

C1 6419

SEQUENCE NO. (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 A519074

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Lenthicum Oaks LLC STREET OR RFD Lenthicum Rd TOWN Dayton SUBDIVISION Lenthicum Oaks SECTION LOT Parc 50 - First Tract

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. Includes entries for Sand and Conroy Mica Box.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (Steel, Concrete, Plastic, Other) Nominal diameter, Total depth

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (Steel, Brass, Bronze, Plastic, Open Hole, Other)

DEPTH (nearest ft.)

Table for depth measurements at various depths (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

C 3

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 25 WHEN PUMPING 47 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) LAND SURFACE (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

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. MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

B 1 8177

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 521957 please type

STATE PERMIT NUMBER

HO-94-4116 fill in this form completely

Date Received (APA) 11/8/05

OWNER INFORMATION

Linthicum Oaks L.H.C. 4231 Linthicum Rd Dayton Md 21036

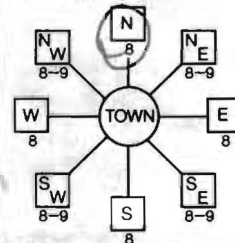
LOCATION OF WELL

Howard County Linthicum Oaks Property Parcel 50 - First Street Dayton

DRILLER INFORMATION

Joseph H. Mayne M.S. DO 24 Joseph H. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21111

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Linthicum Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD. DISTANCE FROM ROAD 1050 FT TAX MAP: 22 BLK: 19 PARCEL 50

WELL INFORMATION

APPROX. PUMPING RATE 8 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 County A 519074 STATE SIGNATURE DATE ISSUED 2/10/05 CO SIGNATURE EXP. DATE 2/10/06 NORTH GRID 518 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

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

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 G PERMIT No. HO-94-4116

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

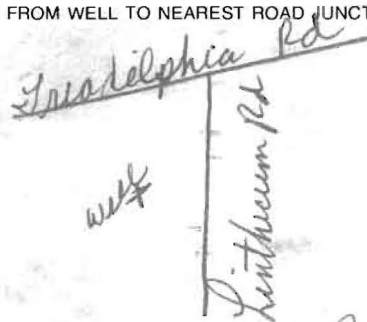
SOURCES OF DRILLING WATER

- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 518

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



Dayton

Feb 27 04 11:03a

HO GO FNY HFBI TH

14103132648

P.1

**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 SVC Telephone #: 301-854-1333
 Address: P.O. Box 138
ASHTON, MD 20861

(Most 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 0145

*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: Griffmore Group Telephone #: 410-531-8105
 Subdivision: _____ Lot #: _____ Well Tag #: HO-94-411C
 Site Address: 4074 LINTHICUM RD
DAYTON, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDFOSS</u>	Make: <u>WSC</u>	Two piece watertight cap: <u>ALUMINUM</u>
Model #: <u>15 SQS 100-250</u>	Model #: <u>PA-100</u>	Screened, vented well cap: _____
Pump Capacity: <u>15</u> GPM	Depth: <u>5'</u> (36" min)	Cap secured to casing: <u>SCREW</u>
Well Yield: <u>15</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" R.G. <u>18"</u>
Depth of well encountered at time of pump installation: <u>250</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, Cable guards, or other acceptable method used- Must circle one: <u>Built in pump</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house
 Type: AQUA Jet Co. L
 PSI: 160 (160 psi min)
 Depth of supply line: 36 (36" min)

House Connection
 PVC sleeve to undisturbed soil at wall penetration: YES
 Approximate length of sleeve: 6 FT
 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.

Signature of company representative responsible for installation: _____ date: 4/28/06

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

Date Insp. Requested: _____ Date Insp. Approved: 11/21/05 Inspector: GAC BB
 Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

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 #: 59407	Account #: 3123
Reference: Griffmore Group	Company: National Water Servicing
Location: 4074 Linthicum Road Dayton, MD 21036	Requested By: Dave Rycke
Date/ Time Collected: 6/12/2006 1140	Source: Well Water
Date/Time Rec'd: 6/12/2006 1243	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J.Yeager 6176JY	pH: 6.7
	Well #: HO-94-4116

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/13/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/13/2006 / 0830 / AMD/BCD
Nitrate	7.97	mg/L	10	601	6/13/2006 / 1030 / GN
Turbidity	4.79	NTU	<10	SM18 2130B	6/13/2006 / 0930 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	6/13/2006 / 0900 / GN

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 # : B00157489

Date Reported: 6/13/2006

+557

G102

G1D2

EXISTING TREE

DISTANCE FROM PROP. LINE

1000 GAL. UNDERGROUND TANK
MIN. 10' FROM CORNER
OF HOUSE.

PROPOSED
DIST. BOX

PROPOSED
SEPTIC
TANK

Septic

SILT FENCE

552

WELL

PROP. WELL
(TYP)

Need to install well
to treat water

LIMIT OF
DISTURBANCE
29,522 Sq. Ft.

PROPOSED
STOP HOUSE
BSMT. = 546.6

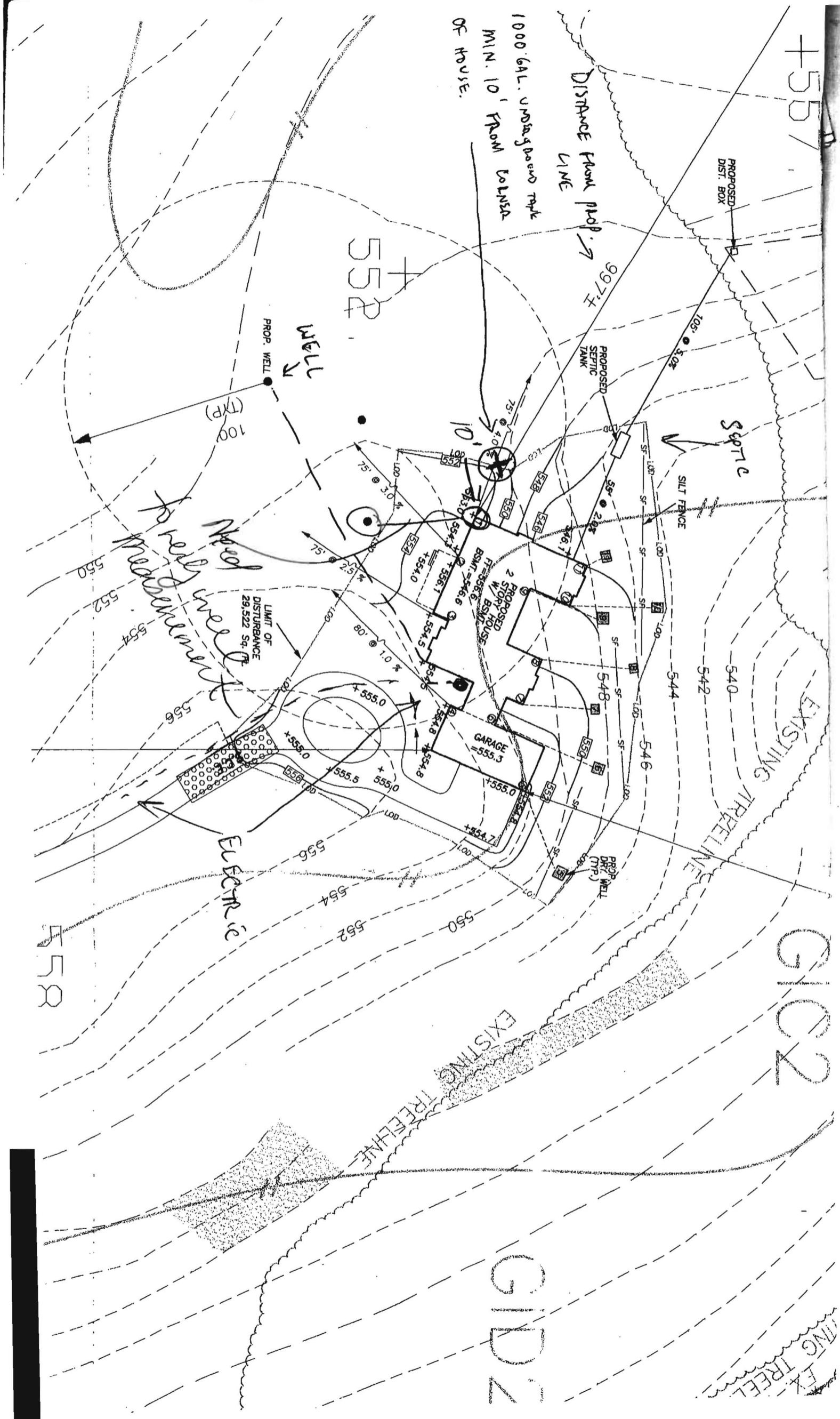
GARAGE
= 555.3

PROP. WELL
(TYP.)

ELECTRIC

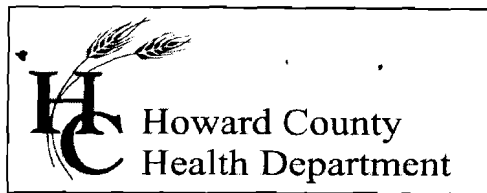
EXISTING TREE LINE

558



FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/10/06	Talked to owner to verify well location.
	The location on the plan is not the same as
	the field notes. Owner was to come
	back w/ well measurement. (SF)



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

June 13, 2006

Stephen & Tracy Griffin
4074 Linthicum Road
Dayton, MD 21036

RE: Linthicum Oaks, Remainder 2nd Tract
4074 Linthicum Road
Dayton, MD 21036
BP #: B00153904
Well Permit # HO-94-4116

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 11/22/2005. Final approval of the well line connection to the dwelling was approved on 11/21/2005.**

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-94-4116. 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: 06/12/2006
Date of Well Completion: 02/24/2005

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File