

C 1 3755

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 A519615-A

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 8-12-04

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3986

OWNER Anglemyer Jim STREET OR RFD Pindell School Rd TOWN Fulton SUBDIVISION ANGLEMYER PROP SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and Water at 80' + 180'.

GROUTING RECORD form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (1000), GALLONS OF WATER (100), DEPTH OF GROUT SEAL (0 to 40 ft).

CASING RECORD form with fields for CASING TYPE (PL), Nominal diameter (6 inches), Total depth (40 feet).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (PL), diameter (6 inches), slot size (2).

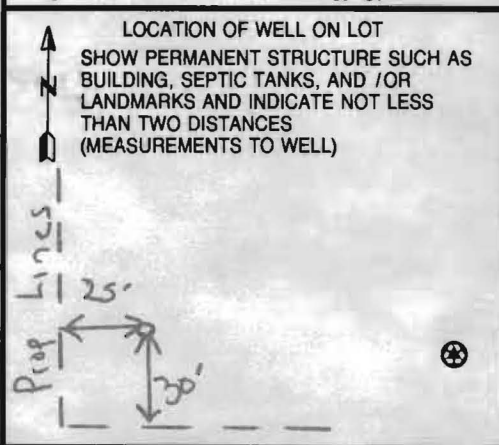
DEPTH (nearest ft.) table with columns for depth intervals (1-24, 25-48, 49-72) and values (40, 200).

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

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (16.6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (35 ft. before, 35 ft. when pumping).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).



NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y), NO (N).

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

DRILLERS LIC. NO. MSD 162. DRILLERS SIGNATURE (Marty Dux). LIC. NO. JSD 048.

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

B 1 3159  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
520062-B please type

STATE PERMIT NUMBER  
40-94-3986  
70 fill in this form completely 79

Date Received (APA) 02 17 04  
8 MM DD YY 13  
OWNER INFORMATION  
15 Last Name First Name  
36 Street or RFD  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

DRILLER INFORMATION  
Driller's Name Michael Tson License No. M S D 162  
Firm Name G. Edgar Harr Sons Corp  
Address 12047 Pindell Rd Catonsville 21030  
Signature Date 2/14/04

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NEAR WHAT ROAD Pindell School Rd  
DISTANCE FROM ROAD 680 FT  
ENTER FT OR MI 38 39  
TAX MAP: 41 BLK: 3 PARCEL 147

B 2 WELL INFORMATION  
APPROX. PUMPING RATE APPROX. 5 GAL. PER MIN.  
AVERAGE DAILY QUANTITY NEEDED APPROX. 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, DEWATERING  
P PUBLIC WATER SUPPLY WELL  
T TEST, OBSERVATION, MONITORING  
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME A519615-A COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 07 21 04 Mark E. P... EXP. DATE 7/21/05  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 489 0 0 0 EAST GRID 0826 0 0 0  
50 55 57 63

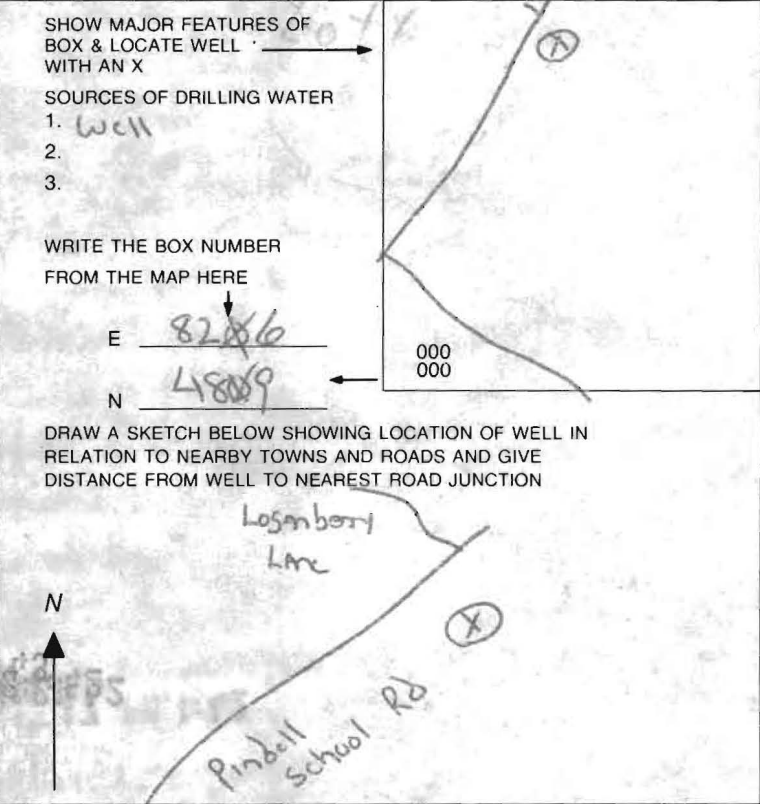
APPROXIMATE DEPTH OF WELL 250 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROX. PERMIT NUMBER G  
PERMIT No. 40-94-3986  
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: APEX PLUMBING, LLC Telephone #: 410 480 9800  
Address: 3240-A CORPORATE CT  
ELLIOTT CITY, MD 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): JEFF HARCLERODE License# MPL 18315

\*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: JIM ABLEMEYER Telephone #: 202 889 3615  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3986  
Site Address: 7039 PINDELL SCHOOL  
FULTON, MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
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 \_\_\_\_\_

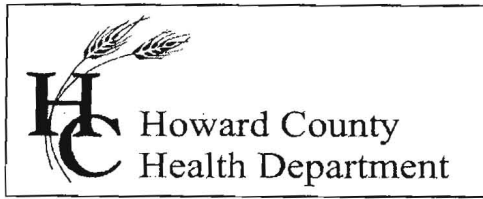
Piping to house House Connection  
Type: \_\_\_\_\_ PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min) Approximate length of sleeve (5 foot minimum): \_\_\_\_\_  
Depth of supply line: \_\_\_\_\_ (36" min) Sleeve caulked and sealed properly: \_\_\_\_\_

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.

Jeff Harclerode 5/11/06  
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: 9/2/05 GAC 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 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓



7178 Columbia Gateway Drive, Columbia Maryland 21046  
(410) 313-1771 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

May 11, 2006

Jim Anglemyer  
7039 Pindell School Road  
Fulton, MD 20957

**SENT VIA FACSIMILE 301-899-3070**

RE: Anglemyer Property, Lot 1  
7039 Pindell School Road  
Fulton, MD 20957  
BP #: B00151455  
Well Permit # HO-94-3986

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 house connection to the septic system was granted on 5/11/2006 by HCHD and Howard County Bureau of Utilities. Final approval of the well line connection to the dwelling was approved on 9/2/2005.**

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-94-3986. 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: 4/27/2006  
Date of Well Completion: 8/12/2004

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CERTIFICATE OF ANALYSIS



**Requester:**  
Mr. Jim Anglemyer  
7039 Pindell School Road  
Fulton, Maryland 20789

**S/O Number:** 06-3387  
**Report Date:** April 28, 2006

TRACE LABORATORIES-EAST

**Property Sampled:** 7039 Pindell School Road

**County:** Howard  
**Subdivision:** Anglemyer Prop Revision **Tax Map #:** 41  
**Lot #:** 1 **Parcel #:** 147  
**Building Permit #:** B00151455

**Date/Time Collected:** April 27, 2006 at 11:45 am  
**Date/Time Received:** April 27, 2006 at 1:35 pm

**Sample Location:** East Guest Room Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3986  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.5 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing

MCL-Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**Headquarters**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
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