

0732

PERMIT NO. (DRILLER ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS

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

THIS REPORT MUST BE SUBMITTED WITHIN 90 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **21789**

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL **112** (170 NEAREST FOOT) **25**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **1-73-1267**

DICKSON DRILLERS IDENTIFICATION NO. **42**

OWNER **RTOS out of 2K** LOT A

LAST NAME FIRST NAME

STREET OR RFD POST OFFICE **Fallons Md.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	WATER BEARING
	3	
	15	
	40	
	140	
	160	
	180	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (170 NEAREST FOOT)

FROM _____ FT. TO _____ FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE _____ NOMINAL DIAMETER (TOP INNER) CASING (NEAREST INCH) _____ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **37**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE

PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

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

TELESCOPE CASING LUG INDICATOR

PUMPING TEST

HOURS PUMPED (170 NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **7**

METHOD USED TO MEASURE PUMPING RATE **bucket**

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **70** (NEAREST FOOT)

WHEN PUMPING **170** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON Y TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERGIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, Y, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (170 NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE BY LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CARTONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME _____

(PLEASE PRINT) _____

SIGNATURE _____

12-10-75

Casing 34'

open 15' + 2 below

RM

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obercht Rd
Sykesville, Md 20854

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# ms1009

*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: GUC Telephone #: 410-840-0800

Subdivision: _____ Lot #: _____ Well Tag #: HO-73-1261

Site Address: 13989 Clarksville Pike

Submersible Pump Data

Make: Grundfos

Model #: 1550F10C-220

Pump Capacity 15 GPM

Well Yield: 7 GPM

Depth of well encountered at time of pump installation: 180 (feet)

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 N/A

Pitless Adapter

Make: Campbell

Model#: N/A

Depth: 36 (36" min)

NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes

Screened, vented well cap: yes

Cap secured to casing: yes

Conduit min 18" B.G.: yes

Conduit secured to well cap: yes

Piping to house

Type: 1" Black Plastic

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 5

Sleeve caulked and sealed properly: yes

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.

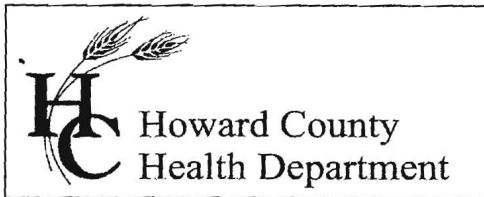
Signature of company representative responsible for installation: Allen Compton

2-26-06
date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/10/06 BB

- 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



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

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

April 28, 2006

John Morrell
13989 Clarksville Pike
Highland, MD 20777

SENT VIA FACSIMILE 410-848-8580

RE: Morrell Property
13989 Clarksville Pike
Highland, MD 20777
BP #: B00157121
Well Permit # HO-73-1261

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 02/10/2006. Final approval of the well line connection to the dwelling was approved on 02/10/2006.**

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-73-1261. 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: 04/27/2006
Date of Well Completion: 11/26/1975

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

Headquarters
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

Requester:
 GYC Group, LTD
 611 Nursery Road
 P.O. Box 1550
 Westminster, Maryland 21158-8765

S/O Number: 06-3386
Report Date: April 28, 2006

Property Sampled: 13989 Clarksville Pike

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B00152011

Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: April 27, 2006 at 11:05 am
Date/Time Received: April 27, 2006 at 1:35 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-1261
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	1.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	7.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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