

C1 6422

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 A520407

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. HD-94-4119

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. Rows include Brown Shale, Limestone, Brown, Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter, depth (feet)

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for SCREEN RECORD with columns: SLOT SIZE, DIAMETER OF SCREEN

C3

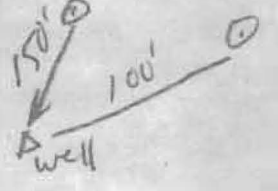
PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT, SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

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

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 0631
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
521960 please type

STATE PERMIT NUMBER

HD-94-4119
70 fill in this form completely 79

Date Received (APA)

1/24/05
8 MM DD YY 13

OWNER INFORMATION

Quill Marcey & Joe
15 Last Name Owner First Name 34

10018 Reddick Dr.
36 Street or RFD 55

Silver Spring Md 20901
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
8 COUNTY 21

Allison Property
23 SUBDIVISION 42

SECTION 44 46 LOT 12 48 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 5 M I
73 76 77 78

DRILLER INFORMATION

Allen Compton M SD 009
Driller's Name 76 License No. 81

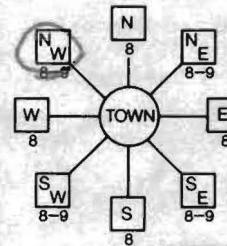
Eagles Well Drilling
Firm Name

580 Obrecht Rd
Address

Signature Date 1-20-05

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6721
Mink Hollow Rd.
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 21 PARCEL 288

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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 AS20407
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 2/10/05
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 493 000 EAST GRID 807 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 DEEPEMED 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-94-4119
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 74 - 4119
Site Address: 6719 Mink Hollow Road

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____

Depth of well encountered at time of pump installation: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

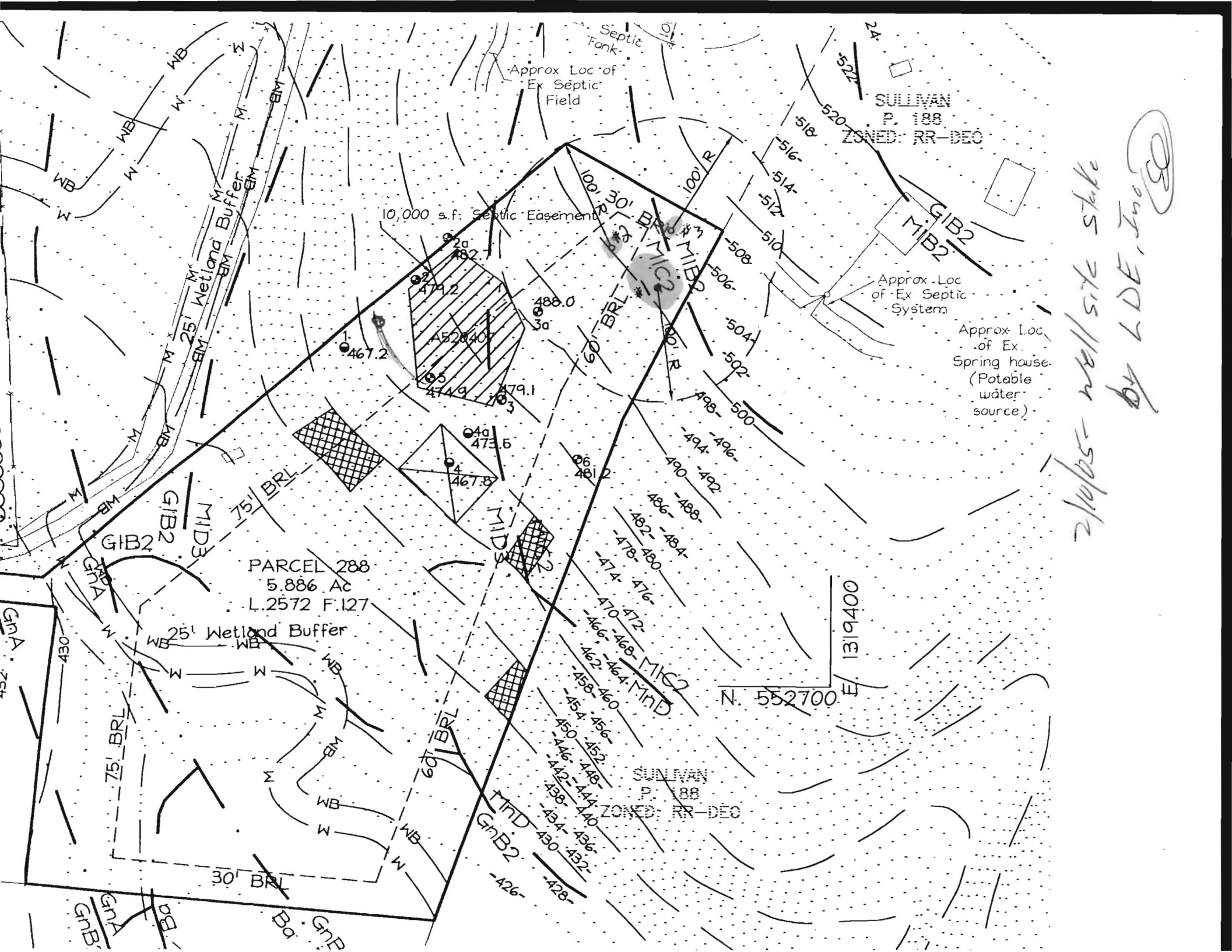
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 5/27/05 Date Insp. Approved: _____ Inspector: GAC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely → missing 2 nuts
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



2/10/05 well site stake
 by LDE, Inc.

Barn
Remain)

Ex. Dry
Well

Ex. House

Ex. Septic
Tank

Approx. Loc. of
Ex. Septic
Field

100' Well Radius

Ex. Well

Ex. Garage

SULLIVAN
P. 188

ZONED: RR-DEC

G1B2
M1B2

Approx. Loc.
of Ex. Septic
System

Api
Spr

ok'd
by
Bob Weber

PARCEL 288
5.886 Ac
L.2572 F.127

25' Wetland Buffer

N. 552700 E. 1319400

SULLIVAN
P. 188

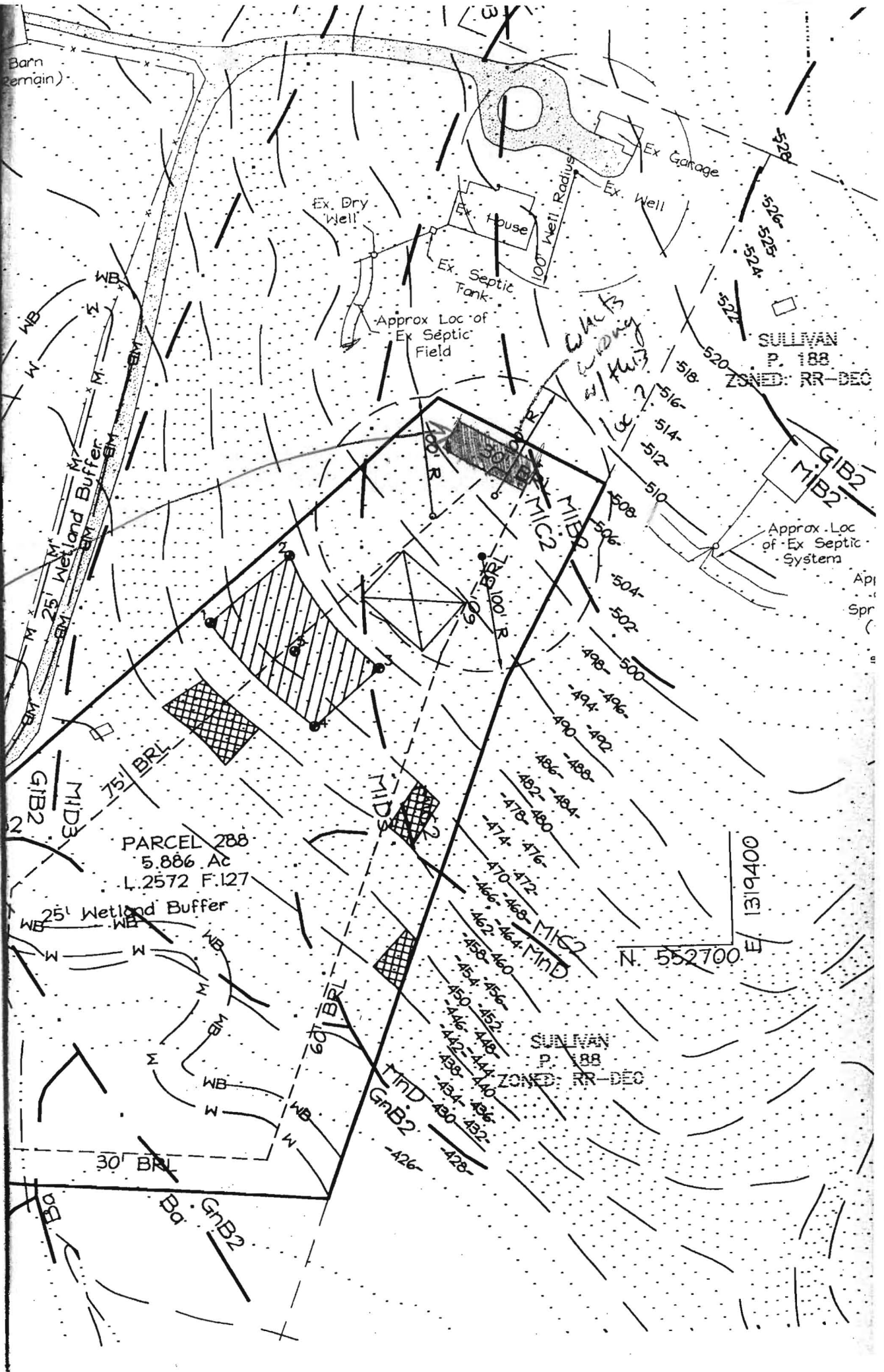
ZONED: RR-DEC

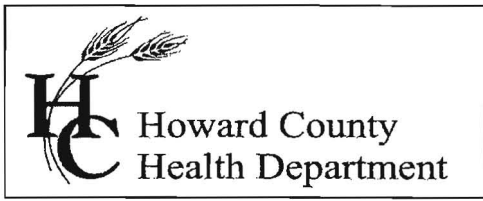
M1D
GnB2

30' BRL

Ba

Ba
GnB2





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D., M.P.H.. Health Officer

July 25, 2005

Joe & Marcy Quill
10018 Reddick Drive
Silver Spring, MD 20901

SENT VIA FACSIMILE 301-596-9181

RE: 6719 Mink Hollow Road
Highland, MD 20777
BP #: B00152526
Well Permit # HO-94-4119

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 06/08/2005. Final approval of the well line connection to the dwelling was approved on 05/27/2005.**

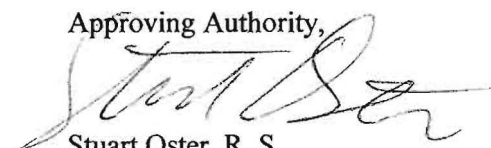
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-4119. 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: 07/20/2005
Date of Well Completion: 02/23/2005

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by LDE, INC. on 1-18-05 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

INVOICE NO. K 68635

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

No Devices on System.

FIELD RECORD

Sample Source: Laundry Tub

community non-community private

Date 7/20/05

Time 11:28 AM

iced yes no

pH 5.4

Free Cl 0.0

Total Cl 0.9

County How.

Well No. 480K HO 94-4119

This sample was taken from a tap on the property by Water Testing Laboratories of Maryland, Inc.

Bact. Chem.

Chem. Pres.

Collector

0457 JS

LABORATORY RECORD

BACTERIOLOGICAL METHOD:

Membrane Filter Presence - Absence Multiple - Tube MEMO-MUG

Results	Nitrite + Nitrate (mg/l)	Sand	Turbidity (NTU)	(mg/l)	Coliforms/100ml.	
					Total	SEABOVE
1.5	Absent	4.1				Absent
Method	353.2	VISUAL	100.1			5.0
Analyst	SO	AA	AA			7.20.05
Date	7.21.05	7.22.05	7.22.05			

Comments:

Received: 07.20.05 5:00 Date Time

Reported: 07.21.05 12:00 KS Lab # 134

Thiosulfate Present Absent

Clear

Bacteriological analysis of this sample indicates the water is safe for human consumption.

PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:

Water Testing Labs

- P.O. Box 696, Bel Air, MD 21014
- P.O. Box 10591, Burke, VA 22009
- P.O. Box 1904, Easton, MD 21601
- P.O. Box 881, Finksburg, MD 21048
- 406 S. Camp Meade Road, Linthicum, MD 21090
- P.O. Box 4547, Sellsbury, MD 21808
- P.O. Box 712, Stevensville, MD 21666

INVOICE NO. K 68635

- Annapolis (410) 268-7755 Prince Frederick (410) 535-2665
- Bel Air (410) 830-8411 Salisbury (410) 548-1318
- Burke, VA (703) 250-7711 Stevensville (410) 843-7711
- Chestertown (410) 778-3613 Westminster (410) 878-2035
- Easton (410) 820-8486
- Elkton (410) 398-2113
- Linthicum (410) 831-2223

DATE: 7/20/05 How AMOUNT

For analytical work reported above	\$ 95.-
Bacteria & Chemical	
TOTAL DUE	3195.00

MARYLAND Custom Builders
 P.O. Box 42
 CLARKSVILLE, MD. 21029