

C1 3754

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 A519615-B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 08 09 2004

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3987

OWNER Anglemyer Rindel School Rd TOWN Fulton

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 75', 115' & 190'.

GROUTING RECORD form with fields for GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (11), NO. OF POUNDS (100), DEPTH OF GROUT SEAL (40 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (40).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT).

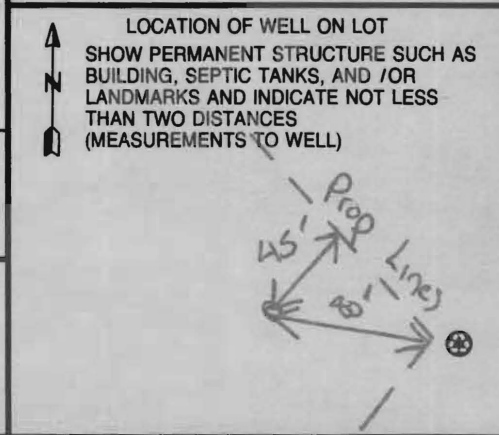
C2 DEPTH (nearest ft.) table with columns for casing depth (1-21 ft) and slot size (1-3).

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

C3 PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (15.79), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (38 ft before, 40 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (35), PUMP HORSE POWER (41), PUMP COLUMN LENGTH (47), CASING HEIGHT (1 foot below land surface).



Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P), DRILLERS LIC. NO. (MSD 162), DRILLERS SIGNATURE (Marty Dixon), LIC. NO. (JSD 048), SITE SUPERVISOR (Marty Dixon).

B 1 **3160**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

520062-8 please type

STATE PERMIT NUMBER
40-94-3987

fill in this form completely

Date Received (APA) **02 17 04**

OWNER INFORMATION

15 Last Name **Aggeler** Owner First Name **Jim**

36 Street or RFD **13107 Clanton Drive**

57 Town **Laurel** MD State 70 Zip **20708**

B 3 LOCATION OF WELL

8 COUNTY **Howard**

23 SUBDIVISION **James Aggeler Property**

SECTION **44** LOT **2**

52 NEAREST TOWN **HIGHLAND**

MILES FROM TOWN (enter 0 if in town) **3** M I

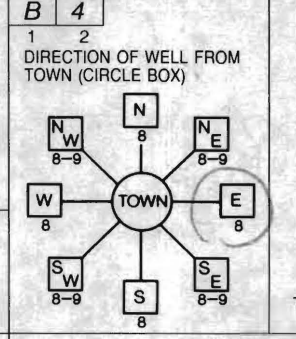
DRILLER INFORMATION

76 Driller's Name **Michael Isom** M License No. **5 D 1662**

Firm Name **Edgar Hare Sons Corp**

Address **12047 Falls Rd Cockeysville 21030**

Signature **[Signature]** Date **2/14/04**



NEAR WHAT ROAD **Pindell School Rd**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 DISTANCE FROM ROAD **200** 37 ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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

COUNTY NAME **Howard** COUNTY NO. **A519615-B**

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **07/21/04** Mark Reikin **7/21/05**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **489 000** EAST GRID **0826 000**

APPROXIMATE DEPTH OF WELL **250** FEET

APPROXIMATE DIAMETER OF WELL _____ 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

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

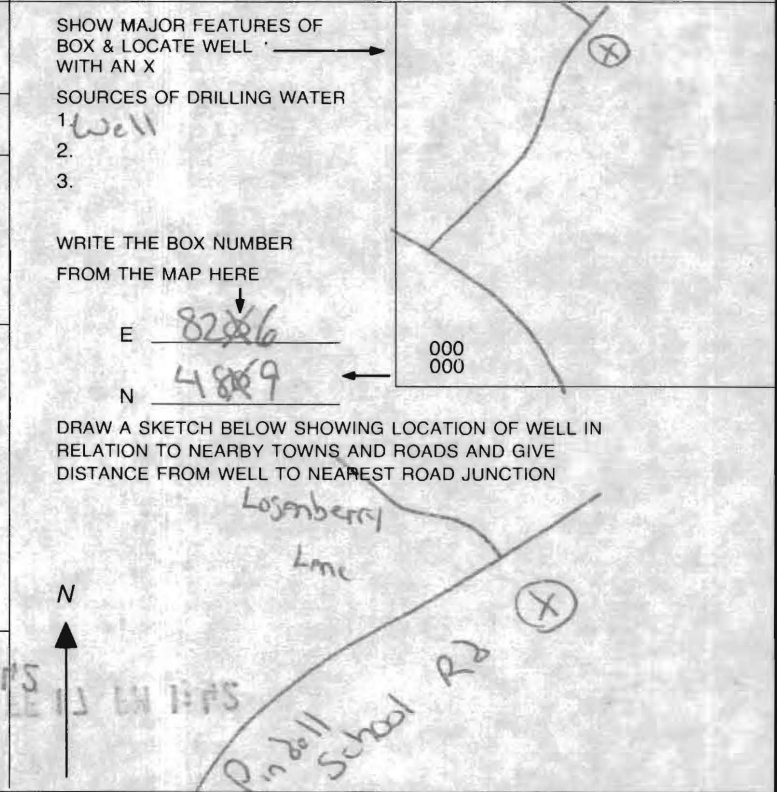
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____

PERMIT No. **40-94-3987**



**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: Michael Barlow Well Drilling Telephone #: 410-434-6910
Address: San Vintonwood Ln Drilling
Beltzville, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Michael Barlow License# MWD 255

*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: Scott Wynn Telephone #: 301-243-1377
Subdivision: Arden Manor Subdivision Lot #: 2 Well Tag #: HO-27-3987
Site Address: 1031 Pindell School Rd.

Submersible Pump Data

Make: SOLO NDYS
Model #: 155QE10-220
Pump Capacity 15 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Campbell
Model #: PA0x
Depth: 42" (36" min)
NSF approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 42 (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 No

Piping to house

Type: PVC
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 6'
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: [Signature] date: 6-8-09

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

Date Insp. Requested: _____ Date Insp. Approved: 3/17/09 (BB)
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

SIGNED PC 519615

MIB 2

Ba

Gn B 2

Lot 2

MID 2

EXISTING WELL TO BE FILLED/SEALED BY A LICENSED WELL DRILLER

BUILDING 2
FF EL. 375.0
BAS. EL. 364.3

1000 GALLON PROPANE TANK (BURIED)

SEPTIC FIELD 2
10,160 SF

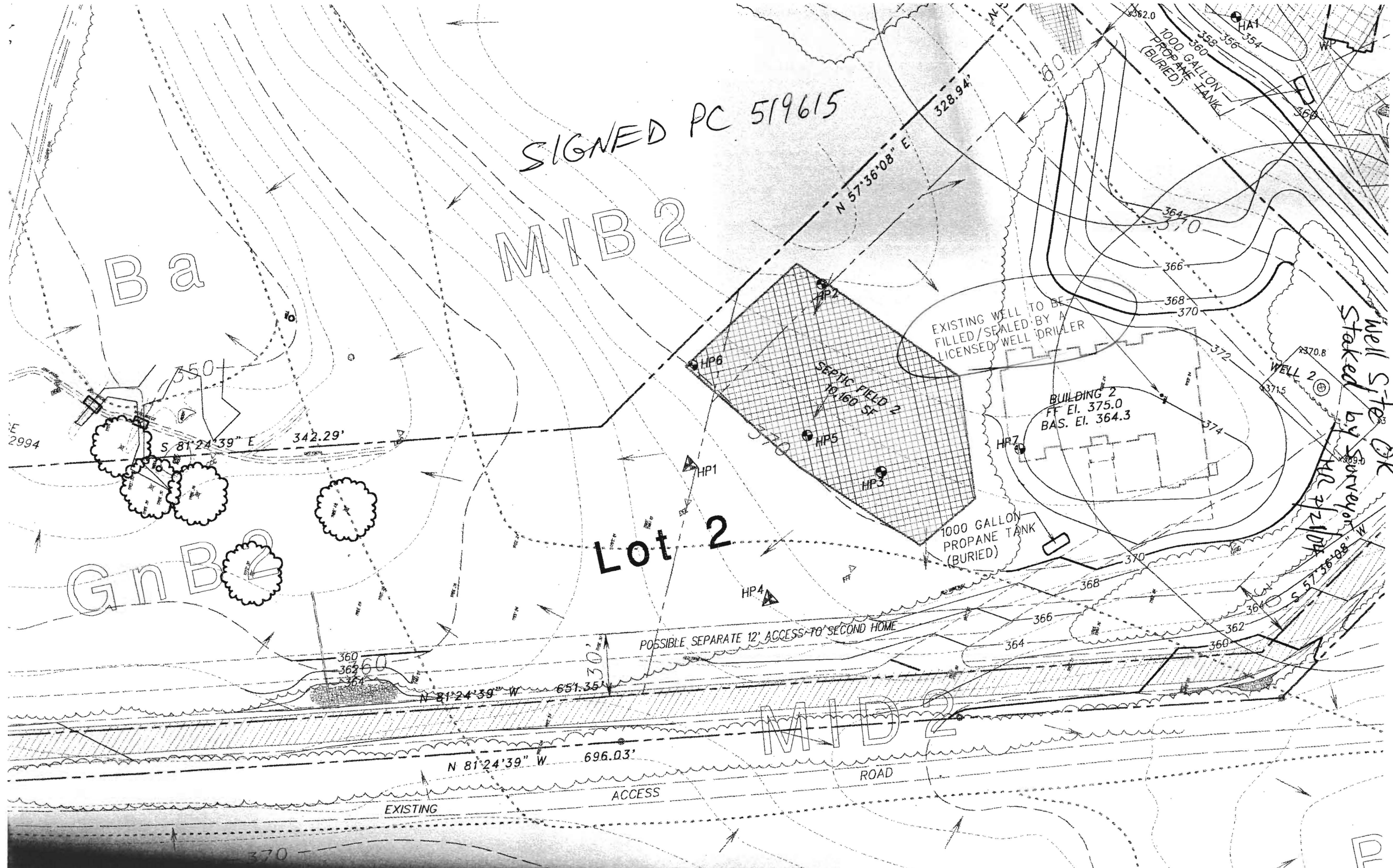
Well site OK
Staked by Surveyor
MR T. J. O'K

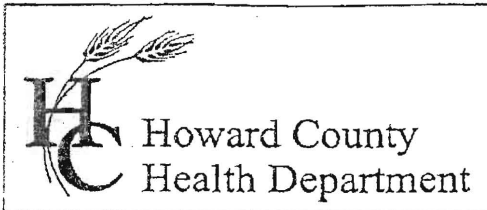
POSSIBLE SEPARATE 12' ACCESS TO SECOND HOME

EXISTING

ACCESS

ROAD





3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

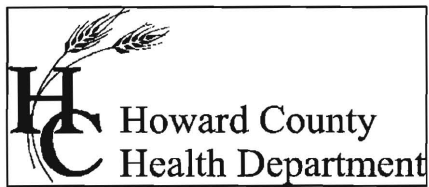
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by G + C Consultants on 2-10-04 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



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 10, 2009

Mr. Scott Wyler
7031 Pindell School Road
Fulton, MD 20759

RE: Anglemyer Property, Lot 2
7031 Pindell School Road
BP# B08000466
Well Tag #: HO-94-3987

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 03/16/2009. Final approval of the well line connection to the dwelling was approved on 03/17/2009.**

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.

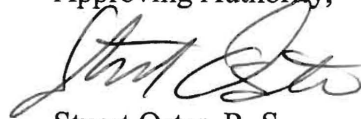
INTERIM CERTIFICATE OF POTABILITY

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-94-3987. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/03/2009 & 06/08/2009
Date of Well Completion: 08/09/2004

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

REPORT OF ANALYSIS

Gary Baker
Well Water Security Alliance Inc
PO Box 5073
Timonium, MD 21093

Lab Number: 83312
Date Received: 6/4/09 12:45
Project:

Sample No: 83312-01 **Sampled:** 6/3/2009 4:00:00 PM
Client ID: 7031 Pindell School Rd **Sampler:** JEM0130
Clarksville, MD 21029

Parameter	Method	Result	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/PASS	Per/100ml	1	6/4/2009	LH
Bacteria-E.coli	Colitag Test	Absent/PASS	Per/100ml	1	6/4/2009	LH

Notes:

83312-01 No chlorine present at the time of collection as reported by the sample collector.

Reviewed and Approved by:



Daniel J. Brumsted
Laboratory Director

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

REPORT OF ANALYSIS

June 10, 2009

Gary Baker
Well Water Security Alliance Inc
PO Box 5073
Timonium, MD 21093

Lab Number: 83395
Date Received: 6/9/09 12:00
Project:

Sample No: **83395-01** Sampled: 6/8/2009 4:00:00 PM
Client ID: **7031 Pindell School Rd** Sampler: JEM0130
Clarksville, MD

Parameter	Method	Result	Units	RL	Test Date	Analyst
Clarity	Visual	Clear			6/8/2009	
Nitrate + Nitrite as N	EPA 353.2	1.25	mg/l	1.10	6/10/2009	DB
Sand	Visual	0	g/L		6/8/2009	
Turbidity	EPA 180.1	< 0.5	NTU	0.5	6/10/2009	DB
Nitrite-N	EPA 353.2	< 0.10	mg/l	0.10	6/10/2009	DB
Nitrate-N	EPA 353.2	1.25	mg/l	1.00	6/10/2009	DB

Notes:

83395-01 Maximum Contaminant Level in Drinking Water for Nitrate+Nitrite is 10.0 mg/L, Nitrate-N 10.0 mg/L and Nitrite-N 1.0 mg/L as established by the US EPA.

Reviewed and Approved by:

Daniel J. Brumsted
Laboratory Director