

C1 2906 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A 515243 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0253

DATE WELL COMPLETED MM DD YY 3 22 06

Depth of Well 22 440 26 (TO NEAREST FOOT)

OWNER Floyd A Barbara STREET OR RFD Jones Rd TOWN Woodbine Md 21797 SUBDIVISION Daly Property SECTION LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 21 NO. OF POUNDS 1974 GALLONS OF WATER 12.6 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 78 ft.

C 3

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 38 ft. WHEN PUMPING 358 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: Brown Shale 0-78, Blue Rock 78-440. Notes: Drywell 500' backfilled, 500-40 drilling materials, HO-0 cement.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 82

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole ST BR HO (insert appropriate code below)

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101, 105-107, 111-113, 117-119, 123-125, 129-131, 135-137, 141-143, 147-149, 153-155, 159-161, 165-167, 171-173, 177-179, 183-185, 189-191, 195-197, 201-203, 207-209, 213-215, 219-221, 225-227, 231-233, 237-239, 243-245, 249-251, 255-257, 261-263, 267-269, 273-275, 279-281, 285-287, 291-293, 297-299, 303-305, 309-311, 315-317, 321-323, 327-329, 333-335, 339-341, 345-347, 351-353, 357-359, 363-365, 369-371, 375-377, 381-383, 387-389, 393-395, 399-401, 405-407, 411-413, 417-419, 423-425, 429-431, 435-437, 441-443, 447-449, 453-455, 459-461, 465-467, 471-473, 477-479, 483-485, 489-491, 495-497, 501-503, 507-509, 513-515, 519-521, 525-527, 531-533, 537-539, 543-545, 549-551, 555-557, 561-563, 567-569, 573-575, 579-581, 585-587, 591-593, 597-599, 603-605, 609-611, 615-617, 621-623, 627-629, 633-635, 639-641, 645-647, 651-653, 657-659, 663-665, 669-671, 675-677, 681-683, 687-689, 693-695, 699-701, 705-707, 711-713, 717-719, 723-725, 729-731, 735-737, 741-743, 747-749, 753-755, 759-761, 765-767, 771-773, 777-779, 783-785, 789-791, 795-797, 801-803, 807-809, 813-815, 819-821, 825-827, 831-833, 837-839, 843-845, 849-851, 855-857, 861-863, 867-869, 873-875, 879-881, 885-887, 891-893, 897-899, 903-905, 909-911, 915-917, 921-923, 927-929, 933-935, 939-941, 945-947, 951-953, 957-959, 963-965, 969-971, 975-977, 981-983, 987-989, 993-995, 999-1001.

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES 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 LAND SURFACE - below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

See attached locations.

B-1 8139

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-95-0253 fill in this form completely

523998 please type

Date Received (APA)

01 30 06

OWNER INFORMATION

Floyd A. Barbara Last Name Owner First Name 34 3268 Jones Rd Street or RFD 55 Woodbine Md 21797 Town State Zip 76

B 3

LOCATION OF WELL

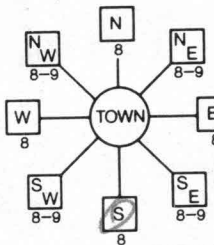
Howard COUNTY 21 Daly Property SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 Lisbon NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 5 MI 73 76 77 78

DRILLER INFORMATION

Joseph L. Wayne MS D024 Driller's Name License No. 81 Joseph L. Wayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Joseph L. Wayne 1/27/06 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jones Rd NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 6150 FT ENTER FT OR MI 38 39 TAX MAP: 20 BLK: 3 PARCEL 37

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 AS15243 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 2/13/06 CO SIGNATURE EXP. DATE 2/13/07 NORTH GRID 520 000 EAST GRID 771 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

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

APPROP. PERMIT NUMBER G PERMIT No. 110-95-0253

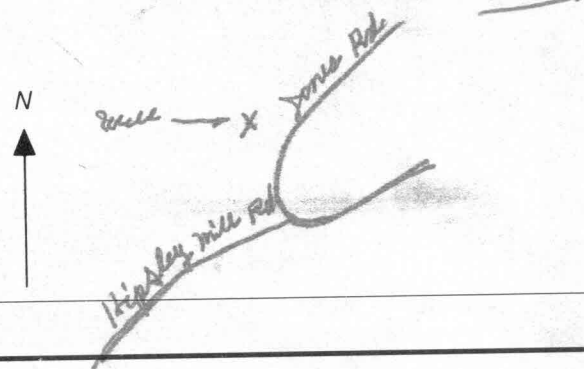
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 771 N 520

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0253  
 Location of property (road) Jones Rd  
 Subdivision Floyd Property Lot 3 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph L. Mayne Owner Barbara Floyd + H. K. Daly

Depth of well 440'  
 Distance of measuring point (M.P.) above ground 1/2  
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 15 gpm.  
 Total time 45 min to reach pumping water level 358 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 5, 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	164'	4 sec.	N/A	15 gpm.
8:15	278	4		15
8:30	358	5		12
8:45	356	30		2
9:00	355	30		2
9:15	355	30		2
9:30	354	30		2
9:45	354	30		2
10:00	354	30		2
10:15	353	30		2
10:30	353	30		2
10:45	353	30		2
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1:30	352	30		2
1:45	352	30		2

HD-2242:00 352 30 2  
 2:15 352 30 2  
 2:30 30 2

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: WALKER PLUMBING Telephone #: 301-834-8573  
Address: 2835 FRY RD C) 301-748-5073  
JEFFERSON MD 21757

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): GERALD L WALKER JR License# 6952

\*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: TERRY RADUE Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0253  
Site Address: 3272 JONES RD  
WOODBINE MD.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: STA-ROBE Make: BOSCHMANN Two piece watertight cap: NO  
Model #: 75P4D02A Model#: PA-100 Screened, vented well cap: YES  
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: YES  
Well Yield: 25 GPM NSF approved: ✓ Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: YES  
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 NO

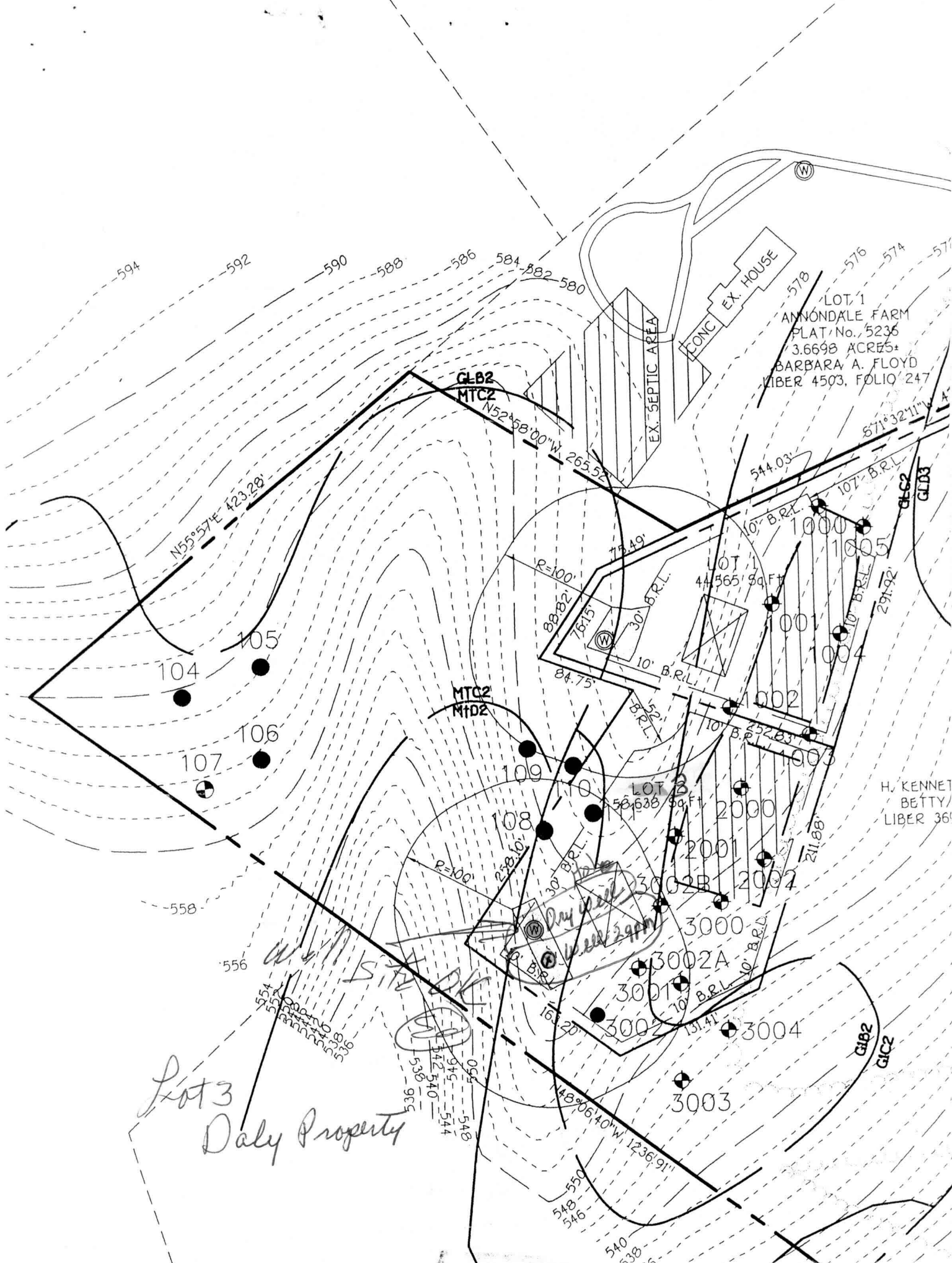
Piping to house House Connection  
Type: POLYETHYLENE PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 200 (160 psi min) Approximate length of sleeve (5 foot minimum): 8'  
Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly: YES

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.

Gerald Walker 7/1/07  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/13/07 (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 \_\_\_\_\_



LOT 1  
ANNONDALE FARM  
PLAT No. 5236  
3.6698 ACRES±  
BARBARA A. FLOYD  
LIBER 4503, FOLIO 247

H. KENNET  
BETTY/  
LIBER 361

*Lot 3  
Daly Property*

*dry well  
299m*

GLB2  
MTC2

MTC2  
MFD2

GLC2  
GLD3

GLB2  
GLC2

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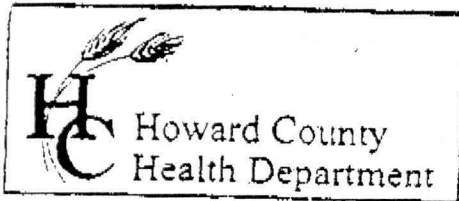
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

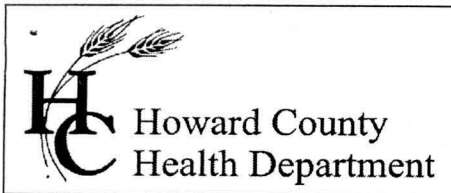
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher, Collins & Carter  
 (professional land surveyor or company employing professional land surveyors)  
 on 1-18-06 (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 6/10/03

*Barbara F Loyd*  
*Daly Property Lots 2 & 3*



Bureau of Environmental Health  
7178 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

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

09/07/2007

Terry Daly Radue  
3268 Jones Road  
Woodbine, MD 21797

**SENT VIA FACSIMILE 301-663-0652**

RE: Lot 3  
3272 Jones Road  
Woodbine, MD 21797  
BP # B07000518  
Well Permit # HO-95-0253

Dear Sir/Madam:

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 06/28/2007. Final approval of the well line connection to the dwelling was approved on 07/13/2007.**

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-95-0253. 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: 08/30/2007  
Date of Well Completion: 03/22/2006

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**CATOCTIN LABS, INC.**

2149 JEFFERSON CHURCH ROAD  
THURMONT, MARYLAND 21788-1017  
(301) 271-9060  
FAX (301) 271-9060

**FIELD RECORD**

Customer: Mariner Homes  
3272 Jones Road  
Woodbine, MD 21797

Date: August 30, 2007  
Time: 09:30

County: Howard  
Source: Master Bath Tub  
Well No: HO95-0253  
Bottle No: 6 MPN

Residual Cl: 0.0  
Iced: Yes  
pH: 5.8  
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Joe Hofer

State Certification No: 2863JH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

**LABORATORY RECORD**

Received: 11:20 8/30/2007 Examined: 11:20 08/30, 08/31

PARAMETER	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Coliform	less than 1.1	less than 1.1
MPN E. Coli	less than 1.1	less than 1.1
Nitrate	10.0 mg/l Maximum	1.3
Sand	No Trace	No Trace
Turbidity	5.0 NTU Max (10.0 NTU C.O.M.A.R.)	1.9

*OK*

**Bacteriological analysis of this sample, on this specified date, indicates the water is SAFE for human consumption, according to APHA/EPA Standards.**

Analyst Beverly Davis Date: August 31, 2007

Maryland State Certification Number 135  
Pennsylvania DER Certification Number 68-459  
Delaware State Certified

EPA Primary Secondary Radon Listing 2070100  
EPA Individual Radon Listing 156520T