

C 1 2013

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION THOMAS STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY COUNTY MANDATED A 21430

DATE RECEIVED FROM (SEE 2ND PG)

DATE WELL COMPLETED 4/1/76

DEPTH OF WELL 150

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-11403

OWNER PERIT George LAST NAME 7566 Landfarmers Row

POST OFFICE Columbia, Maryland 21043

WELL LOG STATE: THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), and OTHER. Includes handwritten entries for 'Main Sand' and 'Main Gravel'.

GRouting RECORD: WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL, NO. OF BAGS, DEPTH OF GROUT SEAL.

CASING RECORD: CASING TYPE (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, ORIGINAL DIAMETER, TOTAL DEPTH.

OTHER CASING (IF USED): DIAMETER, DEPTH FEET.

SCREEN RECORD: SCREEN TYPE (STEEL, BRASS, PLASTIC), DIAMETER, DEPTH.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

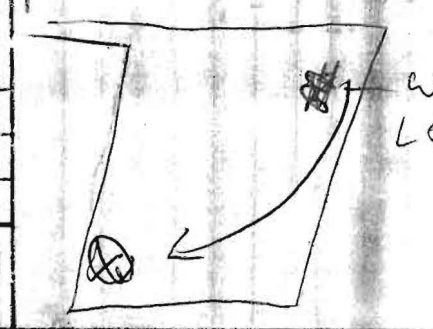
PUMP INSTALLED: TYPE OF PUMP, CAPACITY, PUMP HORSE POWER, PUMP COUPLER LENGTH.

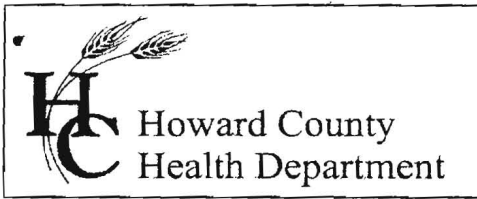
LOCATION OF WELL ON LOT: DRAW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR OTHER LAND MARKS.

Handwritten notes: 5-3-76, 54 casing, 44' open, 16 bag cement, SK WLR Z

CIRCLE APPROPRIATE BOXES: A WELL WAS ABANDONED AND SEALED, ELECTRIC LOG OBTAINED, VERY WELL CONVERTED TO PRODUCTION WELL.

WELL DATA: DRAINAGE AREA, DIAMETER OF SCREEN, BRASS FACED, IF WELL DRILLER WAS A FLOWING WELL DRILLER.





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

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

September 22, 2005

Steve & Lisa Rosenthal  
7025 Best Times Path  
Columbia, MD 21044

**SENT BY FACSIMILE 410-531-8939**

RE: Clarksville Meadow, Lot 7  
7020 Guilford Road  
Clarksville, MD 21738  
BP #: B00151074  
Well Permit # HO-73-1402

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 05/17/2005. Final approval of the well line connection to the dwelling was approved on 05/24/2005.**

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-73-1402. 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(s): 09/08/2005 & 09/21/2005  
Date of Well Completion: 06/01/1976

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# CASSELL TESTING, INC.

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

REPORT DATE: Sep 9, 2005

County Howard

Lab Number T-1682

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Selfridge Builders  
Attn: Doug  
14045 Gared Drive  
Glenwood, Maryland 21738

Property Sampled: U&O: 7020 Guilford Road

Station Sampled: Pressure tank tap Tax Map #: 35

Date/Time Sampled: Sep 8, 2005 11:40 am Parcel #: 296

Owner, Telephone No.: Rosenthal Sampler: 6724GP

Subdivision Name: Clarksville Mead Lot Number: 7

Building Permit No.: B00151074

Well Number: HD-73-1402 Observation: 2-Piece Cap Satisfactory

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	7.9 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.0 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: Sediment Filter

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



Heather R. Beam

\*MCL = Maximum Contamination Level  
\*\*SMCL = Secondary Maximum Contamination Level

**CASELL TESTING, INC.**

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

REPORT DATE: Sep 22, 2005

County Howard

Lab Number 06-94

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

**CERTIFICATE OF ANALYSIS**

Maryland State Certified Water Quality  
 Laboratory No. 115

REQUESTER: Selfridge Builders  
 Attn: Doug  
 14045 Gared Drive  
 Glenwood, Maryland 21738

Property Sampled: U&O: 7020 Guilford Road, Retest #1

Station Sampled: Pressure tank tap

Tax Map #: 35

Date/Time Sampled: Sep 21, 2005 1:45 pm

Parcel #: 296

Owner, Telephone No.: Rosenthal

Sampler: 67246P

Subdivision Name: Clarksville Mead

Lot Number: 7

Building Permit No.: B00151074

Well Number: HD-73-1402

Observation: 2-Piece Cap  
 Satisfactory

**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

*Heather R. Beam*

Heather R. Beam

\*MCL = Maximum Contamination Level  
 \*\*SMCL = Secondary Maximum Contamination Level

**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: NATIONAL WATER SERVICING Telephone #: 301-854-1333  
Address: PO BOX 135  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License# PI 0145  
**\*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: Selfridge Builders Telephone #: 410-531-8930  
Subdivision: \_\_\_\_\_ Lot #: 7 Well Tag #: HO-73-1402  
Site Address: 7020 Guilford Rd  
CLARKSVILLE

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: _____	Two piece watertight cap: <u>YES</u>
Model #: <u>LS SQE 070-150</u>	Model #: <u>PT #100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36"</u> min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 1 1/2" B.G. <u>YES</u>
Depth of well encountered at time of pump installation: <u>150'</u> (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 armors, 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>		

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

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: 7-27-05

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/24/05 Inspector: KN

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>