

C1 2060

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. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Sabum Scott, STREET OR RFD: 2007 Gardner Lane, TOWN: Highland, SUBDIVISION: Swann Hill, SECTION: , LOT: 9

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

PUMPING TEST HOURS PUMPED (nearest hour)

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.) 4.3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Gray Limestone (90-160), white (160-161), Gray Limestone (161-240), white (240-241), Gray Limestone (241-300).

NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE 1 gal

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft, WHEN PUMPING 56 ft

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

TYPE OF PUMP USED (for test) S submersible

OTHER CASING (if used) diameter, depth (feet)

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO, TYPE OF PUMP INSTALLED PLACE

SCREEN RECORD screen type or open hole: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

PUMP HORSE POWER 37-41

WELL HYDROFRACTURED Y/N

DEPTH (nearest ft.) 8-11, 15-17, 21

PUMP COLUMN LENGTH (nearest ft.) 43-47

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE 02 (nearest foot)

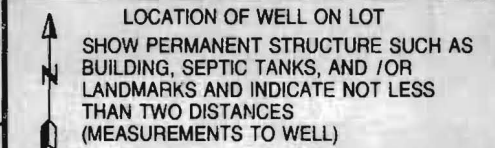
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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)

DRILLERS LIC. NO. 1 M SD 009, DRILLERS SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88



LIC. NO. 1 M D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

**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: CARROLL WATER SYSTEMS Telephone #: 410-876-5700
Address: 40 AILEMAN CT
WESTMINSTER MD 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): RONALD W SMITH License# PI 074
*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: BENCHMARK HOMES Telephone #: 201-321-6400
Subdivision: SWAN HILL Lot #: 9 Well Tag #: HO-66-0360
Site Address: 7001 GARFUNKEL DRIVE
HIGHLAND

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Martens</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSB05422</u>	Model #: <u>B-104</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u> </u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>267</u> (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

Piping to house	House Connection
Type: <u>PLASTIC</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>5'</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 of company representative responsible for installation: Ronald W Smith date: 10/1/04

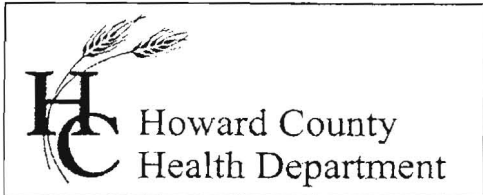
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 3/15/05 **BB**

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"/>

→ Can't Tell
Was Pit Well,
Casing Extended 6'



7178 Columbia Gateway Drive, Columbia MD 21046
(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

March 15, 2005

Scott & Connie Schum
6696 Mink Hollow Road
Highland, MD 20777

FACSIMILE SENT VIA FAX 410-792-0800

RE: Swann Hill, Section 2, Lot 9
7001 Gardner Lane
Highland, MD 20777
BP # B00148393
Well Permit # HO-66-0360

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 10/18/2004. Final approval of the well line connection to the dwelling was approved on 03/15/2005.**

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-66-0360. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. The grouting history of the well on this property is undocumented. Therefore, the Health Department cannot determine whether or not this well has been grouted properly. The well appears to meet all other requirements at this time.

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: 03/07/2005 & 03/11/2005

Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File