

C1 6453

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 13 A518578

DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 10 28 05

DEPTH OF WELL 22 350 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4145

OWNER Crosby, Joseph STREET OR RFD 335 Driver Road TOWN Marriottsville SUBDIVISION Crosby Property SECTION LOT 1

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. Includes entries for Brown shale and Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) MENTONITE CLAY (B) C NO. OF BAGS 25 NO. OF POUNDS 2350

CASING RECORD

MAIN CASING TYPE (S) T STEEL (C) O CONCRETE (P) L PLASTIC (O) T OTHER

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) T STEEL (B) R BRASS (H) O OPEN HOLE (P) L PLASTIC (O) T OTHER

Table for DEPTH (nearest ft.) with columns for casing and screen depths.

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) 03 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 19 gal.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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"

DRILLERS LIC. NO. M SD 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 0629 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER 40-94-4145
 1 2 3 6 521996 please type 70 fill in this form completely 79

Date Received (APA) 2/17/2005 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Crosby Owner First Name Joseph 34
 36 835 Driver Road Street or RFD 55
 57 Mariottsville ma 21104 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION CROSBY PEO. 42
 SECTION 44 46 LOT 1 48 50
 52 NEAREST TOWN Mariottsville 71
 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Allen Company License No. MSD 009 81
 Firm Name Fogles Well Drilling
 Address 580 Obrecht Rd.
 Signature Allen Date 2-10-05

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Driver Rd. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 5 BLK: 22 PARCEL 22

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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

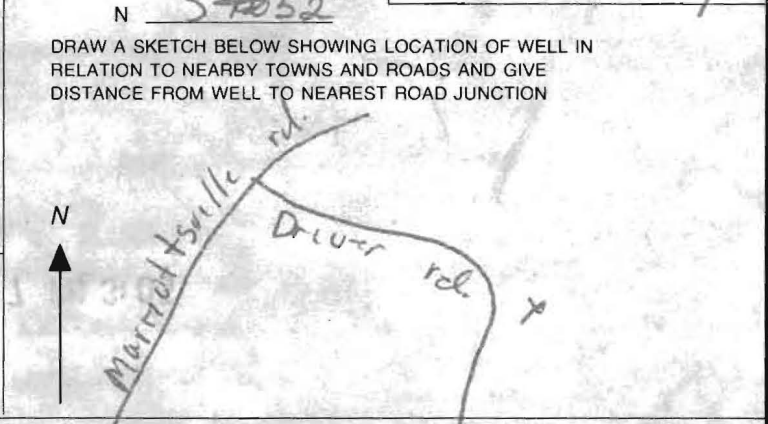
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. (13) A518578
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 3/28/2005 CO SIGNATURE Brian Baber EXP. DATE 3/28/2006
 43 MM DD YY 48 NORTH GRID 552 0 0 0 EAST GRID 830 0 0 0
 50 55 57 63

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

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 82030 000
 N 54052 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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
 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
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. 40-94-4145
 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: Atlantic Plumbing Services Telephone #: 410-282-4687
Address: 8169 Park Haven Rd
Baltimore, MD 21222

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): John F. Gearhart License #: MP15508

*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: Christian B. Crosby Telephone #: 443-790-0590
Subdivision: Joseph Crosby Prop. Lot #: 1 Well Tag #: HO-94-4145
Site Address: 815 Drives Rd
Marristown, MD 21104

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: MYERS Predator Plus Make: MacIntosh Two piece watertight cap: YES
Model #: 2ST12-5 Model #: B-10x Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing: YES
Well Yield: 10 GPM NSF approved: YES Conduit min 1 1/2" B.G.: YES
Depth of well encountered at time of pump installation: 450 (feet) Conduit secured to well cap: YES

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

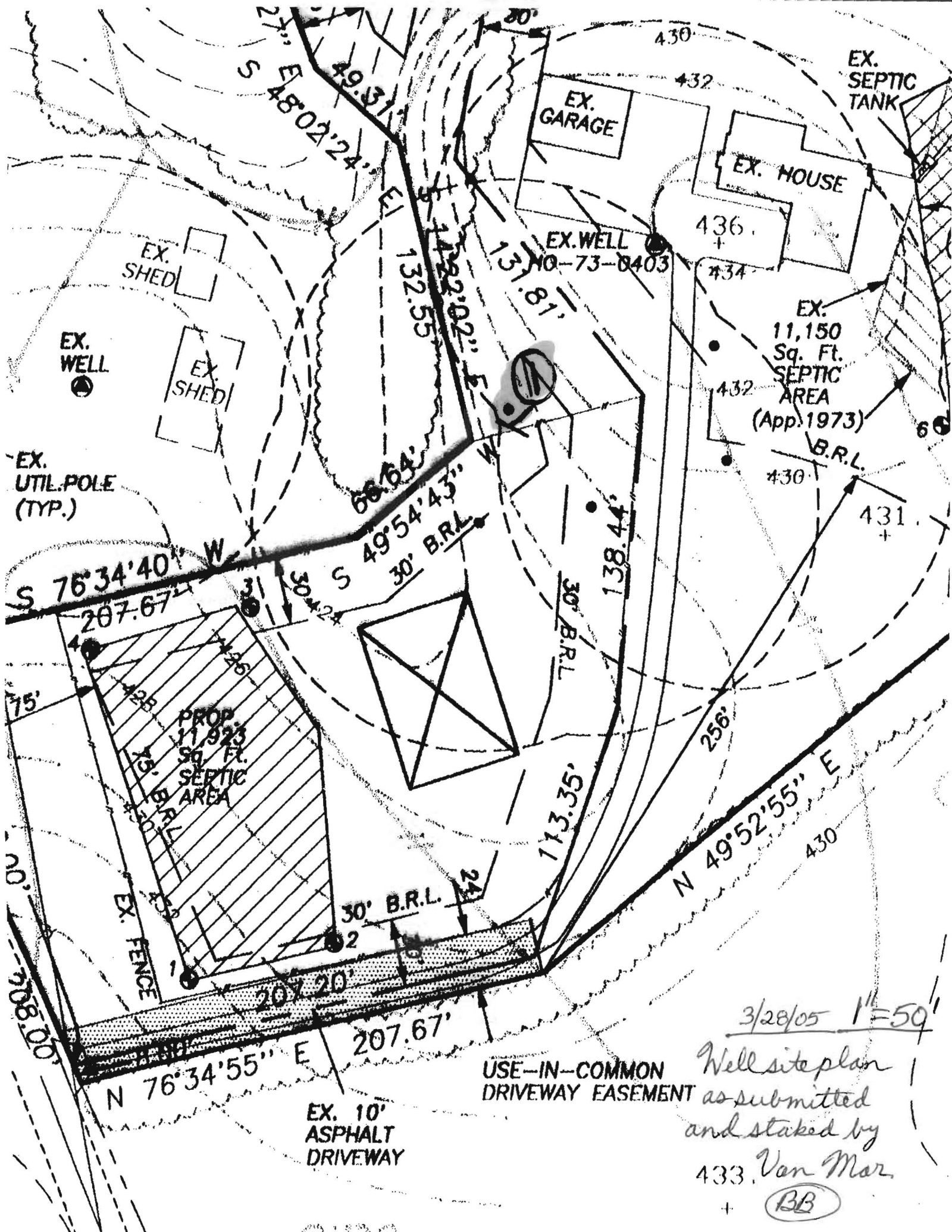
Pipe to house House Connection
Type: Sch. 200 PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 180 (160 psi min) Approximate length of sleeve: 40 ft
Depth of supply line: 32 (36" min) Sleeve caulked and sealed properly: YES

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] 12/19/06
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: 9/18/06 GAC for 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 ✓



3/28/05 1"=50'

USE-IN-COMMON
DRIVEWAY EASEMENT

Well site plan
as submitted
and staked by
433. Van Mar

(BB)

EX. 10'
ASPHALT
DRIVEWAY

N 76°34'55" E
207.67'

PROP.
11,923
Sq. Ft.
SEPTIC
AREA

113.35'

30' B.R.L.

N 49°52'55" E
256'

30' B.R.L.

S 49°54'43" W
68.64'

EX. 11,150
Sq. Ft.
SEPTIC
AREA
(App. 1973)

EX. UTIL. POLE
(TYP.)

S 76°34'40" W
207.67'

EX. WELL
#10-73-8403

EX. SHED

EX. WELL

EX. GARAGE

EX. HOUSE

EX. SEPTIC
TANK



Howard County
Health Department

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

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 Vanmar Associates, Inc
(professional land surveyor or company employing professional land surveyors)
on 2-10-05 (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

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 #:	61390	Account #:	8474
Reference:	Christian Crosby	Company:	CASH ACCOUNT
Location:	815 Driver Road Marriottsville, MD 21104	Requested By:	Christian Crosby
Date/ Time Collected:	11/21/2006 1000	Source:	Well Water
Date/Time Rec'd:	11/21/2006 1300	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.7
		Well #:	HO-94-4145

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/22/2006 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/22/2006 / 0900 / 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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 60757

Building Permit # : B00157518

Date Reported: 11/22/2006

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 #:	61203	Account #:	8474
Reference:	Christian Crosby	Company:	CASH ACCOUNT
Location:	815 Driver Road Marriottsville, MD 21104	Requested By:	Christian Crosby
Date/ Time Collected:	11/2/2006 1007	Source:	Well Water
Date/Time Rec'd:	11/2/2006 1405	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-94-4145

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM18 9223 B.	11/3/2006 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	11/3/2006 / 0830 / 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 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 60757
 Building Permit # : B00157518

Date Reported: 11/3/2006*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 #:	61078	Account #:	8474
Reference:	Christian Crosby	Company:	CASH ACCOUNT
Location:	815 Driver Road Marriottsville, MD 21104	Requested By:	Christian Crosby
Date/ Time Collected:	10/24/2006 1215	Source:	Well Water
Date/Time Rec'd:	10/24/2006 1353	Site:	Holding Tank
Chlorine ppm:	Frec: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.2
		Well #:	HO-94-4145

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/25/2006 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/25/2006 / 1000 / AD/BD
Turbidity	2.65	NTU	<10	SM18 2130B	10/25/2006 / 1020 / GN

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 60757

Building Permit # : B00157518

Date Reported: 10/25/2006

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneystown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	60757	Account #:	8474
Reference:	Christian Crosby	Company:	CASH ACCOUNT
Location:	815 Driver Road Marriottsville, MD 21104	Requested By:	Christian Crosby
Date/ Time Collected:	9/28/2006 1320	Source:	Well Water
Date/Time Rec'd:	9/28/2006 1408	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-94-4145

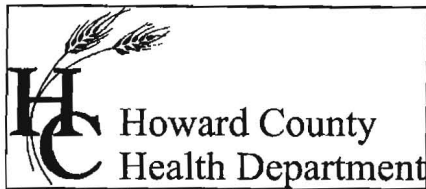
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223 B.	9/29/2006 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/29/2006 / 0900 / BCD
Nitrate	6.80	mg/L	10	601	9/29/2006 / 1335 / GN
Turbidity	45.5	NTU	<10	SM18 2130B	9/29/2006 / 1005 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	9/29/2006 / 1000 / GN

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: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00157518

Date Reported: 9/29/2006



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

December 19, 2006

Christopher B. Crosby
3567 Split Rail Lane
Ellicott City, MD 21042

SENT VIA FACSIMILE 301-688-2734

RE: B00157518
Crosby Property, Lot 1
815 Driver Rd.
Marriottsville, MD 21104

Dear Sir/Madam:

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 9/18/2006. Final approval of the well line connection to the dwelling was approved on 9/18/2006.**

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-94-4145. 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 Samples: 09/28/2006, 10/24/2006, 11/02/2006, 11/21/2006
Date of Well Completion: 06/28/2005

Approving Authority


Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File