

7183

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

1522 520

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

02 05 09

22 300 26 10/5/2010

HD-95-1701

OWNER: Hrv. Tager, last name; Tangle Bridges, first name; TOWN: Liberty; SUBDIVISION: Marina View; SECTION: ; LOT: 1011

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries include: Top Soil (0-2), Sandy (2-50), Sand Stone (50-55), MICKA (55-75), Sand Stone (75-80), MICKA (80-200), Fluid Pack (200-205), MICKA (205-300). Includes handwritten note 'Turbidity?' with an arrow pointing to the MICKA section.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

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

NO. OF BAGS 15 NO. OF POUNDS 1800

GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 56 BOTTOM 58 ft.

CASING RECORD

ST [X] CO [] STEEL CONCRETE PL [X] OT [] PLASTIC OTHER

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

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole: ST [X] BR [] HO [] STEEL BRASS OPEN HOLE PL [X] OT [] PLASTIC OTHER

DEPTH (nearest ft.)

Table for DEPTH with columns: 1-21, 23-32, 38-47, 55-60. Includes handwritten entries: 11, 58, 300.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES [Y] NO [N]

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. 1 M SD 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 75 ft.

WHEN PUMPING: 95 ft.

TYPE OF PUMP USED (for test)

- A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [] NO [X]

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

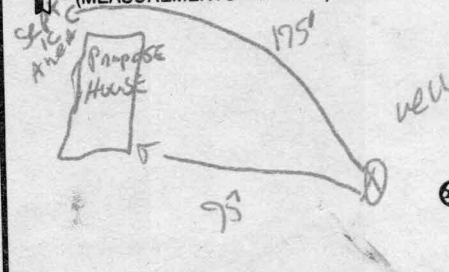
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE: + above, - below. Handwritten: 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)



Date Received (APA)
 8 MM DD YY 13
 Herkay Realty
 15 Last Name Owner First Name 34
 1550 W. AVE
 36 Street or RFD 55
 Lisbon MD. 21765
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
 B 3
 Howard
 8 COUNTY 21
 23 SUBDIVISION Preservation Parcels 42
 SECTION I LOT A
 44 46 48 50
 52 NEAREST TOWN Cloudy 71
 MILES FROM TOWN (enter 0 if in town) 4 M 73 76 77 78

DRILLER INFORMATION
 Driller's Name RALPH E. MAYNE M S D 117 76 License No. 81
 Firm Name RALPH E. MAYNE INC
 Address 17024 Handy Rd Mt Airy MD. 21771
 Signature [Signature] Date 9/30/08

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 B 4
 1 2
 N W N E W E S W S E S
 8-9 8-9 8-9 8-9 8-9 8-9 8-9 8-9
 TOWN
 NEAR WHAT ROAD Double BRIDGES CH 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 600 37 DISTANCE FROM ROAD FT OR MI 38 39
 ENTER FT OR MI 38 39
 TAX MAP: 21 BLK: 21 PARCEL 4

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. A522520
 STATE SIGNATURE [Signature] INSERT S 41
 DATE ISSUED 10/30/08 CO SIGNATURE [Signature] EXP. DATE 10/30/09
 43 MM DD YY 48
 NORTH GRID 519 000 EAST GRID 787 000
 50 55 57 63

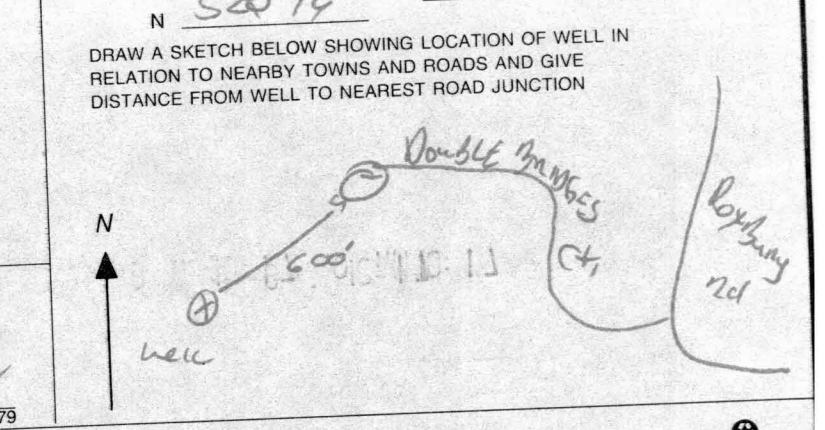
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

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 780 87
 N 520 14
 000
 000

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 1/2 INCH
 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)
 39 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 EX-HD G
 PERMIT No. HD-95-1701
 70 71 72 73 74 75 76 77 78 79

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**



FAXED
9-27-11

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: NATIONAL WATER SERVICE Telephone #: 301-854-1353
Address: PO Box 138
Ashton, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
License # and name of individual responsible for the field installation:
Name (Print): DAVID KYCKE License# PI 0145
***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: Selbridge Builders Telephone #: 410-581-8930
Subdivision: MERIKLETHOR FARM - Nics. Lot #: _____ Well Tag #: HO-95-17d ✓
Site Address: 15049 Double Bridge Ct
Glenc19, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDIGS</u>	Make: <u>Campbell</u>	Two piece watertight cap: ✓
Model #: <u>1550E10-220</u>	Model#: <u>PA 800</u>	Screened, vented well cap: ✓
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>10</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>300</u> (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 or Cable guards are required - Must circle one <u>CP5</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

Piping to house	House Connection
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>116</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

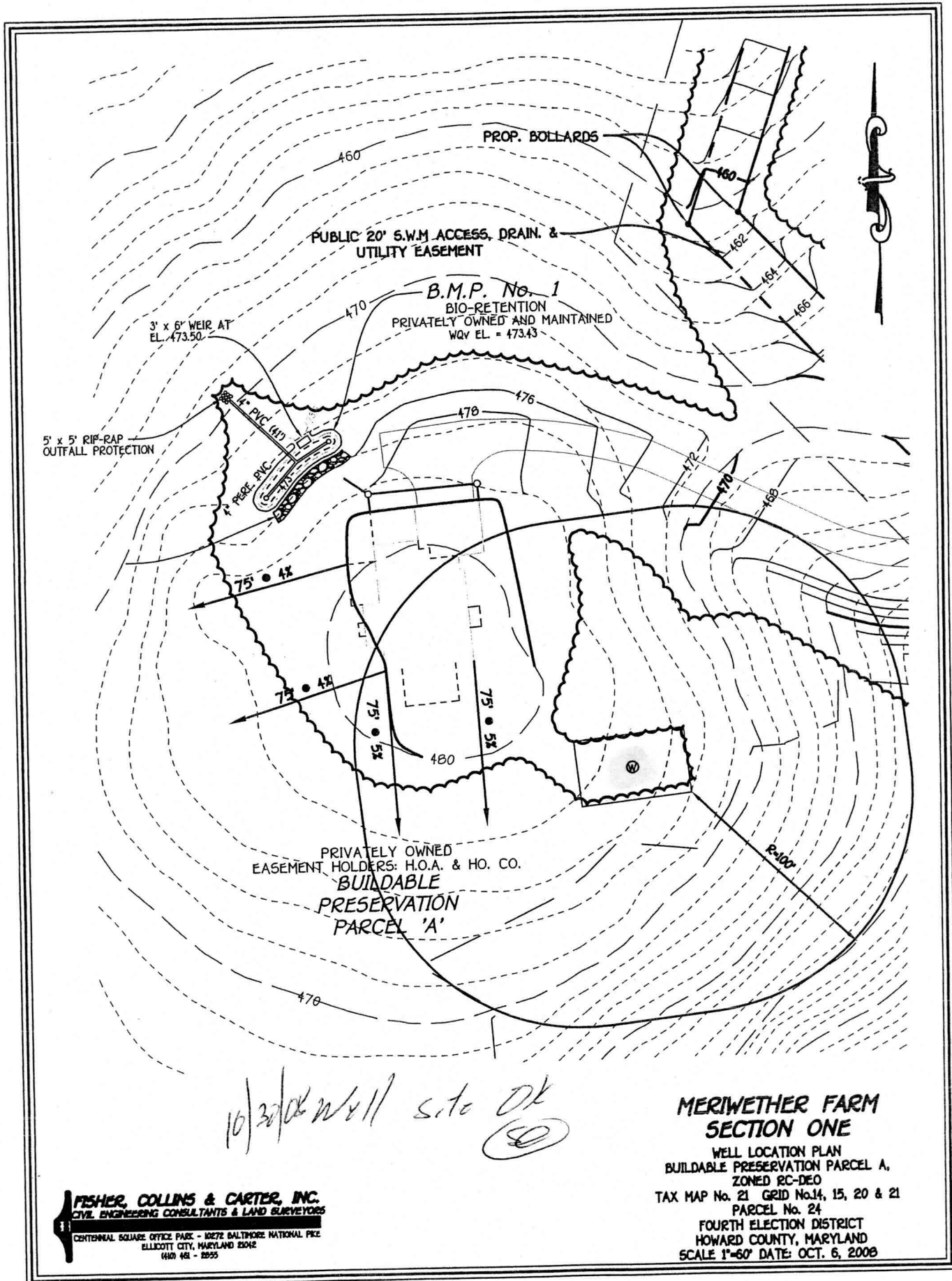
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 7/14/11

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

Date Insp. Requested: _____ Date Insp. Approved: 6/22/11 **(KW)**

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	✓



10/30/06 well site OK

**MERIWETHER FARM
SECTION ONE**

WELL LOCATION PLAN
 BUILDABLE PRESERVATION PARCEL A,
 ZONED RC-DEO
 TAX MAP No. 21 GRID No.14, 15, 20 & 21
 PARCEL No. 24
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=60' DATE: OCT. 6, 2006

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 481 - 8255



Howard County
Health Department

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

Peter L. Bielensohn, 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>Meriwether, Section 1</u>	<u>Pres. Parcel</u>	<u>Double Bridges Court</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins & Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 7 & 8, 2008 (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 3/11/07



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

September 28, 2011

Homeowner
15049 Double Bridges Court
Glenelg, MD 21737

RE: Meriwether, Lot PPA
15049 Double Bridges Court
BP #: B10002890
Well Tag: HO-95-1701

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 06/08/2011. Final approval of the well line connection to the dwelling was approved on 06/22/2011.**

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-95-1701. 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.



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

James H. Selfridge Builders Inc
 4781 Ten Oaks Road
 Dayton, Maryland 21036

S/O Number: 82685

Report Date: September 20, 2011

Property Sampled: 15049 Double Bridges Court, 21738
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L

Building Permit #: B10002890
Sampler ID #: 9170DH
Samples Iced: Yes

County: Howard
Map: 21

Subdivision: Merriweather Farm
Parcel: 24

Lot #: Par A

Date/Time Collected in Field: September 19, 2011 @ 11:25 am
Date/Time Received in Lab: September 19, 2011 @ 3:28 pm

Well Tag #: HO-95-1701
Well Condition: 2-Piece Cap, Satisfactory

OK
 //

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	3.4 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units ✓	***
Sand		Absent	Absent ✓	Pass

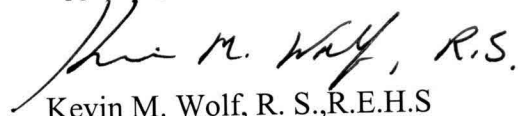
Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

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: 09/19/2011
Date of Well Completion: 02/05/2009

Approving Authority,



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

cc: Building Inspector's Office
Community Hygiene Program
File