

C1 3929

SEQUENCE NO. (MDE 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM 10 DD 12 YR 78

MM 09 DD 14 YR 10

22 600 26 (TO NEAREST FOOT)

HO-95-1965

OWNER: DUNBAR, DAVE; STREET OR RFD: 8507 Reservoir Rd; TOWN: FULTON; SUBDIVISION: BEAUFORT PARK; SECTION: 1; LOT: 4

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 stone, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY); NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT); Nominal diameter top (main) casing; Total depth of main casing.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); SLOT SIZE 1, 2, 3.

DEPTH (nearest ft.)

Table for depth measurements with columns 1-5 and rows E, A, C, H, S, R, E, E, N.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (yes/no) [X] N

- CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"...

DRILLERS LIC. NO. 1 MWD040; George J. Pasternak; DRILLERS SIGNATURE

LIC. NO. 1 JS0038; Bruce Thompson; SITE SUPERVISOR

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; TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

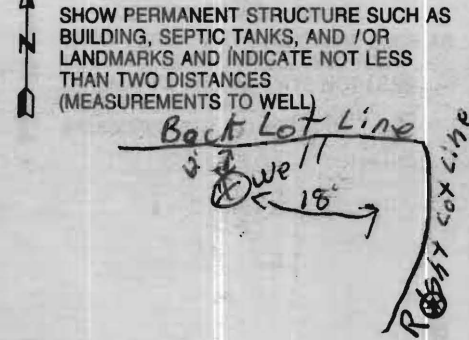
PUMPING TEST

HOURS PUMPED (nearest hour) 6; PUMPING RATE (gal. per min.) 1.2; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft, WHEN PUMPING 295 ft.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO); 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) + above, - below; LAND SURFACE (nearest foot) 50, 51.

LOCATION OF WELL ON LOT



B 1 4681 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER  
 1 2 3 6 **APPLICATION FOR PERMIT TO DRILL WELL** HO-95-1965  
 please type fill in this form completely

Date Received (APA) 07 23 10 **11405**  
 8 MM DD YY 13  
**OWNER INFORMATION**  
DUNBAR DAVE  
 15 Last Name Owner First Name 34  
6307 LEAFY SCREEN  
 36 Street or RFD 55  
COLUMBIA MD 21045  
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**  
Howard COUNTY 21  
Beaufort Park SUBDIVISION 42  
 SECTION 1 LOT 4  
 44 46 48 50  
Fulton  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 1 1/2 M I  
 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  
George F. Easterday 7/21/2010  
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  
 (8503) Reservoir Rd  
 11 NEAR WHAT ROAD 30  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
 NORTH  
 WEST 32 EAST  
 SOUTH  
 34 175 37  
 DISTANCE FROM ROAD FEET  
 ENTER FT OR MI 38 39  
 TAX MAP: 45 BLK: 12 PARCEL 26

B 2 **WELL INFORMATION**  
 1 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) A533220  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 8/10/2010  
 43 MM DD YY 48 CO SIGNATURE Brian Baker 8/10/2011 EXP. DATE  
 NORTH GRID 476 000 EAST GRID 816 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

**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  
 E 8106 000  
 N 4766 000

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 32 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 DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION**  
18 E 7  
FULTON  
Reservoir Rd  
CLARKSON

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-95-1965  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 - 95-1965  
Site Address: B503 Reservoir 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: \_\_\_\_\_ Date Insp. Approved: 8/30/11 *(Kw)*  
Inspection Data: Pitless adapter 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 under footer  
Adequate grout observed below pitless adapter

EDGE OF DRIVE

U CALLERY

20" WHITE PINE

20" WHITE PINE

8" CALLERY

40' B.R.L.

Septic Trench

20" WHITE PINE

6" TWIN ASH

G9B

Trench Indentation

20" WHITE PINE

10" BLACK WALNUT

20" WHITE PINE

15" ASH

100'

Don't Move Any Closer to 8507 LOT 4 Reservoir Rd. 42,348 SQ.FT.

EDGE OF DRIVE

10" CA

8507 Reservoir Road

20" WHITE PINE

8/10/2010

10" ASH TWIN 12" CALLERY

12" CALLERY

Well Site

BB

W

W

18'

12'

W

20" WHITE PINE

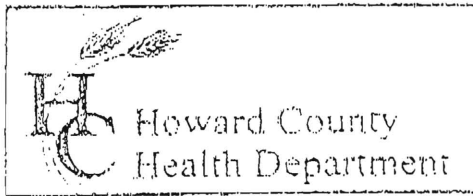
N80°5

502

503

501

498



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2523 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

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 \_\_\_\_\_ (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

Reservoir Rd - CLARKSON DR.  
 DUNBAR  
 LOT 4, BUK H BEAUFORT PARK

510 61 03



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 – JULY 27, 2012**

January 27, 2012

Homeowner  
8503 Reservoir Road  
Fulton, MD 2059

**RE: Beaufort Park, Block H, Lot 4  
8503 Reservoir Road  
Building Permit: B10003989  
Well Permit: HO-95-1965**

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 **9/12/2011**. Final approval of the well line connection to the dwelling was granted on **8/30/2011**. The well construction was completed on **9/14/2010**. Water samples were collected on **1/25/2010**.

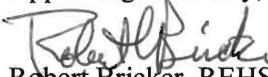
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1965. 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  
Dave Dunbar, 6307 Leafy Screen, Columbia, MD 21045  
Community Hygiene Program  
File



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

**S/O Number:** 84057

James H. Selfridge Builders Inc  
 4781 Ten Oaks Road  
 Dayton, Maryland 21036

**Report Date:** January 26, 2012

**Property Sampled:** 8503 Reservoir Road, 20759  
**Sample Location:** Pressure Tank Tap ✓  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B10003989  
**Sampler ID #:** 0765AR  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 45

**Subdivision:** Beaufort Park  
**Parcel:** 26

**Lot #:** 4

**Date/Time Collected in Field:** January 25, 2012 @ 11:20 am  
**Date/Time Received in Lab:** January 25, 2012 @ 3:50 pm

**Well Tag #:** HO-95-1965  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** Sediment Filter ✓

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	8.1 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.2 Units	***
Sand		Absent	Absent	Pass

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

*WCB 1/27/2012*

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.