

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) Date Received (OEP use only) DATE WELL COMPLETED **081082** Depth of Well **200** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-4240**

OWNER **HOOVER DONALD** last name first name STREET OR RFD **NEWPORT ROAD** TOWN **WOODBINE** SUBDIVISION **MAP 2 Parcel 29** SECTION **LOT**

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
BROWN SHALE	0	25	
BLUE SLATE	25	200	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **8** NO. OF POUNDS **752**
GALLONS OF WATER **48**
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **33** ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter top(main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **41**

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

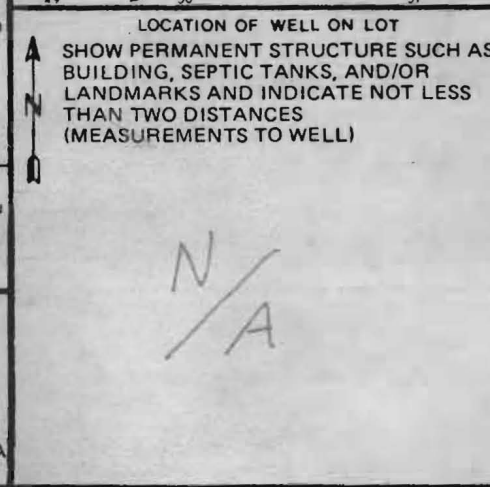
SCREEN RECORD
screen type or open hole insert appropriate code below
ST **BR** **HO**
STEEL BRASS BRONZE OPEN HOLE
PL **OT**
PLASTIC OTHER

C 2 (seq. no.)
DEPTH (nearest ft.)
EACH SCREEN 1 **HO** **39** **200**
2
3
SLOT SIZE 1 2 3
DIAMETER OF SCREEN **6** (NEAREST INCH) from to

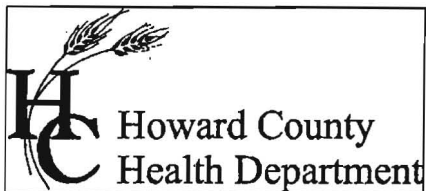
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **F**
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **9**
METHOD USED TO MEASURE PUMPING RATE **Submers.**
WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **75**
TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED YES **Y** NO **N**
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
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) **31**
PUMP HORSE POWER **37**
PUMP COLUMN LENGTH (nearest ft.) **43**
CASING HEIGHT (circle appropriate box and enter casing height) **+** above LAND SURFACE **-** below **2** (nearest foot)



CIRCLE APPROPRIATE BOX
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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DRILLERS IDENT. NO. **303**
DRILLERS SIGNATURE **W B J m m**
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

August 10, 2006

Shawn & Kathy Conley
16415 Camalo Drive
Mount Airy, MD 21771

SENT VIA FACSIMILE 301-540-3276

RE: 16419 Camalo Drive
Mount Airy, MD 21771
BP #: B00155126
Well Permit # HO-73-4240

Dear Sir/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 8/10/2006. Final approval of the well line connection to the dwelling was approved on 8/10/2006.**

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-73-3692. 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: 8/09/2006
Date of Well Completion: 8/10/1982

Approving Authority,


Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Ferrytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 60121 Account #: 8273
 Reference: Kathy Conley Company: CASH ACCOUNT
 Location: 16419 ^{Camden} ~~Camargo~~ Drive Requested By: Kathy Conley
 Mount Airy, MD 21771 Source: Well Water
 Date/ Time Collected: 8/9/2006 0955 Site: Kitchen Sink Tap
 Date/Time Rec'd: 8/9/2006 1133 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.6 ⁷³
 Collected By: J.Yeager 6176JY Well #: HO-~~93~~-4240

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/10/2006 / 0915 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/10/2006 / 0915 / AMD/BCD
Nitrate	7.88	mg/L	10	601	8/9/2006 / 1200 / GN
Turbidity	0.98	NTU	<10	SM18 2130B	8/9/2006 / 1200 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	8/9/2006 / 1200 / GN

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155126

Date Reported: 8/10/2006

163⁰²~~30~~ NEWPORT ROAD

301-540-9090 (WORK)

301-221-2106 (CELL)

301-540-3276 (FAX AT WORK)
CALL AHEAD

**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: All-Around Plumbing Telephone #: 301-846-4460
Address: 419 N. Market St (RAY)
Frederick, MD

(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 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: _____ Telephone #: 301-854-5279
Subdivision: _____ Lot #: _____ Well Tag #: HO-23-4240
Site Address: 16419 Gamalo
Me Airy, MD 21771

<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 _____		

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
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.

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: 8/10/06
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

*no info called in.
Homeowner did trench, plumber installed*
(SC)

*SHAUN CONLEY
(Home owner)
8-10-06*