

C 1 0266 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 A522951

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO 95-0396

OWNER Ferber, Ken STREET OR RFD Greenbridge Rd TOWN Dayton SUBDIVISION Ferber Property SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale (0-60), Gray Limestone (60-300).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (116), NO. OF POUNDS (1504), GALLONS OF WATER (96), DEPTH OF GROUT SEAL (0-59).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (06), Total depth (68).

OTHER CASING (if used) table with columns: diameter, depth.

SCREEN RECORD: screen type or open hole (HO), diameter (68), depth (300).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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.

DRILLERS LIC. NO. MSD 001, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns: 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.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (03), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (196), WATER LEVEL (30), BEFORE PUMPING (30), WHEN PUMPING (57), TYPE OF PUMP USED (S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (02), PUMP HORSE POWER (02), PUMP COLUMN LENGTH (02), CASING HEIGHT (02).

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). Includes handwritten diagram with 75' measurements.

B 1 5943

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-95-0396

please print or type

fill in this form completely

Date Received (APA)

05/19/06

OWNER INFORMATION

Ferber, Ken
526 Rita Dr
Odenton md. 21113

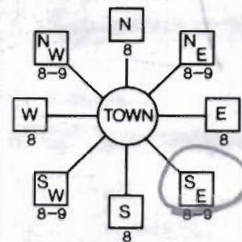
LOCATION OF WELL

Howard
Ferber Property
Dayton
MILES FROM TOWN < 1

DRILLER INFORMATION

Allen Compton
Fogles Well Drilling
580 Obrecht Rd
Allen Compton 5-5-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



5005 Greenbridge Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH
DISTANCE FROM ROAD 200 FT
TAX MAP: 28 BLK: 13 PARCEL 97

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 500

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) A522951
COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED 6/2/06
CO SIGNATURE
EXP. DATE 6/3/07
NORTH GRID 508 EAST GRID 802

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
JETTED
Jetted & DRIVEN
AIR-ROTary
AIR-PERCussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
DRive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

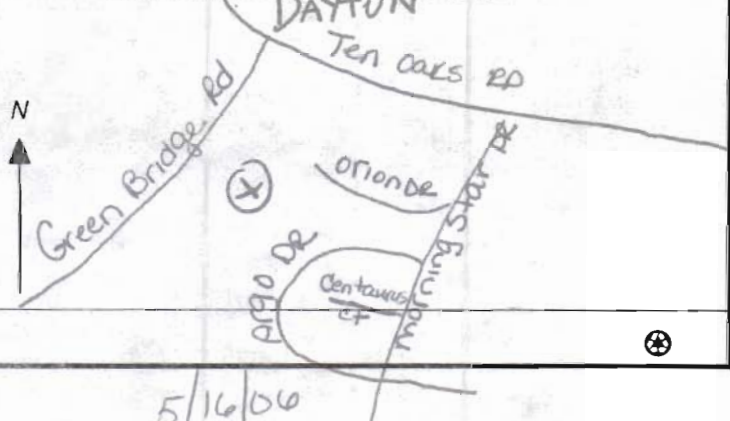
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 500 800
N 507

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



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

APPROX. PERMIT NUMBER G
PERMIT No. H0-95-0396

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5/16/06

Yield Test Data Sheet

County File # _____

MD Well Permit #: HO-95-0396

Subdivision Name: Greenbridge rd.

Section _____ Lot # 2

Street Address: Ferber PRD.

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 300' ft.

Well Driller: Allen Compton

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time	Static Water level: _____ ft.	Pumping Rate () Time to fill _____ gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)	
8:00	30'	5 sec.	12	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	30 ft.	5	12 GPM
2	8:15	57 ft.	7	8.5 GPM
3	8:30	57 ft.	7	8.5 GPM
4	8:45	57 ft.	7	8.5 GPM
5	9:00	57 ft.	7	8.5 GPM
6	9:15	57 ft.	7	8.5 GPM
7	9:30	57 ft.	7	8.5 GPM
8	9:45	57 ft.	7	8.5 GPM
9	10:00	57 ft.	7	8.5 GPM
10	10:15	57 ft.	7	8.5 GPM
11	10:30	57 ft.	7	8.5 GPM
12	10:45	57 ft.	7	8.5 GPM
13	11:00	57 ft.	7	8.5 GPM
14	11:15	57 ft.	7	8.5 GPM
15		ft.		GPM
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26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

**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: C. Mayes Plumbing & Heating Telephone #: 410-923-0510
Address: 638 Cecil Ave
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): Charles Mayes License# 3276
***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: Ken Fenber Telephone #: 443-623-2273
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0396 ✓
Site Address: 5005 Green Bridge RD
Dayton, MD 21036

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Cambell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>70507422</u>	Model#: <u>PA 800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>7.5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>9</u> GPM	NSF approved: <u>Yes</u>	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 Yes

Piping to house	House Connection
Type: <u>Bolt</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>No</u> (160 psi min)	Approximate length of sleeve: <u>4'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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.

Charles Mayes
Signature of company representative responsible for installation date 1/16/08

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

Date Insp. Requested: _____ Date Insp. Approved: 12/20/07 (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 _____
Adequate grout observed below pitless adapter _____



LOT 1
2.9 Ac

LOT 2
3.1 Ac

MIC2
10.37 Ac

FRONT

FRONT

GIB2
MIC2

MIC2
MID3

MID3
Co

ELIZABETH V. BISHOP
C/O JACOB E. BISHOP
TM28 P.97 * 512.14
DEED 2388/15
PARCEL * 2

ELIZABETH V. BISHOP
C/O JACOB E. BISHOP
TM28 P.97
DEED 2388/15
PARCEL * 1

CL' STREAM
WIDTH VARIES 6' TO 10'

CL STREAM
WIDTH VARIES 6' TO 10'

20' ACCESS EA

Stream Buffer

CL STR'
WIDTH VAR

N21°51'48\"/>

N21°51'48\"/>

N21°45'26\"/>

N21°44'01\"/>

N68°47'07\"/>

S73.83°W

100' Stream Buffer

212.53'

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N 570000
E 1314900

DISTRIBUTION BOX
EXISTING GRADE 520.50
INV. IN 517.00

1500 GAL SEPTIC TANK
FIN. GRADE 522.00
INV. IN 517.40
INV. OUT 517.10

GIC3
GIB2

MIC2
MID3

MIC2
MID3

MID3
Co

N68°47'07"W 573.83'

518

518

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512

75'

30' BRL

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522

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NON ROOFTOP
DISCONNECTION AREA

SEPTIC
AREA

25' STREAM BUFFER SETBACK

75' STREAM BUFFER

Q STREAM

This Drawing
represents
system location
more accurately

PARCEL NO. 9
6.0404 ACRES *

INV. 499.00
60 LF -6" PVC OR
PIPE @1.67%

NON R.
DISCON

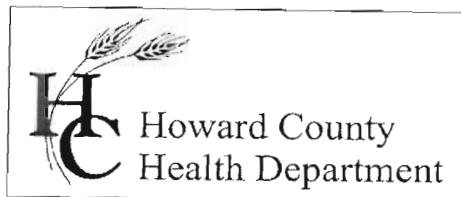
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Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 17, 2008

Mr. Kenneth Ferber
526 Rita Drive
Odenton, MD 21113

SENT BY FACSIMILE 208-493-8778

RE: Ferber Property
5005 Green Bridge Road
Dayton, MD 21036
BP #: B06003157
Well Permit # HO-95-0396

Dear Mr. Ferber:

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 12/20/2006.** **Final approval of the well line connection to the dwelling was approved on 12/20/2006.**

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.

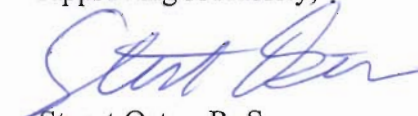
INTERIM CERTIFICATE OF POTABILITY

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-95-0396. 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: 12/11/2007 & 01/22/2008
Date of Well Completion: 06/19/2006

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #:	66065	Account #:	1930
Reference:	Ken Ferber	Company:	Fogle's Well Drilling
Location:	5005 Green Bridge Road Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	12/11/2007 0800	Source:	Well Water
Date/Time Rec'd:	12/11/2007 0915	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-95-0396

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223 B.	12/12/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/12/2007 / 1000 / AD/BD
Nitrate	6.67	mg/L.	10	601	12/11/2007 / 1030 / AD/BD
Turbidity	2.34	NTU	<10	SM18 2130B	12/11/2007 / 1025 / AD/BD
Sand	NS	mg/L.	5	Visual/Gravimct	12/11/2007 / 1025 / AD/BD

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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Date Reported: 1/3/2008

MD State Certification # 133

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 #:	66229	Account #:	1930
Reference:	Ken Ferber	Company:	Fogle's Well Drilling
Location:	5005 Green Bridge Road Dayton, MD 21036	Requested By:	Dave Fogle
Date/ Time Collected:	1/2/2008 0800	Source:	Well Water
Date/Time Rec'd:	1/2/2008 1304	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-PS	pH:	6.3
		Well #:	HO-95-0396

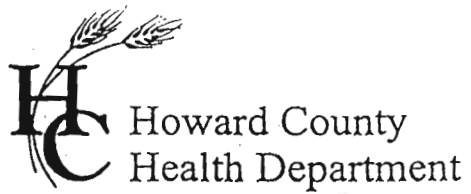
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/3/2008 / 0800 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/3/2008 / 0800 / AD/BD

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 66065

Date Reported: 1/3/2008



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher Collins + Carter on 5-5-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN