

C1 2013 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 527915

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 1 7 2010

Depth of Well 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO - 95 - 1842

OWNER Wheeler Suzanne + Kenneth STREET OR RFD 13893 Forsythe Rd TOWN Sykesville 21784 SUBDIVISION Pleasant Valley Farm SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Clay, Sand, granite.

GROUTING RECORD form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1316), GALLONS OF WATER (84), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (68).

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

SCREEN RECORD form with fields for screen type (ST, BR, HO), SLOT SIZE (1, 2, 3), DIAMETER OF SCREEN.

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (20), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) table with columns 1-21 and handwritten values: 66, 280.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 1 MS D024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

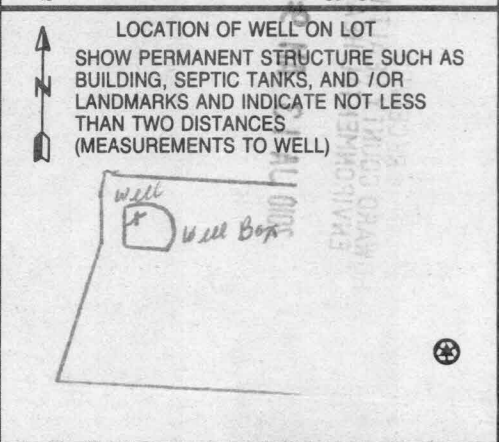
LIC. NO. 1 MS D027

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 88

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

TELESCOPE CASING LOG INDICATOR OTHER DATA



Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 W Heeler Suzanne + Kenneth
 15 Last Name Owner First Name 34
 13893 Forsythe Rd
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76
 Sykesville Md 21789

B 3 **LOCATION OF WELL**

Howard
 8 COUNTY 21
 Pleasant Valley Farm
 23 SUBDIVISION 42
 SECTION 44 46 LOT 3 48 50
 Sykesville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 3 1/2 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Moyne MS D 024
 76 Driller's Name License No. 81
 Joseph L. Moyne Well Drilling
 5512 Ridge Rd Mt Airy, MD 21771
 Address
 Joseph L. Moyne 10/28/09
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

13893 Forsythe Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 3/10 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 9 BLK: PARCEL 92

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 (13) A 527915
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 11/16/09 / Kim Wolf 11/16/10
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 549 000 EAST GRID 0801 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 8091
 N 5499

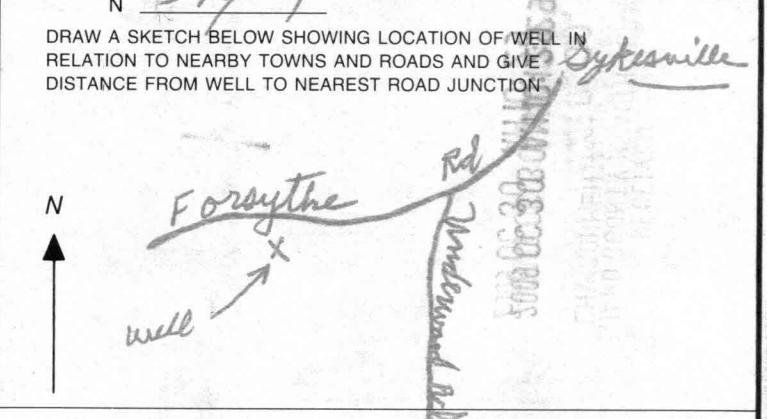
000
 000

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)

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-95-1842
 70 71 72 73 74 75 76 77 78 79

**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: KELLY PLUMBING SVE Telephone #: 410-771-0019
 Address: PO Box 280 443-463-0990
PHOENIX MD 21131

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): ROBERT T. KELLY License# 4605

***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: GREG WHEELER Telephone #: 410-442-2678
 Subdivision: PLEASANT VALLEY FARM Lot #: 3 Well Tag #: HO-95-1842
 Site Address: 13965 FORSYTHE RD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>MYERS</u>	Make: <u>CAMBEEL</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>25772-EPWS-P4-1</u>	Model#: <u>BIOX</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>42"</u> (feet)	Conduit secured to well cap: <u>YES</u>	

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 YES

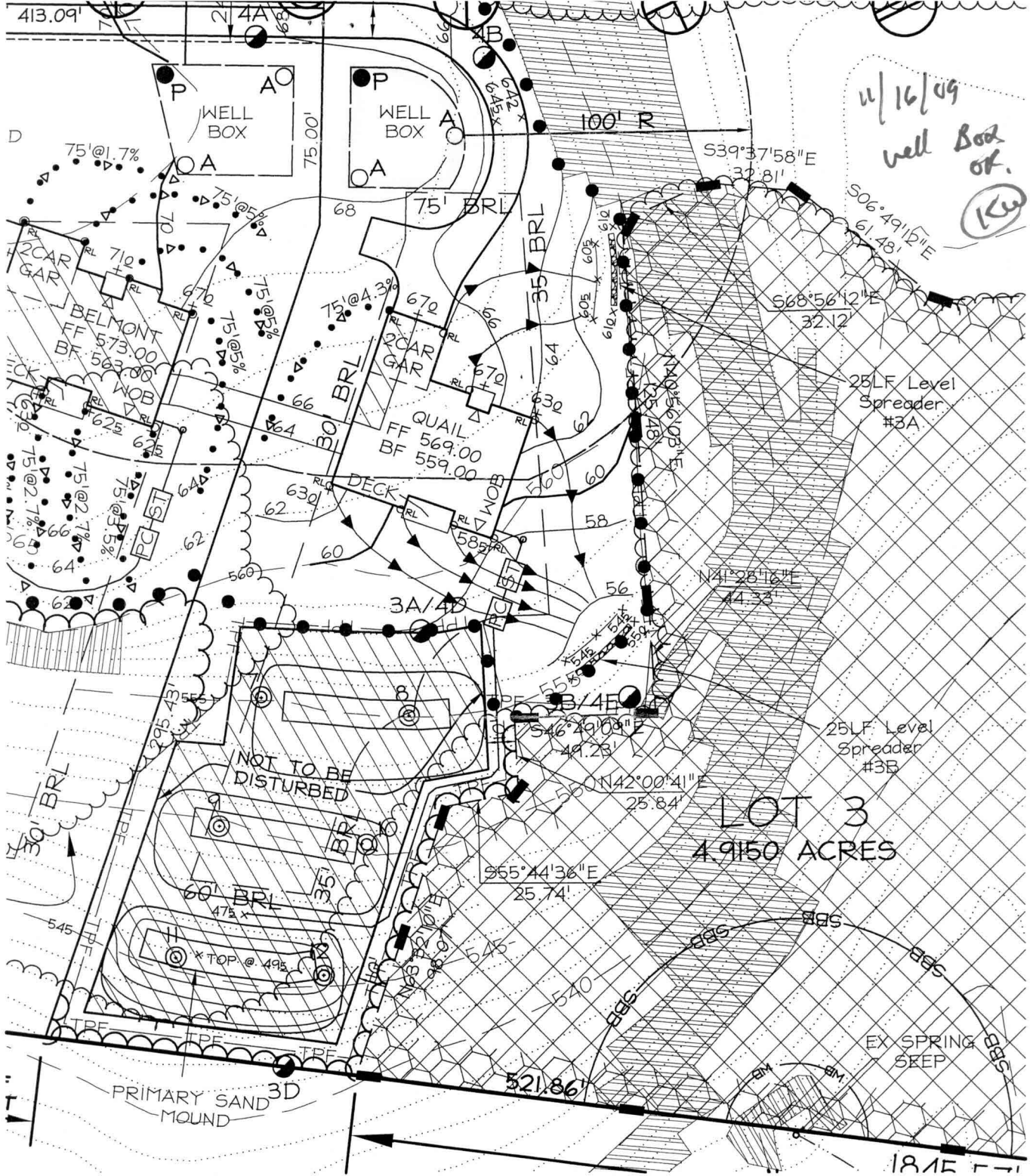
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" BEACH WELL TUBING</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>✓</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>YES</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: Robert T Kelly date: 1/25/12

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

Date Insp. Requested: _____ Date Insp. Approved: 1/27/2012 Inspector: BB
 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 ✓



THE WELL SITE HAS BEEN STAKED BY LDE INC. ON 9/10/09 AND DOES NOT REQUIRE A SITE INSPECTION.

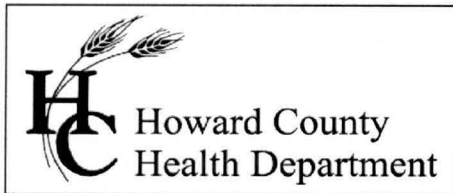
LDE INC.

Planning/Engineering/Surveying

9250 Rumsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

PLAN TO ACCOMPANY WELL PERMIT
 PLEASANT VALLEY FARM
 LOT 3
 TAX MAP 9 GRID 7 P/O PARCEL 92
 4TH ELECTION DISTRICT HOWARD COUNTY, MD

DATE: 9/2/09	DRAWN: 9/2/09	SHEET: 1 OF 1
SCALE: 1"=50'	LDE JOB NO: 07-017	FILE NO: F09-079



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 18th, 2012

June 18th, 2012

Homeowner
13945 Forsythe Rd
Sykesville, MD 21784

**RE: Pleasant Valley Farm, Lot 3
13945 Forsythe Rd
Building Permit: B11002424
Well Permit: HO-95-1842**

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 **6/8/2012**. Final approval of the well line connection to the dwelling was granted on **1/27/2012**. The well construction was completed on **1/7/2010**. Water samples were collected on **5/29/2012**.

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-95-1842. 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,

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

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
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 #: 84538 Account #: 6541
 Reference: Wheeler Company: Mulloy Builders
 Location: 13945 Forsythe Road Requested By: Neil Mulloy
 Sykesville, MD 21784 Source: Well Water
 Date/ Time Collected: 5/29/2012 0950 Site: Pressure Tank
 Date/Time Rec'd: 5/29/2012 1100 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.1
 Collected By: C. Mooshian 7268CM Well #: HO-95-1842

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/30/2012 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/30/2012 / 1000 / CCH
Nitrate	1.92	mg/L	10	601	5/30/2012 / 1530 / CWM
Turbidity	1.62	NTU	<10	SM18 2130B	5/30/2012 / 1600 / CWM
Sand	NS	mg/L	5	Visual/Gravimetric	5/30/2012 / 1530 / CWM

Results of
6-18-12 HS

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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit #: B11002424

Date Reported: 5/30/2012