

C1 1119
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.)
 COUNTY NUMBER W 522963

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

DATE WELL COMPLETED
 MM DD YY
 7-28-95

Depth of Well
 440'
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 Ho-95-0071

OWNER Crosen Naomi + Michael
 STREET OR RFD 14448 Dorsey Mill Rd TOWN Glenn Dale 21737
 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	
sand	0	76	
gray granite	76	440	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

NO. OF BAGS 25 NO. OF POUNDS 2350
 GALLONS OF WATER 150
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP ft. to 74 BOTTOM ft.
 (enter 0 if from surface)

CASING RECORD

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

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

SCREEN RECORD

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

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

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	
E	16																				
A																					
C																					
H																					
S																					
C																					
3																					
R																					
E																					
N																					

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.
 WHEN PUMPING 308 ft.

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

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. _____

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

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47

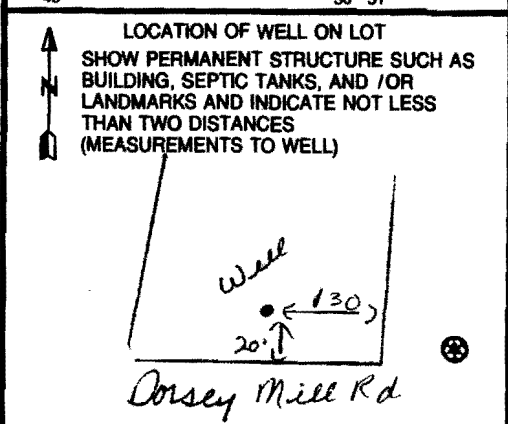
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } _____ (nearest foot)

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. M S D O 24
 DRILLERS SIGNATURE Scott L. Mayne
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D

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 _____



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

TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

B 1 8149

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0071

fill in this form completely

Date Received (APA) 07/19/05

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
14448 Dorsey Mill Rd
Blensly Md 21737
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

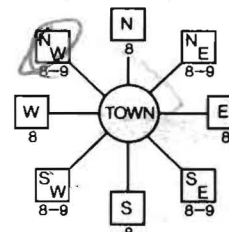
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Blensly
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1.42 M 73 76 77 78

DRILLER INFORMATION

Joseph L. Magua MS DO24
Driller's Name 76 License No. 81
Joseph L. Magua Well Drilling
Firm Name
5512 Ridge Rd Mt Airy Md 21771
Address
Joseph L. Magua 7/18/05
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14448 Dorsey Mill Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37
DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39
TAX MAP: 21 BLK: 17 PARCEL 57

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 W 522963
COUNTY NAME
STATE SIGNATURE
DATE ISSUED 07/20/05 D. Crighton 07/20/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 520 000 EAST GRID 0795 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 160 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)

- 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 HO - 95 - 0071 52

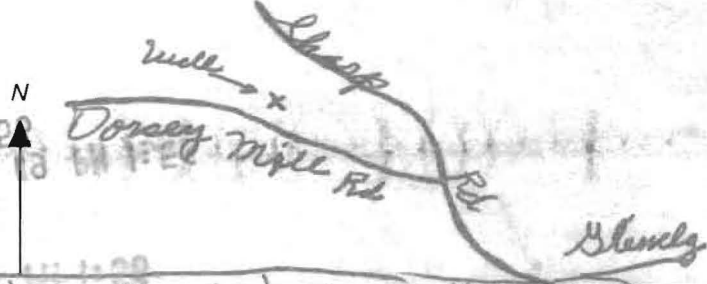
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. DORSEY MILL RD
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 79*5
N 520

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)

APPROX. PERMIT NUMBER G
PERMIT No. HO - 95 - 0071

SPECIAL CONDITIONS

Old well should be sealed by Well Driller

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0091
 Location of property (road) 14448 Dorsey Mill Rd
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller Joseph L. Mayne Owner Michael & Naomi Croser
 Depth of well 440'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 308 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 1/2 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	110	3 sec		20 gpm
8:15	202	4		15
8:30	308	4		15
8:45	308	46		1.3
9:00	308	46		1.3
9:15	308	46		1.3
9:30	308	46		1.3
9:45	308	46		1.3
10:00	308	46		1.3
10:15	308	46		1.3
10:30	308	46		1.3
10:45	308	46		1.3
11:00	308	46		1.3
11:15	308	46		1.3
11:30	308	46		1.3
11:45	308	46		1.3
12:00	308	46		1.3
12:15	308	46		1.3
12:30	308	46		1.3
12:45	308	46		1.3
1:00	308	46		1.3
1:15	308	46		1.3
1:30	308	46		1.3
1:45	308	46		1.3
2:00	308	46		1.3
2:15	308	46		1.3
2:30	308	46		1.3

**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 26.04.06 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILLOUGHBY PLUMB Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SEKESVILLE, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License# 6992

*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: MICHAEL WILSON Telephone #: 410-489-5681
Subdivision: GLENWOOD Lot #: Well Tag #: HO 45-0071
Site Address: 14408 DORSEY MILL RD
GLENWOOD, MD 21738

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: JACUZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity: 4 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 20 GPM NSF approved: _____ Conduit min 1 1/2" E.G.:
Depth of well encountered at time of pump installation: 440 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.2.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

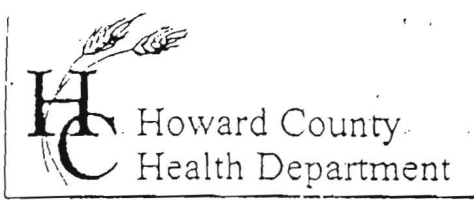
Piping to house **House Connection**
Type: CRESTLINE PVC sleeved to undisturbed soil at well penetration:
PSI: 12 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: L (36" min) Sleeve caulked and sealed properly:

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: Chris Willoughby date: 9/6/05

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

Date Insp. Requested: _____ Date Insp. Approved: 9/7/05 **(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



Howard County
Health Department

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

TO ALL INTERESTED PARTIES

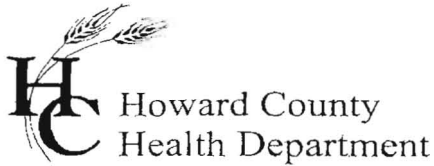
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by _____,
(professional land surveyor or company employing professional land surveyors)
on _____ (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

Don. Crozen will call you.



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

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

November 15, 2005

Michael & Naomi Crossen
14448 Dorsey Mill Road
Glenwood, MD 21738

*Old
Well
Sealed?*

RE: 14448 Dorsey Mill Road
Glenwood, MD 21738
BP#: B00153468
Well Permit # HO-95-0071

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 07/07/2005. Final approval of the well line connection to the dwelling was approved on 09/07/2005.**

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-95-0071. 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.

→ Turbidity?

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): 10/31/2005, 11/07/2005 & 11/14/2005
Date of Well Completion: 07/28/2005

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Nov 1, 2005

County Howard

Lab Number 06-878

Sample iced Yes
Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Crosen Homes
Attn: Don Crosen
3785 Shady Lane
Glenwood, Maryland 21738

Property Sampled: U&O: 1444B Dorsey Mill Road

Station Sampled: Powder Room Tap

Date/Time Sampled: Oct 31, 2005 1:15 pm

Owner, Telephone No.: Crosen

Subdivision Name:

Building Permit No.: B00153468

Well Number: HD-95-0071

Tax Map #: 21

Parcel #: 57

Sampler: 67246P

Lot Number:

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.6 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	10.3 NTU	EPA 180.1	*10 NTU	HIGH
pH	6.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: Sediment Filter-filter removed

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Sharon K. Cassell

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Nov 8, 2005

County Howard

Lab Number 06-974

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Crosen Homes
 Attn: Don Crosen
 3785 Shady Lane
 Glenwood, Maryland 21738

Property Sampled: U&O: 14448 Dorsey Mill Road, retest #1

Station Sampled: Powder Room & Pressure Tank Taps Tax Map #: 21

Date/Time Sampled: Nov 7, 2005 11:05 am Parcel #: 57

Owner, Telephone No.: Crosen Sampler: 6724GP

Subdivision Name: Lot Number:


Building Permit No.: B00153468

Well Number: HQ-95-0071 Observation: 2-Piece Cap Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate (Raw)	1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Total Coliform E. coli (18 Hour Test)	PRESENT Absent	SM 9223B	*Absent	UNSAFE

Treatment/Conditioning: Sediment Filter



Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.
 ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Nov 15, 2005
 County Howard
 Lab Number 06-1107
 Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes
 cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Crosen Homes
 Attn: Don Crosen
 3785 Shady Lane
 Glenwood, Maryland 21738

Property Sampled: U&O: 14448 Dorsey Mill Road, retest #2

Station Sampled: Powder Room Tap

Tax Map #: 21

Date/Time Sampled: Nov 14, 2005 11:05 am

Parcel #: 57

Owner, Telephone No.: Crosen

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.: B00153468

Well Number: HQ-95-0071

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter



Sharon K. Cassell

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1/18/2006 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Hatfields Septic

WELL DRILLERS LICENSE NUMBER: _____

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Michael Croser

* WELL LOCATION: 14448 Dorsey Mill Rd.

COUNTY: Howard

NEAREST TOWN: Glenwood (21738)

TAX MAP 21 BLOCK 17 PARCEL 57

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 14448 Dorsey Mill Rd.

MARYLAND GRID COORDINATES

E 796

BOX NUMBER

N 521

0 0 0	⊗
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 59 FEET DEEP

(Pit Well - Casing 4' Below Grade)

* WAS ANY CASING REMOVED? YES NO

if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Dirt	0	4
Baroid	4	59
3/4" Hole Plug-15 Bags		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Brian Baber, R.S.

LICENSE # 1223

MWD/MSD/MGD CIRCLE ONE

DATE 1/18/2006