

C1 3822

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 35182

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY

Depth of Well 22 305 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-94-4042

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for Brown Shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD: screen type or open hole, insert appropriate code below, STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER: A 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...

DRILLERS LIC. NO. 1 M S D O 24, DRILLERS SIGNATURE, LIC. NO. 1 D

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

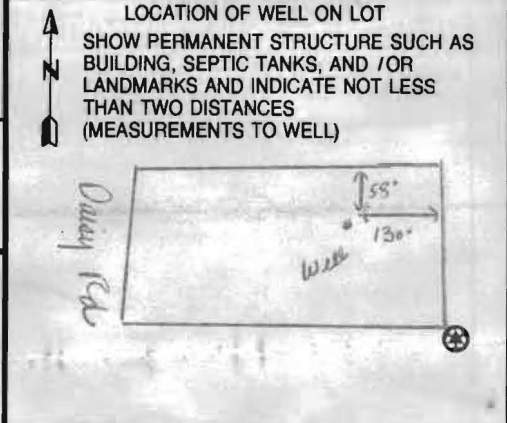
DEPTH (nearest ft.) table with columns for casing depth and screen depth.

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

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 9856  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
521518 please type

STATE PERMIT NUMBER

HO - 94 - 4043  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name First Name  
36 Street or RFD  
57 Town 70 State 72 Zip 76  
Bogard Linda  
7211 Antigua Pl.  
Sarasota FL 34231

B 3 LOCATION OF WELL

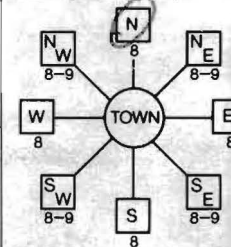
8 COUNTY 21  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 0 M 1  
73 76 77 78

DRILLER INFORMATION

Driller's Name License No. 81  
Firm Name  
Address  
Signature Date  
Joseph E. Mayne MS D024  
Joseph E. Mayne Well Drilling  
5512 Ridge Rd. Mt Airy Md 21771  
Joseph E. Mayne 10/1/04

B 4

1 2  
DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)



2440  
Dairy Road  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
34 485 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 13 BLK: 1B PARCEL 113

B 2

WELL INFORMATION

APPROX. PUMPING RATE  
(GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 14 20  
4  
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  
COUNTY NAME COUNTY NO. A35182  
STATE SIGNATURE INSERT S  
DATE ISSUED 10/25/04  
43 MM DD YY 46 CO SIGNATURE EXP. DATE 10/25/08  
NORTH GRID 533 000 EAST GRID 780 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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
- other

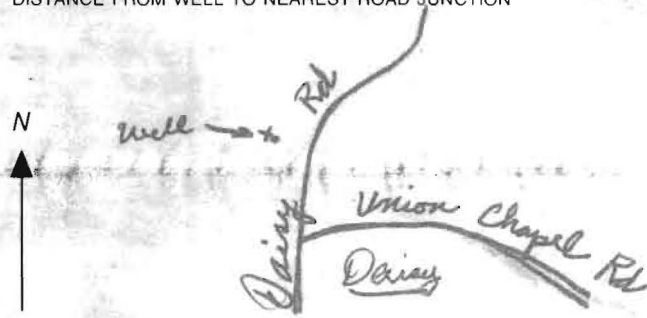
SHOW MAJOR FEATURES OF  
BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER  
FROM THE MAP HERE

E 780  
N 5303  
000  
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



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 52

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

APPROP. PERMIT NUMBER  
PERMIT No. HO - 94 - 4043  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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: WILLOUGHBY PLUMB Telephone #: 410-781-7051  
Address: 1203 PATRICK DR  
SUKESVILLE, MD 21784 Debbie

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): THOMAS WILLOUGHBY License# 6992

\*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: THOMAS HOLTON Telephone #: 410-922-4243  
Subdivision: BOARDS Lot #: \_\_\_\_\_ Well Tag #: HO 04-4043  
Site Address: 2840 DAISY ROAD  
WOODBINE MD 21797

30 ft  
Depth

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: JACUZZI Make: HARVARD Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity: 0 GPM Depth: 48" (36" min) Cap secured to casing:   
Well Yield: 10 GPM NSF approved: \_\_\_\_\_ Conduit min 18" E.G.:   
Depth of well encountered at time of pump installation: 30 (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: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:   
PSI: 1/2 (160 psi min) Approximate length of sleeve: 6'  
Depth of supply line: 1 (36" min) Sleeve caulked and sealed properly:

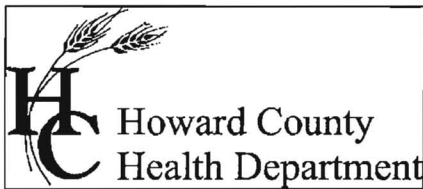
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Chris Wiloughby 7/17/06  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 10/5/06 Date Insp. Approved: 10/5/06 (KW)  
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 ground observed below pitless adapter





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 9, 2006

Mr. & Mrs. Thomas Holton  
9984 Village Green Court  
Woodstock, MD 21163

**SENT VIA FACSIMILE 410-884-3983**

RE: Bogard Acres, Lot 1  
2840 Daisy Road  
Woodbine, MD 21797  
BP #: B00157687  
Well Permit # HO-94-4043

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 07/07/2006. Final approval of the well line connection to the dwelling was approved on 10/05/2006.**

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.

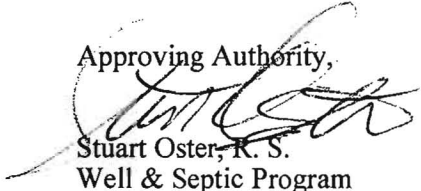
**INTERIM CERTIFICATE OF POTABILITY**

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-94-4043. 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: 09/22/2006 & 10/04/2006  
Date of Well Completion: 11/03/2004

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**CERTIFICATE OF ANALYSIS**



**Requester:**  
 JST Builders  
 6030 Daybreak Circle Suite 150 PO Box 146  
 Clarksville, Maryland 21029

**S/O Number:** 59906  
**Report Date:** October 5, 2006

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

**Property Sampled:** 2840 Daisy Road, Retest #1

**County:** Howard  
**Subdivision:** N/A **Tax Map #:** N/A  
**Lot #:** N/A **Parcel #:** N/A  
**Building Permit #:** B00157687

**Date/Time Collected:** October 4, 2006 at 9:30 am  
**Date/Time Received:** October 4, 2006 at 12:30 pm

**Sample Location:** Laundry Tub and Pressure Tank Tap  
**Sampler ID:** 0887LF  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4043  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL	
Turbidity(Raw)	2.2 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	2.0 NTU	EPA 180.1	10 NTU	Pass
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:** JST Builders  
6030 Daybreak Circle Suite 150 PO Box 146  
Clarksville, Maryland 21029

**S/O Number:** 07-2507  
**Report Date:** September 25, 2006

**Property Sampled:** 2840 Daisy Road

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** B00157687

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

**Date/Time Collected:** September 22, 2006 at 11:10 am  
**Date/Time Received:** September 22, 2006 at 1:05 pm

**Sample Location:** Laundry Tub and Pressure Tank Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-4043  
**Well Condition:** 2-Piece Cap  
Cap loose  
All bolts missing

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.8 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	23.5 NTU	EPA 180.1	10 NTU	High
Turbidity	24.4 NTU	EPA 180.1	10 NTU	High
pH	6.1 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	

  
 \_\_\_\_\_  
 Laura T. Fedor  
 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.