

C1 0215

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-A49888G

DATE RECEIVED

DATE WELL COMPLETED 030596

DEPTH OF WELL 22 165 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0252

OWNER Hewitt Leroy STREET OR RFD Monticello Dr TOWN Cooksville SUBDIVISION Harless Manor SECTION 1 LOT 19 (Prelim 30)

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, FEET FROM, FEET TO, check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, and BLUE SLATE.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) CEMENT BENTONITE CLAY NO. OF BAGS 14 NO. OF POUNDS 1400

CASING RECORD

MAIN CASING TYPE (P) (L) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2

Table for well depth and casing height with columns for depth (nearest ft.) and casing height (nearest ft.).

C3

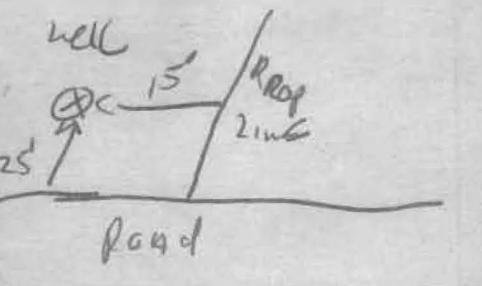
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 8 WHEN PUMPING 15 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 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)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 26.04.04 "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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 118

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 117

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 SEQUENCE NO. (MDE USE ONLY)
 0659
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

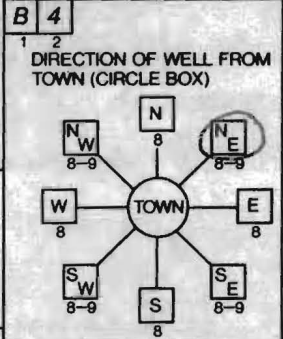
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 40-93-0252
 fill in this form completely

Date Received (APA)
 01/24/96
OWNER INFORMATION
 15 Last Name: Hewitt Leroy
 Owner First Name
 36 Street or RFD: 14070 Monticello Dr
 57 Town: COOKSVILLE MD 21223
 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY: HOWARD Prelim 67 30
 23 SUBDIVISION: HAZLEMANOR
 SECTION 44 46 LOT 48 50: 119
 52 NEAREST TOWN: COOKSVILLE
 MILES FROM TOWN (enter 0 if in town): 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Driller's Name: RALPH MAYNE
 77 License No. 80: 116
 Firm Name: RALPH MAYNE WELL DRILLING
 Address: 6120 Brown Church Rd. Mt Airy
 Signature: Ralph Mayne Date: 1/20/96



NEAR WHAT ROAD: Monticello Dr.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH
 DISTANCE FROM ROAD: 25 FT OR MI
 ENTER FT OR MI: 25
 TAX MAP: 8 BLK: 19 PARCEL: 324

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: Howard COUNTY NO.: 13-A-49888G
 STATE SIGNATURE: [Signature] INSERT S
 DATE ISSUED: 01/30/96
 CO SIGNATURE: [Signature] EXP. DATE: 1/30/97
 NORTH GRID: 542000 EAST GRID: 08000000

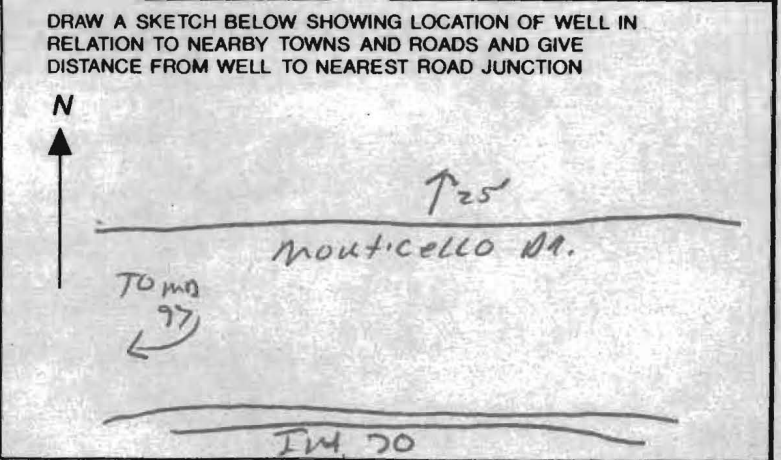
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 150 FEET
 APPROXIMATE DIAMETER OF WELL: 6" NEAREST INCH

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
 N 5402
 Location OK
 Case 34'
 open 30'
 43 bags grout
 R/ 3/5/96

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-Percussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER: H094GAP012
 FORCE: [Signature] PERMIT NO.: 40-93-0252

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Accel Plumbing Telephone #: 410-489-5550
Address: 14029 Monticello Dr.
Cooksville, Md. 21923

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Richard Jung License# MPL 30047

*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: Jim Small Telephone #: 410-489-2803
Subdivision: Harcless Manor Lot #: 19 Well Tag #: HO 98-0252
Site Address: 14050 Monticello Drive
Cooksville, Md. 21923

| | | |
|---|---|--|
| Submersible Pump Data | Pitless Adapter | Well Cap and Electric Conduit |
| Make: <u>Franklin Electric</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>CP75</u> | Model#: <u>B-10X</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>15</u> GPM | Depth: <u>42</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>18</u> GPM | NSF/ISO approved: <input checked="" type="checkbox"/> | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: <u>160</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), Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Polyethylene
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

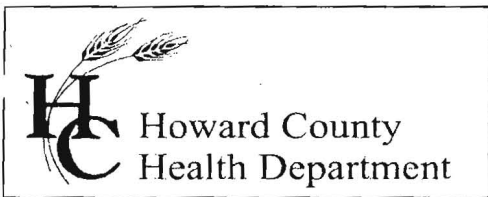
PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: Yes

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: [Signature] date: 1/30/06

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

Date Insp. Requested: _____ Date Insp. Approved: 9/29/05 Inspector: GAC BB
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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



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

April 20, 2006

James Small
14926 Saddle Creek Drive
Burtonsville, MD 20866

RE: Harless Manor, Lot 19
14050 Monticello Drive
Cooksville, MD 21723
BP #: B00153131
Well Permit # HO-93-0252

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 06/28/2005. Final approval of the well line connection to the dwelling was approved on 09/29/2005.**

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.

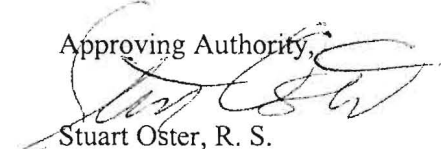
INTERIM CERTIFICATE OF POTABILITY

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-93-0252. 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): 09/26/2005 & 09/28/2005
Date of Well Completion: 03/05/1996

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #: | 56521 | Account #: | 7117 |
| Reference: | Jim Small | Company: | CASH ACCOUNT |
| Location: | 14050 Monticello Drve Cooksville, MD 21723 | Requested By: | Jim Small |
| Date/ Time Collected: | 09/28/05 1018 | Source: | Well Water |
| Date/Time Rec'd: | 09/28/05 1443 | Site: | R/O Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Reverse Osmosis |
| Collected By: | J.Yeager 6176JY | pH: | 7.1 |
| | | Well #: | HO-93-0252 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------|-------------------------------|
| Nitrate | <1.0 | mg/L | 10 | 601 | 09/29/05 / 1000 / B. Duttcrer |

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 56479
 Building Permit # : 00153131

Date Reported: 09/29/05

Laboratory Director:

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

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-3554 FAX (410) 848-0298

REPORT OF ANALYSIS

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| Laboratory ID #: | 56521 | Account #: | 7117 |
| Reference: | Jim Small | Company: | CASH ACCOUNT |
| Location: | 14050 Monticello Drive Cooksville, MD 21723 | Requested By: | Jim Small |
| Date/ Time Collected: | 09/28/05 1018 | Source: | Well Water |
| Date/Time Rec'd: | 09/28/05 1443 | Site: | R/O Tap |
| Chlorine ppm: | Free: ND Total: ND | Treatment: | Reverse Osmosis |
| Collected By: | J. Yeager 6176JY | pH: | 7.1 |
| | | Well #: | HO-93-0252 |

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|------------|---------|-------|-----------|--------|------------------------------|
| Nitrate | <1.0 | mg/L | 10 | 601 | 09/29/05 / 1000 / B. Duttler |

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND: None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 56479
 Building Permit # : 00153131

Date Reported: 09/29/05

Laboratory Director:

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

MD State Certification # 133



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Robert J. Frances, P.E., Acting Director

NOTICE OF VIOLATION

April 18, 2006

James and Mary Small
14050 Monticello Drive
Cooksville, Maryland 21723

Subject: 14050 Monticello Drive
New Custom MD State Certified Building
Permit No. B00153131

Dear Mr. and Mrs. Small:

Our records indicate that the project associated with the above referenced permit number has not passed the appropriate final inspections and is in violation of the Howard County Building Code. Both a failure to request a final inspection and a failure to pass a final inspection are violations of the Howard County Building Code. Howard County Building Code, Section 109.

Prior to requesting a final building inspection the following code violations must be corrected:

- 1. A Health Department approval letter is required. Please contact the Health Department at 410-313-2460 to inquire about the status of the required approval letter.
2. Please call the Automated Inspection Request Line at 410-313-3800 to schedule a final building inspection (287) after the above violations are corrected.

All violations, including requesting and passing a final inspection must be corrected within 15 days of the date of this letter in order to prevent any further enforcement action. Failure to correct the violations may result in legal action being taken against you, including issuance of a civil citation with a minimum fine of \$100 a day for each day the violations are not corrected.

If you have any questions, please call me between 8:00 - 9:00 a.m. Monday through Friday at 410-313-

1817.

Sincerely,
INSPECTIONS AND ENFORCEMENT DIVISION

Thomas Huskins

Thomas Huskins, Building Inspector

Enclosure: Automated Inspection Request Pamphlet
B15-NoticeofViolListItems.doc
Inspector File
Legal File
Tickler
14050monticello.B15
Health Dept.

ICOP apparently never emailed? (Handwritten note with circled number 30)