

C 1 **3852** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 4 5 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A521544**

DATE RECEIVED: MM 11 DD 14 YY 04 DATE WELL COMPLETED: MM 11 DD 14 YY 04  
 DEPTH OF WELL: 22 260 26 (TO NEAREST FOOT) **3/14/05**  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO - 94 - 4064**  
 O.K. **BB**

OWNER: Donaldson last name first name  
 STREET OR RFD: 2215 Duvall Road TOWN: LISBON  
 SUBDIVISION: N/A SECTION: Parcel 204 LOT: N/A

**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	
Top Soil	0	2	
Brown Shale	2	55	✓
Brown Slate	55	65	
Blue Slate	65	100	
Brown Slate	100	105	✓
Blue Slate	105	220	
Flint Rock	220	225	✓
Blue Slate	225	260	

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS 19 NO. OF POUNDS 1500  
 GALLONS OF WATER 114  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 60  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 \_\_\_\_\_

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

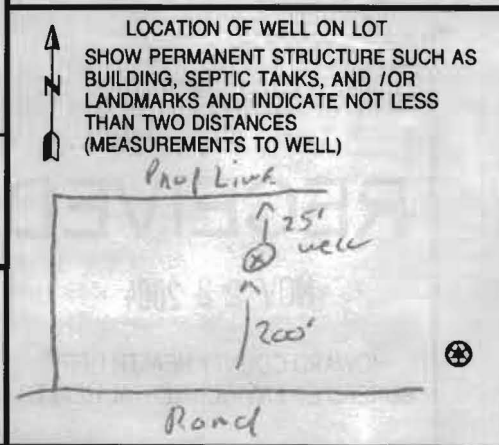
**C 2** DEPTH (nearest ft.)  
 1 HO 2 58 3 260  
 E 8 9 11 15 17 21  
 C 2 23 24 26 30 32 36  
 S 38 39 41 45 47 51  
 R  
 E  
 E  
 N  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

MDE 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** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 10  
 METHOD USED TO MEASURE PUMPING RATE Buck  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 55 ft.  
 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**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 \_\_\_\_\_ 35  
 PUMP HORSE POWER 37 \_\_\_\_\_ 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE **-** below } (nearest foot) 2



NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED yes  no   
 CIRCLE APPROPRIATE LETTER  
**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 28.04.04 "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 LIC. NO.: M SD 117  
 DRILLERS SIGNATURE: [Signature]  
 LIC. NO.: D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>B 1</b>	<b>2351</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>H0-94-4064</b>
1 2 3 6			please type <b>W521508</b>	fill in this form completely

**OWNER INFORMATION**

Date Received (APA) **09-25-04**

8 MM DD YY 13

15 Last Name **Donaldson** Owner **Doris** First Name 34

36 Street or RFD **PO Box 335** 55

57 Town **Lisbon** 70 State **MD.** 72 Zip **21765-0335** 76

**B 3** LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Located at 2215 Duvall Rd.** 42

SECTION **-** 44 46 LOT **3** 48 50

52 NEAREST TOWN **Lisbon** 71

MILES FROM TOWN (enter 0 if in town) **2** M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name **Ralph E. Mayne** M S D 112 76 License No. 81

Firm Name **RAPLE MAYNE INC**

Address **12024 Handy Rd. Mt Airy MD. 21001**

Signature **R. E. Mayne** Date **9/25/04**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **2215 Duvall Rd.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **13** BLK: **4** PARCEL **204**

**B 2** WELL INFORMATION

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

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME **Howard** COUNTY NO. **A521544**

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED **11/10/04** CO SIGNATURE **Race Thomas** EXP. DATE \_\_\_\_\_

43 MM DD YY 48 NORTH GRID **536** 0 0 0 EAST GRID **774** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. **H0-94-4064**

70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **774**

N **536**

000 000

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 **Colonial Pipe Line 1-800-926-2728**

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: J. Joseph Gartland, Inc. Telephone #: 410-875-2400  
Address: 1835 W. Old Liberty Rd.  
WESTMINSTER, M.D. 21157

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

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

Name (Print): JAMES J. GARTLAND, JR. License# 1713

\*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: Doris S. Donaldson Telephone #: 410-442-2593  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-4064  
Site Address: 2215 Duvall Rd.  
WOODBINE, MD. 21797

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Godds</u>	Make: <u>Harvard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>75B07422</u>	Model #: <u>PT800</u>	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>P105716</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6 FT.</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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]  
Signature of company representative responsible for installation      11/08/05  
date

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

Date Insp. Requested: 10/31/05      Date Insp. Approved: 10/31/05 GAC

Inspection Data: Pitless adapter and 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 installed inside of well 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"/>

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 Ford Survey on 9/22/04 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.

*Located at 2215 Duvall Rd.  
Woodbine MD.*

KN



**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 #:	58598	Account #:	1930
Reference:	Wayne Myers	Company:	Fogle's Well Drilling
Location:	2215 Duvall Road Woodbine, MD 21797	Requested By:	Dave Fogle
Date/ Time Collected:	3/29/2006 1410	Source:	Well Water
Date/Time Rec'd:	3/29/2006 1515	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	5.9
		Well #:	HO-94-4064

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total. MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 1000 / BCD
Bacteria, E. coli. MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	3/30/2006 / 1000 / BCD
Nitrate	3.48	mg/L	10	601	3/30/2006 / 0850 / BCD
Sand	NS	mg/L	5	Visual/Gravimetric	3/30/2006 / 0915 / BCD
Turbidity	0.73	NTU	<10	SM18 2130B	3/30/2006 / 0915 / AMD/BCD

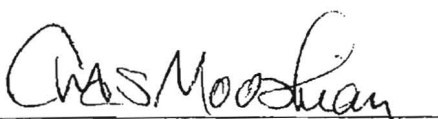
**NOTES:**

- 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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

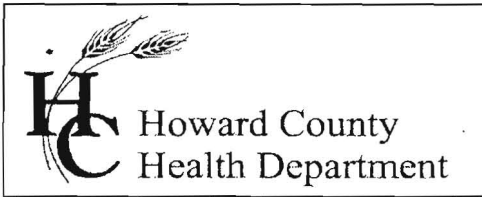
Reason for Test : Use & Occupancy  
 Building Permit # : B-00153480

Date Reported: 3/30/2006

Laboratory Director:



Charles Mooshian, B.S.,M.T.



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 10, 2006

Doris S. Donaldson  
2239 Duvall Road  
Woodbine, MD 21797

RE: 2215 Duvall Road  
Woodbine, MD 21797  
BP #: B00153486  
Well Permit # HO-94-4064

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 04/10/06. Final approval of the well line connection to the dwelling was approved on 10/31/2005.**

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-94-4064. 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: 03/29/2006  
Date of Well Completion: 11/14/2004

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File