

C1 14131

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A 23439

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 240' 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3650

OWNER Myrtue Browns Farm Richard TOWN WOODSTOCK

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD WELL HAS BEEN GROUTED YES Y NO N

CASING RECORD casing types insert appropriate code below

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD screen type or open hole

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 15

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.) table with columns for casing height and depth.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M S D 24

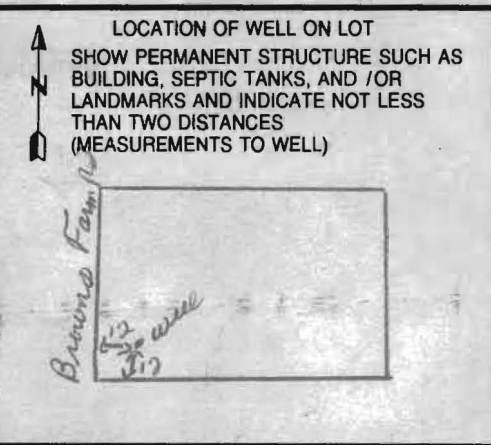
DRILLERS SIGNATURE Joseph L. Mayne

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

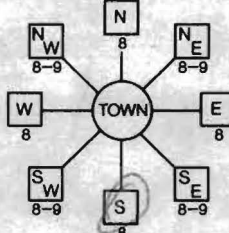


B 1 **5149** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER
 1 2 3 4 5 6 70 **HD-94-3650** 79
 please type fill in this form completely

Date Received (APA) **02 21 03**
 8 MM DD YY 13
OWNER INFORMATION
 15 Last Name **Murtye** Owner **Richard** First Name 34
 36 Street or RFD **10611 Browns Farm Rd** 55
 57 Town **Woodstock** 70 State **MD** 72 Zip **21163** 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Valley Anne Estates** 42
 SECTION **2** LOT **7**
 44 46 48 50
 52 NEAREST TOWN **Woodstock** 71
 MILES FROM TOWN (enter 0 if in town) **1** M 1
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name **Joseph E. Mayne** M S D **24** License No. 81
 Firm Name **Joseph E. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt Airy Md 21771**
 Signature **Joseph E. Mayne** Date **2/19/03**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 NEAR WHAT ROAD **Browns Farm Road** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 30 37 DISTANCE FROM ROAD **30** FT
 ENTER FT OR MI 38 39
 TAX MAP: **10** BLK: **24** PARCEL **287**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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

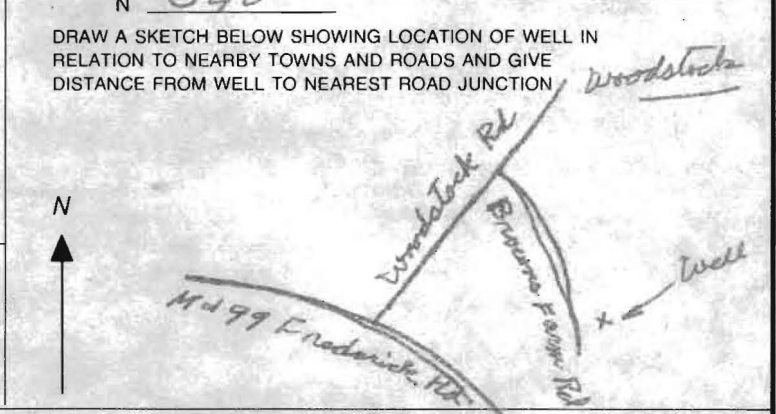
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 23439 H-2224
 COUNTY NAME **HOWARD** COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S → _____
 DATE ISSUED **2/27/03** **Kacie Noonan** **2/27/04** 41
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **540** 0 0 0 EAST GRID **830** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
Grant-3162-03 9:00 AM
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **830**
 N **540**
 000
 000

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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
 39 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 (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HD-94-3650**
 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: Progressive Plumbing Telephone #: 410 984-3496
Address: 15039 Oak Orchard Rd
New Windsor, MD 21776

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

Name (Print): Steve Zabel License# 6033

***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: Richard Myrtue Telephone #: 465 8551
Subdivision: Valley Anne Estates Lot #: 7 Well Tag #: HO-943650
Site Address: ~~1775~~ 10635 Browns Farm Rd.

Submersible Pump Data

Make: Jaccuzzi
Model #: 34hp
Pump Capacity: 7 GPM
Well Yield: 15 GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: Harvard
Model#: _____
Depth: 48 (36" min)
NSF/WSC 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:

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: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes 1 1/2"
Approximate length of sleeve: 5'
Sleeve caulked and sealed properly: yes/Ferroc

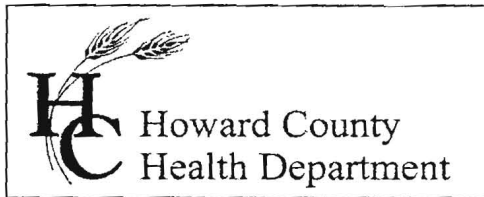
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature]

date: 3/30/04

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

Date Insp. Requested: 3/31 Date Insp. Approved: 3/31/04 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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



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

May 28, 2004

Richard Myrtue
1795 Woodstock Road
Woodstock, MD 21163

RE: 10635 Browns Farm Road
Valley Anne Estates, Lot 7
BP # B00142993
Well Permit # HO-94-3650

Dear Mr. Myrtue:

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 04/07/2004. Final approval of the well line connection to the dwelling was approved on 03/31/2004.**

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-94-3650. 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: 05/26/2004
Date of Well Completion: 03/12/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File