

(MDE USE ONLY)

# WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 26153

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

DATE WELL COMPLETED

MM DD YY  
08 31 07

Depth of Well

22 760 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
11-95-0742

OWNER \_\_\_\_\_  
STREET OR RFD \_\_\_\_\_ TOWN \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

### 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	
0-20' sand	0	20	
20-30' sand	20	30	
30-40' sand	30	40	
40-50' sand	40	50	
50-60' sand	50	60	
60-70' sand	60	70	

### GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  Y  N  
(Circle Appropriate Box) 44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT  CM BENTONITE CLAY  BC  
45 46 45 46

NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot)  
from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

### CASING RECORD

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

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

60 61 63 64 66 70

OTHER CASING (if used) diameter depth (feet) inch from to

E A C H C A S I N G

### SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
SLOT SIZE 1 _____ 2 _____ 3 _____		DIAMETER OF SCREEN _____ (NEAREST INCH)		from _____ to _____																																														

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

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

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 D 1111

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE 20 LK

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 ft.  
17 20

WHEN PUMPING 105 ft.  
22 25

TYPE OF PUMP USED (for 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

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 } \_\_\_\_\_ (nearest foot)  
49 50 51

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)

of  
 te Aug 31 2007

Review \_\_\_\_\_

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0742  
 Location of property (road) Limps Kila Rd  
 Subdivision Holly House Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mays Owner Holly House Development LLC

Depth of well 460'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 185 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	42 ft	6 Sec	TEST STARTED	10 GPM
8:30	185 ft	20 Sec		3 GPM
8:45	185 ft	20 Sec		3 GPM
9:00	185 ft	20 Sec		3 GPM
9:15	185 "	20 "		3 "
9:30	185 "	20 "		3 "
9:45	185 "	20 "		3 "
10:00	185 ft	20 Sec		3 GPM
10:15	185 ft	20 Sec		3 GPM
10:30	185 ft	20 Sec		3 GPM
10:45	185 ft	20 "		3 "
11:00	185 "	20 "		3 "
11:15	185 "	20 "		3 "
11:30	185 ft	20 Sec		3 GPM
11:45	185 ft	20 Sec		3 GPM
12:00	185 ft	20 Sec		3 GPM
12:15	185 "	20 "		3 "
12:30	185 "	20 "		3 "
12:45	185 "	20 "		3 "
1:00	185 ft	20 Sec		3 GPM
1:15	185 ft	20 Sec		3 GPM
1:30	185 ft	20 Sec		3 GPM
1:45	185 "	20 "		3 "
2:00	185 "	20 "		3 "
HD-224 2:15	185 ft	20 Sec		3 GPM
2:30	185 ft	20 Sec		3 GPM

**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 20864

(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 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: Setbridge Homes Telephone #: 410-531-8730  
Subdivision: Holly House Lot #: 2 Well Tag #: HO-25-0742  
Site Address: 8111 Holly Manor Way  
Fulton, MD 20759

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>ISQUE 15-290</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>GRIND 703</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>460</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 CPS  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Piping to house**

Type: PAN  
PSI: 160 (160 psi min)  
Depth of supply line: 4' (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
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 8/1/11

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

Date Insp. Requested: _____	Date Insp. Approved: <u>5/3/2011</u> <b>BB</b>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

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

## ATTENTION WELL DRILLERS!!!

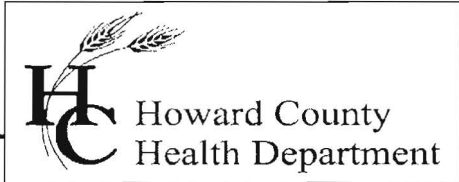
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DE MARIO Design Consultants on APRIL 12 2007 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Sub - Holly House MEADOW  
Lot 2  
off Street A

Owner Holly House Development LLC



Bureau of Environmental Health  
7178 Columbia 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*

August 10, 2011

Homeowner  
8111 Holly Manor Way  
Fulton, MD 20759

RE: Holly House Meadows, Lot 2  
BP #: B10003988  
Well Permit # HO-95-0742

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 05/06/2011. Final approval of the well line connection to the dwelling was approved on 05/03/2011.**

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-95-0742. 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: 07/14/2011  
Date of Well Completion: 08/31/2007

Approving Authority,  
*Brian Baker*  
Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

James H. Selfridge Builders Inc  
 4781 Ten Oaks Road  
 Dayton, Maryland 21036

**S/O Number:** 81953

**Report Date:** July 15, 2011

**Property Sampled:** 8111 Holly Manor Way, 20759  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10003988  
**Sampler ID #:** 9813AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 45

**Subdivision:** Holly House Meadow  
**Parcel:** 24

**Lot #:** 2

**Date/Time Collected in Field:** July 14, 2011 @ 12:15 pm  
**Date/Time Received in Lab:** July 14, 2011 @ 2:45 pm

**Well Tag #:** HO-95-0742  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.2 Units	***
Sand		Negative	Negative	

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Administrative Assistant

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.