Date/Time Received:** November 30, 2009 at 3:00 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 9813AM

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1018  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	4.1 NTU	EPA 180.1	10 NTU	Pass
pH	7.1 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 Milburn*

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.