

C1 2463 SEQUENCE NO. (OEP 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 A 26616

DATE Received

DATE WELL COMPLETED 03/1/86

Depth of Well

225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1203

OWNER MANGELITZ last name GREENBRIDGE RD STREET OR RFD DAYTON MEADOWS SUBDIVISION

PHIL first name DAYTON TOWN

SECTION 1- Area 2 LOT 3

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 FROM TO Check if water bearing

Table with columns for description, feet from, and feet to. Includes entries for SAND and GRAY MICA ROCK.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 1786

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 52 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 160 TYPE OF PUMP USED (for test) S submersible

CASING RECORD

MAIN CASING TYPE S7 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 69

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

C 2

DEPTH (nearest ft.) HO 68 225 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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) LAND SURFACE (nearest foot)

- 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 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.

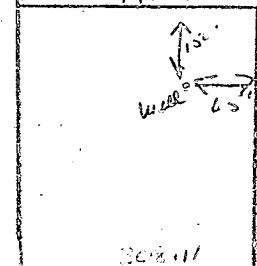
DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



# HOWARD COUNTY HEALTH DEPARTMENT

JQYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

July 14, 1987

Mr. William Lee Wertz, Inc.  
2517 North Rolling Road  
Baltimore, Maryland 21207

RE: Dayton Meadows - Lot 3  
4868 Greenbridge Road

Dear Mr. Wertz:

This is to advise you that the septic system was installed, inspected and approved on November 24, 1986.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1203. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

July 7, 1987  
Date of Water Sample

March 11, 1986  
Date Well Approved:

*Jane E. Nadeau*  
Approving Authority  
Jane Nadeau, Sanitarian  
Water and Sewerage Program

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



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3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

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May 18, 1988

Mr. William Wertz  
4868 Greenbridge Road  
Dayton, Maryland 21036

RE: Dayton Meadows, Lot 3  
4868 Greenbridge Road  
Well Permit #HO-81-1203

Dear Mr. Wertz:

This is to advise you that the septic system was installed, inspected and approved on November 21, 1986.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1203.

Date of Final Sampling  
April 11, 1988

Date of Acceptance  
May 6, 1988

*Jane E. Nadeau*  
Jane E. Nadeau, Sanitarian  
Water and Sewerage Program

Water Sample Dates: 7/7/87  
4/11/88

JEN:hs

CASSELL TESTING, INC.  
ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 628-1950

DATE: 4/13/88

### CERTIFICATE OF ANALYSIS

REQUESTER: Pat Wertz  
Wm. B. Wertz, Inc.  
5010 East Durham Road  
Columbia, Md. 21044

County Howard

Lab Number 88-517

Sample iced  Y  N  
Residual Cl<sub>2</sub> <0.1 mg/L

ADDRESS SAMPLED: 4868 Green Bridge Road, U&O

cc: County Health Dept.  Y  N

STATION SAMPLED: Outside tap  
DATE/TIME COLLECTED: 4/11/88 at 11:35 a.m.  
CERTIFIED COLLECTOR: B. Peterson #86-261  
SUBDIVISION NAME: Dayton Meadows  
LOT NUMBER: 3  
B. PERMIT NUMBER:  
WELL NUMBER: Unable to locate well  
WELL OBSERVATION: Undetermined  
OWNER, TELE. NO.:

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	<0.5	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	10 mg/L
Turbidity (NTU)	4.4	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	10 NTU
pH (Unit)	7.4	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	(6.5 - 8.5)
Sand	Negative	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	
Coliform bacteria (MPN/100 mL)	<2.2 (0 of 5 tubes +)	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<2.2 (0 tubes +)

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

*Sharon K. Cassell*  
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115

\* MCL (Maximum Contamination Level)

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 528-1950

DATE: 10/10/88

CERTIFICATE OF ANALYSIS

REQUESTER: Pat Wertz  
William B. Wertz, Inc  
5010 East Durham Road  
Columbia, Md. 21044

County Howard

Lab Number 88-1896

Sample iced  Y  N  
Residual Cl<sub>2</sub> <0.1 mg/L

ADDRESS SAMPLED: ~~4868 Green Bridge Road~~

STATION SAMPLED: Outside tap

DATE/TIME COLLECTED: 10/7/88 at 10:30 a.m.

CERTIFIED COLLECTOR: D. Kidwell #86-172

SUBDIVISION NAME: Dayton Meadows

LOT NUMBER: 3

B. PERMIT NUMBER:

WELL NUMBER: Unable to locate

WELL OBSERVATION: Undetermined

OWNER, TELE. NO.:

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	<0.5	Pass/Fail	10 mg/L
Turbidity (NTU)	14 (High)	Pass/Fail	10 NTU
pH (Unit)	7.0	PASS	(6.5 - 8.5)
Sand	Negative	Pass/Fail	
Coliform bacteria (MPN/100 mL)	2.2 Total coliforms(1 of 5 tubes +) <2.2 Fecal coliforms(0 of 5 tubes +)	Pass/Fail	<2.2 (0 tubes +)

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

*Sharon K. Cassell*  
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115

\* MCL (Maximum Contamination Level)

cc: County Health Dept.  Y  N

**CASSELL TESTING, INC.**

ENVIRONMENTAL SAMPLING AND TESTING  
1015 TRICKLING BROOK ROAD, HUNT VALLEY, MD 21030  
(301) 628-1950

DATE: 10/19/88

**CERTIFICATE OF ANALYSIS**

REQUESTER: Pat Wertz  
5833 Timberview Drive  
Elkridge, Md. 21227

County Howard

Lab Number 88-1961

Sample iced  Y  N  
Residual Cl<sub>2</sub> < 0.1 mg/L

ADDRESS SAMPLED: 4868 Green Bridge Road U+D

STATION SAMPLED: kitchen tap

DATE/TIME COLLECTED: 10/17/88 at 11:15 a.m.

CERTIFIED COLLECTOR: D. Kidwell #86-172

SUBDIVISION NAME: Dayton Meadows

LOT NUMBER: 3

B. PERMIT NUMBER:

WELL NUMBER: HO-81-1203

WELL OBSERVATION: Satisfactory

OWNER, TELE. NO.: ~~XXXXXX~~

PARAMETERS:	RESULTS:	Pass/Fail	* MCL
Nitrate-N (mg/L)	*	Pass/Fail	10 mg/L
Turbidity (NTU)	2.1	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	10 NTU
pH: (Unit)	7.2	<b>PASS</b>	(6.5 - 8.5)
Sand	Negative	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	
Coliform bacteria (MPN/100 mL)	<2.2 (0 of 5 tubes +)	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<2.2 (0 tubes +)

\* Not requested

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was safe/unsafe for drinking purposes.

*Sharon K. Cassell*  
Sharon K. Cassell MT (ASCP)  
Certified Microbiologist  
Certification No. 115

\* MCL (Maximum Contamination Level)  
cc: County Health Dept.  Y  N