

C1 3775 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A33549

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 485 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 61420 110-94-3999 3/4/25

OWNER last name first name STREET OR RFD TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST HOURS PUMPED (nearest hour)

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

PUMPING RATE (gal. per min.)

DESCRIPTION (Use additional sheets if needed)

CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS

METHOD USED TO MEASURE PUMPING RATE

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-45), Gray Mica Rock (45-485)

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING WHEN PUMPING

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

TYPE OF PUMP USED (for test)

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

TYPE OF PUMP USED (for test) A air P piston T turbine

NUMBER OF UNSUCCESSFUL WELLS:

DEPTH (nearest ft.)

TYPE OF PUMP USED (for test) C centrifugal R rotary O other

WELL HYDROFRACTURED

Table with columns: E A C H S R E E N, rows for casing depth

TYPE OF PUMP USED (for test) J jet S submersible

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SCREEN RECORD screen type or open hole insert appropriate code below

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

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.

DIAMETER OF SCREEN (NEAREST INCH) from to

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

DRILLERS LIC. NO. 1 M S D O 24

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

LIC. NO. 1 D

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP HORSE POWER

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)

Diagram showing well location on lot with measurements 100 and 100.

Diagram showing well location on lot with measurements 318.67 and 485.90.

B 1 9896

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520751 please type

STATE PERMIT NUMBER

40 - 94 - 3999 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name 34 Owner First Name 34 4231 Lenthicum Rd 36 Street or RFD 55 57 Dayton 70 State 72 21036 76 Zip

B 3

LOCATION OF WELL

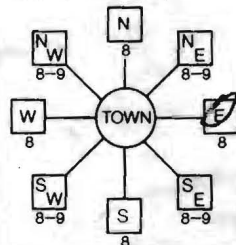
8 COUNTY 21 Howard 23 SUBDIVISION 42 Herb Property SECTION 44 46 LOT 8 48 50 52 NEAREST TOWN 71 West Friendship MILES FROM TOWN (enter 0 if in town) 73 40 M 76 77 78

DRILLER INFORMATION

76 Driller's Name 81 License No. M S D 024 76 Joseph C. Mayne well Drilling Firm Name 5512 Ridge Rd Mt Airy Md. 21771 Address 76 Signature 81 Date 6/23/04

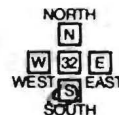
B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 30 12247 Frederick Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 420 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI

TAX MAP: 15 BLK: 10 PARCEL 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 933549 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/16/04 CO SIGNATURE 8/16/05 EXP. DATE NORTH GRID 50 533 55 EAST GRID 57 819 63

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 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 G PERMIT No. 40 - 94 - 3999

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

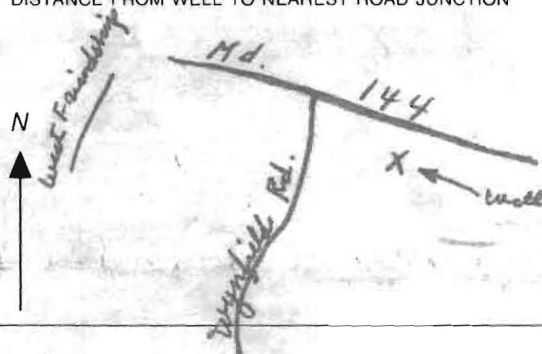
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 819 000
N 533 000

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3999  
 Location of property (road) Frederick Rd Rt 144  
 Subdivision Helix Property Lot 8 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Griffmore Group

Depth of well 485'  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 395 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	190'	3 sec	N/A	20 gpm
7:30	302	4		15
7:45	395	4		15
8:00	394	24		2.5
8:15	393	24		2.5
8:30	392	24		2.5
8:45	391	24		2.5
9:00	391	24		2.5
9:15	390	24		2.5
9:30	390	24		2.5
9:45	390	24		2.5
10:00	390	24		2.5
10:15	390	24		2.5
10:30	390	24		2.5
10:45	390	24		2.5
11:00	390	24		2.5
11:15	390	24		2.5
11:30	390	24		2.5
11:45	390	24		2.5
12:00	390	24		2.5
12:15	390	24		2.5
12:30	390	24		2.5
12:45	390	24		2.5
1:00	390	24		2.5

HD-224 1:15 390 24 2.5  
 1:30 390 24 2.5  
 1:45 390 24 2.5



08/10/2007 13:22 4105049117

TRACE LABORATORIES

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### CERTIFICATE OF ANALYSIS



**Requester:**  
National Water Service  
PO Box 138  
Ashton, Maryland 20861

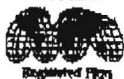
**S/O Number:** 64769  
**Report Date:** August 9, 2007

**Trace Laboratories, Inc.**  
Maryland

5 North Park Drive  
Fluor Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: [tracelab@comcast.net](mailto:tracelab@comcast.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2105-01504

**Property Sampled:** 12247 Frederick Road, 21043

**County:** Howard  
**Subdivision:** Varghese  
**Lot #:** N/A  
**Building Permit #:** Not Provided  
**Tax Map #:** N/A  
**Parcel #:** N/A

**Date/Time Collected:** August 8, 2007 at 11:50 am  
**Date/Time Received:** August 8, 2007 at 2:45 pm

**Sample Location:** Pressure Tank  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** Unable to locate  
**Well Condition:** Well condition undetermined

**Water Conditioning/Treatment:** Sediment Filter

PARAMETER	RESULT	METHOD	MCL	
Turbidity	1.9 NTU	EPA 180.1	10 NTU	Pass

*Allison R. Milburn*  
Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

4/531-8070

05/02/2007 09:49 4105849117

TRACE LABORATORIES

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CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc. Maryland

5 North Park Drive Hunt Valley, MD 21080 Telephone: 410/252-7742 Telephonic: 410/584-9099 Fax: 410/584-9117 Email: tracelab@connect.net www.tracelabs.com

Maryland State Certified Water Quality Laboratory No. 318

ISO 9001:2000



Cert No. C2005-01504

Requester: National Water Service PO Box 138 Ashton, Maryland 20861

S/O Number: 63212 Report Date: May 2, 2007

Property Sampled: 12247 Frederick Road, 21043

County: Howard Subdivision: Varghese Lot #: N/A Building Permit #: Not Provided Tax Map #: N/A Parcel #: N/A

Date/Time Collected: May 1, 2007 at 11:12 am Date/Time Received: May 1, 2007 at 3:15 pm

Sample Location: Pressure Tank Sampler ID: 6308KW Samples Iced: Yes Residual Cl<sub>2</sub> <0.1 mg/L: Yes

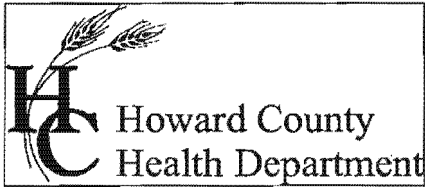
Well Tag Number: Unable to locate Well Condition: Well condition undetermined

Water Conditioning/Treatment: Sediment Filter

Table with 5 columns: PARAMETER, RESULT, METHOD, MCL/\*SMCL, and Pass/Fail status. Rows include Nitrate, Turbidity, pH, Sand, Total Coliform, and E.coli.

Signature of Allison R. Milburn, 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

August 15, 2007

Raju Varghese  
4231 Linthicum Road  
Dayton, MD 21036

RE: Hebb Property, Lot 8  
12245 Frederick Road  
Ellicott City, MD 21042  
BP #: B00152729  
Well Permit # HO-94-3999

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 03/23/2006. Final approval of the well line connection to the dwelling was approved on 04/21/2006.**

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.

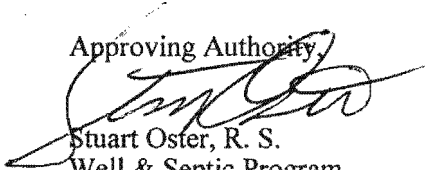
#### INTERIM CERTIFICATE OF POTABILITY

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-94-3999. 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: 05/01/2007 & 08/08/2007  
Date of Well Completion: 08/23/2004

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

Feb 27 04 11:03a

HO CO ENV HEALTH

14103132648

P.1

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

*10:00 AM meet  
R. J. [unclear]  
[unclear]*

**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: NATIONAL WATER SERVICES Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON, MD 20861

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE License #: PI 0145

\*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: GRIFFMORE GROUP Telephone #: 410-531-8105  
Subdivision: \_\_\_\_\_ Lot #: 5 Well Tag #: HO-74-3999  
Site Address: 12240 FREDERICK AVE  
ELICOTT CITY 21043

**Submersible Pump Data**

Make: GRUNDFOSS  
Model #: W321  
Pump Capacity 16 GPM  
Well Yield: 2.5 GPM

**Pitless Adapter**

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

**Well Cap and Electric Conduit**

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

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, 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

**Piping to house**

Type: PVC  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly: YES

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

4/27/06  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/21/06 Inspector: BB

- 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 seen 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