

C1 4593 SEQUENCE NO. (DENV USE ONLY)

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 A40513

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 073191

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1930

OWNER Hedgerow Associates last name first name TOWN Clarksville STREET OR RFD Gilbride Ln SUBDIVISION HEDGE ROW SECTION LOT 13

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top soil, Clay, Shaley, Sand stone, Mica, Sand stone, Mica, White Mica, Mica, Flint, Mica, Flint, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 800 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 22 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 26

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

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

DEPTH (nearest ft.) HO 29 400 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 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 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.) W Q 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 133 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 (CIRCLE) (YES or 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: 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 } LAND SURFACE - below } 2 (nearest foot)

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) left lot line 100' Gilbride Ln. 45ft

B 1 **7372** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1930
 fill in this form completely

Date Received (APA) **06/17/91**
 OWNER INFORMATION
L. Hedge Row Associates
 15 Last Name 13 Owner First Name 34
13243 WESTMEATH LANE
 36 Street or RFD 55
CLARKSVILLE MD 21029
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 1 2
HOWARD
 8 COUNTY 21
HEDGEKOW
 23 SUBDIVISION 42
 SECTION 44 46 LOT **73** 48 50
CLARKSVILLE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** M I
 73 76 77 78

DRILLER INFORMATION
George P. Easterday
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George P. Easterday 6-12-91
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 N W N E
 8 8-9 8-9
 W TOWN E
 8 8
 S W S E
 8-9 8-9 8
 NEAR WHAT ROAD
GILBRIDE LANE
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N)
 WEST (W) EAST (E)
 SOUTH (S)
 34 **450** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A40513 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **07/1/91** Mark E. Lippin 11/1/91
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **506000** EAST GRID **0802000**
 50 55 57 63

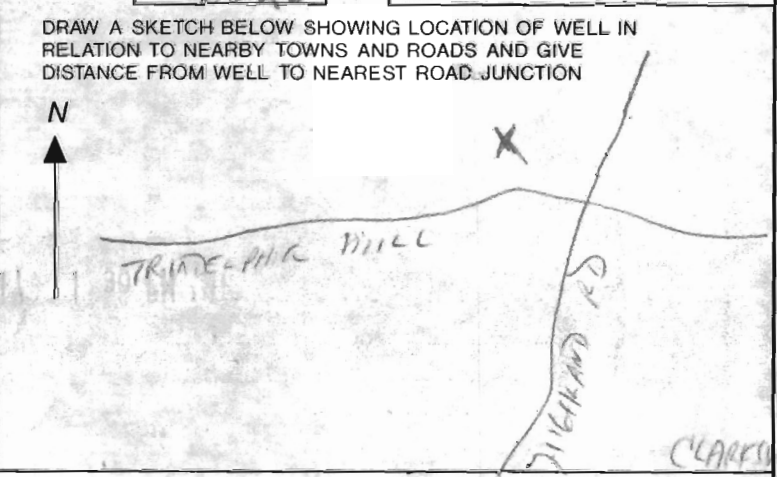
APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

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 _____

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 **80x2**
 N **50x6**
 000 000
 7-31-91 grout 2pm
 2 ft above grade
 well
 26 ft casing
 22 ft open hole
 8 bags cement
 JENALEAN

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GA P _____
 54 63
 FORCE **HD** WRITE INITIALS IN BOX PERMIT No. **HD-88-1930**
 57 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **854-0938**

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: JONES WELL DRIVING Telephone #: 410-692-6981
Address: 3700 RUSH RD.
JARRETTVILLE, MD 21084

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

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

Name (Print): HARVEY Knapp Jr. License# MWD 509

*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: Antonio Romano Telephone #: 443-619-8335
Subdivision: Hedgecove Sec 1 Lot #: 13 Well Tag #: HO-88-1930
Site Address: 3482 Gilbride Lane
Clarksville MD 21029
C/O JOE DONOVAN (Contractor)

Submersible Pump Data

Make: Grundfos
Model #: 105015-330
Pump Capacity 10 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Mertasen
Model #: B10XLF
Depth: 60" (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.:

Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap:

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: PE
PSI: 160 (160 psi min)
Depth of supply line: 60" (36" min)

House Connection - provided by the client

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 95'
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: David Kelly MWD 304 date: 2/4/13

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 _____

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 WELL & SEPTIC PROGRAM
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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 #: 2 Well Tag #: HO - 88 - 1930
 Site Address: 13682 Culbribe Ln

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 2/5/13 Date Insp. Approved: 2/5/13 Inspector: [Signature]
 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

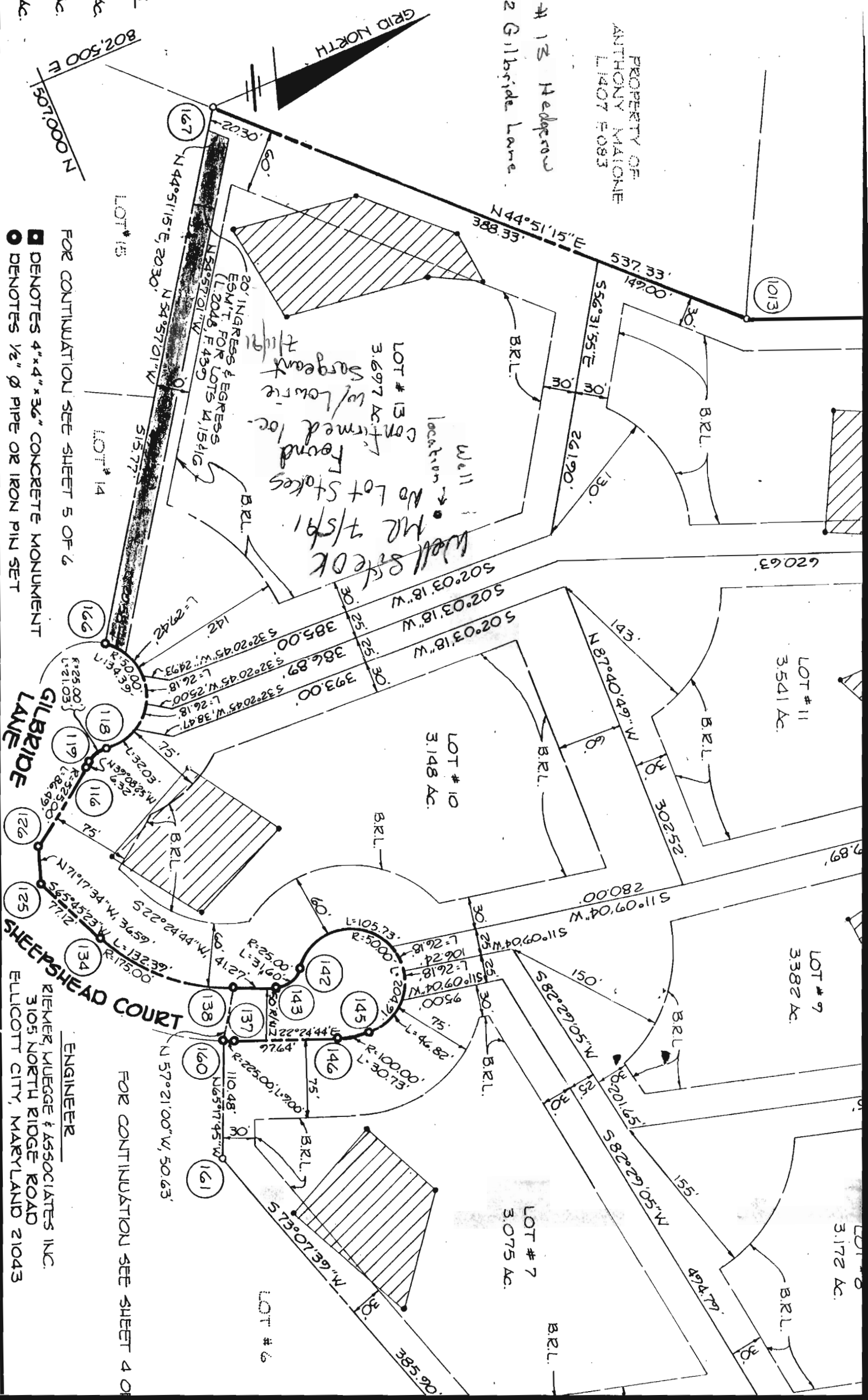
PROPERTY OF
ANTHONY MALONE
L1407 E083

Lot # 13 Hedgrows
13682 Gilbride Lane

GRID NORTH

TOTALS

7
23,848 AC.
0.274 AC.
24,122 AC.



FOR CONTINUATION SEE SHEET 5 OF 6

■ DENOTES 4"x4"x36" CONCRETE MONUMENT

● DENOTES 1/2" Ø PIPE OR IRON PIN SET

ENGINEER

RIEMER MUEGGE & ASSOCIATES INC.
3105 NORTH RIDGE ROAD
ELLICOTT CITY, MARYLAND 21043

FOR CONTINUATION SEE SHEET 4 OF 6

A 40513

SUBDIVISION: Hedgerow
Gilbride Lane

LOT NUMBER: 13

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 feet below original grade.

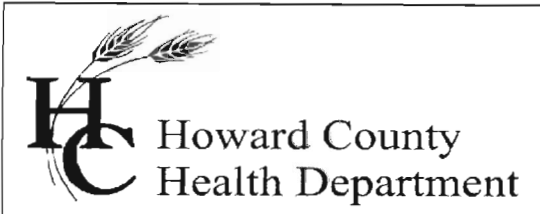
Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 100' FROM THE REAR LOT LINE AND 185' FROM THE LEFT LOT LINE. RUN TRENCHES ON CONTOUR IN BOTH DIRECTIONS.

MR 7/5/91



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 12, 2013

June 12, 2013

Homeowner
13682 Gilbride Lane
Clarksville, MD 21029

**RE: Hedgerow, Lot 13
13682 Gilbride Lane
Building Permit: B12000279
Well Permit: HO-88-1930**

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 **9/7/2012**. Final approval of the well line connection to the dwelling was granted on **2/5/2013**. The well construction was completed on **7/31/1991**. Water samples were collected on **6/4/2013**.

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-88-1930. 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,

A handwritten signature in cursive script that reads "Heidi Scott".

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Joseph Donovan
8970 Maier Road
Laurel, MD 20723

Reporting Date: 6/7/2013
Report #: K9617

Submitted Sample Address: 13682 Gilbride Lane
Clarksville, MD 21029
Submitted Sample Source: Holding Tank
Date / Time Collected: 06/04/2013 9:40 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: Too Muddy
Permit #: B12 000279

Results OK
6/12/13 MS

Analytical Results

Parameter	Result	Units	Report Limit	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	3.2	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.5	NTU	0.5	10	SM 2130B
pH	5.5	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B

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. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 