

C 1 **7607** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A24127**

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED **1/23/77** DEPTH OF WELL **115** (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **H01-73-1799**
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. _____

OWNER **Freeman Carle** LAST NAME FIRST NAME
 STREET OR RFD **4925 Damascus Rd** POST OFFICE **Catharsburg Md**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SHALEY	3	20	
SHALE	20	45	
Brown slate	45	70	✓
Blue slate	70	105	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M BENTONITE CLAY B C
 45 46 45 46

NO. OF BAGS **20** NO. OF POUNDS **2,000**

GALLONS OF WATER **100**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **61** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW):
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **63**

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 (CIRCLE APPROPRIATE CODE BELOW):
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **61** TO **105**

E A C H S C R E E N

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68 F**

WRA 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 AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**
 8 _____ 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **30**
 11 _____ 15

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **40** (NEAREST FOOT) 17 _____ 20
 WHEN PUMPING **105** (NEAREST FOOT) 22 _____ 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 A AIR P PISTON T TURBINE
 27 27 27
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 27 27 27
 J JET S SUBMERSIBLE
 27 27

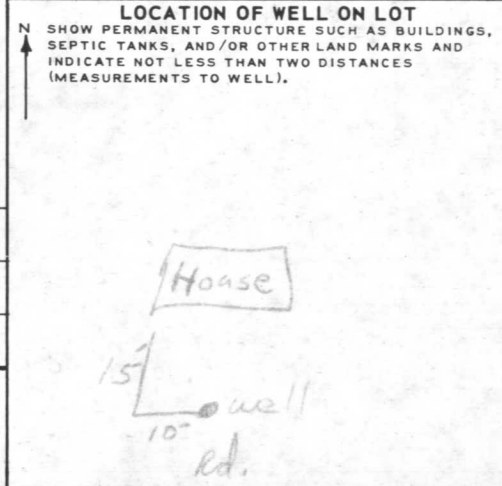
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35
 PUMP HORSE POWER _____ 37 _____ 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE
 BELOW } **2** (NEAREST FOOT)
 49 50 51



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **L.F. Easterday**
 (PLEASE PRINT) **L.F. Easterday**
 SIGNATURE _____

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 26.04.02 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Castaway Plumbing Telephone #: 240-674-5652
Address: 9210 Perchs Ford Rd
Fredrick, Md. 21769

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Scott Graczkowski License# 22009

*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: Potomac Homes Telephone #: 4104922421
Subdivision: _____ Lot #: _____ Well Tag #: HO-22-1799

Site Address: 1410 Daisy Rd.
Woodbine Md

Submersible Pump Data
Make: Jucuzie
Model #: T55479XV-SZ
Pump Capacity 7 GPM
Well Yield: 30 GPM

Pitless Adapter
Make: NA
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.C.:
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 inside of well casing

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 20'
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.

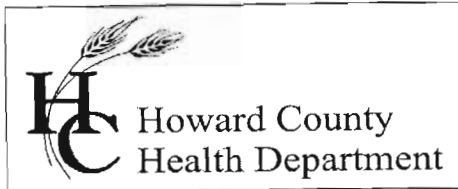
Signature of company representative responsible for installation

date 1/23/08

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

Date Insp. Requested: _____ Date Insp. Approved: 1/9/08 Inspector: BD

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 _____



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

January 30, 2008

Patapsco Homes
12898 Forsythe Road
Sykesville, MD 21784

SENT VIA FACSIMILE 410-489-0319

RE: Freeman Property, Lot 3
1410 Daisy Road
Woodbine, MD 21797
BP #: B06001296
Well Permit # HO-73-1799

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 01/09/2008. Final approval of the well line connection to the dwelling was approved on 01/09/2008.**

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-73-1799. 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: 01/04/2008
Date of Well Completion: 01/23/1977

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email: tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester:
Patapsco Homes
Attn: Marty
13898 Forsythe Road
Sykesville, Maryland 21784

S/O Number: 66677
Report Date: January 7, 2008

Property Sampled: 1410 Daisy Road

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B06001296

Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: January 4, 2008 at 3:10 pm
Date/Time Received: January 4, 2008 at 3:30 pm

Sample Location: Powder Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-1799
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.8mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 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 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.