

C1 0508

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A# 26157

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED 09 26 88

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. H0-08-0175

OWNER HALLOWELL RICHARD last name first name STREET OR RFD HARRIS FARM RD. TOWN CLARKSVILLE SUBDIVISION TEN OAKS FARMS SECTION LOT 8A

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SANDstone, GRAY Mica rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

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

MAIN CASING TYPE S7 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 84

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

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

Table with columns: DEPTH (nearest ft.), EACH SCREEN NUMBER. Includes handwritten entries: H0, 32, 305.

CIRCLE APPROPRIATE LETTER 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 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

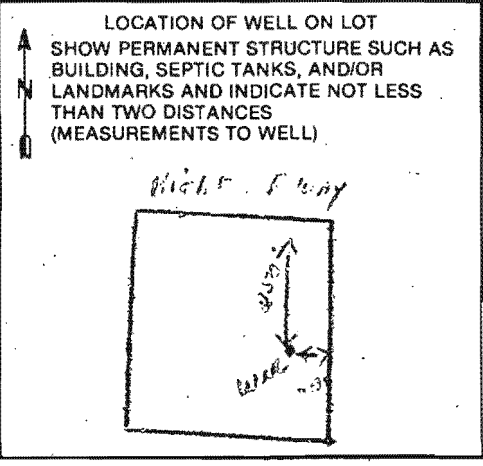
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 60 METHOD USED TO MEASURE PUMPING RATE Packet WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 204 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



B 1 1344 SEQUENCE NO. (DP 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
40-88-0175
fill in this form completely

Date Received (APA) 090788
OWNER INFORMATION
H F L L O W E R L R I E Y R O D
Last Name Owner First Name
00 B Y R O S
Street or RFD
S P R I N G M O D O S E O
Town State Zip

B 3 LOCATION OF WELL
HOWARD
COUNTY
T E N O A K S F A R M S
SUBDIVISION
SECTION 44 46 LOT 8 A
CLARKSVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION
Joseph L. Mayne 238
Driller's Name License No. 80
Joseph L. Mayne Well-Drilling
Firm Name
5512 Ridge Rd. Mt. Airy MD 21771
Address
Joseph L. Mayne 7/6/88
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N N E
8-9 8-9
TOWN E E
8 8
S W S S E
8-9 8-9
S 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Harris Farm Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
W 32 E
WEST EAST
SOUTH
DISTANCE FROM ROAD
250 FT
ENTER FT or MI FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
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 COUNTY NAME A# 26159 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 090888 Charles E. Jones Charles 3/08/89
CO SIGNATURE EXP. DATE
NORTH GRID 506000 EAST GRID 0804000

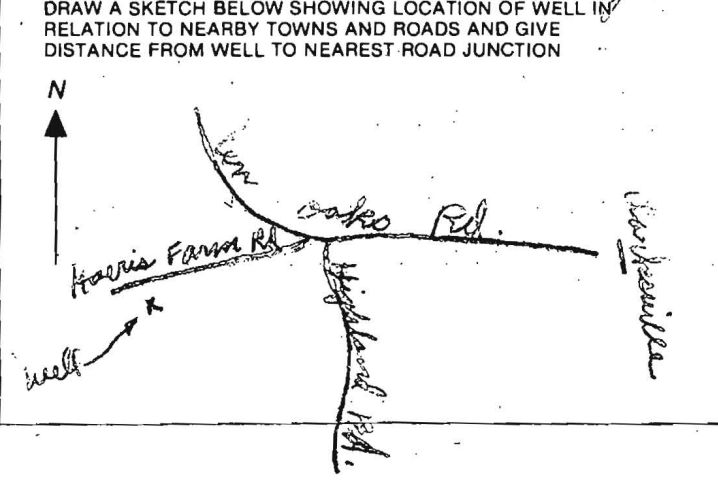
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 4
N 500 6
Ground not drilled / well built
Bags of cement
Well point - open
84' casing
2' casing above ground. C&D
drill on top of site

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
 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 (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP

FORCE INITIALS IN BOX WRITE PERMIT No. 40-88-0175

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3625-H Ellicott Mills Drive
 Ellicott City, MD 21043
 441-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE MAIN INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 1/7/93

Name of Installer ROBT. L. FEELER CO.

Telephone 781-4615

License Number 2127

Certified Well Pump Installer Well Driller _____ Registered Plumber

ROBERTS REALTY
 Name of Property Owner JACK SEROTA Telephone 785-1405

Subdivision WEDGEMOUNT Lot # 8A Well Tag # 110-28 0175

Site Address 5487 WOODS PARK DR.

Pump ALLAN WEINTRAUB

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make DOMINICISWORLD
 3. Model # 3KLN
 4. Capacity 5 GPM
 5. Pump exceeds well capacity Yes _____ No _____ ?
 6. If VAV, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

- Motor
 1. Horsepower 1/2
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220

- Pitless Adapter
 1. Make CANTOR
 2. Model # 110-10
 3. Depth 42" +

- Tank CAPTIVE AIR
 1. Capacity 14203
 2. Pressure relief valve? YES

- Piping
 1. Type POLY
 2. Size 1"
 3. NSF and/or BOCA Code approved YES
 4. Depth of supply line 42" +

- Well data
 1. Depth 302ft.
 2. Yield 1 GPM
 3. Static water level 1 ft
 4. Will water supply be disinfected by installer? YES

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void)

All information given above is true to the best of my knowledge.
 Signature of Applicant: [Signature]
 Date: 1/7/93

Notes: A notation indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

NO 315 1/8/93 OK WPT Pressure tank not installed [Signature]

Water Sample Request

8:30

PROPERTY OWNER JACK SEROTA DATE OF REQUEST 8/16/93

TELEPHONE (W) 410-531-2468 NEW WELL NUMBER HO-88-0175

DIRECTIONS OR INSTRUCTIONS _____

NAME Jack Serota
ADDRESS 5489 Nassie Farm Lane

SAMPLE TYPE REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE / /

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, VOC _____

CHEMICAL _____, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: See other pages

RESAMPLE COLLECTOR B. Canning DATE 8/16/93

BACTERIA #AX651, pH 7.2, Free Cl⁻ 0.0, Res. Cl⁻ 0.0, TIME 9:45

~~CHEMICAL~~ _____, Other _____

ACTION: Source - Kitchen Tap

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

Classified 21029

8:30

CASSELL TESTING, INC.

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

REPORT DATE: Mar 23, 1993

County Howard

Lab Number 93-0973

Sample iced Yes

Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Mr. Jeff Rogers
1315 Walker Avenue
Baltimore, Maryland 21239

Property Sampled: U&O: 5489 Harris Farm Lane

Station Sampled: Kitchen tap

Date/Time Sampled: Mar 22, 1993 11:50 am

Owner, Telephone No.: Jack Serota

Subdivision Name: Ten Oaks Farm

Building Permit No.: 45801

Well Number: HO-88-0175

Tax Map #:

Parcel #:

Sampler: P. Kellner #92-245

Lot Number: 8 A

Observation: Satisfactory

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	✓ 0.8 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	✓ 6.1 NTU	EPA 180.1	10.0 NTU	Pass
pH	✓ 7.2 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	✓ Absent	ONPG-MMO MUG	Absent	Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was SAFE ✓ for drinking purposes.

dh
CBd
3/24/93

Heather R. Beam

Heather R. Beam



3/27 To: Ms. Smoot

Need typed.
Thanks
C.B.S.

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Charles B. Streaker
Reply to: 313-2640 or 313-2641

March 24, 1993

Mr. Jack Verota
5489 Harris Farm Lane
Clarksville, Maryland

21029 RE: LOT # 8A Ten Oaks Farm
5489 Harris Farm Lane
Well Tag # HO-88-0175

Dear Sir:

This is to advise you that the septic system was installed, inspected and approved on January 4, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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 permit(s) HO-88-0175. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

March 22, 1993
Date of Water Sample

September 26, 1988
Date Well Approved

Charles B. Streaker
Approving Authority
Charles B. Streaker, R.S. R.S.
Water and Sewerage Program

CBS:hs



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 22, 1993

Reply to: Charles Streaker
313-2640 or 313-2641

Mr. and Mrs. Jack Serota
5489 Harris Farm Lane
Clarksville, Maryland 20129

RE: Ten Oaks Farm S/D - Lot 8A
5489 Harris Farm Lane
Well Tag Number: HO-88-0175

Dear Mr. and Mrs. Serota:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 313-2640 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 313-2640 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

Charles B. Streaker, R. S.

Charles B. Streaker, R. S.
Water and Sewerage Program

CBS:jr

Enclosure

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 24, 1993

Reply to:

Mr. Jack Verota
5489 Harris Farm Lane
Clarksville, Maryland
21029

RE: LOT #89, Ten Oaks Farm Sp
5489 Harris Farm Lane
Well permit #HO-88-0175

Dear Sir,

This is to advise you that the septic system was installed, inspected and approved on January 7, 1993.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0175.

August 16, 1993
Date of Final Sampling

August 24, 1993
Date of Acceptance
Charles Streaker R.S.
Approving Authority
Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:

March 22, 1993
August 16, 1993

CS/

A 26157

SUBDIVISION: Allan Weintraub

LOT NUMBER: Parcel 8A

TEN OAKS FMS, DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
		Minimum Total square Feet
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES 180
~~163~~ sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 8.5 feet below original grade.
 Effective area begins at 3.5 feet below original grade.
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH ¹⁰⁰ 730 FE From THE 217.94 FE LOT LINE
AND ⁹⁰ 90 FE From THE 400 FE LOT LINE (LEFT LOT LINE AS SEEN
WHEN FACING LOT FROM THE 217.94 FE LOT LINE) RUN TRENCH(S)
ON LEVEL GROUND) TOWARD THE ^{FRONT (217.94 FT)} RIGHT LOT LINE AS SEEN WHEN
FACING LOT FROM THE 217.94 FE LOT LINE. SL

10/26/92 REVISIED RH