

C1 4876 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN CO'S. 3-0 ON ALL CARDS)

COUNTY NUMBER A31136

Date Received (WRA use only) 2/27/81 DATE WELL COMPLETED

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-72-8906

OWNER Schroyer CHARLES last name first name STREET OR RFD 6805 HAVILAND MILL RD TOWN CLARKSVILLE MD SUBDIVISION Schroyer Property SECTION LOT 300

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, Micka, Sand Stone, Micka, Sand Stone, Micka.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD casing types insert appropriate code below STEEL ST CONCRETE CO PLASTIC PL OTHER OT

MAIN CASING TYPE Nominal diameter top(main)casing (nearest inch) Total depth of main casing (nearest foot) S+ 6 42

OTHER CASING (if used) diameter inch depth (feet) from to

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

DEPTH (nearest ft.) 40 205

CIRCLE APPROPRIATE BOX A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min. to nearest gal.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 205 TYPE OF PUMP USED (for test) Air piston turbine centrifugal rotary other jet submersible

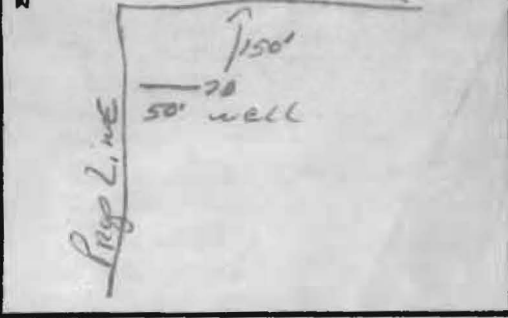
PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 below LAND SURFACE (nearest 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)



**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: Custom Pkg & Htg Co Telephone #: 410.796.8358  
Address: 6482 Grommet Drive  
Elkridge Md 21075

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

Name (Print): Michael Orrison License# 9449

**\*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: Mark Cannon Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-73-3806  
Site Address: 6825 Haviland Mill Road  
Lanar Md 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

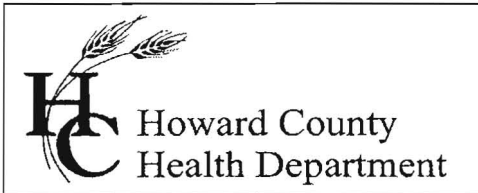
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Orrison Signature of company representative responsible for installation      11/18/04 date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/7/04 (SO)  
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 \_\_\_\_\_

Existing well  
fire Damaged House



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

December 7, 2004

Mark & Mary Cannon  
14140 Brighton Dam Road  
Clarksville, MD 21029

**SENT VIA FACSIMILE 410-465-7737**

RE: O'Malley & Steggerda Property, Lot 5  
6825 Haviland Mill Road  
Clarksville, MD 21029  
BP # B00143666  
Well Permit # HO-73-3806

Dear Sir:

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 08/13/2004. Final approval of the well line connection to the dwelling was approved on 12/07/2004.**

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-73-3806. 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: 11/17/2004  
Date of Well Completion: 02/27/1981

Respectfully,

Stuart Oster, R. S.  
Well and Septic Program

SO/mlb  
cc: Building Inspector's Office  
Community Services Program  
File

