

C1 6400

SEQUENCE NO. (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 AS 2002-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Bathal Design Construct STREET OR RFD 3675 Nichols Dr TOWN Highland SUBDIVISION Bannockburn Prof SECTION 24/6 LOT 114 & 216

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, Brown Shale, Brown mica, Sand, Sand Stone, Brown mica, Sand Stone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)

CASING RECORD MAIN CASING TYPE (ST, PL) Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PUMPING TEST HOURS PUMPED (nearest hour) 3

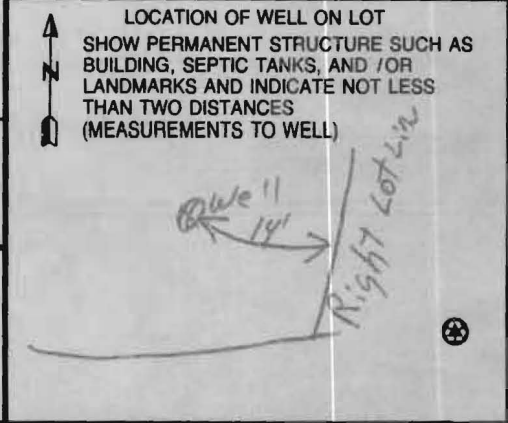
PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft WHEN PUMPING 15 ft TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES/NO) 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 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N) CIRCLE APPROPRIATE LETTER 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. M W D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JS D 039

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

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

B 1 9797

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4098

fill in this form completely

520846 please type

Date Received (APA)

9838

B 3

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

OWNER INFORMATION

Bethel Design Construct

15 Last Name Owner First Name 34

4815 Prince George's Ave, S 204

36 Street or RFD 55

Beltsville, Md 20705

57 Town 70 State 72 Zip 76

8 COUNTY 21

Bamisaie Property

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Highland

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

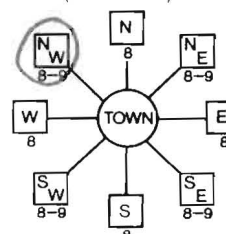
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature George F. Easterday Date 8/23/04

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13675

13675 Nichols Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 250 37

DISTANCE FROM ROAD Ft

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: B PARCEL 114* 216

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A52002-B

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 1/26/05 CO SIGNATURE EXP. DATE 1/26/06

43 MM DD YY 48 NORTH GRID 498 000 EAST GRID 803 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
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

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

APPROX. PERMIT NUMBER 32

PERMIT No. HO-94-4098

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

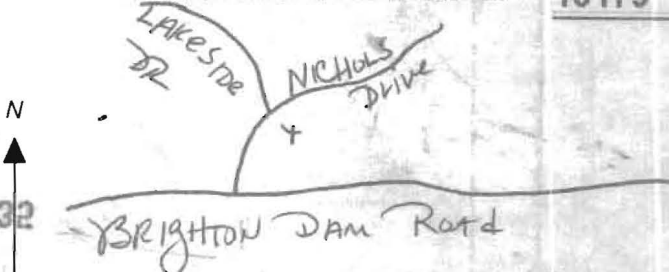
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

Box 3 500 498 000 000

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



**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: Allied Environmental Services Telephone #: 410-784-2711
Address: PO Box 1242
Millersville, Md 21108

(Must circle one) Licensed Plumber **Licensed Well Driller** Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshal Arnette License# MSD106

*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: Abinyem, Bumbaye Telephone #: 301-937-2000 X105
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-4098
Site Address: 13675 Neshok Dr
Highland, MD 20777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Baker</u>	Two piece watertight cap: _____
Model #: <u>105651422</u>	Model#: _____	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>15</u> GPM	NSI approved: _____	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house	House Connection
Type: <u>Pell Pipe</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>5</u>

Depth of supply line: 36 (36" min) Sleeve caulked and 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: Marshal Arnette date: 3/1/06

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

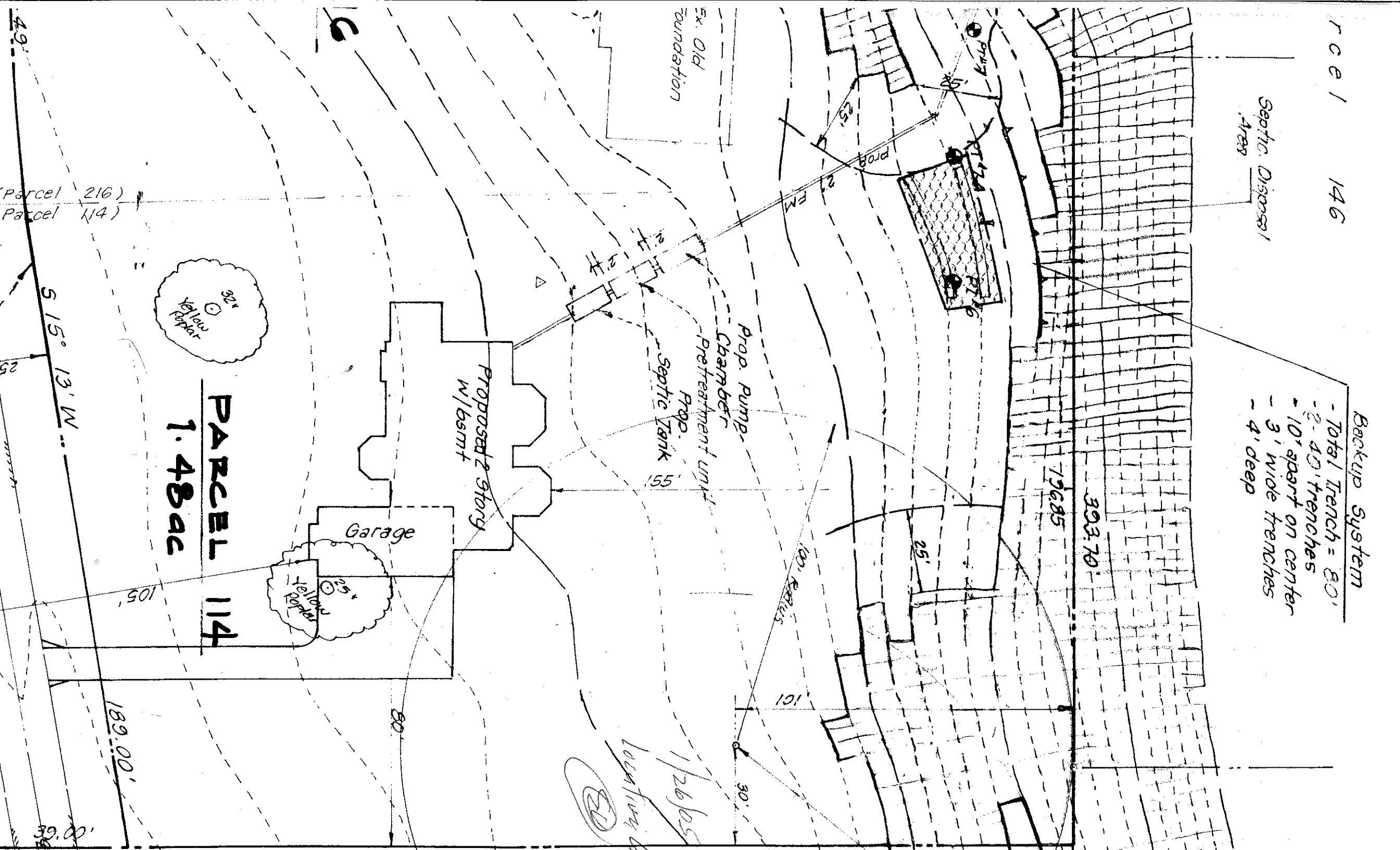
Date Insp. Requested: _____ Date Insp. Approved: 11/16/06 (BB)

Inspection Data:

- Pitless adaptor 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 _____

Septic Disposal Area

- Backup System
- Total Trenches = 80'
 - 2 - 40' trenches
 - 10' apart on center
 - 3' wide trenches
 - 4' deep



PARCEL 114
1.48ac

Proposed 2 story
w/basmt

Garage

Prop. Septic Tank
55'

Prop. Pump
Chamber

Prop. Prefreatment unit

32'
Yellow Poplar

32'
Yellow Poplar

100' Radius

179685
303.70'

25'

101'

30'

126/05
location

(B)

80'

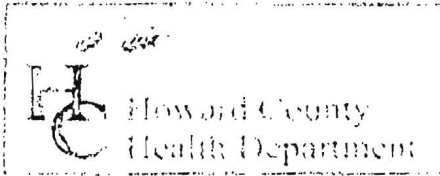
189.00'

39.00'

5' 15" 13' W

49'

(Parcel 216)
(Parcel 114)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6500
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

Suelvoy Inc

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Engineer
 (professional land surveyor or company employing professional land surveyors)
 on 8/13/04 (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 6/10/03

13695 NICHOLS Drive



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer
October 31, 2006

Akin Bamisaiye
12201 Highland Court
Laurel, MD 20708

RE: 13675 Nichols Drive
Highland, MD 20777
BP #: B00153129
Well Permit # HO-94-4098

Dear Sirs:

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 10/19/2006. Final approval of the well line connection to the dwelling was approved on 10/19/2006.**

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-94-4098. 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 Sample(s): 10/18/2006
Date of Well Completion: 06/09/2005

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:

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | P.O. Box 696, Bel Air, MD 21014 | (410) 893-5257 |
| <input type="checkbox"/> | P.O. Box 861, Pinksburg, MD 21048 | (410) 876-2035 |
| <input type="checkbox"/> | 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 | (410) 691-2223 |
| <input type="checkbox"/> | 113 High St., Salisbury, MD 21801 | (410) 548-1318 |
| <input type="checkbox"/> | P.O. Box 712, Stevensville, MD 21666 | (410) 643-7711 |
| <input type="checkbox"/> | P.O. Box 463, Timonium, MD 21093 | (410) 628-2855 |
| <input type="checkbox"/> | P.O. Box 10591, Burke, VA 22009-0591 | (703) 250-7711 |

Bethel Regency Homes
4815 Prince Georges Avenue
Suite 204
Beltsville, Md 20705

Reporting Date: 10/20/2006
Report #: K2591

Submitted Sample Address: 13675 Nichols Drive
Clarksville, Md
Submitted Sample Source: Kitchen sink
Date / Time Collected: 10/18/2006 07:47 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-94-4098
Permit #: B 00153129

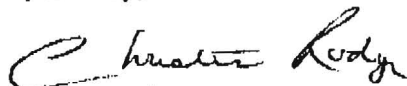
Analytical Results

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	1.1	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.0	NTU	0.5	10	SM 2130B
pH	8.0	SU	0.1	6.5-8.5 (SMCL)	SM 2130B


Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- 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.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- 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: 



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350

Marsha S. McLaughlin, Director

www.co.ho.md.us
FAX 410-313-3467
TDD 410-313-2323

December 15, 2004

Mr. Akinyemi Bamisaiye
12201 Highlander Court
Laurel MD 20708

RE: WP-05-046 Bamisaiye Property
Parcels 114 and 216

Dear Mr. Bamisaiye:

The Director of the Department of Planning and Zoning considered your request for a waiver from the Howard County Subdivision and Land Development Regulations.

As of the date of this letter, the Planning Director **approved** your request to waive Sections 16.102 and 16.147 to not be required to submit, obtain approval of, and record a subdivision plat to combine parcels 114 and 216, and to be allowed to combine Parcels 114 and 216 into one parcel by the use of an adjoiner deed.

Approval is subject to the following conditions:

1. Compliance with the enclosed Division of Land Development comments dated December 14, 2004 is required.

Indicate this waiver petition file number on all related grading and building permits. This requested waiver will remain valid for one year from the date of this letter.

If you have any questions, please contact Michael Antol at (410) 313-2350.

Sincerely,

Cindy Hamilton, Chief
Division of Land Development

CH/MA:vv.T:\DIROFF\ginny\WP-05-046.wpd

Enclosure

cc: Research
DED
DILP
Health Department
Surveys, Inc.