

C11 6630 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 1516095

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Myrus last name, William first name, 2325 Duwall Rd, TOWN: Woodbine, SECTION: 13/5/24, LOT: -

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form with fields for GROUTED (Y), TYPE OF MATERIAL (CM, BC), NO. OF BAGS (29), NO. OF POUNDS (2926), GALLONS OF WATER (174), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (120).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and depth (118).

WELL HYDROFRACTURED (Y), CIRCULAR APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

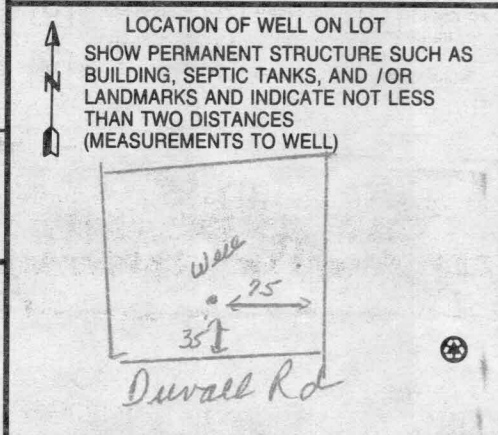
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-36, 38-51) and diameter of screen.

DRILLERS LIC. NO. 1 MSD 117, DRILLERS SIGNATURE: RALPH E. Mayne, LIC. NO. 1 MSD 024, SITE SUPERVISOR (sign. of driller or journeyman).

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 form with fields for HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (45 ft. before, 102 ft. when pumping), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (2 ft. below land surface).



Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 MYERS HANDYMAN Co, LLC
 15 Last Name Owner First Name 34
 2401 DUNNALL RD.
 36 Street or RFD 55
 WOODBINE MD. 21257
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21
 23 SUBDIVISION N/A 2375 DUNNALL RD. 42
 SECTION --- LOT ---
 44 46 48 50
Lisbon Woodbine
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 M I
 73 76 77 78

DRILLER INFORMATION

RALPH E. MAYNE MS D 117
 76 Driller's Name License No. 81
 RALPH E. MAYNE WELL DRILLING
 Firm Name
 17024 HARDY RD. MIT AIN MD 21771
 Address
 R. E. Mayne June 24 2005
 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD DUNNALL RD. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST 34 EAST
 SOUTH
 34 35 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 5 PARCEL 74

B 2 **WELL INFORMATION**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS16095
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 6/29/05 Jim Doherty 6/29/06
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 537 0 0 0 EAST GRID 776 0 0 0
 50 55 57 63

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

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 537 776
 N 225 (3)
 000
 000

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)

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 _____ 52

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

To AB miller rd
35' well

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

APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-0067
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 410-489-4446
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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: J. JOSEPH GARTLAND, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
WESTMINSTER, MD. 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): JAMES J. GARTLAND, Jr. License# 1713

*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: William Myers, Jr. Telephone #: 410-489-4731
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0067

Site Address: 2375 Duvall Rd.
Woodbine, MD. 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75B05422</u>	Model #: <u>PT800</u>	Screened, vented well cap: _____
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: PLASTIC
PSI: 160 (160 psi min)
Depth of supply line: 6" (36" min)

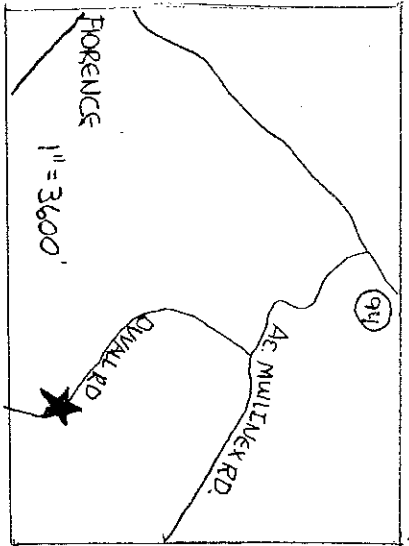
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 6 FT
Sleeve caulked and sealed properly:

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.

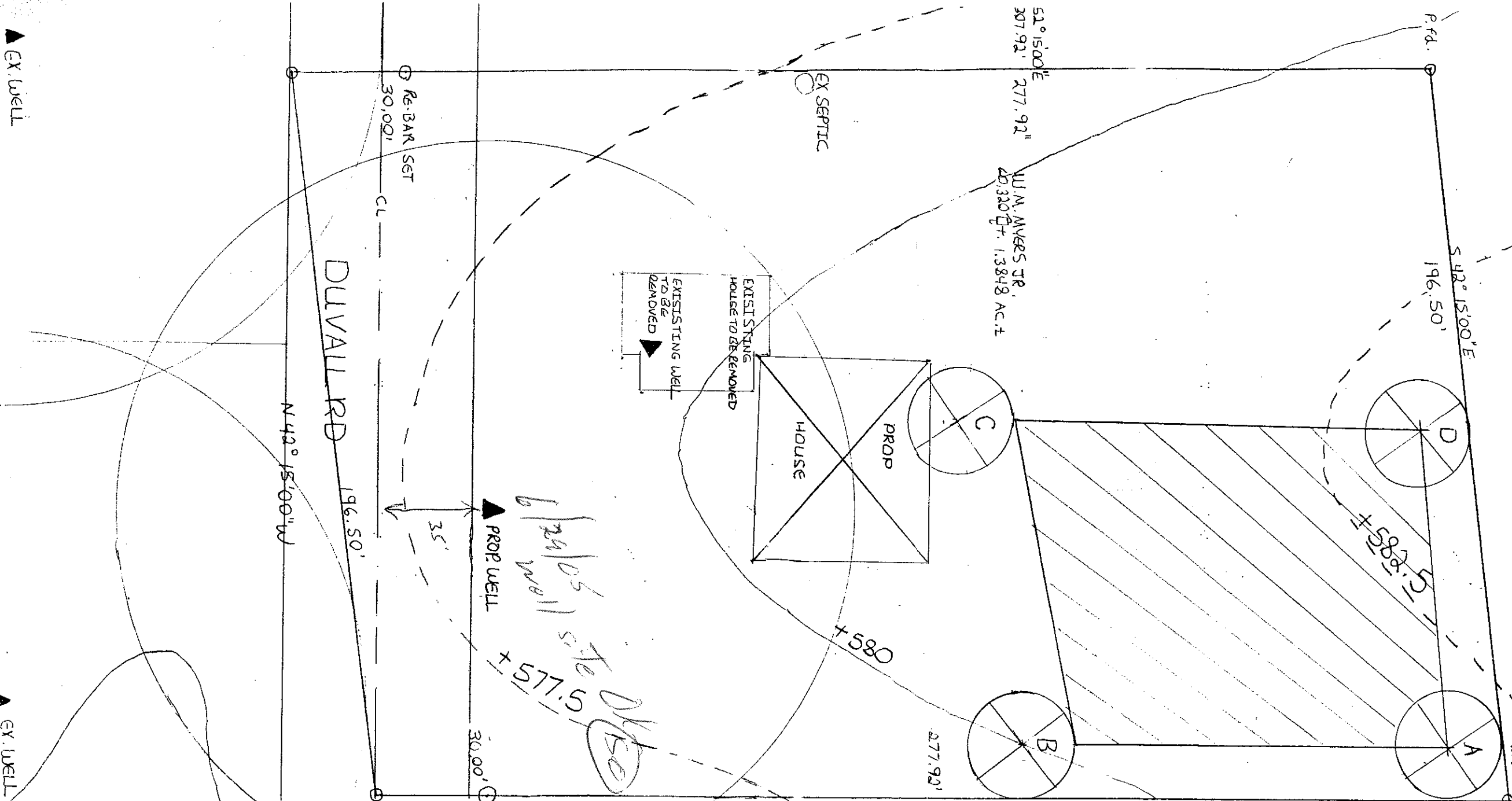
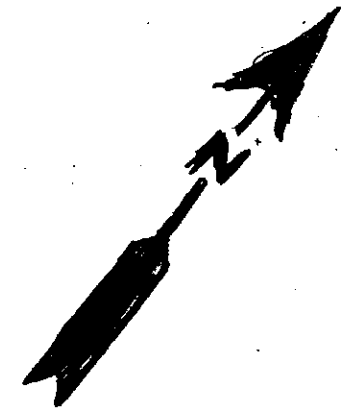
[Signature] Signature of company representative responsible for installation
01/11/06 date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>1/11/06</u>	<u>BB</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>	
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



VICINITY MAP



NOTES

THIS AREA DESIGNATES A MINIMUM 10,000 SQ. FT. PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS ⊗

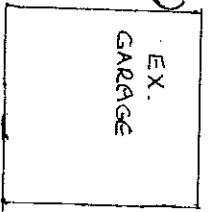
PERCOLATION AREAS AND WATER WELLS WITHIN 100 FT OF PROPERTY LINES ARE SHOWN ON THIS PLAT.

THE PROPERTY LINES SHOWN HEREON ARE BASED ON A DEED PLAT.

PURPOSE: SEPTIC RESERVE FOR REPLACEMENT SFD ON EXISTING LOT OF RECORD.

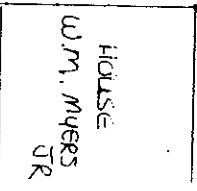
OWNER: WILLIAM M. MYERS JR
2401 DUVAL RD WOODBURN MD 21797
410-489-4731

SOIL TYPE:
G1 B2 (ENTIRE SITE)



TEST RESULTS: A S16031
RECEIPT # 16095/16031

EX. WELL



I CERTIFY THAT ALL TEST HOLE LOCATIONS AND MEASUREMENTS SHOWN ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

William M. Myers Jr
WILLIAM M MYERS JR

APPROVED: FOR PRIVATE WATER SEWAGE COUNTY HEALTH OFFICER KN DATE

PERCOLATION TEST PLAT
2375 DUVAL RD

Sth ELECTION
DISTRICT

RECORD REFERENCES

TAX MAP: 13
PARCEL: 74
REF: 5385/427
SCALE: 1" = 30'
DATE: 4/15/02



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

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 Wayne Myers on 6-28-05 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



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia Maryland 21046
(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

April 10, 2006

William M. Myers, Jr.
2401 Duvall Road
Woodbine, MD 21797

RE: 2375 Duvall Road
Woodbine, MD 21797
BP #: B00155844
Well Permit # HO-95-0067

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 04/12/06. Final approval of the well line connection to the dwelling was approved on 01/11/2006.**

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.

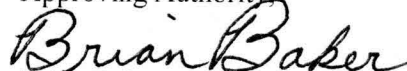
INTERIM CERTIFICATE OF POTABILITY

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-95-0067. 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 Samples: 03/29/2006
Date of Well Completion: 09/01/2005

Approving Authority


Brian Baker, 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 #:	58597	Account #:	1930
Reference:	Wayne Myers	Company:	Fogle's Well Drilling
Location:	2375 Duvall Road Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	3/29/2006 1400	Source:	Well Water
Date/Time Rec'd:	3/29/2006 1515	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.5
		Well #:	HO-95-0067

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 1000 / BCD
Nitrate	5.82	mg/L	10	601	3/30/2006 / 0850 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2006 / 0915 / BCD
Turbidity	5.88	NTU	<10	SM18 2130B	3/30/2006 / 0915 / AMD/BCD

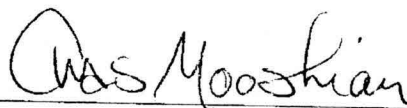
NOTES:

- 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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy
 Building Permit # : B00155844

Date Reported: 3/30/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.

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: JUNE 24 2005 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) NA - -

* PERMIT NUMBER OF REPLACEMENT WELL NA - -

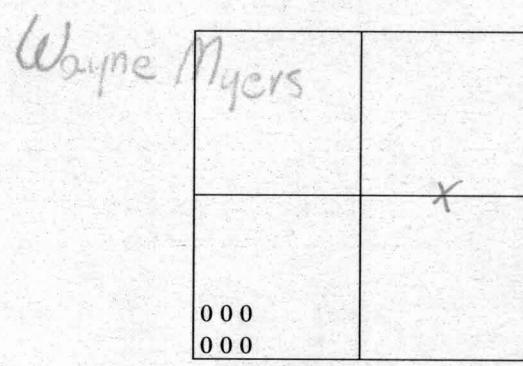
* PERSON ABANDONING WELL: PAUL E. MAYNE

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: WAYNE MYERS

* WELL LOCATION: 2375 DUNWALL RD. WOODBINE MD.
 COUNTY: HOWARD
 NEAREST TOWN: LISBON
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: N/A
 SECTION: N/A LOT: N/A
 NEAREST ROAD: DUNWALL RD.



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 535

BOX NUMBER

N 775

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) TEARACATA

* SIZE OF CASING: 6' INCHES IN DIAMETER

* DEPTH OF WELL: 65' FEET DEEP

* 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
Cement Number of Bags <u>25</u>	65	0

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

CIRCLE ONE

DATE

MWD / MSD / MGD JUNE 24 2005

MYERS

2401 DUVALL ROAD
WOODBINE, MD 21797

May 20, 2002

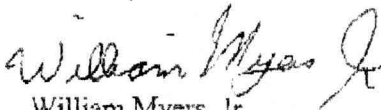
Howard County Bureau of
Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

To Whom It May Concern:

I hereby certify that I am the owner of both 2401 Duvall Road and 2375 Duvall Road. I recognize that the well site I have proposed is lower than the proposed septic system. I also recognize that my existing well on 2401 Duvall Road is lower than the septic field proposed.

I believe the plan submitted best suits the needs of the lot and I am not concerned about the influence of the septic system on our wells.

Sincerely,


William Myers, Jr.