

C1 7987

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. 3-8 ON ALL CARDS)

8/30/96 DL AU

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A29589

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

082696

080896

22 300 26 (TO NEAREST FOOT)

40-94-0895

OWNER Wakely David & Elaine Green Bridge Dayton CURRAN PROP SECTION LOT 3

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, FEET TO, check if water bearing. Includes entries for Top Soil, Sandstone, MICKA, etc.

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 (PL, G, Y), Nominal diameter, Total depth, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN

C 3

PUMPING TEST

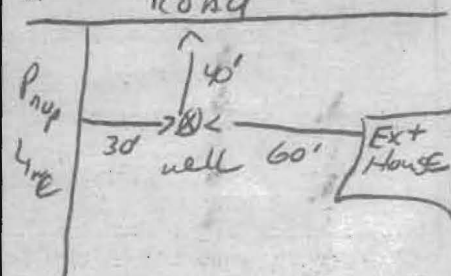
HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (60), WHEN PUMPING (300), TYPE OF PUMP USED (A, P, T, C, R, O, J, S)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 116, Signature: Paul E. Mayes

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 117, Signature: Paul E. Mayes

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

Table with columns: E, A, C, H, S, C, R, E, N and rows for depth measurements (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.), W Q (74, 75, 76)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 8220 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

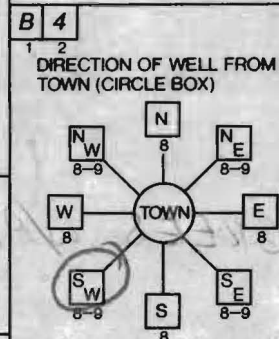
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 40-94-0895  
 fill in this form completely

Date Received (APA) 072376  
**OWNER INFORMATION**  
 WAKELEY DAVID BELAINE  
 492N GREENBRIDGE RD  
 DAYTON MD 21036

B 3 LOCATION OF WELL  
 HOWARD  
 CURRAN PROPERTY  
 SECTION 44 46 LOT 3 48 50  
 DAYTON  
 MILES FROM TOWN 1 MI

**DRILLER INFORMATION**  
 RALPH MAYNE  
 RALPH MAYNE WELL DRILLING  
 9120 Brown Church Rd. Mt. Airy  
 Ralph Mayne 7/18/96



NEAR WHAT ROAD GREEN BRIDGE RD.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST  
 DISTANCE FROM ROAD 30  
 TAX MAP: 28 BLK: 7 PARCEL: 303

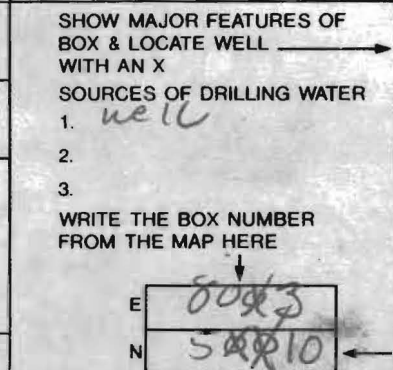
B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5000  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard A29589  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 080596 Mark E. Riffkin 5/97  
 NORTH GRID 510000 EAST GRID 0803000

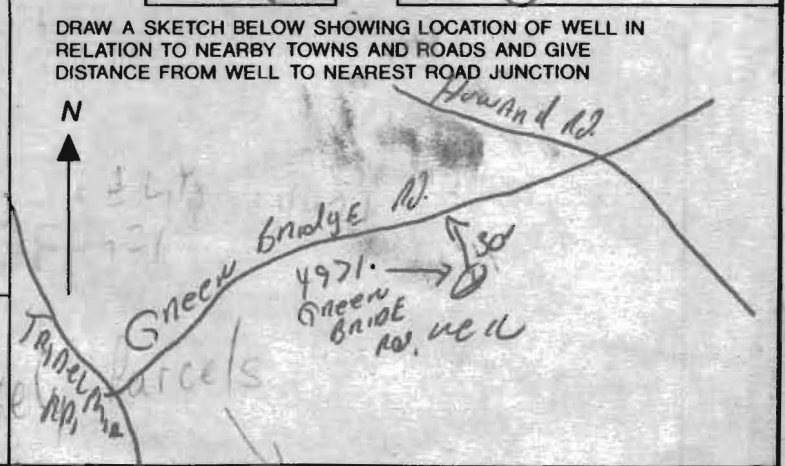
APPROXIMATE DEPTH OF WELL 159 FEET  
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTary Drive-POINT



8/12/96  
 GRout 8:50  
 arrived after grout complete  
 DK5/DK

**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  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE MR PERMIT No. 40-94-0895

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 - 94 - 0895  
Site Address: \_\_\_\_\_

<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/WSC 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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> _____		

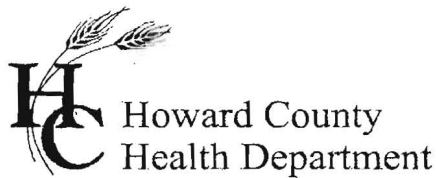
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: _____

**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: 12/13/05 Date Insp. Approved: 12/13/05 Inspector: GAC  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  - pre existing  
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



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

April 3, 2006

Wayne Ballantine  
4971 Green Bridge Road  
Dayton, MD 21036

**SENT VIA FACSIMILE 410-465-0803**

RE: Curran Property, Lot 3  
4971 Green Bridge Road  
Dayton, MD 21036  
BP #: B001~~57815~~ 151743  
Well Permit # HO-94-0895

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 septic system was granted on 04/03/2006. Final approval of the well line connection to the dwelling was approved on 12/13/2005.**

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.

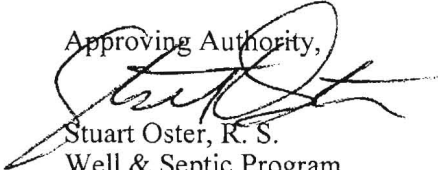
#### INTERIM CERTIFICATE OF POTABILITY

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-94-0895. 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: 02/27/2006 & 03/15/2006  
Date of Well Completion: 08/08/1996

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	58286	Account #:	1404
Reference:	Harvard Homes	Company:	Carroll Water Systems
Location:	4971 Green Bridge Road Dayton, MD 21036	Requested By:	Ron Smith
Date/ Time Collected:	2/27/2006 1129	Source:	Well Water
Date/Time Rec'd:	2/27/2006 1332	Site:	Laundry Room Utility Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-94-0895

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Gross Alpha	1.3	pCi/L	15	900.0	3/1/2006 / 1522 / MJN
Gross Beta	3.0	pCi/L	50	900.0	3/1/2006 / 1522 / MJN

**NOTES**

- 1 Gross Alpha: Detection Limit: 1.1 pCi/L
- 2 Gross Beta: Detection Limit: 2.1 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sub-contracted to Lab # 278
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B00151743

Date Reported: 3/3/2006*MD State Certification # 133*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	58486	Account #:	1404
Reference:	Harvard Homes	Company:	Carroll Water Systems
Location:	4971 Green Bridge Road Dayton, MD 21036	Requested By:	Ron Smith
Date/ Time Collected:	3/15/2006 1020	Source:	Well Water
Date/Time Rec'd:	3/15/2006 1240	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter**
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	HO-94-0895

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/16/2006 / 0900 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/16/2006 / 0900 / AMD/BCD
Nitrate	1.76	mg/L	10	601	3/15/2006 / 1300 / BCD
Turbidity	0.91	NTU	<10	SM18 2130B	3/15/2006 / 1320 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/15/2006 / 1320 / AMD/BCD

**NOTES**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B00151743

Date Reported: 3/16/2006

SITE INSPECTION SHEET

OWNER: David/Elaine Wakely

DATE REQUESTED: \_\_\_\_\_

PHONE #: (H) 419-531-2023 (W) 301-776-7259

CONTRACTOR: R Mayne

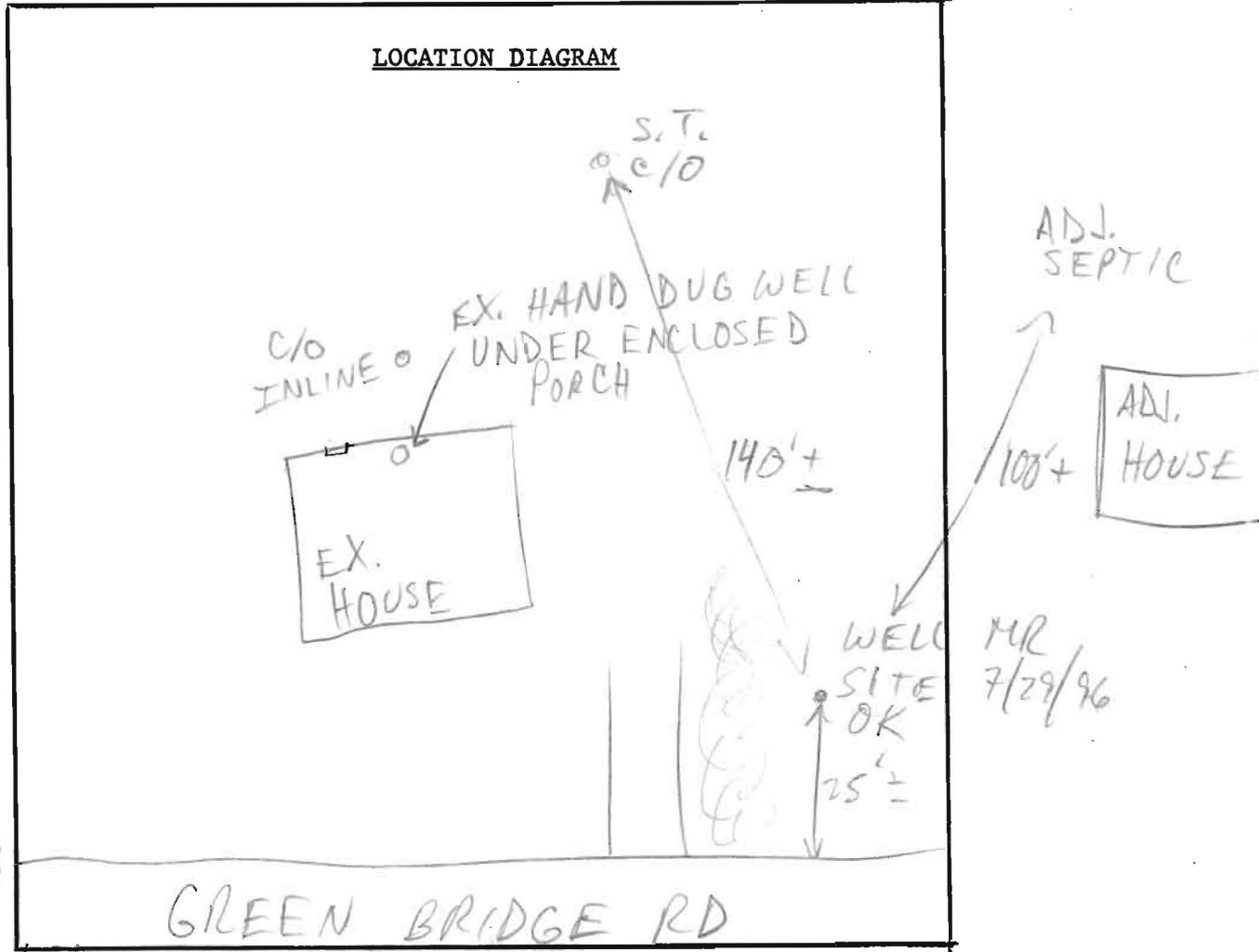
SITE ADDRESS: 4971 Green Bridge Rd

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: replacement well requested; ex well is hand-dug, may be abandoned

LOCATION DIAGRAM



well across rd  
HO-81-1203

COMMENTS: 7/29/96 OWNER INDICATES EX. HAND DUG NOT TO BE MAINTAINED; FROM ACCESS DOOR 15-20' AWAY, EX. WELL APPEARS TO BE 4-5' WIDE; NOTHING ELSE VISIBLE; NEW WELL SITE OK MR

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

8/5/96 PREVIOUSLY-STATED REQUIREMENT TO FILL &  
SEAL EX. HAND-DUG WELL (OBJECTED TO BY OWNER)  
UPHELD BY D. KERR UPON SITE INSP., <sup>(ACCEPTED BY OWNER)</sup> R. MAYNE  
SUGGESTS PUMPING CONCRETE AS BEST METHOD  
OF FILLING/SEALING; D.K. AGREES, BUT WANTS TO  
CONSULT ERIC D.; ~~CONCERN~~ CONCERNS BY MR  
RE: UPHILL SEPTIC (LOT 3 DAYTON MEADOWS) AGREED  
TO BY D.K. BUT WE BOTH AGREED NO BETTER  
SITE (EASILY ACCESSIBLE) EXISTS; PERMIT ISSUED MR

8/10/96<sup>9</sup> ERIC D. AGREES W/ ABANDONMENT REQ'MENT

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/9/96 (month/day/year)

WA [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

HD 94 0895

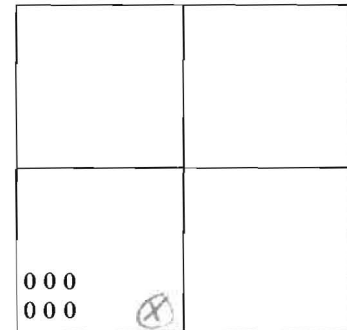
\* PERSON ABANDONING WELL: OWNER

WELL DRILLERS LICENSE NUMBER: 116  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: MR DAVID WARELY

\* WELL LOCATION:

COUNTY: HOWARD  
 NEAREST TOWN: DAVEN  
 TAX MAP 28 BLOCK 4 PARCEL 137  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 803  
 N 511 ←

\* TYPE OF WELL BEING ABANDONED:

- \_\_\_\_\_ DRILLED
- \_\_\_\_\_ BORED/AUGURED
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_
- \_\_\_\_\_ JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ TEST/OBSERVATION
- \_\_\_\_\_ MUNICIPAL/PUBLIC
- \_\_\_\_\_ INDUSTRIAL

\* TYPE OF CASING:

- \_\_\_\_\_ STEEL
- \_\_\_\_\_ CONCRETE
- \_\_\_\_\_ PLASTIC
- OTHER (specify) ROCK

\* SIZE OF CASING: 36" INCHES IN DIAMETER

\* DEPTH OF WELL: 40 FEET DEEP

\* WAS ANY CASING REMOVED? YES \_\_\_\_\_ NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES \_\_\_\_\_ NO \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Talpac</u>	<u>-1'</u>	<u>0</u>
<u>Concrete</u>	<u>5'</u>	<u>-1'</u>
<u>Clear Gravel</u>	<u>40'</u>	<u>-5'</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Albert Isaac Smith

LICENSE # \_\_\_\_\_

MWD/MSD/MGD 10/9/96  
 CIRCLE ONE \_\_\_\_\_ DATE



July 27, 2004

MEMORANDUM

TO: File

FROM: Mark Rifkin, R.S.  
Well & Septic Program  
Bureau of Environmental Health

RE: 4971 Greenbridge Road  
Curran Property, Lot 3

T/C with owner RE: house demo and rebuild. Ex. house 100-200 years old, part of a subdivision in 1978, but no percs done, no 10K ft<sup>2</sup> established. Ex. s.s. installed in 1979, repl well drilled in 1996, orig well filled and sealed. Topo, soils map and ex. system design suggest good soils exist from front to a point where lot widens. Well and septic system appear satisfactory to evaluate for use with replacement dwelling, no yield test required.

Advised owner to prepare a plan showing ex. house, garage, well and septic, proposed house, topo, adjacent w/s and proposed SDA starting from ex. trench. Submit with \$495 + app, 2-3 week delay until perc test. Advised owner eval of ex. trench soils and operation required, plus 2-3 additional holes. Few problems expected as long as SDA is no further back than break in left lot line where lot widens.

MR