

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

SEQUENCE NO. (OWNER USE ONLY) 4655  
 (SEQ. NO.)  
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-6 ON ALL CARDS)

DATE RECEIVED (OWNER USE ONLY)  
 DATE WELL COMPLETED Mar 23 1973  
 DEPTH OF WELL 300  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
HO-73-0489  
 28 29 30 31 32 33 34 35 36-37

DRILLER'S IDENTIFICATION NO. 42

OWNER Dickson Fred  
 LAST NAME FIRST NAME  
 STREET OR RFD 13301 Clifton Rd POST OFFICE Beltsville Spring Md.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Sandy</u>	<u>3</u>	<u>40</u>	
<u>Brown Silt</u>	<u>40</u>	<u>85</u>	
<u>Mesa</u>	<u>80</u>	<u>300</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  C M  B C

CEMENT BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 50 FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE  
 PLASTIC OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 54

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OPEN HOLE OR BRONZE  
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)  
 FROM TO

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1. 2. 3.

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE Push Pit

WATER LEVEL (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 50 (NEAREST FOOT)  
 WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 A AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, E, J, P, R, S, T, D)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 + ABOVE } LAND SURFACE (NEAREST FOOT)  
 - BELOW } 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "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.

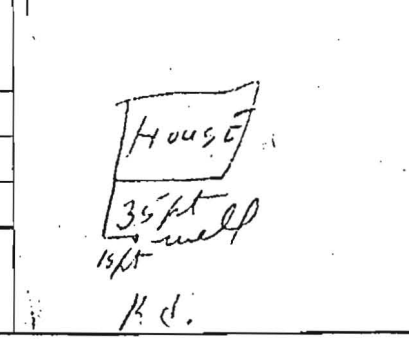
DRILLER'S NAME F. E. ...  
 (PLEASE PRINT)  
 SIGNATURE F. E. ...

DIAMETER OF SCREEN (NEAREST INCH) 55 FROM 60 TO

CRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

OWNER USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 Y  N (E.R.O.S.)  
 70  72  74  75  76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE



**MDE.WSP: INTAKES - [INTAKES]**

Action Edit Query Block Record Field Window Help

EDIT/DATA ENTRY Call: APPLICATION COMPLETION PWS INFO

Seq Date Recd Permit PWSID

10011973 HO730489 HO-73-0489 WELL PERMIT APPLICATION

**Owner's Name**  
DICKSON, FRED

**Street Address**  
13301 CLEFTON RD

**City State Zip**  
SILVER SPRING MD

**Driller's Name License**  
EASTERDAY, LOUIS F MWD0042

**Approx Pumping Rate (GPM)**  
5

**Ave. Daily Need (GPM)**  
600

**Use For Water**  
D

**Approx. Depth**  
100

**Drilling Method**  
AIR-PER

**Replace Type**  
N

**Permit Replaced**  
[ ]

**Appropriation Pct Use**  
WAPID [ ]

**County Code**  
HO HOWARD COUNTY

**Subdivision Section Lot**  
[ ] [ ] [ ]

**Nearest Town Distance Direction**  
HIGHLAND 2 MI S

**Near Road Side Distance**  
RT 108 E 3000FT

**Taxmap Block Parcel**  
[ ] [ ] [ ]

**St Approval Date Special**  
[ ] 09271973 [ ]

**North Grid (27f) East Grid (27f)**  
485000 805000

**North Grid (83m) East Grid (83m)**  
166344 401550

**Lat Decimal Deg Lon Decimal Deg MAD**  
39.16519 76.982065 0

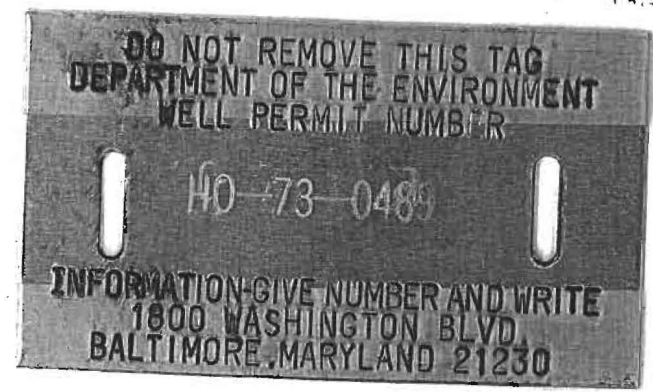
**Enter new coordinates in a selected coordinate system**  
DMS83 SPC27 SPC83

**Remark**  
DUPLICATE TAG REQUESTED 8-9-2006 & MADE ON 8-18-2006

Record: 1/1

13985 CLARKSVILLE PIKE

Requested Duplicate  
Tag On 8-9-06  
Tag Lost: by Driller  
off Well  
in Mail



FAXED

7/14/06

Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

P.1

**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: NATIONAL WATER SVC Telephone #: 301-854-1333  
 Address: P.O. BOX 138  
ASHTON, M.D. 20861 *(initials)*

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): DAVID RYCKE      License #: PI 0145

\*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: Selfridge Builders Telephone #: 410-531-8730  
 Subdivision: TAYLOR RES Lot #: \_\_\_\_\_ Well Tag #: HO -  
 Site Address: 13485 CLARKSVILLE PKE  
HIGHLAND

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>RIT</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>LS SD610-250</u>	Model #: <u>PA100</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1</u> GPM	NSP/WSC approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: _____
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 <u>inside of well casing</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>AGUA NET COIL</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: \_\_\_\_\_ date: 7/13/06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/9/06 Inspector: (SD)  
 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 \_\_\_\_\_

*Pro Dong @ Selfridge*

### CERTIFICATE OF ANALYSIS



**Requester:**  
Selfridge Builders  
14045 Gared Drive  
Glenwood, Maryland 21738

**S/O Number:** 07-1462  
**Report Date:** August 3, 2006

**Property Sampled:** 13985 Clarksville Pike, Retest #1

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B00156822  
**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** August 2, 2006 at 12:00 pm  
**Date/Time Received:** August 2, 2006 at 1:40 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not visible  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
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

# CERTIFICATE OF ANALYSIS

**Requester:**  
 Selfridge Builders  
 14045 Gared Drive  
 Glenwood, Maryland 21738

**S/O Number:** 07-1331  
**Report Date:** July 26, 2006

**Property Sampled:** 13985 Clarksville Pike

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B00156822

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

**Date/Time Collected:** July 25, 2006 at 1:30 pm  
**Date/Time Received:** July 25, 2006 at 2:40 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6724GP  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not visible  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.3 NTU	EPA 180.1	10 NTU	Pass
pH	5.8 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

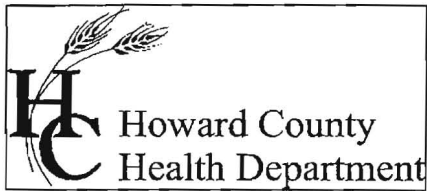
*Heather R. Beam*  
 Heather R. Beam  
 Manager-Drinking Water Testing

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.



**TRACE LABORATORIES**  
 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



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

August 9, 2006

Vince & Clara Taylor  
10810 Vista Road  
Columbia, MD 21044

*SENT VIA FACSIMILE 410-489-2452 & 410-5318939*

RE: 13985 Clarksville Pike  
Highland, MD 20777  
BP #: B00156822  
Well Permit # HO-73-0489

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 3/9/2006. Final approval of the well line connection to the dwelling was approved on 8/09/2006.**

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.

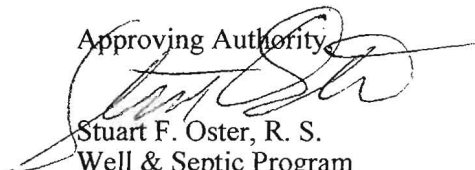
#### **INTERIM CERTIFICATE OF POTABILITY**

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-73-0489. 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.

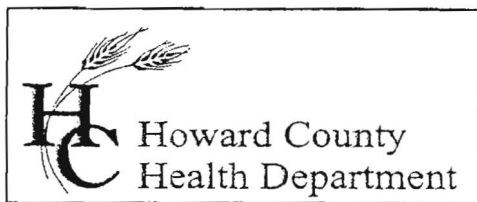
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 7/25/2006 & 8/2/2006  
Date of Well Completion: 5/23/1973

Approving Authority

  
Stuart F. Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



Bureau of Environmental Health  
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

June 6, 2005

**MEMORANDUM**

TO: Thomas Griffiths  
1632 Glenwood Circle  
State College, PA. 16803

FROM: Stuart F. Oster, R.S.  
Bureau of Environmental Health  
Well and Septic Program

RE: 13985 Route 108 (Clarksville Pike)  
1.0 Acre  
Map 40, Grid 15, Parcel 414,

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well will be utilized for the replacement house. Mr. Griffiths has agreed to the following conditions set forth by the Health Department.

Before demolition, the well that served the current house must be properly disconnected and sealed off. Also, protective devices placed around it to prevent any damage. These precautions should remain in place during the demolition and construction phases. The well (HO-73-0489) can be reconnected to the new house.

Because of its age and design, the septic system tank and drywell will need to be properly abandoned; i.e. pumped, collapsed and filled in with clean fill. A new septic system will have to be evaluated by our Development Coordination Section and possibly a 10,000 Sq. Ft. septic reserve area established before a building permit is approved.

A new septic permit will need to be obtained. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File

410-365-2283

14045 Gared Drive  
Glenwood, MD 21738  
Phone: 410-489-2450  
Fax: 410-489-2452

**Selfridge Builders Sales Office Fax**

To: STEPHANIE

Fax:

From: DOUG

Date: 8/8/06

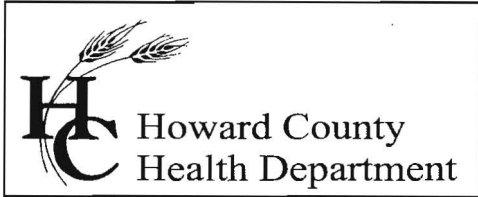
Re: Well ~~XXXXXXXXXX~~ Existing Pages: Cover + 1

CC: \_\_\_\_\_

Notes: HO-73-0489 13985 CLARKSVILLE PIKE

Need new well top for pre existing well none on well casing at this time!

Thanks,  
*[Signature]*



Bureau of Environmental Health  
 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

\* MDE IS OUT OF FAX  
 Blank well tags - not getting them  
 until September - on  
 order



Date 8/9/06  
 To DENISE SWATZ BAUGH  
 Department MDE  
 FAX # 410-537-3163

From Stephanie Nelson / Howard County Health  
 Telephone 410-313-1771 FAX (410) 313-2648  
 # Of Pages 2 (including cover page)

Comments WELL TAG REPLACEMENT REQUEST  
FOR: HO-73-0489, 13985 CLARKSVILLE PIKE  
Thank You!

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