

C1 8991

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 A525170

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Sullivam Kimberly STREET OR RFD 15205 Gushy Park Rd. TOWN Lisbon Woodbine SUBDIVISION Rippon Property SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Includes entries for Top Soil, Brown Shale, Blue Slate, Flint Rock, etc.

GROUTING RECORD and CASING RECORD sections. Includes checkboxes for grouting and casing types (Steel, Concrete, Plastic, Other).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, depth (feet) to. Includes entries for PL casing.

SCREEN RECORD section. Includes checkboxes for screen types (Steel, Brass, Bronze, Plastic, Open Hole, Other) and slot size information.

PUMPING TEST section. Includes fields for hours pumped, pumping rate, method used, water level, and pump type.

PUMP INSTALLED section. Includes checkboxes for driller installed pump, capacity, pump horse power, and casing height.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y) NO (N)

- CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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.

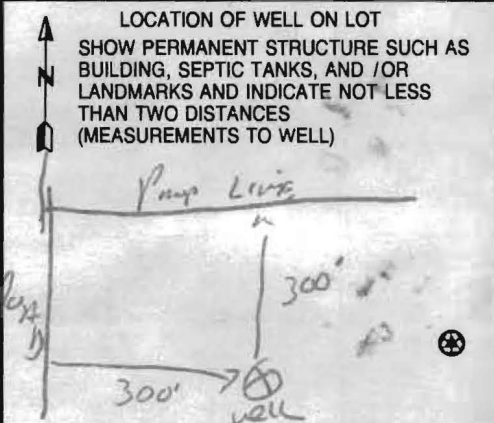
DRILLERS LIC. NO. 1 M S D H 2 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 8475

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0558 fill in this form completely

525625 please type

Date Received (APA) 11/06/06

OWNER INFORMATION

8 15 36 57 Last Name First Name Street or RFD Town State Zip

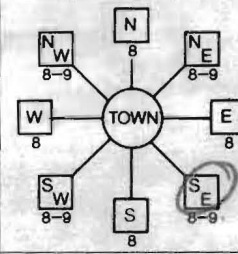
LOCATION OF WELL

8 23 52 COUNTY SUBDIVISION NEAREST TOWN MILES FROM TOWN

DRILLER INFORMATION

Driller's Name Firm Name Address Signature Date

DIRECTION OF WELL FROM TOWN



11 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD

34 37 DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 14 BLK: 2 PARCEL 12

WELL INFORMATION

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

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

COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL 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

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

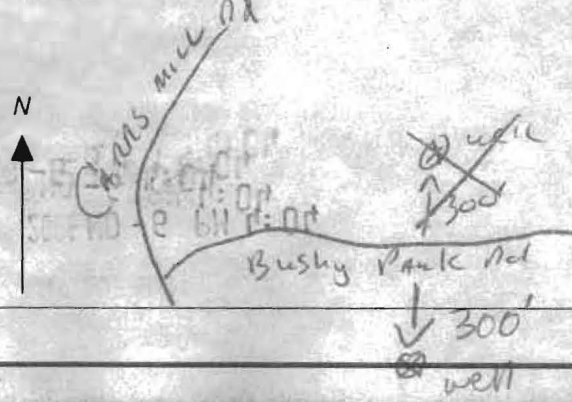
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 87 500 000 N 500 39 500 000

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



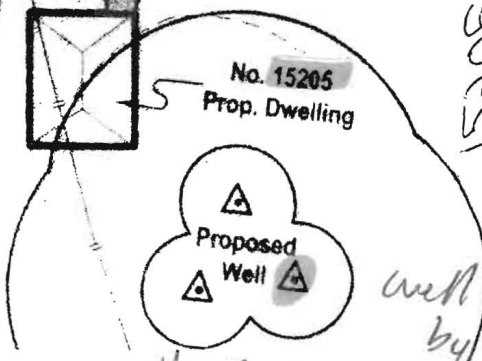
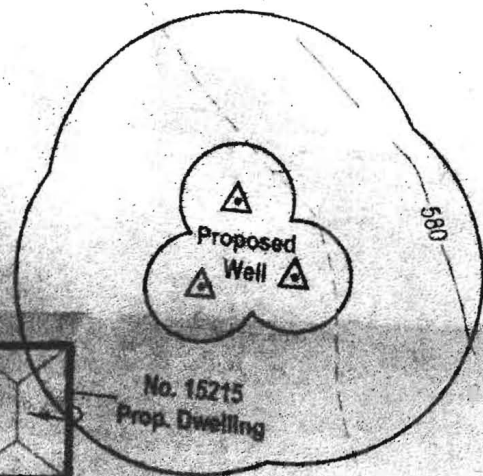
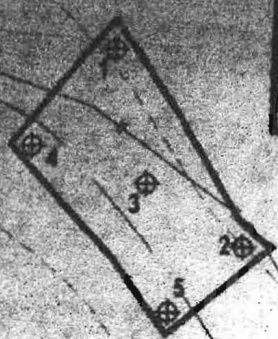
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER PERMIT No. HO-95-0558

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Lot # 2
Tax map - 14
Grid 3
Parcel 12



15215 Boshy Park Rd

15205 Boshy Park Rd

N 00°00'00" E
2.66'

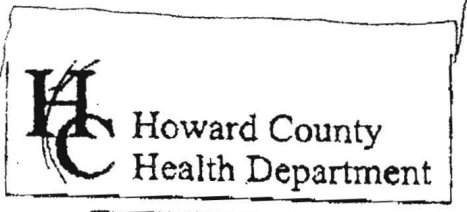
N 87°12'05" E

624.58'

Boshy Park Rd

well site - OK
well sites staked by BPR.

(14w) 11/28/06



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

BPR - 410-876-0333

- The well site has been staked by 9-18-06 on Lot 2 Rippeon Prop and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN for Kimberlie Sullivan
Sub-Rippeon Prop
File Site Plan

Please Add Lot #'s - Sub - IF ANY
T

15205 } Bushy Park Rd.
15215 } Woodbine MD

Lot 2 - Rippeon Property
Tax map 14
Grid. 3
Parcel - 12

**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: K.H. Plumbing, INC. Telephone #: 410-259-5910
Address: 4710 Dotsie Dr.
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Keith Hundertmark License# 8300

*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: Hance Sullivan Telephone #: 410-489-5341
Subdivision: Rippeon Property Lot #: 2 Well Tag #: HO-CL-95-0558
Site Address: 15205 Bushy Park Rd.
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Canby</u>	Two piece watertight cap: <u> </u>
Model #: <u>25T12-8</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u> </u>
Pump Capacity <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u> </u>
Well Yield: <u>20</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u> </u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u> </u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors on Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly Ethelene</u>	PVC sleeved to undisturbed soil at wall penetration: <u> </u> ✓
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>42"</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: Keith Hundertmark date: 6-2-07

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

Date Insp. Requested: _____ Date Insp. Approved: 5/9/07 (BB)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<u> </u> ✓
Two piece cap installed and attached to casing securely	<u> </u> ✓
Elec. conduit extends at least 18" below grade/attached to cap properly	<u> </u> ✓
Safety rope installed inside of well casing	<u> </u> ✓
Correct well tag attached properly and casing 8" above finished grade	<u> </u> ✓
Water supply line sleeved adequately at house connection	<u> </u> ✓
Adequate grout observed below pitless adapter	<u> </u> ✓

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

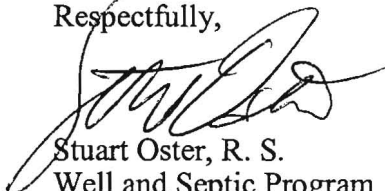
This certifies that the initial sampling requirements as set forth in Code of Maryland Annotated Regulations or COMAR, 26.04.04 "*Well Construction*" have been met for the water supply system installed under well permit number HO-95-0558. **Although the submitted sample results are in compliance with 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 and nitrate tests, which may be taken by the health department within six months of the date 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): 07/25/2007 & 08/08/2007

Date of Well Completion: 12/20/2006

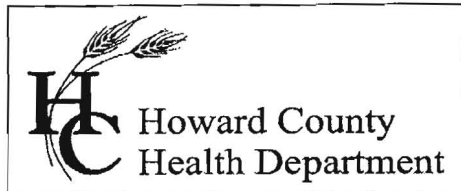
Respectfully,



Stuart Oster, R. S.
Well and Septic Program

MLB

cc: Building Inspector's office
Community Environmental Health Program
File



Bureau of Environmental Health
7178 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

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 23, 2007

Lance Sullivan
3620 Ivory Road
Glenelg, MD-21737

RE: Rippeon Property, Lot 2
15205 Bushy Park Road
Woodbine, MD 21797
BP #: B07000035
Well Permit # HO-95-0558

To Whom It May Concern:

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 05/14/2007. Final approval of the well line connection to the dwelling was approved on 05/09/2007.**

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 raw nitrate sample results were previously documented to be 11.5 ppm. A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on 08/08/2007, which indicates that nitrates were not detected.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.

It will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

Water Testing Laboratories

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

of Maryland, Inc.

Bernard Brothers Construction
 1045 Saint Michaels Road
 Mount Airy, Md 21771

Reporting Date: 8/9/2007
 Report #: K3602

Submitted Sample Address: 15205 Bushy Park Road
 Woodbine, Md 21797
 Submitted Sample Source: Reverse Osmosis System at Kitchen Sink
 Date / Time Collected: 8/8/2007 11:52 AM
 Sample Type: Drinking Water
 Sampler/Company: D.Pitts 4322DP, WTL of MD
 Field Record: Chlorine residual: Absent Clear when drawn
 Well #: HO-95-0558
 Permit #: B 07000035

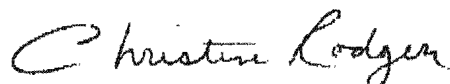
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2


Notes:

- 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*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

DARNARD → FAX A10 489 7621

Water Testing Laboratories

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 861, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 546-1318
- P.O. Box 712, Stevensville, MD 21666 (410) 643-7711
- P.O. Box 463, Timonium, MD 21093 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

of Maryland, Inc.

Bernard Bros. Construction
1045 St. Michaels Rd.
Mt. Airy, Md 21771

Reporting Date: 7/27/2007
Report #: K3519

Submitted Sample Address: 15205 Bushy Park Rd.
Woodbine, Md 21797

Submitted Sample Source: Utility Sink in Laundry Room

Date / Time Collected: 7/25/07 10:56AM

Sample Type: Drinking Water

Sampler/Company: D. Pitts 4322DP, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn

Well #: HO-95-0558

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	11.5	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	7.2	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. 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.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

Kendra VanWyck (cc)

K. VanWyck, Customer Service Representative

Reviewed by: SB