

C1 6631

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) A522042-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

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 handwritten entries: Sand 0-56, Gray Mica Rock 56-420.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, DEPTHS OF GROUT SEAL

CASING RECORD (ST, CO, PL, OT) with casing type and diameter/depth information.

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD (ST, BR, HO, PL, OT) with screen type and diameter/depth information.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

- CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED...), 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...

DRILLERS LIC. NO. 1 MSD 094, DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, E, N and depth intervals (8-11, 15-17, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51)

DIAMETER OF SCREEN (NEAREST INCH), from 56 to 60

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70, 72, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

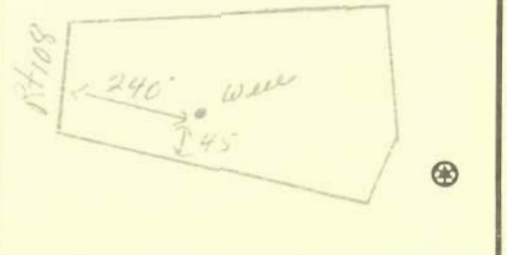
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 6, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft, WHEN PUMPING 211 ft, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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, - below, LAND SURFACE (nearest) 2 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)



B 1	8146	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522830 please type	STATE PERMIT NUMBER HO-95-0069 fill in this form completely
Date Received (APA) 6/28/2005 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Matzen		Owner Warren		34 First Name
36 Street for RFD PO Box 185, 13047 Hall Shop Rd.		70 State Md		76 Zip 20777
DRILLER INFORMATION				
Driller's Name Joseph L. Mayne		76 License No. MS DO24		81
Firm Name Joseph L. Mayne Well Drilling				
Address 5512 Ridge Rd Mt. Airy Md 21771				
Signature <i>Joseph L. Mayne</i>		Date 6-27-05		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		8		12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14		20
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL		280		FEET
APPROXIMATE DIAMETER OF WELL		6		NEAREST INCH
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jetted & DRIVEN
<input checked="" type="checkbox"/> AIR-ROtary		<input type="checkbox"/> AIR-PERcussion		<input type="checkbox"/> ROTARY (Hydraulic Rotary)
<input type="checkbox"/> CABLE		<input type="checkbox"/> REVerse-ROtary		<input type="checkbox"/> DRive-POINT
other				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL.				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL.				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
G				
PERMIT No. HO-95-0069				
SPECIAL CONDITIONS				

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Nicolae Estates** 42

SECTION **4** LOT **2**

44 46 48 50

52 NEAREST TOWN **Highland** 71

MILES FROM TOWN (enter 0 if in town) **1** M 11

73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N NE E SE S SW W NW

NEAR WHAT ROAD **Clarksville Pike** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST SOUTH EAST

34 **240** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **40** BLK: **9** PARCEL **43**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) **A522042-B**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **7/1/2005** **Brian Baber** **7/1/2006**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **487 000** EAST GRID **810 000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

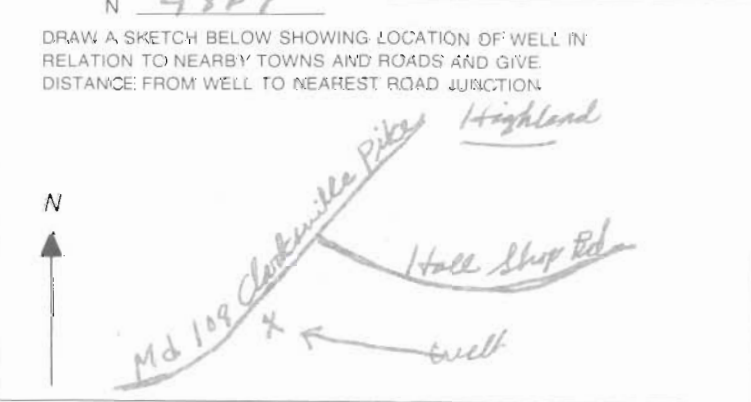
- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **840**

N **487**

000
000



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: WTC III Plumbing Telephone #: 410 489 4457
Address: 1820 Gills Falls Rd
Woodbine MD 21797

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

Name (Print): William T. Cumberland III License# 7979

*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: Warren Metzger Telephone #: 301 937-9730
Subdivision: Nicklar Property Lot #: 1 Well Tag #: HO-95-0069
Site Address: 13055 Hill Shop
Hightland MD 20777

Submersible Pump Data

Make: Grundfos
Model #: _____
Pump Capacity Variable GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Acorn
Model #: _____
Depth: 5 ft. (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 40 (feet)
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 _____

Piping to house

Type: PVC
PSI: 160 (160 psi min)
Depth of supply line: 4 ft (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5 ft
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.

Warren Metzger
Signature of company representative responsible for installation

4/30/07
date

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

Date Insp. Requested: 12/11/06 Date Insp. Approved: 4/11/07 (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

301 854 3022
3632
3766

R-108

LOT#2
(5.18 Acres)

LOT#3
(5.36 Acres)

100' WELL LMT

100' WELL LMT

PROPOSED WELL

PROPOSED HOUSE

7/1/05 Well Site
Staked By KCI
Technologies

(RB)

S78°57'39"E 558.81'

2011(P)
ELEV. =
445.94

1007(P)
ELEV. =
437.58

1006A(F)
ELEV. =
431.84

2009(P)
ELEV. =
441.71

2010(P)
ELEV. =
445.51

1009(P)
ELEV. =
436.41

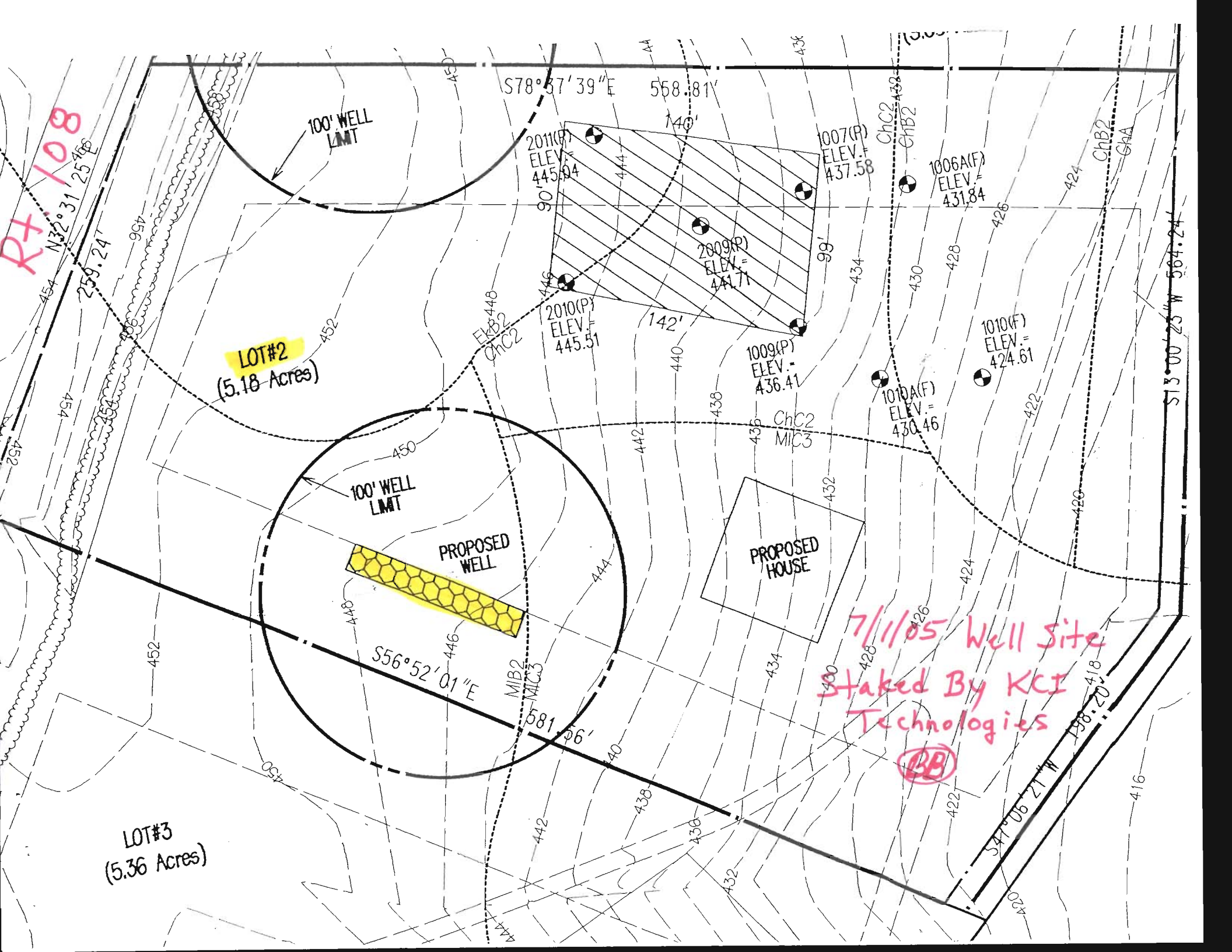
1010(F)
ELEV. =
424.61

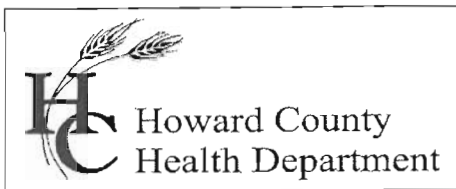
1010A(F)
ELEV. =
430.46

S56°52'01"E

S13°00'25"W 564.24'

S47°06'21"W 138.20'





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

May 1, 2007

Warren Matzen
13055 Hall Shop Road
Highland MD 20777

SENT VIA FACSIMILE 301-854-3022

RE: Nicolar Property, Lot 2
13055 Hall Shop Road
Highland, MD 20777
BP #: B00157933
Well Permit # HO-95-0069

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 01/10/2007. Final approval of the well line connection to the dwelling was approved on 04/11/2007.**

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 # 95-0069. 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(s): 03/28/2007
Date of Well Completion: Not Known

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 #:	62602	Account #:	9047
Reference:	Warren Matzen	Company:	CASH ACCOUNT
Location:	13055 Hall Shop Road Highland, MD 20777	Requested By:	Warren Matzen
Date/ Time Collected:	3/28/2007 1206	Source:	Well Water
Date/Time Rec'd:	3/28/2007 1355	Site:	Guest Room Bathroom Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	C. Mooshian 7268CM	pH:	7.6
		Well #:	HO-95-0069

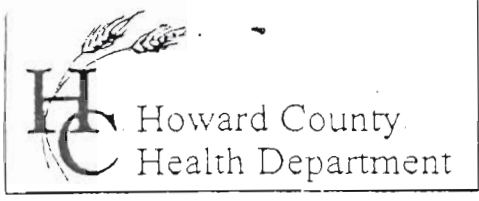
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/29/2007 / 0825 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/29/2007 / 0825 / AD/BD
Nitrate	1.55	mg/L	10	601	3/29/2007 / 1430 / AD/BD
Turbidity	1.84	NTU	<10	SM18 2130B	3/29/2007 / 1250 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetr	3/29/2007 / 1250 / 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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00157933

Date Reported: 3/29/2007



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 KC 1 Technologies,
(professional land surveyor or company employing professional land surveyors)
on June 2005 (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

Warren Matzen

301-854-3366