

C 1 5911

SEQUENCE NO. (DENY 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 44 211

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 01/11/95

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-0250

OWNER Newburn Development last name Linden Chapel Rd first name TOWN Clarksville SUBDIVISION Chapel Woods SECTION 2 LOT 26

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1410

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 330 TYPE OF PUMP USED (for test) S submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: SAND (0-37), GRAY Mica ROCK (37-400). Includes handwritten note: '360' Dry well filled in with cement + drilling materials'

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER. MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 42

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) + above } LAND SURFACE 3 (nearest foot) - below }

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes (Y) no (N)

OTHER CASING (if used) diameter inch depth (feet) from to. SCREEN RECORD screen type or open hole insert appropriate code below: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

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

DEPTH (nearest ft.) 39 400. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS IDENT. NO. 24 Joseph Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

WIDE 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

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) See attached locations

B 1 **5314**
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER

40-94-0250
fill in this form completely

Date Received (APA)

11/14/94

OWNER INFORMATION

Newburn Development

15 Last Name Owner First Name 34

55705TERRESTA PLACE

36 Street or RFD 55

COLUMBIA MD 21044

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

MSD/MGD/MWD

Joseph L. Mayne 24
Driller's Name 77 License No. 80

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Mt. Airy, Md. 21771

Address

Joseph L. Mayne 11/14/94
Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

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
- 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 (OEP USE ONLY)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **AA** WRITE INITIALS IN BOX PERMIT No. **40-94-0250**

LOCATION OF WELL

HOWARD 8 COUNTY 21

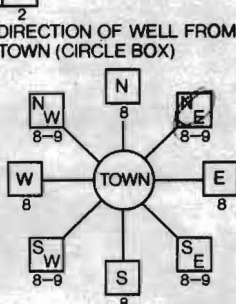
CHAPTER WOODS 23 SUBDIVISION 42

SECTION _____ LOT **26**

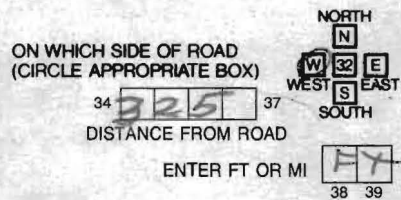
CLARKSVILLE 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Finder Chapel Road 11 NEAR WHAT ROAD 30



TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A44211** COUNTY NO.

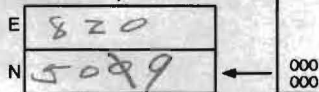
STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____ 41

11/17/94 CO SIGNATURE **Bill Kelly** EXP. DATE **11/17/95**

NORTH GRID **509000** EAST GRID **0820000**

- 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

+ 11/1/95 9:30grout
water ok
casing 42'
well 38'
grout 15 bags
APP 1/11/95



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



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: CROUSE PLUMBING Telephone #: 410-465-1110
Address: P.O. BOX 242
SIMPSONVILLE, MD 21150

(Check circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): ROBERT HOESTETTER License# 4450

*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: SHERIDAN PHILLIPS Telephone #: 410-203-0666
Subdivision: Chapel Woods II Lot #: 26 Well Tag #: HO-94-0250
Site Address: 11833 Chapel Estates Drive

Submersible Pump Data

Make: GOULDS
Model #: 57510928
Pump Capacity: 5 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: MARTIN
Model#: B10X
Depth: 36 (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 17.2.4

(Torque arresters 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: CRVC
PSI: 50 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 10'
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 of company representative responsible for installation: Robert Hoestetter

Date: 10-4-04

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

Date Insp. Requested: _____ Date Insp. Approved: 7/1/04 (50) RB
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

CORRIDOR

Real Estate, Inc.

James L. Newburn

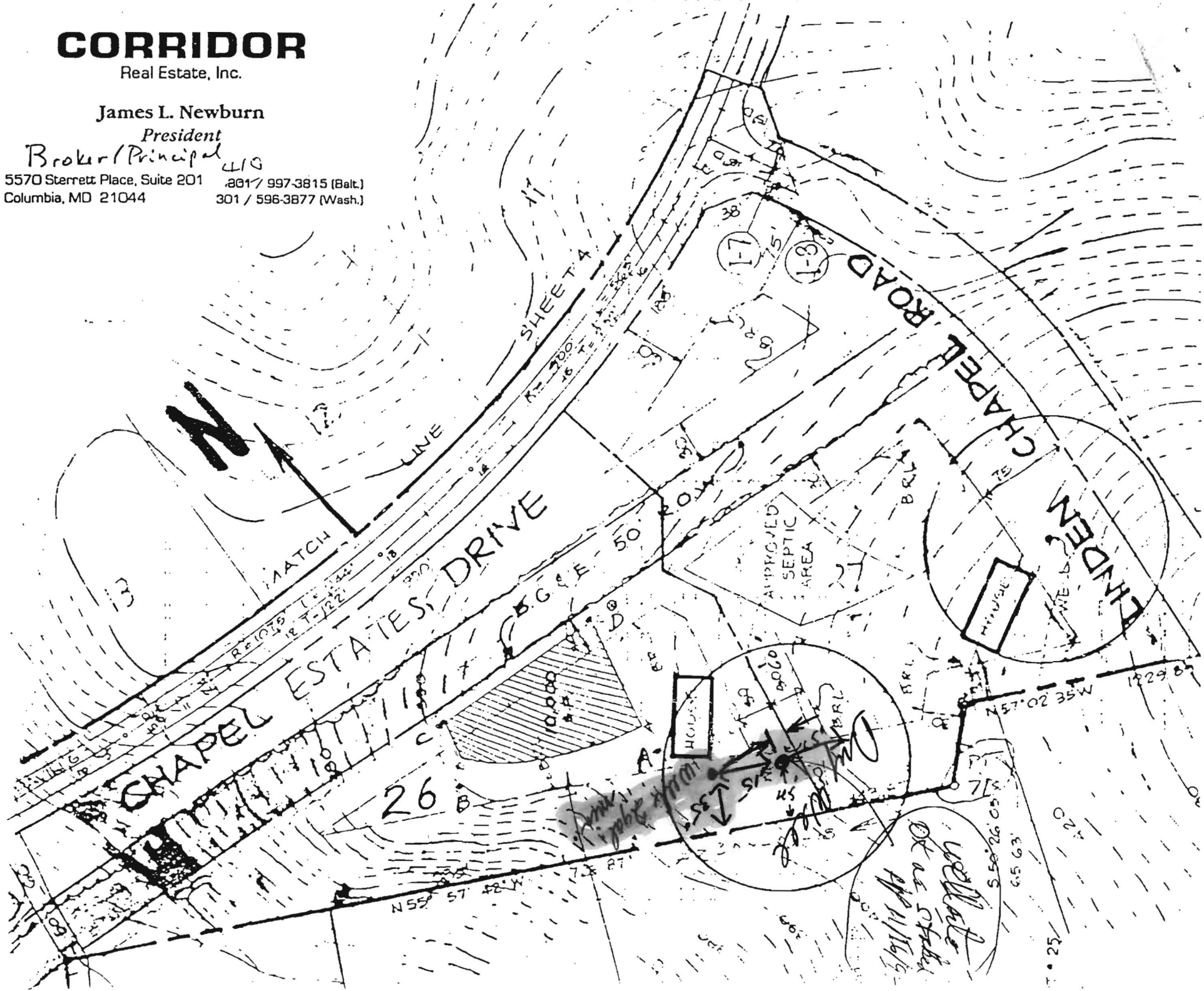
President

Broker/Principal

419

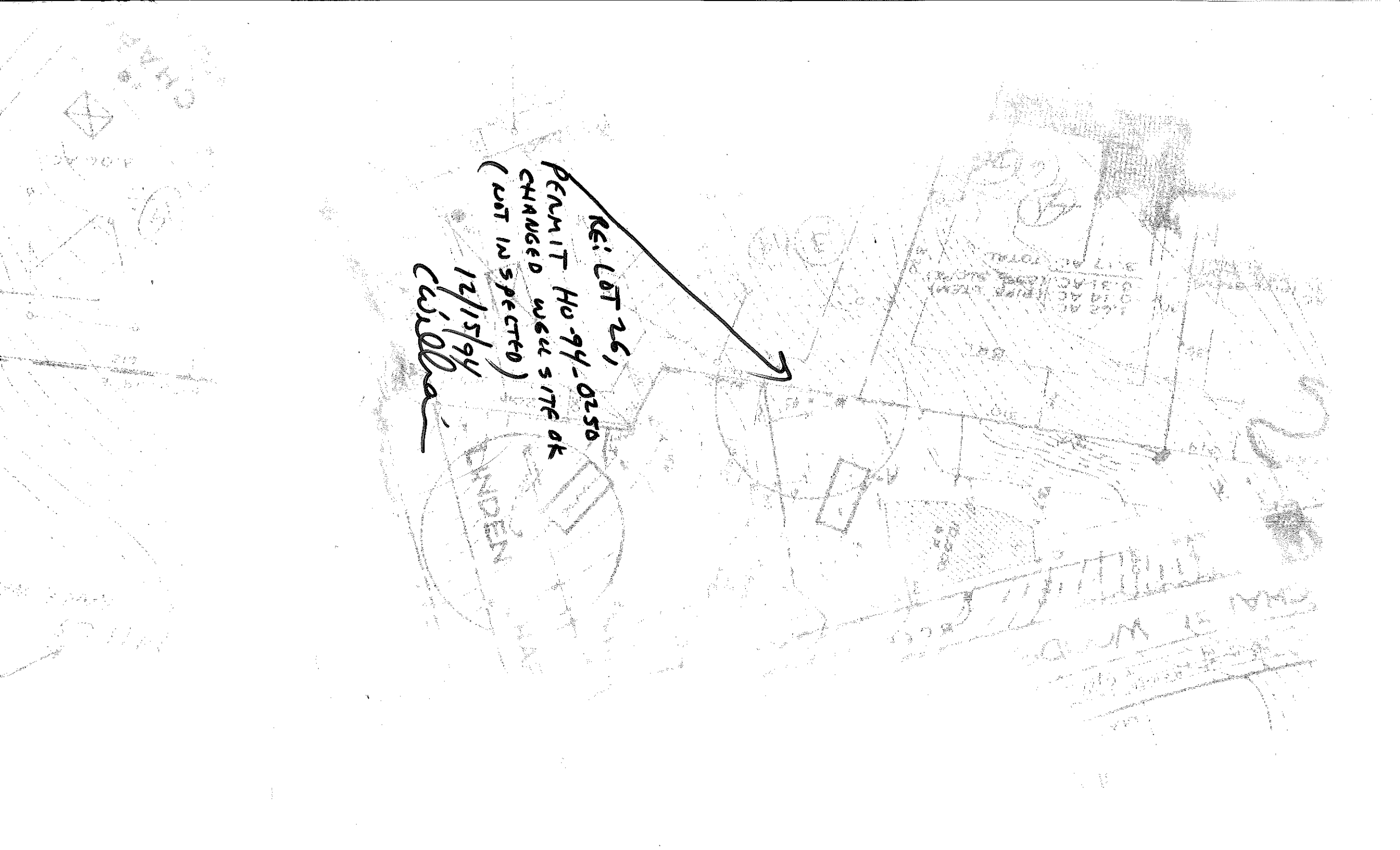
5570 Sterrett Place, Suite 201 .301/ 997-3815 (Balt.)

Columbia, MD 21044 301 / 596-3877 (Wash.)



RE: LOT 26,
PERMIT HO-94-0250
CHANGED WELL SITE OK
(NOT INSPECTED)

12/15/94
C. J. ...



CORRIDOR

Real Estate, Inc.

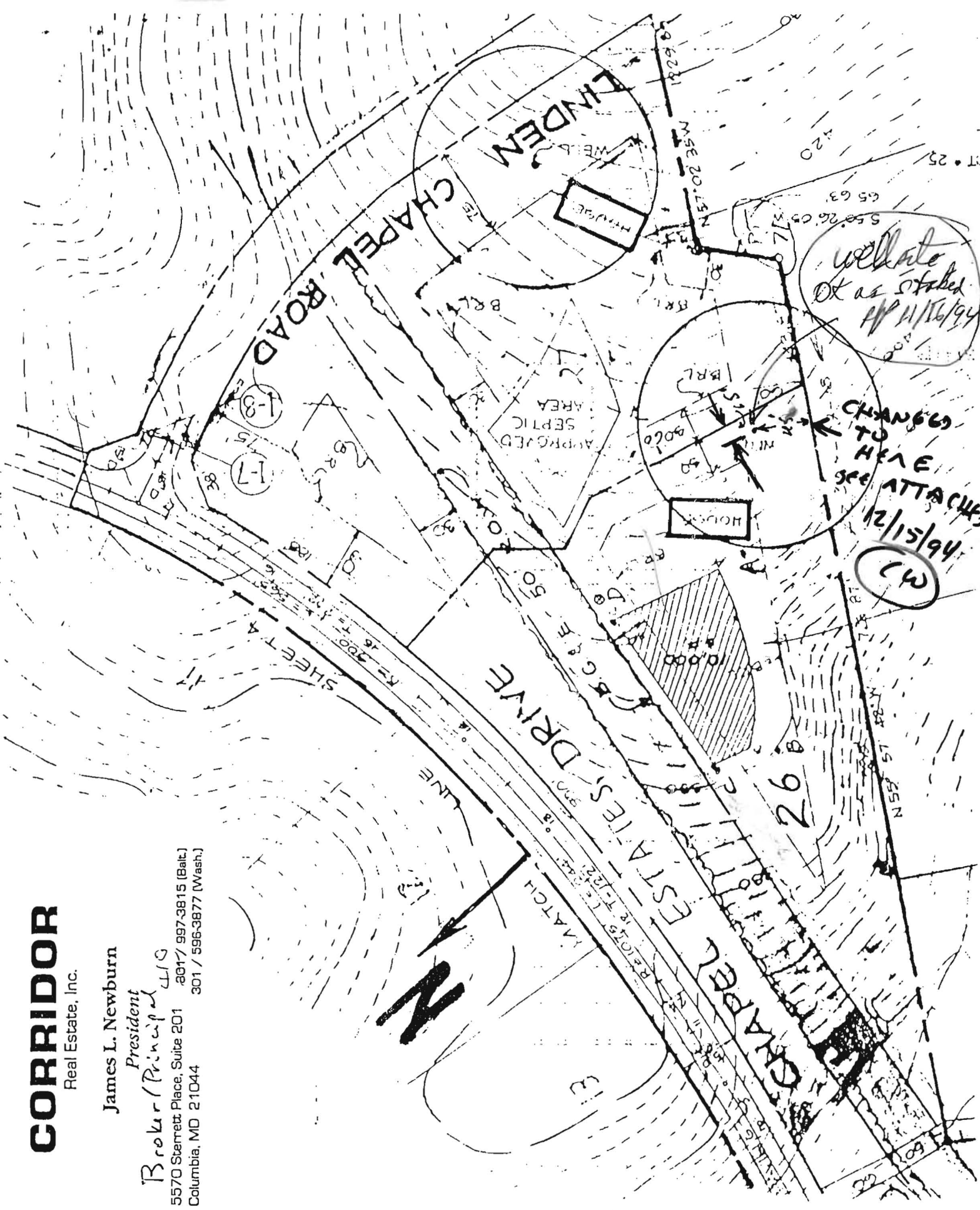
James L. Newburn

President

Broker/Principal

5570 Sterrett Place, Suite 201
Columbia, MD 21044

410
201 / 997-3815 (Balt.)
301 / 596-3877 (Wash.)





7178 Columbia 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

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

November 23, 2004

William Koenig & Sheridan Phillips
13439 Chris Mar Court
Highland, Maryland 20777

SENT VIA FACSIMILE 410-923-6551

RE: Chapel Woods II, Lot 26
11833 Chapel Estates Drive
Clarksville, MD 21029
BP # B00142374
Well Permit # HO-94-0250

Dear Sirs:

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 10/05/2004. Final approval of the well line connection to the dwelling was approved on 7/01/2004.**

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-94-0250. 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: 10/11/2004, 10/20/2004 & 10/26/2004
Date of Well Completion: 01/11/1995

Respectfully,

Stuart F. Oster, R. S.
Well and Septic Program

SFO/sjn

cc: Building Inspector's Office
Community Services Program
File