

C1 0384

SEQUENCE NO. (OEP 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A 38925

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

06/15/87

22 160 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 HC-81-2087

OWNER BANAYAS ROBERT STREET OR RFD RT 32 first name TOWN CLARKSVILLE SUBDIVISION MAP 35 Q21. P. 144 SECTION LOT 8

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, FEET (FROM, TO), Check if water bearing. Rows include TOP soil, Clay, Shaley Shale, Mica, Sand Stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) (P) (L) (O) (T)

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (P) (L) (O) (T)

DEPTH (nearest ft.) HO 42 160

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 40 NAME F. E. ... DRILLERS SIGNATURE ... SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ LOG INDICATOR OTHER DATA

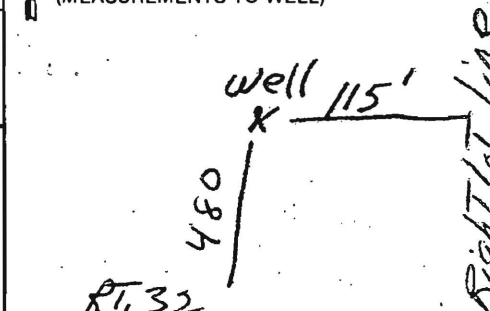
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 49 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot) 2

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)



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

Company Name: ST Mechanical Cont. Telephone #: 301-898-1585  
Address: P.O. Box 361  
Libertyville MD 21762

(Must circle one) Licensed Plumber  Licensed Well Driller \_\_\_\_\_ Licensed Well Pump Installer \_\_\_\_\_  
License # and name of individual responsible for the field installation:  
Name (Print): Richard Long License# 2002007170

\*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: Charles Cole Telephone #: 301-854-9668  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 110-812087  
Site Address: 7750 Courtland Rd

**Submersible Pump Data**                      **Pitless Adapter**                      **Well Cap and Electric Conduit**  
Make: Grundfos                      Make: Geobelt                      Two piece watertight cap: YES  
Model #: 565                      Model #: PA 800                      Screened, vented well cap: YES  
Pump Capacity: 5 GPM                      Depth: 48 (36" min)                      Cap secured to casing: YES  
Well Yield: 10 GPM                      NSF/WSC approved: YES                      Conduit min 18" B.G.: YES  
Depth of well encountered at time of pump installation: 180 (feet)                      Conduit secured to well cap: YES  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1900 Section 17.8.4  
Torque restraint: Cable guide 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

**Pipings to house**                      **House Connection**  
Type: POLY                      PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 200 (160 psi min)                      Length of sleeve (3' minimum from foundation): 40'  
Depth of supply line: 48 (36" min)                      Sleeve sealed properly: YES

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: 12-1-11

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 \_\_\_\_\_

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 81 - 2087 ✓  
Site Address: 7290 Guilford Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/12/11      Date Insp. Approved: (LW) 12/2/11  
Inspection Data: Pitless adapter and water supply line at least 36" below grade OK  
Two piece cap installed and attached to casing securely OK  
Elec. conduit extends at least 18" below grade/attached to cap properly Cap loose only warn.  
Safety rope installed inside of well casing OK  
Correct well tag attached properly and casing 8" above finished grade OK  
Water supply line sleeved adequately at house connection OK  
Adequate grout observed below pitless adapter OK





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 – 6/1/2012**

12/2/2011

CHARLES COLE  
7290 GUILFORD ROAD  
CLARKSVILLE, MD 21029

**RE: TAX MAP 35, PARCEL 144  
7290 GUILFORD ROAD  
Building Permit: B10001101  
Well Permit: HO-81-2087**

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 **9/1/2011**. Final approval of the well line connection to the dwelling was granted on **12/2/2011**. The well construction was completed on **6/15/1987**. Water samples were collected on **11/16/2011 and 11/23/2011**.

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. 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-81-2087. 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,

ROBERT BRICKER, REHS/R.S.  
Environmental Sanitarian  
Well & Septic Program

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



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366  
www.fredericktownelabs.com • Info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 7248 - 6-2

### Field Record

Site visit performed on: Wednesday, November 23, 2011 1:40 PM  
by: Karen Becraft State ID No. 2307KB  
Affiliation: Fredricktowne Labs, Inc.  
Property Owner: Charles Cole  
Property Address: 7290 Guilford Road  
Clarksville, MD 21029  
Sample Source: Basement Utility Tub  
Treatment Devices Noted: No Treatment Devices  
Sample taken after treatment: No  
Well No.: HO-81-2087  
Field pH: 5.6  
Res. Cl.: <0.1 mg/l  
Temp: 14.3° C

### Laboratory Report

Sample Received at laboratory: 11/23/2011 3:05 PM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	11/23/11	16:00	11/24/11	16:25	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Reported by: Gloria Phelps 11/28/11  
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
Maryland Cert. No. 116 Virginia Cert. No. 00444  
MDOT WBE Cert. No.: 81-158

ref  
11/28/2011  
Page 1 of 1  
PH-DW regulated WW



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrif Court • P.O. BOX 246 • Myersville, MD 21775 • 800-332-3340 • FAX 301-283-2366  
 www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 7248 - 6-1

### Field Record

Site visit performed on: Wednesday, November 16, 2011 11:10 AM  
 by: Karen Becraft State ID No. 2307KB  
 Affiliation: Fredricktowne Labs, Inc.  
 Property Owner: Charles Cole  
 Property Address: 7290 Guilford Road  
 Clarksville, MD 21029  
 Sample Source: Bathroom Sink  
 Treatment Devices Noted: No Treatment Devices  
 Sample taken after treatment: No  
 Well No.: HO-81-2087  
 Field pH: 5.8  
 Res. Cl.: <0.1 mg/l

### Laboratory Report

Sample Received at laboratory: 11/16/2011 1:40 PM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
>200	<1	11/16/11	14:30	11/17/11	08:37	9223B	JD

**Bacteriological analysis of this sample indicates the water is unsafe for human consumption. Analysis was performed according to the 20th edition of Standard Methods**

#### Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	5.9 mg/l	10	11/17/2011	300.0	PH
Sand	<2 mg/l	5	11/18/2011	0.065mmFilter	JD
Turbidity	1.0 NTU'	10	11/17/2011	180.1	KB

Reported by: Glenn Phelps 11/28/11  
 Name Date

*PH*  
 11/28/2011

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory  
 Maryland Cert. No. 116 Virginia Cert. No. 00444  
 MDOT WBE Cert. No.: 91-158