

SEQUENCE NO. (WRA USE ONLY)  
**8786**

DATE RECEIVED (WRA USE ONLY)  
 10 5 77

DATE WELL COMPLETED  
 10 5 77

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 **128663**

DEPTH OF WELL **21340**

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**17-73-2029**

DRILLER'S IDENTIFICATION NO. **30**

OWNER: **Martin K.**  
 LAST NAME: **Martin** FIRST NAME: **K.**  
 STREET OR RFD: **6844 Waver Drive** POST OFFICE: **Columbia, Maryland 21095**

WELL LOG

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET |     | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
|  | FROM | TO  |                        |
| Brown loam                                       | 0    | 3   |                        |
| Brown silt                                       | 3    | 7   |                        |
| Brown sand                                       | 7    | 12  |                        |
| Hard Blue Sandstone                              | 12   | 24  | X                      |
| Blue Sandstone                                   | 24   | 31  |                        |
| Brown Sandstone                                  | 31   | 52  | X                      |
| Blue Sandstone                                   | 32   | 47  |                        |
| Black Sandstone                                  | 47   | 93  |                        |
| Brown & White Sandstone                          | 93   | 95  |                        |
| Black Sandstone                                  | 95   | 102 |                        |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  
 YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY

NO. OF BAGS: **43** NO. OF POUNDS: **752**

GALLONS OF WATER: **43**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **24** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE:  T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): **26**

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS  OPEN HOLE   
 PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **26** TO **102**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): **25**

METHOD USED TO MEASURE PUMPING RATE: **Flowmeter**

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: **32** (NEAREST FOOT)  
 WHEN PUMPING: **32** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE): **29**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  
 YES  NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON): **36**

PUMP HORSE POWER: **41**

PUMP COLUMN LENGTH (NEAREST FOOT): **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE  BELOW

LAND SURFACE (NEAREST FOOT): **51**

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.

DRILLERS NAME: **Dave K. [Signature]**

(PLEASE PRINT) **Dave K. [Signature]**

SIGNATURE: **[Signature]**

DIAMETER OF SCREEN: **55** (NEAREST INCH) FROM **55** TO **60**

GRAVEL PACK:

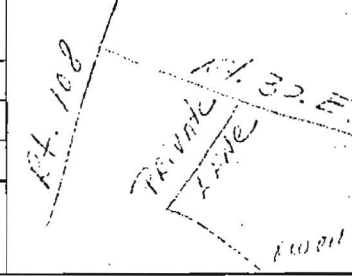
IF WELL DRILLER HAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (I.P.O.S.)

T  W O

70  72  74  75

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE



**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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 \_\_\_\_\_

date \_\_\_\_\_

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

Date Insp. Requested: 6/12/06 Date Insp. Approved: \_\_\_\_\_

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 \_\_\_\_\_

not visible \_\_\_\_\_  
9/26/06 \_\_\_\_\_  
speke to well driller. Casing extension done \_\_\_\_\_  
grout visible proper \_\_\_\_\_

*ex. casing was metal casing extension is pvc? repaired*  
*Unacceptable*  
*GAK*

*9/26/06 Repairs Made per Contractor!*  
*9/26/06 Tag?*  
*Conduit broken off cap. Told people on site to inform Contractor*

*GAK*

*BB*

## CERTIFICATE OF ANALYSIS



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

**Requester:**  
Eagle Eye Plumbing  
Attn: Mr. John Saffran  
269 Hickory Ridge Road  
Queenstown, Maryland 21658

**S/O Number:** 07-2562  
**Report Date:** September 28, 2006

**Property Sampled:** 6380 Guilford Road, Retest #1

**County:** Howard  
**Subdivision:** Spring Valley Farms **Tax Map #:** 34  
**Lot #:** 13 **Parcel #:** 329  
**Building Permit #:** B00156553

**Date/Time Collected:** September 27, 2006 at 2:05 pm  
**Date/Time Received:** September 27, 2006 at 3:25 pm

**Sample Location:** Outside Front Tap on Right  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Tag not Visible  
**Well Condition:** 2-Piece Cap  
Cap tight  
Conduit detached from cap  
Electric wires exposed

**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



TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connex.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Requester:**  
Eagle Eye Plumbing  
Attn: Mr. John Saffran  
269 Hickory Ridge Road  
Queenstown, Maryland 21658

**S/O Number:** 07-2021  
**Report Date:** August 23, 2006

**Property Sampled:** 6380 Guilford Road

**County:** Howard  
**Subdivision:** Spring Valley Farms  
**Lot #:** 13  
**Building Permit #:** B00156553

**Tax Map #:** 34  
**Parcel #:** 329

**Date/Time Collected:** August 22, 2006 at 12:25 pm  
**Date/Time Received:** August 22, 2006 at 1:25 pm

**Sample Location:** Outside Front Tap on Right  
**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  
Cap tight  
Conduit detached from cap  
Electric wires exposed

**Water Conditioning/Treatment:** NONE

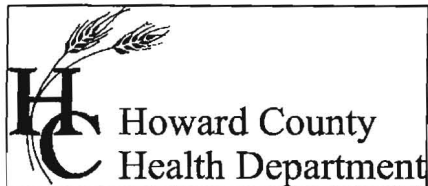
| PARAMETER      | RESULT         | METHOD    | MCL/*SMCL      |      |
|----------------|----------------|-----------|----------------|------|
| Nitrate        | <1.0 mg/L as N | SM 4500D  | 10 mg/L as N   | Pass |
| Turbidity      | <1.0 NTU       | EPA 180.1 | 10 NTU         | Pass |
| pH             | 5.6 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.



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

October 3, 2006

John Dunlavey  
6380 Guilford Road  
Clarksville, MD 21029

**SENT VIA FACSIMILE 301-656-0818**

RE: Spring Valley Farm, Lot 13  
6380 Guilford Road  
Clarksville, MD 21029  
BP #: B00156553  
Well Permit # HO-73-2029

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 10/03/2006. Final approval of the well line connection to the dwelling was approved on 10/03/2006.**

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.

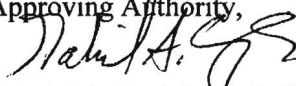
**INTERIM CERTIFICATE OF POTABILITY**

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-73-2029. 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: 08/22/2006 & 09/27/2006  
Date of Well Completion: 05/05/1977

Approving Authority,

  
Gabriel A. Creighton, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File