

C1 6696 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

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

COUNTY NUMBER = 36579  
 PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 HO-88-0372

DATE Received  
 8 13

DATE WELL COMPLETED  
 15 20

Depth of Well  
 22 26  
 (TO NEAREST FOOT)

OWNER HOWARD ESTATES, INC.  
 STREET OR RFD REGENTS last name first name  
 SUBDIVISION GLEN MOOR SECTION TOWN GLENELG LOT 7

WELL LOG  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Topsoil	0	2	
slate	2	7	
Siltstone	7	11	
shaly mica	11	100	
Edwin P. Co	100	110	
Edwin P. Co	110	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS NO. OF POUNDS  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch)  
 Total depth of main casing (nearest foot)  
 60 61 63 64 66 70

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST BR HO STEEL BRASS OPEN HOLE  
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)  
 EACH SCREEN  
 1 2 3  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60

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 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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.)  
 METHOD USED TO MEASURE PUMPING RATE  
 WATER LEVEL (distance from land surface) BEFORE PUMPING  
 WHEN PUMPING  
 TYPE OF PUMP USED (for test)  
 A air P piston T turbine  
 C centrifugal R rotary O other (describe below)  
 J jet 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)  
 + above LAND SURFACE (nearest foot)  
 - below

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)

EMERGENCY/TEMP NO. IF ANY

7809

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

70-88-0372

fill in this form completely

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

please print or type

Date Received (APA)

13 09 88

OWNER INFORMATION

15 Last Name: George, Owner, First Name: Easterday, 34, Street or RFD, Town, 70 State: MD, Zip: 21771

DRILLER INFORMATION

Driller's Name: George Easterday, 77 License No. 80, Firm Name: L.F. Easterday, Inc., Address: 9265 Brown Church Rd, Mt. Airy, Md. 21771, Signature: [Signature], Date: 12-5-88

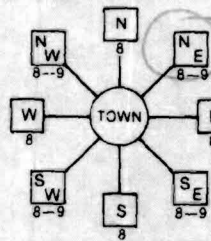
B 3

LOCATION OF WELL

8 COUNTY: [Blank], 21, 23 SUBDIVISION: KINGS GRANT, 42, SECTION: [Blank], 44, 46, LOT: [Blank], 48, 50, 52 NEAREST TOWN: [Blank], 71, MILES FROM TOWN (enter 0 if in town): [Blank], 73, 76, 77, 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Regents Row, 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, 32, EAST, SOUTH

34 DISTANCE FROM ROAD: [Blank], 37, ENTER FT or MI: [Blank], 38, 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): [Blank], 8, 12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): [Blank], 14, 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL), T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: 36599, STATE SIGNATURE, DATE ISSUED: 11/04/89, CO SIGNATURE, EXP DATE, NORTH GRID: 527000, EAST GRID: 0807000

APPROXIMATE DEPTH OF WELL: [Blank], 24, 28 FEET

APPROXIMATE DIAMETER OF WELL: 6, 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

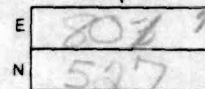
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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, D THIS WELL WILL DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): [Blank], 41, 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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



Handwritten notes: 4-27-89, 8" casing above, 20 Bags of cement, 85' casing, 54' Open hole, Taylor - C. Co.

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: [Blank], 54, GAP, 63

FORCE: [Blank], 67, 68, WRITE INITIALS IN BOX, PERMIT NO.: 70-88-0372, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79

SPECIAL CONDITIONS





**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 7 Well Tag #: HO-88-0372  
Site Address: 3203 Regents Row

**Submersible Pump Data**

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

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC 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, 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**

**Piping to house**

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

**House Connection**

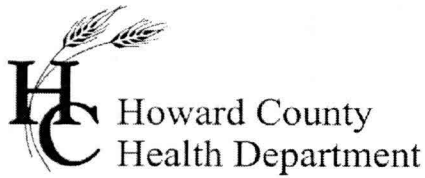
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

**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: 2/03/12 Date Insp. Approved: 2/14/12 Inspector: (KW)  
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 ✓



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 – October 3, 2012**

April 3, 2012

Homeowner  
3203 Regents Row  
West Friendship, Maryland 21794

**RE: Regents Row, Lot # 7**  
**3203 Regents Row**  
**Building Permit: B10002844**  
**Well Permit: HO-88-0372**

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 **02/14/12**. Final approval of the well line connection to the dwelling was granted on **2/14/12**. The well construction was completed on **04/27/89**. Water samples were collected on **3/29/12**.

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-88-0372. 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,

Dana Bernard, REHS, RS  
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 #: 83815 Account #: 4226  
 Reference: Regents Row Company: Viking Development Corporation  
 Location: 3203 Regents Row Requested By: Cary Cumberland  
 West Friendship, MD 21794 Source: Well Water  
 Date/ Time Collected: 3/29/2012 1220 Site: Pressure Tank  
 Date/Time Rec'd: 3/29/2012 1400 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.8  
 Collected By: C. Mooshian 7268CM Well #: HO-88-0372

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/30/2012 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/30/2012 / 1000 / BCD
Nitrate	4.75	mg/L	10	601	3/30/2012 / 0900 / BCD
Turbidity	1.81	NTU	<10	SM18 2130B	3/30/2012 / 0900 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2012 / 0900 / 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 Visual well check: Scaled, vented cap
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B10002844

Date Reported: 3/30/2012