

C1 7090

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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 A 524407

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 07 13 07

Depth of Well 22 163 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-1155

OWNER STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

PUMPING TEST HOURS PUMPED (nearest hour) 3

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.) 15

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone, MICKA, Sand Stone, MICKA.

CEMENT NO. OF BAGS 35 NO. OF POUNDS 3500 GALLONS OF WATER 210 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 304 ft.

METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 60

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

WELL HYDROFRACTURED YES Y NO N

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 11 15 17 21

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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

SLOT SIZE 1 2 3

PUMP HORSE POWER 37 41

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.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMP COLUMN LENGTH (nearest ft.) 43 47

DRILLERS LIC. NO. M SD

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

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

Diagram showing well location on lot with measurements to Prop Line and Prop Line.

3 1 8453
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER
Ho-95-1155
70 fill in this form completely 79

526742 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Land Marketing Consultants Inc
15 Last Name Owner First Name 34
PO BOX 482
36 Street or RFD 55
Lisbon MD. 21765
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

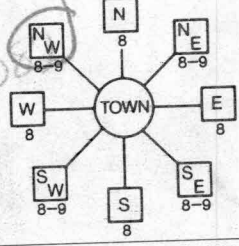
Howard
8 COUNTY 21
Ruben Prop
23 SUBDIVISION 42
SECTION 44 46 LOT I 48 50
Blenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M SD 117
76 License No. 81
Ralph E. Mayne Inc
Firm Name
17024 Handy rd. Mt Airy MD 21771
Address
M. S. Thomas 5/28/08
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Burntwoods rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 250 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: 7 PARCEL 532

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- 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 A524407
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/19/07 6/19/08
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH 525 000 EAST GRID 801 000
GRID 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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

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

APPROX. PERMIT NUMBER G
PERMIT No. Ho-95-1155
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

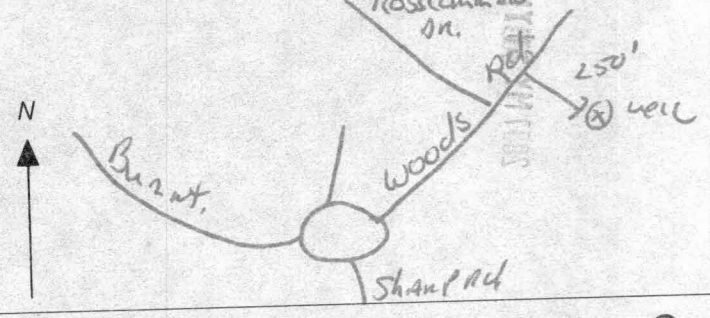
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 801
N 52X5
000
000

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



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: T&R Plumbing and Heating Telephone #: 301-725-0031
Address: 8421 Foundry Street
Savage, MD 20763

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Timothy Rollman License# 7079
*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: Kevin Bielgt Telephone #: 301-461-4671
Subdivision: Reuben Lot #: 1 Well Tag #: HO-95-1155
Site Address: 13825 Burntwoods Rd
Glenelg, MD 21737

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Myer Predator</u>	Make: <u>American Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2ST72-5</u>	Model#: <u>PT&CONL</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>4'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>17</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>162</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, 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: Crest Line
PSI: 160 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 10'
Sleeve 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

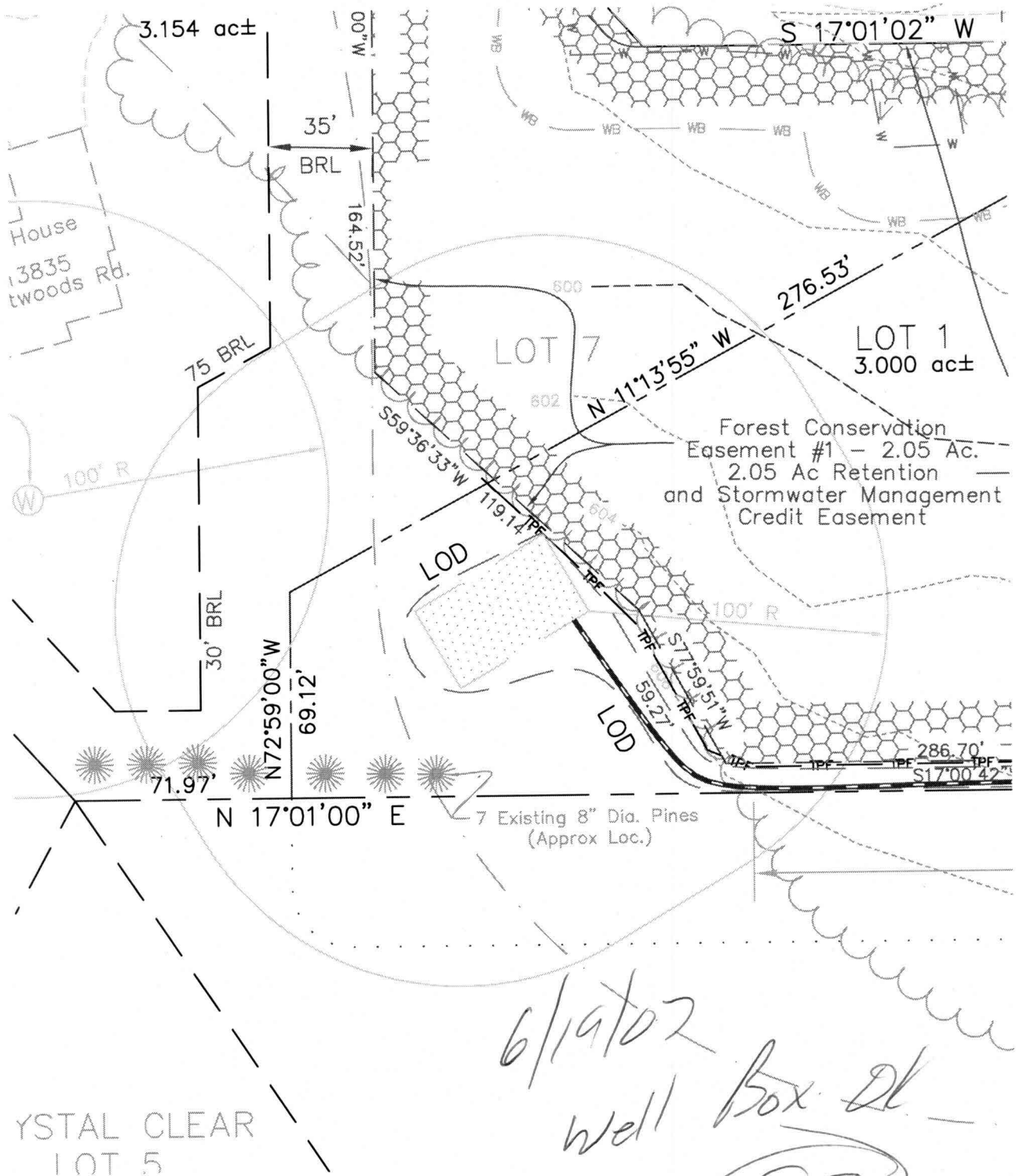
2-16-12
date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 grout observed below pitless adapter

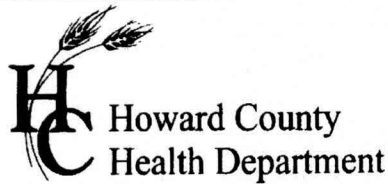
2/21/2012 BB

Cap Not Glued On
Not Glued On



HERITAGE
Land Development

RUBEN PROPERTY
13835 Burnt Woods Road
Glenelg, MD 21737



7178 Columbia Gateway Dr., Columbia, MD 21046
(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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

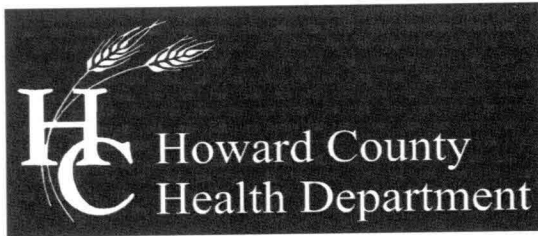
<u>Ruben Property</u>	<u>1</u>	<u>Burnt Woods Road</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by FSH Associates,
(professional land surveyor or company employing professional land surveyors)
on 03/29/07 (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 3/11/05



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – April 5th, 2013

October 5th, 2012

Homeowner
13825 Burntwoods Road
Glenelg, MD 21737

**RE: Ruben Property, Lot 1
13825 Burntwoods Road
Building Permit: B11002439
Well Permit: HO-95-1155**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/18/2012**. Final approval of the well line connection to the dwelling was granted on **2/21/2012**. The well construction was completed on **7/13/2007**. Water samples were collected on **9/27/2012**.

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. 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-95-1155. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION

201 W. Preston Street
P.O. Box 3355, Baltimore, MD 21203
John M. DeBoy, Dr. P.H., Director

173233

Bacteria
OK
10-5-12
HS

Category Code 4G Lab. No. _____
Bacteriological Drinking Water Report powder Room
INV. No. 27852 Field Record

Source KEVIN BIELOT
Location 13825 Burntwoods Rd
Iced: Yes No
Treated: Yes No Time Collected 9:00 a.m. p.m.
Collector# 3179 BSE Bottle No. HC13825
Collector Name B. Shklyan County HOWARD

Sample Type:
Community
Non-Community
Non-Transient
Private
Check Sample
C.O.P.

Test Requested:
Quantitative
PIA
MTF
SPC

County 13 Plant No. _____ Sampling Station _____ Date Collected 9 27 12
pH _____ Res. Cl. Free _____ Total _____ Card# _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF - P/A TEST*

ml. of Sample	10 ml.		100 ml.		No. of +
	Coliforms*	Coliforms*	Coliforms*	Coliforms*	

CONFIRMED - P/A TEST

PIA TEST (CONFIRMED)***

ml. of Sample	100 ml.
Total Coliforms	
E. coli	

QUANTITATIVE TEST (CONFIRMED)***

100 ml. of Sample	No. of Pos.	MPN
Total Coliforms	0	21
E. coli	0	21

SPC Plate: A _____ B _____
24.48.72 hrs/Heterotrophic Plate Count (HPC/mly)[§] = _____

Temp. Control 4°C

- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

Remarks 106-18
Date & Hour
SEP 27 '12 PM 2:35
SEP 27 '12 PM 5:53
SEP 28 '12 PM 12:06

Laboratory
E. SHORE REG.
CENTRAL W. MD REG.
Rec'd _____
Exam _____
Rep't _____
Bacteriologist J. Lynn

p.2
410-225-0941
State of Maryland DHMH
Oct 04 2012 2:14PM

RECEIVED
OCT 04 2012
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

