

B 1	0938	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER
1 2 3 6			W51524 please print or type	HO-94-3110
				fill in this form completely

**OWNER INFORMATION**

Date Received (APA) 05 11 01  
8 MM DD YY 13

SELFRIDGE Builders  
15 Last Name Owner First Name 34

14045 Famed Dr.  
36 Street or RFD 55

Glenwood MD 21735  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard COUNTY 21

SHAKOORZADEH Prop.  
23 SUBDIVISION 42

SECTION - LOT 3  
44 46 48 50

Clarksville  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

**DRILLER INFORMATION**

Ralph E. MAYNE M SD 117  
Driller's Name 76 License No. 81

Ralph E. MAYNE well Drilling  
Firm Name

17024 Handy Rd. Mt Airy MD  
Address

Ralph E. Mayne 4-26-01  
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Brighton Dam rd  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 225 37 DISTANCE FROM ROAD 38 39

ENTER FT OR MI

TAX MAP: 34 BLK: 10 PARCEL 14

**WELL INFORMATION**

B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
1 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

**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 COUNTY NAME A513272 COUNTY NO.

STATE SIGNATURE Mark E. Rifkin INSERT S → 41

DATE ISSUED 05 21 01 CO SIGNATURE Mark E. Rifkin EXP. DATE 5/21/02  
43 MM DD YY 48

NORTH GRID 499 0 0 0 EAST GRID 0810 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 5/25/01 8:30am

SOURCES OF DRILLING WATER

- well
- 75' casing
- 30 Bags of cement Grouted at 8:30am Arrived after completion of grout. Grout has not sunk (at 2:00pm) SRK

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 000 000  
N 499 ←

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROtary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

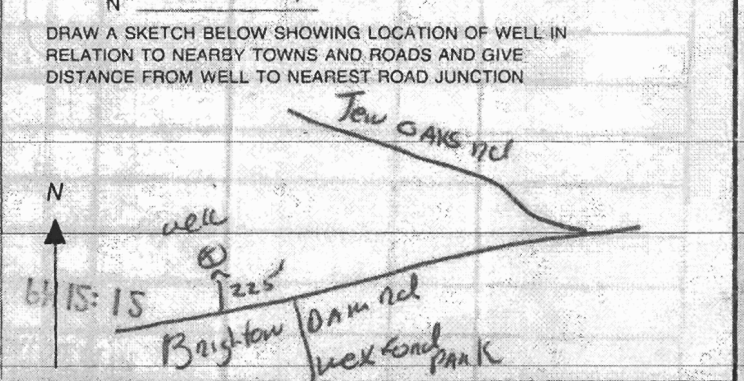
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-94-3110  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

C1 15907

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 4513272

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 05 23 81

Depth of Well 150

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3110

OWNER SELF RIDGE Builders STREET OR RFD 14015 RANED DR. TOWN GLENWOOD MD SUBDIVISION SHAIKORADOCK PROP SECTION LOT 3

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 30 NO. OF POUNDS 3500 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) 0 from 48 TOP 52 ft. to 54 BOTTOM 56 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 [PL] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 75

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

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

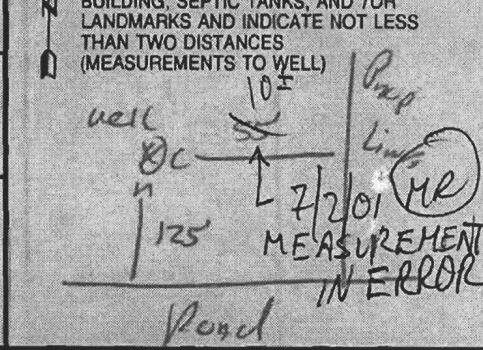
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 80 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+ ] above [- ] below LAND SURFACE 3 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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 28.04.04 "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. 1 M D 1172 SIGNATURE [Signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D 1172

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

DEPTH (nearest ft.) [HO] 72 150

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA





**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: Fogles Well Drilling Telephone #: 443-609-4195  
Address: P.O. Box 202  
Woodbine, Md 21797

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Compton License# MSD0009

**\*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: Competent Builders Telephone #: 443-829-1830  
Subdivision: Shakoorzadeh Lot #: 3 Well Tag #: HO-94-3110  
Site Address: 12976 Brighton Dam RD  
Clarksville, Md

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>1550E07-180</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>190'</u> (feet)		Conduit secured to well cap: <u>yes</u>

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**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>1" Black Plastic</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve 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: Allen Compton date: 10-24-12

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/25/12 Inspector: KED  
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 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

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Competent Builders  
12574 Hall Shop Road  
Fulton, MD 20759

Reporting Date: 12/7/2012  
Report #: K9055

Submitted Sample Address: 12976 Brighton Dam Road  
Clarksville, MD 21029  
Submitted Sample Source: Holding tank  
Date / Time Collected: 12/5/2012 11:30 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-94-3110  
Permit #: B11002311

*Water Test  
OK  
PB  
12-10-12*

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/l	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	7.6	SU	0.1	6.5-8.5 (SMCL)	SM 4500 I <sup>1</sup> B

Notes:

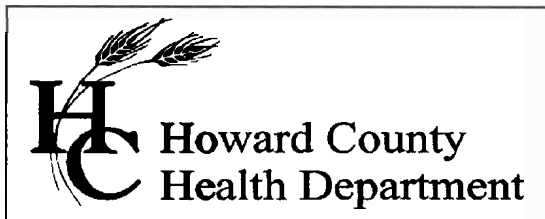
- Bacteriological analysis of this sample indicates this water is  **safe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND -- Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*Christina Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: *MSB*



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Acting Health Officer**

TEMPORARY INTERIM CERTIFICATE OF POTABILITY  
**TEMPORARY DEVIATION FOR RADIUM**

**Expiration Date – February 3, 2013**

December 20, 2012

Homeowner  
12976 Brighton Dam Road  
Clarksville, MD 21029

**RE: Shakoorzadeh Property, Lot 3  
12976 Brighton Dam Road  
Building Permit: B11002311  
Well Permit: HO-94-3110**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/20/2012**. Final approval of the well line connection to the dwelling was granted on **10/25/2012**. The well construction was completed on **5/25/2001**. Water samples were collected on **12/5/2012**.

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.

Gross Alpha and Beta samples were not collected, but must be collected in early January 2013. **The maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, for Gross Alpha and Gross Beta respectively, may not be exceeded.**

This is a **temporary deviation** to allow additional time for testing the water source and possible installation of a radionuclide removal system. If a treatment device is installed, submission of water sample results indicating that the treated water meets EPA recommendations is required.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and/or post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. Test the water source for Gross Alpha (Short-term and Long-term Alpha particles) and Gross Beta (Short-term and Long-term Beta particles) in early January.
2. If results are elevated, you install a water treatment device appropriate for removing Alpha and Beta constituents.
3. If a treatment device is installed, a sample of water after the treatment is to be analyzed for Radium 226 and 228.
4. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File