

C1 9274

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER RINEHARDT, Edwin STREET OR RFD 18571 PENN HOP RD TOWN MT AIRY SUBDIVISION Rinehardt SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Gray Slate, Brown Slate, Gray Slate, Brown Slate, Gray Slate, Blue Slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (15), NO. OF POUNDS (1500), DEPTH OF GROUT SEAL (33 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (9+), Nominal diameter (6), Total depth (24).

OTHER CASING (if used) table with columns: diameter, depth (feet).

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (22).

NUMBER OF UNSUCCESSFUL WELLS: 3; WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. 1 MWD 040; DRILLERS SIGNATURE George F. Rosten; LIC. NO. 1 70 D 038; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns: 1, 2, 3, 4, 5, 6, 7, 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) (58, 60); 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; TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (5 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (37 ft), WHEN PUMPING (139 ft), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (nearest ft.) (43, 47), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below) (2 (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) see plat

B 1 6687
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
629587 please type

STATE PERMIT NUMBER

HO-95-1687
70 fill in this form completely 79

Date Received (APA)

10952

OWNER INFORMATION

8 MM DD YY 13

RINEHARDT EDWIN
15 Last Name Owner First Name 34
17344 OLD FREDERICK ROAD
36 Street or RFD 55
MOUNT AIRY, MD 21771-3614
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

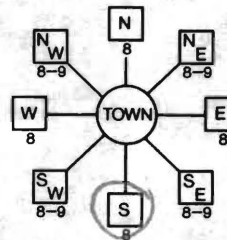
Howard
8 COUNTY 21
Reinhardt
23 SUBDIVISION 42
SECTION 44 46 LOT 1 48 50
Mt. Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 9/30/2008
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



Penn Shop Road (18571)
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
34 50 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 6 BLK: 3 PARCEL 124

B 2

WELL INFORMATION

5
APPROX. PUMPING RATE
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 500 14 20

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A527893
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/8/08 10/8/09 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 551 000 EAST GRID 753 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

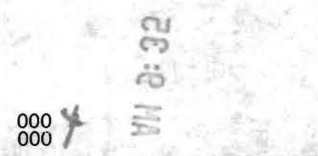
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary DRive-POINT
other

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

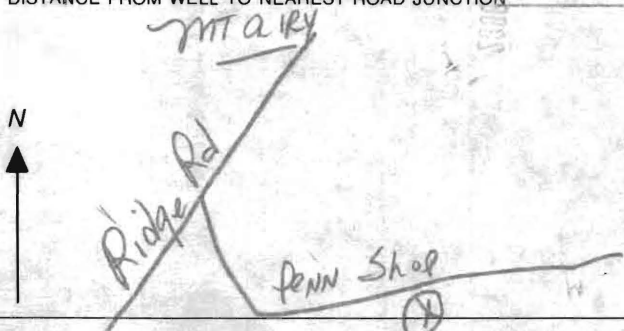
SOURCES OF DRILLING WATER
1.
2. wells
3.

WRITE THE BOX NUMBER
FROM THE MAP HERE

E 753 3
N 551 1



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



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 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)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. HO-95-1687
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: J. METTEE PLUMBING Telephone #: 301 831 9626
Address: 4937-A GREEN VALLEY ROAD UNIT-5
MONROVIA, MARYLAND 21770

Must circle one: Licensed Plumber Licensed Well Driller: _____ Licensed Well Pump Installer: _____

License # and name of individual responsible for the field installation:
Name (Print): JAMES METTEE License #: 4962

*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: E. REINHART Telephone #: _____
Subdivision: REINHART PROP. Lot #: 1 Well Tag #: HO-95-1697 ✓
Site Address: 18601 PENN SHOP ROAD
MOUNT AIRY, MARYLAND 21771

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: GOULAS Make: MARTINSON Two piece watertight cap: YES
Model #: 10G315 Model #: B-30X Screened, vented well cap: YES
Pump Capacity: 10 GPM Depth: 36" ± 36" min Cap secured to casing: YES
Well Yield: _____ GPM NSF/WSC approved: YES Conduit min 18" E.C.: 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 17.3.-
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 N/A

VARIABLE
SPEED
PUMP

Piping to house **House Connection**
Type: 1/4" PE FVC sleeve to undisturbed soil at well penetration: YES
PSI: 300 (160 psi min) Length of sleeve (minimum from foundation): 10'
Depth of supply line: 36" ± (36" min) Sleeve 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: James Mettee date: 2/17/2011

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

Date Insp. Requested: 2/18/11 Date Insp. Approved: 3/14/11 Inspector: MS
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 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 ground observed below pitless adapter: ✓

H2O line was sleeved per memo (3/2/11)
on 3/16/11

**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: _____ Telephone #: _____
Address: _____

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

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag # : HO - ____ - ____
Site Address: 18601 Penn Skye

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

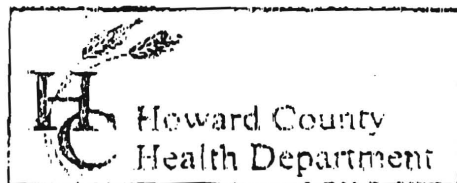
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-13-6300
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 VAN MAR
(professional land surveyor or company employing professional land surveyors)
on 9-08 (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

Edwin Reinhardt
18571 Penn Ship Road
240-674-2955



Howard County
Health Department

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

April 1st, 2011

Homeowner
18601 Penn Shop Road
Mt. Airy, MD 21771

RE: Reinhardt Property, Lot 1
18601 Penn Shop Rd.
BP #: B10001776
Well Tag: HO-95-1687

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 12/22/2010. Final approval of the well line connection to the dwelling was approved on 03/16/2011.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

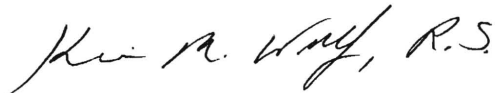
INTERIM CERTIFICATE OF POTABILITY

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-95-1687. 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: 3/21/2011
Date of Well Completion: 2/25/2009

Approving Authority,

A handwritten signature in cursive script that reads "Kevin M. Wolf, R.S.".

Kevin M. Wolf, R.E.H.S./R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Hygiene Program
File

**CATOCTIN LABS, INC.**8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060**FIELD RECORD**Customer: Hauptman Builders
18601 Pennshop Rd.
Mt. Airy, MD 21771

Date: March 21, 2011

Time: 14:00

Type:0

County: Howard

Residual Cl: 0.00

Source: Laundry Tub

Iced: Yes

Well No: HO-95-1687

pH: 5.3

Bottle No: 5PA

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Scott Haines

State Certification No: 1997SH

Turbidity Analysis completed on 3/22/11 @ 1000 hours; Nitrate Analysis completed on 3/23/11 @ 1335 hours; Sand Analysis completed on 03/25/11 @ 0900 hours
--

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: 22:00

3/21/2011

Examined: 22:00 03/21, 03/22

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	SM 9223	Absent	Absent
P/A E. coli	SM 9223	Absent	Absent
Nitrate	EPA 353.2	10.0 mg/L Maximum	6.9 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max (10.0 C.O.M.A)	0.90 NTU

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

Analyst

Date: March 22, 2011

Maryland State Certification Number 135

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