

SEQUENCE NO. (MDE USE ONLY) 5421

# 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

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

DATE WELL COMPLETED  
MM DD YY  
3 7 05  
Depth of Well  
22 445' 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 94 - 4118  
28 29 30 31 32 33 34 35 36 37

OWNER Linthicum Oaks LLC last name first name  
STREET OR RFD Linthicum Rd TOWN Dayton  
SUBDIVISION Linthicum Oaks SECTION \_\_\_\_\_ LOT Remainder

**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	
Sand	0	56	
Gray Micaceous Rock	56	445	✓

**GROUTING RECORD**  YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 18 NO. OF POUNDS 1620

GALLONS OF WATER 105

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 57 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE S-T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

60 61 63 64 66 70

**OTHER CASING (if used)**

diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

E A C H C A S I N G

**SCREEN RECORD**

screen type or open hole **ST** **BR** **HO**  
STEEL BRASS OPEN HOLE  
**PL** **OT**  
PLASTIC OTHER

(insert appropriate code below)

**C 2** DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

**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

1 2  
8 9 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)  
56 60  
from \_\_\_\_\_ to \_\_\_\_\_

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 3  
8 9

PUMPING RATE (gal. per min.) 7.5  
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.  
17 20

WHEN PUMPING 192 ft.  
22 25

TYPE OF PUMP USED (for test)

**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **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. 29

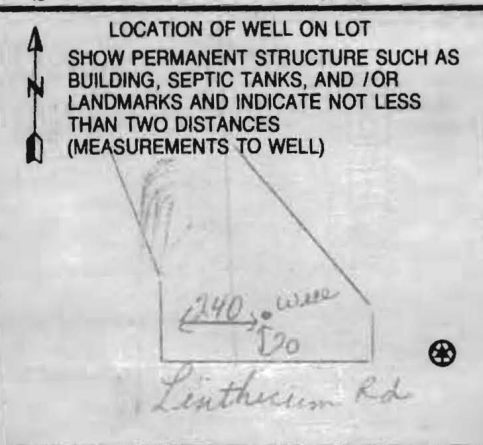
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_ 31 \_\_\_\_\_ 35

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)  
49 50 51



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 S D 224

DRILLERS SIGNATURE James C. Mayne

LIC. NO. D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

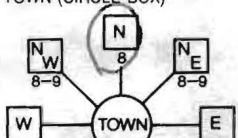

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **8175** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **40-94-4118**  
 1 2 3 6 70 fill in this form completely 79  
**521957** please type

Date Received (APA) **11/8/05**  
 8 MM DD YY 13  
**Linthicum Oaks, LLC**  
 15 Last Name Owner First Name 34  
**4231 Linthicum Rd**  
 36 Street or RFD 55  
**Dayton Md 21036**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL  
 8 COUNTY 21  
**Linthicum Oaks Property**  
 23 SUBDIVISION 42  
 SECTION **44** 46 LOT **Remainder** 48 50  
**Dayton**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** M I  
 73 76 77 78

DRILLER INFORMATION  
**Joseph L. Mayne** M S D O 2 Y  
 76 License No. 81  
**Joseph L Mayne Well Drilling**  
 Firm Name  
**5512 Ridge Rd Mt. Airy Md 21771**  
 Address  
**Joseph L Mayne 1-13-05**  
 Signature Date

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
**Linthicum Rd**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **25** 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 8 500 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **14** 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME COUNTY NO. **9518647**  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED **2/10/05** **Steph O'Neil** 2/10/06  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **519** 0 0 0 EAST GRID **801** 0 0 0  
 50 55 57 63

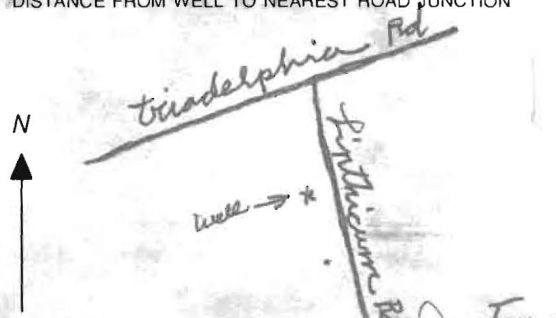
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** 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 \_\_\_\_\_

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 **8001**  
 N **5199**  
 000  
 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **40-94-4118**  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Feb 27 04 11:03a

HO GO FNV HFAI TH

14103122548

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

(Must 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-94-4118  
 Site Address: 4070 LINTHICUM RD  
DAYTON

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

<b>Piping to house</b>	<b>House Connection</b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (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: [Signature] date: 11-29-05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/31/06 Inspector: [Signature]

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-21-05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none - -

\* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 4117

\* PERSON ABANDONING WELL: Joseph L. Mayne

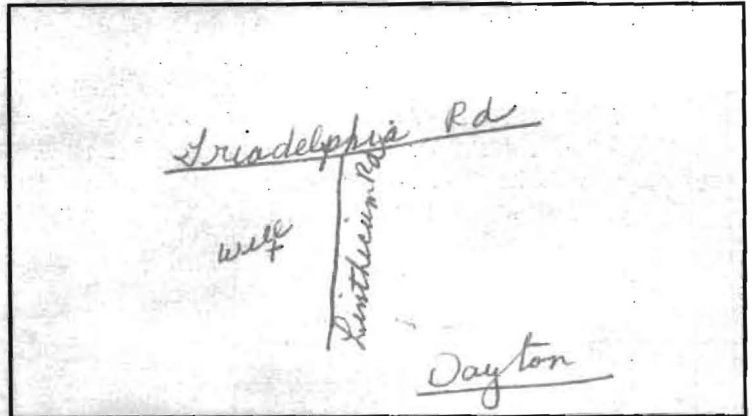
WELL DRILLERS LICENSE NUMBER: 024

\* OWNER'S NAME: The Griffonne Group

CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Dayton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL 50  
 SUBDIVISION: Linthicum Oaks Property  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 4024 Linthicum Rd



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 5.58 INCHES IN DIAMETER

\* DEPTH OF WELL: 40 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne

LICENSE # 024

CIRCLE ONE MWD/MSD/MGD

DATE 6-21-05

# 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 #: 59406	Account #: 3123
Reference: Griffmore Group	Company: National Water Servicing
Location: 4070 Linthicum Road Dayton, MD 21036	Requested By: Dave Rycke
Date/ Time Collected: 6/12/2006 1120	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: 6.9
	Well #: HO-94-4118

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	2.16	mg/L	10	601	6/13/2006 / 1030 / GN
Turbidity	6.79	NTU	<10	SM18 2130B	6/13/2006 / 0930 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	6/13/2006 / 0900 / GN

### NOTES

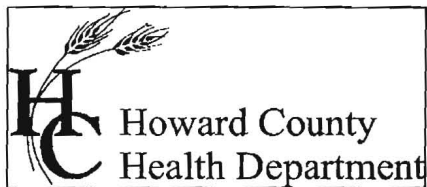
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B00153352

Date Reported: 6/13/2006

*MD State Certification #133*



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

August 2, 2006

Thomas Venczia  
3920 Sharp Road  
Glenwood, MD 21738

RE: Linthicum Oaks, Second Tract  
4070 Linthicum Road  
Dayton, MD 21036  
BP #: B00153352  
Well Permit # HO-94-4118

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 07/25/2006. Final approval of the well line connection to the dwelling was approved on 07/31/2006.**

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-94-4118. 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: 03/07/2005

Approving Authority

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File