

0614

SEQUENCE NO. (MDE USE ONLY)

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 13

THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-5 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
8/23/07

Depth of Well
22 500 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3153
28 29 30 31 32 33 34 35 36 37

OWNER Carpenter last name first name
STREET OR RFD Gilbride Lane TOWN Dayton
SUBDIVISION Hedgeswood SECTION _____ LOT 20

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 Sand	2	30	
Brown Mica	30	90	✓
Gray Mica	90	105	
Brown Mica	105	106	
Gray Mica	106	124	
Brown Mica	124	125	✓
Gray Mica	125	190	
Opening	190	191	✓
Gray Mica	191	500	

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 31 NO. OF POUNDS 3100
GALLONS OF WATER 186
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 35 BOTTOM 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
Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING 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 2
HO 98 500
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

C 3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 2.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 5.9 ft.
WHEN PUMPING 173 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 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) _____ 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 } 2 (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 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.

DRILLERS LIC. NO. MWD 040
DRILLERS SIGNATURE Mary F. Rustenberg
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MSD 038

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

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

B 1 9278

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3153

W 51532 please print or type

fill in this form completely

Date Received (APA)

07-05-01

8671

OWNER INFORMATION

CARPENTER GREGORY & RONDA
4225 LINTHICUM RD
DAYTON, MD 21036

B 3

Howard

LOCATION OF WELL

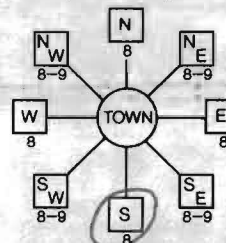
8 COUNTY Howard
23 SUBDIVISION Hedgerow
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Dayton
MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

George F. Easterday M W D 040
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 7/2/2001

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Gilbride Lane

11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1400
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 07-24-01
CO SIGNATURE EXP. DATE
NORTH GRID 504 000 EAST GRID 0804 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

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 5001-G-2
PERMIT No. HO-94-3153

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

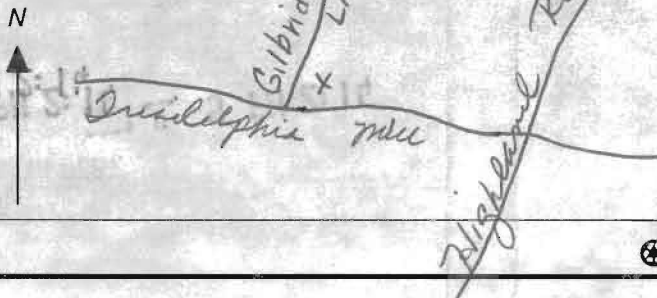
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Page _____ of _____
 Date _____

8:30 8/28/01

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3153
 Location of property (road) Gilbride Lane
 Subdivision Hickory Lot 26 Block _____ Plat _____ Sec. _____
 Well Driller Bostrick Owner Carpenter

Depth of well 500 13/4 gpm
 Distance of measuring point (M.P.) above ground 18"
 Static water level (S.W.L.) below M.P. 53'

I. High rate pumping -- reservoir drawdown

Time pump started 5:25 Pumping rate 156 gpm
 Total time 20 min to reach pumping water level 172' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

Pump 380

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \bullet gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
5:45	172'	25 sec		2 1/2 G.P.M.
6:00	172'	25 sec		2 1/2 G.P.M.
6:15	172'	25 sec		2 1/2 G.P.M.
6:30	172'	25 sec		2 1/2 G.P.M.
6:45	172'	25 sec		2 1/2 G.P.M.
7:00	172'	25 sec		2 1/2 G.P.M.
7:15	172'	25 sec		2 1/2 G.P.M.
7:30	172'	25 sec		2 1/2 G.P.M.
7:45	172'	25 sec		2 1/2 G.P.M.
8:00	172'	25 sec		2 1/2 G.P.M.
8:15	172'	25 sec		2 1/2 G.P.M.
8:30	172'	25 sec		2 1/2 G.P.M.
8:45	172'	25 sec		2 1/2 G.P.M.
9:00	172'	25 sec		2 1/2 G.P.M.
9:15	172'	25 sec		2 1/2 G.P.M.
9:30	173'	25 sec		2 1/2 G.P.M.
9:45	173'	25 sec		2 1/2 G.P.M.
10:00	173'	25 sec		2 1/2 G.P.M.
10:15	173'	25 sec		2 1/2 G.P.M.
10:30	173'	25 sec		2 1/2 G.P.M.
10:45	173'	25 sec		2 1/2 G.P.M.
11:00	173'	25 sec		2 1/2 G.P.M.
11:15	173'	25 sec		2 1/2 G.P.M.
11:30	173'	25 sec		2 1/2 G.P.M.
HD-224 11:45	173'	25 sec		2 1/2 G.P.M.

Edwin L. Smith, S.P.
 Practicing Engineer & Surveyor
 1020 Boyd Street
 Baltimore, Maryland 21223
 (410) 528-1853

Scale: 1 inch = 50 feet

Existing Well Cap
 #13604 Gilbride Lane, Howard County, MD
 August 9, 2005

Location Drawing

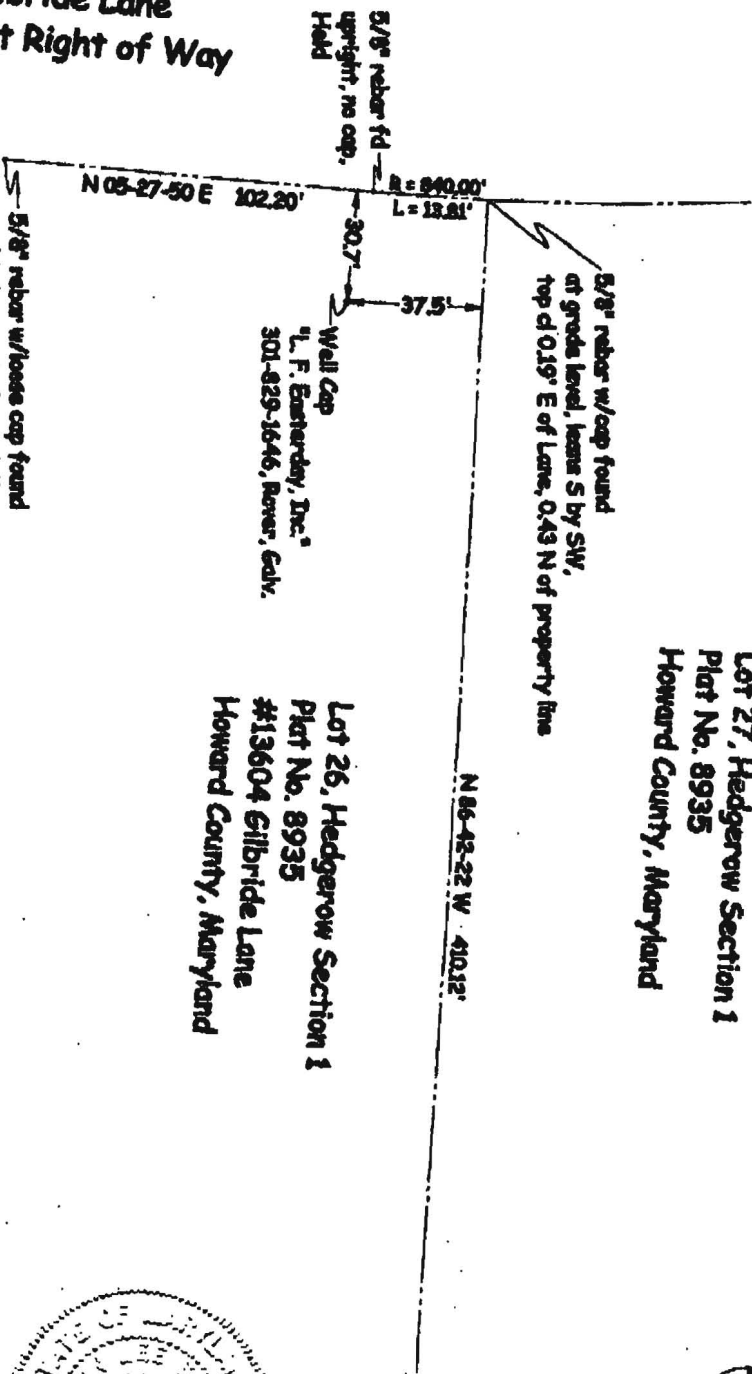
Gilbride Lane
 80-foot Right of Way

5/8" rebar w/loose cap found
 0.2' below grade, leans SW,
 0.20 ft S of Property Corner,
 top of Hald for Line

Well Cap
 "L. F. Easterday, Inc."
 301-829-1646, Bover, Calv.

Lot 26, Hedgerow Section 1
 Plat No. 8935
 #13604 Gilbride Lane
 Howard County, Maryland

Lot 27, Hedgerow Section 1
 Plat No. 8935
 Howard County, Maryland



Edwin L. Smith
 August 9, 2005

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: Allied Environmental Telephone #: (410) 789-2711
Address: P.O. BOX 1242
Millersville Md 21108

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshal Annette License# MSD 106

*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: Harjeet Chandhok Telephone #: 443-802-9553
Subdivision: Hedgerow Lot #: 26 Well Tag #: HO-94-3153
Site Address: 23604 Gilbride Lane
Clarksville MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: SCHAEFER Make: Baker Two piece watertight cap:
Model #: TILYN12P12-SZ Model#: _____ Screened, vented well cap:
Pump Capacity 10 GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 2.5 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 500 (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 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: Roll pipe PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve (5 foot minimum): 10
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

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: Marshal Annette date: 7/26/07

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

Date Insp. Requested: 11/30/07 Date Insp. Approved: 11/30/07
Inspection Data: Pitless adapter and 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 installed inside of well 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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Papeytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64048	Account #:	9396
Reference:	Jesse Sinjh	Company:	CASH ACCOUNT
Location:	13604 Gilbride Lane Clarksville, MD 21029	Requested By:	Jesse Sinjh
Date/ Time Collected:	6/25/2007 1230	Source:	Well Water
Date/Time Rec'd:	6/25/2007 1530	Site:	Bar Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	A. Digrulles 9666AD	pH:	7.5
		Well #:	HO-94-3153

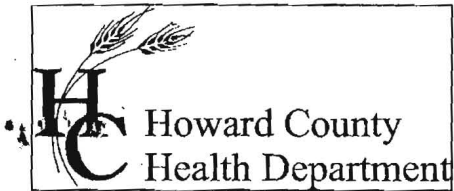
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/26/2007 / 1000 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/26/2007 / 1000 / AD/BD
Nitrate	<1.0	mg/L	10	601	6/26/2007 / 1255 / AD/BD
Turbidity	13.1	NTU	<10	SM18 2130B	6/26/2007 / 1050 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	6/26/2007 / 1050 / AD/BD

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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00154859

Date Reported: 6/26/2007



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

July 31, 2007

Harjeet Chandhok
8080 Hillrise Court
Elkridge, MD 21075

RE: Hedgerow, Lot 26
13604 Gilbride Lane
Clarksville, MD 21029
BP #: B00154859
Well Permit # HO-94-3153

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 06/21/2007. Final approval of the well line connection to the dwelling was approved on 11/30/2006.**

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-94-3153. 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: 06/25/2007 & 06/27/2007
Date of Well Completion: 08/23/2001

Approving Authority,

Kevin Wolf, Sanitarian
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 #: 64170	Account #: 9396
Reference: Jesse Sinjh	Company: CASH ACCOUNT
Location: 13604 Gilbride Lane Clarksville, MD 21029	Requested By: Jesse Sinjh
Date/ Time Collected: 6/27/2007 1300	Source: Well Water
Date/Time Rec'd: 6/27/2007 1400	Site: Pressure Tank
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Yeager 6176JY	pH: 7.7
	Well #: HO-94-3153

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	0.81	NTU	<10	SM18 2130B	6/28/2007 / 1405 / AD/BD

NOTES:

- 1 NTU = Nephelometric Turbidity Units
- 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
 Building Permit # : B00154859

Date Reported: 6/28/2007