

C1 0350

PERMIT NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A515019A

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 04 13 06

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0330

OWNER last name first name TOWN Mt. Airy STREET OR RFD Millinix Mill St SUBDIVISION Dundar Mar Est SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD Form with fields for YES/NO, TYPE OF GROUING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER), DEPTH (nearest ft.).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES/NO

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. MSD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

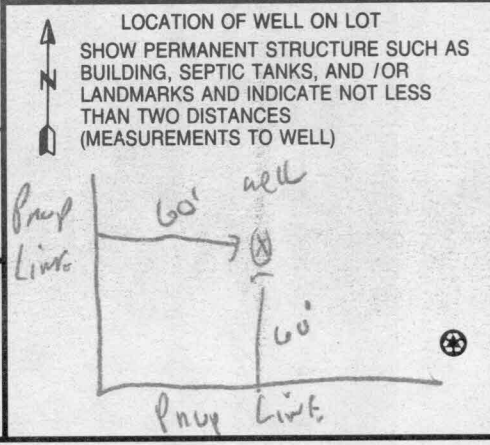
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) Table with columns 1-24 and rows A-C, S-C, R-E, N. Includes handwritten values like HO 71 240.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

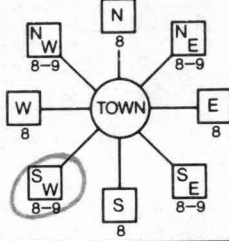

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP (CIRCLE) (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



OWNER INFORMATION
 Date Received (APA) 02 24 06
 8 MM DD YY 13
Kaelin Richard
 15 Last Name Owner First Name 34
2425 Mullinix Mill Rd
 36 Street or RFD 55
Mt Airy MD 21771
 57 Town 70 State 72 Zip 76

LOCATION OF WELL
B 3 Howard
 8 COUNTY 21
DEW DOR MAR ESTATES
 23 SUBDIVISION 42
 SECTION 44 LOT 2
 44 46 48 50
LISBON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M I I
 73 76 77 78

DRILLER INFORMATION
Ralph E MAYWE M S D 117
 Driller's Name 76 License No. 81
Ralph E. MAYWE INC
 Firm Name
17024 Hardy Rd Mt Airy MD 21771
 Address
Ralph E Maywe Feb 20 2006
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Mullinix Mill Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 34 90 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 12 BLK: 11 PARCEL 50
 LOT 2

WELL INFORMATION
B 2
 7 2
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY) 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

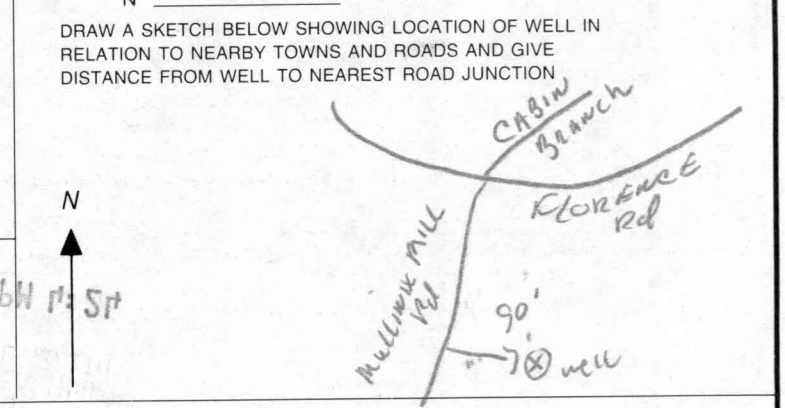
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD 13 1515019-A
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/24/06 Shel Alford 3/25/07
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 534 000 EAST GRID 758 000
 50 55 57 63

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 535 000
 N 760 000

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
 39 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)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HD-95-0331
 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**

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: K.H. Plumbing, inc Telephone #: 410-857-0255
Address: 470 Dotsie Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License# 8300

*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: W.C. Farland Telephone #: 301-607-8233
Subdivision: Dendormar Lot #: 2 Well Tag #: HO 95-0331
Site Address: 2438 Mullinix Mill Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Am. Canby</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>25T72-5 3/4hp</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>5</u> GPM	Depth: <u>42" (36" min)</u>	Cap secured to casing: <u>✓</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>240</u> (feet)		Conduit secured to well cap: <u>✓</u>
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 <u> </u>		

Piping to house
Type: Poly 1" IPS
PSI: 160 (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 10'
Sleeve caulked and sealed properly: ✓

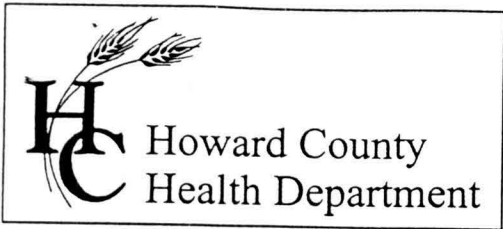
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Keith Hundertmark date: 8-22-06

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

Date Insp. Requested: Date Insp. Approved: 8/28/06 **(BB)**

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>



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!!!

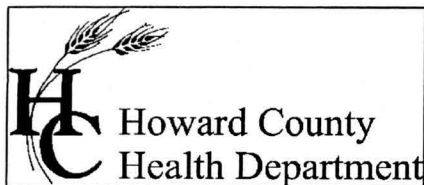
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by _____ on _____ and is ready for site inspection.
- Richard KAELIN 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 Site Plan for Lot 2 DENBOR MAR EST.
OFF MULLINX MILL RD
Richard KAELIN P.H. 301-831-7933

Well site ok 3/15/06
Staked more or less per plan. **GAC**



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

November 13, 2006

Craig & LeeAnn McFarland
103 Centerside Road
Mount Airy, MD 21771

SENT VIA FACSIMILE 410-489-7621

RE: Dendor Mar Estates, Lot 2
2435 Mullinix Mill Road
Mount Airy, MD 21771
BP #: B00159447
Well Permit # HO-95-0331

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 08/29/2006. Final approval of the well line connection to the dwelling was approved on 08/28/2006.**

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.

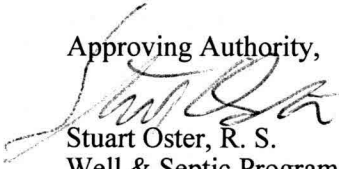
INTERIM CERTIFICATE OF POTABILITY

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-95-0331. 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: 11/08/2006
Date of Well Completion: 04/13/2006

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 861, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Stevensville, MD 21666 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Bernard Brothers Construction
1045 St. Michaels Road
Mount Airy, Md 21771

Reporting Date: 11/10/2006
Report #: K2667

Submitted Sample Address: 2435 Mullinix Mill Road
Mount Airy, Md 21771
Submitted Sample Source: Utility Sink in Kitchen Island
Date / Time Collected: 11/8/2006 08:13 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-0331
Permit #: B 00159447

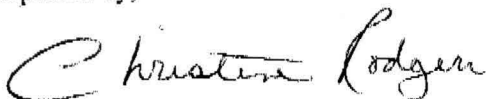
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	9.2	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.4	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: SNB