

C1 07770

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OUSRU 7/26/00

COUNTY NUMBER A511556

ST/CO USE ONLY DATE Received MM DD YY 07 07 02

DATE WELL COMPLETED 5/31/00

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2689

OWNER Phillips (last name) GREG (first name) STREET OR RFD Gilbridge Lane TOWN Clarksville SUBDIVISION Hedgerow Estates SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Br. Micaceous Clay, Br. Mica, Tan Mica, Gray Mica, Quartzite, and Gray Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1700), GALLONS OF WATER (84), DEPTH OF GROUT SEAL (55 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (60).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below.

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

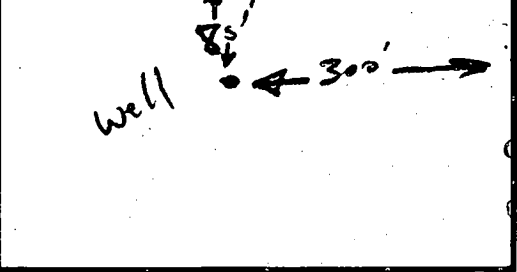
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (5.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (18 ft), BEFORE PUMPING (18 ft), WHEN PUMPING (190 ft).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (C), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL LINE).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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. MW D 040, DRILLERS SIGNATURE (George F. Easterday), LIC. NO. MW D 3806, DRILLERS SIGNATURE (Wally Blanton).

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

R. Prop. line

B 1 08923

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2689

Date Received (APA)

04/27/00

OWNER INFORMATION RN 8228

B 3 Howard

LOCATION OF WELL CCM

Phillips Greg 8815 Centre Park Drive Columbia, Md. 21045

8 COUNTY Hedgerow Estates 23 SUBDIVISION SECTION 44 46 LOT 3 48 50 Dayton Clarksville 52 NEAREST TOWN MILES FROM TOWN 2

DRILLER INFORMATION George F. Easterday M W D 040

Driller's Name License No. 76 81

L. Franklin Easterday, Inc.

Firm Name

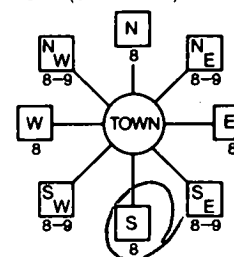
9265 Brown Church Rd.. MT. Airv. Md. 21771

Address

Signature George F. Easterday Date 4/21/2000

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Gilbride Lane

11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 1200 Ft. ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A511556 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 05/17/00 CO SIGNATURE EXP. DATE 05/16/01 NORTH GRID 505000 EAST GRID 0805000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

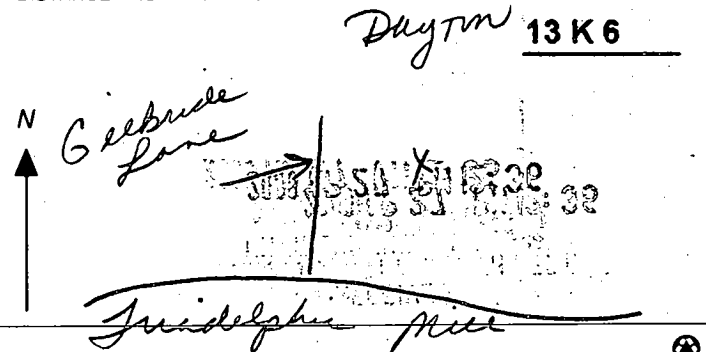
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 N 500

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 54 G A P 63 PERMIT No. HO-94-2689

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



7/20/04 P.M.  
 7/21/04 - A.M.  
 Early as Possible

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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Subdivision: Hedacrow Estates Lot #: 3 Well Tag #: HO-94-2689 ✓  
 Site Address: 13520 Bella Natta Way

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model #: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
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 inside of well casing

<b><u>Piping to house</u></b>	<b><u>House Connection</u></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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/20/04 Date Insp. Approved: 7/21/04 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 \_\_\_\_\_

~~7/20/04~~  
~~Not Done~~  
~~at 3:30 PM.~~  
(BB)







Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 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

May 19, 2005

Raal Singhal  
408 Fox Den Lane  
Millersville, MD 21108

RE: Hedgerow Estates, Lot 3  
13520 Bella Notte Way  
Clarksville, MD 21029  
BP #: B00141415  
Well Permit # HO-94-2689

Dear Sirs:

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 04/01/2005. Final approval of the well line connection to the dwelling was approved on 07/21/2004.**

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-94-2689. 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 Sample(s): 03/28/2005 & 05/13/2005  
Date of Well Completion: 05/31/2000

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**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 #: 54905 Account #: 1930  
Reference: Rohman Construction Company: Fogle's Well Drilling  
Location: 13520 Bellanoda Way Requested By: Dave Fogle  
Clarksville, MD 21029 Source: Well Water  
Date/ Time Collected: 05/13/05 1200 Site: Kitchen Sink Tap  
Date/Time Rec'd: 05/13/05 1428 Treatment: Softener/ Neutralizer  
Chlorine ppm: Free: ND Total: ND pH: 7.51  
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-2689

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	9.93	NTU	<10	SM18 2130B

**NOTES:**

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling
- 3 ND: None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy retest 54263  
Building Permit # : 00141415

Date Reported: 05/13/05

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

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**REPORT OF ANALYSIS**

Laboratory ID #:	54263	Account #:	1930
Reference:	Rohman Construction	Company:	Fogle's Well Drilling
Location:	13520 Bellanoda Way Clarksville, MD 21029	Requested By:	Dave Fogle
Date/ Time Collected:	3/28/2005 1010	Source:	Well Water
Date/Time Rec'd:	3/28/2005 1021	Site:	Storage Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.1
		Well #:	HO-94-2689

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	<1.0	mg/L	10	601
Turbidity	52.7	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**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 Sample collected by client, analyzed as received
- 8 pH tested on-site by client

Reason for Test : Use &amp; Occupancy

Building Permit # : 00141415

Date Reported: 3/29/2005