

C1 6423

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A520107

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 4 11 05 Depth of Well 22 115 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4120

OWNER Henrietta Collette STREET OR RFD 804 Bennett Rd TOWN Mt Airy SUBDIVISION Farmington SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 16, NO. OF POUNDS 1304, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 0 ft. to 68 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE P.L., Nominal diameter 6, Total depth 95.

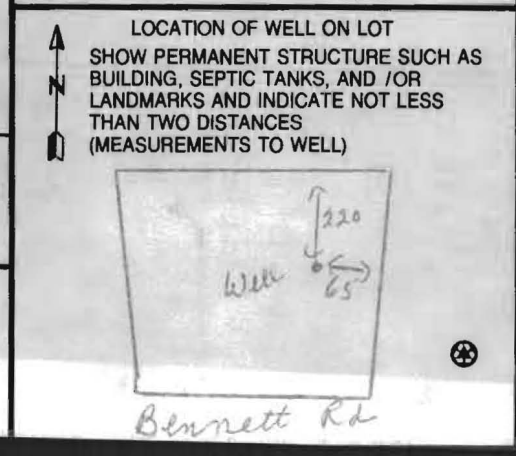
OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with columns 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Back Buckle, WATER LEVEL 42 ft. before pumping, 55 ft. when pumping, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 2 (nearest foot).



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

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

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 M S D O 24 1, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 D 1

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 LOG INDICATOR, OTHER DATA

B 1 8192

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 521973 please type

STATE PERMIT NUMBER

HO-94-4120 fill in this form completely

Date Received (APA)

2/03/05

OWNER INFORMATION

Henriette M. Colette 804 Bennett Rd Mt. Airy Md 21771

B 3 LOCATION OF WELL

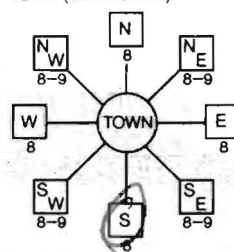
Howard Farmington Mt. Airy

DRILLER INFORMATION

Joseph L. Mayne MS D024 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



804 Bennett Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



Distance from road 25 FT

Tax map: 6 Blk: 4 Parcel: 246

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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

Howard AS20107 County Name Howard County No. AS20107 State Signature Date Issued 2/10/05 CO Signature Exp. Date 2/10/06

APPROXIMATE DEPTH OF WELL 200 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

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 (circled)
This well will deepen an existing well
Permit number of well to be replaced or deepened (if available)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

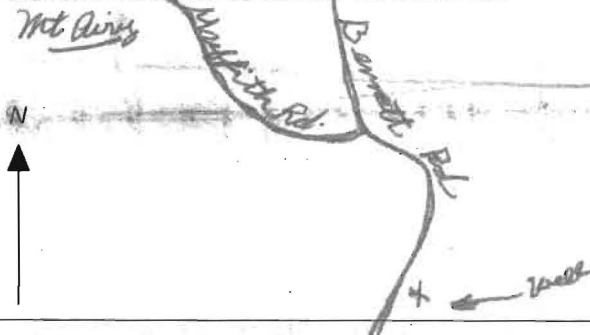
SOURCES OF DRILLING WATER

- Well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 756 N 552

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO-94-4120

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: Art's Plumbing Inc. Telephone #: 301 416 0504
Address: 14041 Tower Road
Smithsburg MD 21783

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Arthur R Besemer License# MD 7178

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Collette HENRIETTE Telephone #: 301-829-9327
Subdivision: FARMINGTON Lot #: 1 Well Tag #: HO-94-4120
Site Address: 804 BENNETT ROAD
MT. AIRY, MD 21771

Submersible Pump Data

Make: Jacuzzi
Model #: B4518XV52
Pump Capacity 5 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Campbell
Model #: B-300K
Depth: 42" (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 115 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Polyethylene
PSI: 160 (160 psi min)
Depth of supply line: 42(36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 15'
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: Arthur R Besemer
date: 10-19-05

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

Date Insp. Requested: 7/5/05 Date Insp. Approved: 12/16/05 Inspector: GAC
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

(over)

7/5/05 Plumber not yet completed. (GAC)
OK to cover.
F/u 7/7/05 - Cap missing 2 bolts & 1 nut, 1 bolt/nut loose - Drive way moved
over well line - Needs sleeve

HOWARD COUNTY HEALTH DEPT.
BUREAU OF ENVIRONMENTAL HEALTH

NOV 01 2005

RECEIVED

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 19, 2005

County Howard

Lab Number 06-642

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Ms. Colette Henriette
804 Bennett Road
Mt. Airy, Maryland 21771

Property Sampled: U&D: 804 Bennett Road

Station Sampled: Kitchen Tap

Tax Map #: 6

Date/Time Sampled: Oct 18, 2005 11:45 am

Parcel #: 246

Owner, Telephone No.: Henriette

Sampler: 7162SC

Subdivision Name: Farmington

Lot Number: 1

Building Permit No.: B00150653

Well Number: HD-94-4120

Observation: 2-Piece Cap
CAP REMOVABLE
2 Bolts Missing
1 Bolt Removable
Repaired 12/16/05 GAE

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	8.2 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	2.5 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	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

Treatment/Conditioning: NONE

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

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level



Howard County
Health Department

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

December 16, 2005

Colette Henriette
804 Bennett Road
Mt. Airy, MD 21771

SENT VIA MAIL 804 Bennett Road Mt. Airy, MD

RE: Farmington, Lot 1
801 Bennett Road
Mount Airy, MD 21771
BP #: B00150653
Well Permit # HO-94-4120

Dear 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 7/05/2005. Final approval of the well line connection to the dwelling was approved on 12/16/2005.**

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-94-4120. 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: 10/18/2005
Date of Well Completion: 04/11/2005

Approving Authority,

Gabriel A. Creighton, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File