

C1 1959

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A58993P

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

DEPTH OF WELL (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER BRS Dev. STREET OR RFD Clear Drive Ct TOWN Glenwood SUBDIVISION Cattail Ridge SECTION LOT 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown soil, Hard Gray Rock, Brown sandstone, Hard Gray Granite.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (10), NO. OF POUNDS (940), GALLONS OF WATER (60 gals), DEPTH OF GROUT SEAL (0' to 40').

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (40).

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT), DIAMETER OF SCREEN (56, 60), SLOT SIZE (1, 2, 3).

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (watched bucket), WATER LEVEL (54' before, 123' when), TYPE OF PUMP USED (submersible).

WELL HYDROFRACTURED form with fields for YES (Y) and NO (N).

CIRCLE APPROPRIATE LETTER form with options A, E, P.

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...

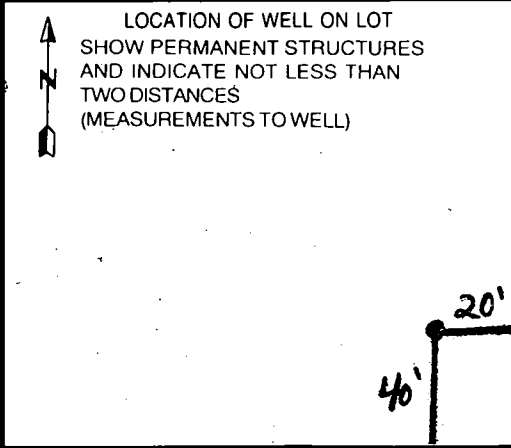
DRILLERS LIC. NO. MWD 355, DRILLERS SIGNATURE, LIC. NO. MWD 549, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-3 and rows E, A, C, H, S, R, E, N.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED, PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot).



Front Prop. Line X

B 1 14105

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2419 fill in this form completely

Date Received (APA)

083099

OWNER INFORMATION

CATTAIL OVERLOOK LLC 8808 CENTRE PARK DR. SUITE 108 Columbia MARYLAND 21045

B 3 HOWARD LOCATION OF WELL

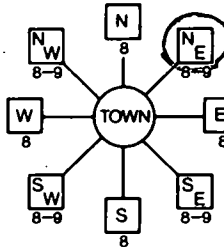
8 COUNTY 21 CATTAIL RIDGE 23 SUBDIVISION 42 SECTION 44 46 LOT 16 48 50 ROXBURY 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION

MICHAEL BARLOW MWD 355 Driller's Name License No. MICHAEL BARLOW WELL DRIVING SVC INC Firm Name 912 FAUN CT. JOPPA, MARYLAND 21085 Address Signature Date 8/18/99

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clean Drive Ct ROAD 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

34 15 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 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 Co A58993P COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 090799 A70711 090700 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 525000 EAST GRID 780000 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET 24 28

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL 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 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)

APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2419 70 71 72 73 74 75 76 77 78-79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

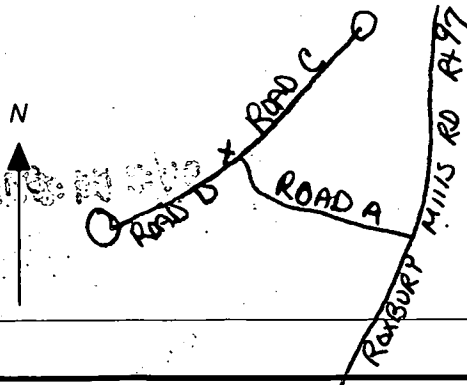
- SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 520

000 000

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: Eagle Well Drilling Telephone #: 410-795-5670  
Address: 570 ODECHT RD  
SYLVESVILLE 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): Allen Compton License# MSD 009

\*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: Williamsburg Group Telephone #: \_\_\_\_\_  
Subdivision: Cattail Ridge Lot #: 39 Well Tag #: HO-99-2419  
Site Address: 3609 Clear View Ct

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>1 ft</u>
Model #: <u>23805-422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: _____ GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>Yes</u>

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 NA

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>1" Black Plastic</u>	PVC sleeved 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: Allen Compton date: 4-12-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/24/04 (SO) BB

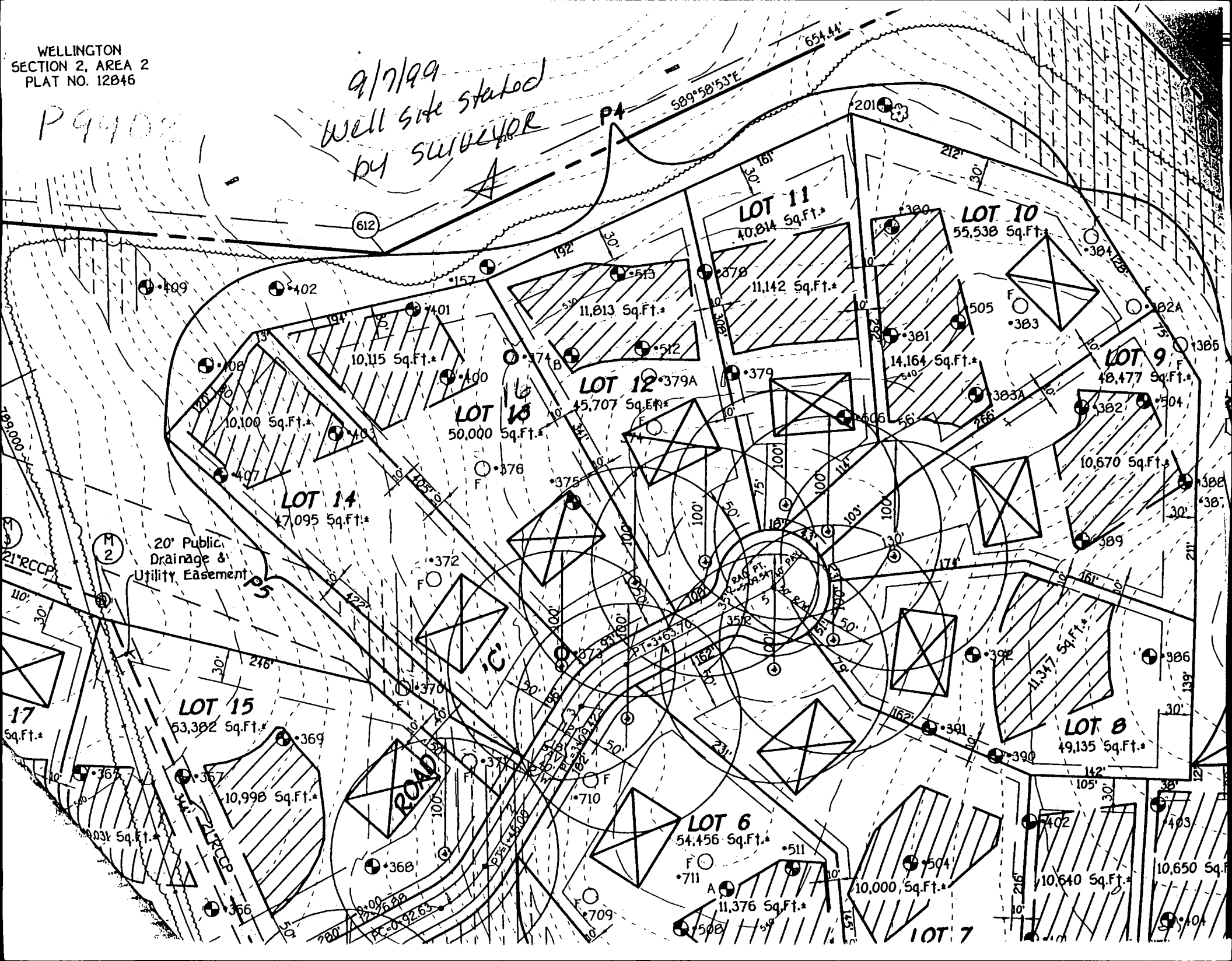
Inspection Data:

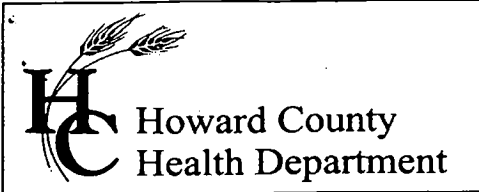
- Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

Don't know if sleeved  
Under Driveway

P9902

9/7/99  
Well site stated  
by surveyor





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

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

May 20, 2004

Williamsburg Group LLC  
5485 Harpers Farm Road, #200  
Columbia, MD 21044

*SENT VIA FACSIMILE 410-997-4358*

RE: Cattail Ridge, Lot 39  
3609 Clear Drive Court  
BP # B00144746  
Well Permit #HO-94-2419

Dear Sirs:

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 January 20, 2004.**

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 raw nitrate sample results were previously documented to be 13.4 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on May 20, 2004, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence.**
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

**INTERIM CERTIFICATE OF POTABILITY**  
(Permanent Deviation for Nitrates)

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-94-2419. **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 and nitrate tests, which may be taken by the health department within six months of the date 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 Sample(s): 05/13/2004, 05/19/2004 & 05/20/2004

Date of Well Completion: 10/04/1999

Respectfully,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

mlb  
cc: Building Inspector's office,  
Community Environmental Health Program  
File