

C1 0162

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A522089

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 1 12 06

Depth of Well 22 545 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-0190

OWNER: Division Dumale last name first name STREET OR RFD: 7145 Brink's Rd TOWN: Highland SUBDIVISION: Raymond Morgan Sub SECTION: 90/10/254 LOT: 4

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-95), Gray Mica Rock (95-545).

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) [Y] [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 30 NO. OF POUNDS 2820 GALLONS OF WATER 180 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 95 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) [ST] 6 99

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

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9 4.5 PUMPING RATE (gal. per min.) 11 15 Bucket METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 44 ft. WHEN PUMPING 321 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [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) [X] above } LAND SURFACE } below } 2 (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)

NUMBER OF UNSUCCESSFUL WELLS: 2 0

WELL HYDROFRACTURED yes [Y] no [N]

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MS D 024

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MS D 027

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

C 2 DEPTH (nearest ft.)

Table with columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

B 1 1490  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0190  
fill in this form completely

523750  
please type

Date Received (APA)  
12/01/05  
8 MM DD YY 13

OWNER INFORMATION

Oyekean I. Omololu  
5010 Sunnyside Ave  
Beltsville Md 20705

B 3

LOCATION OF WELL

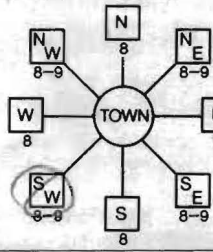
Howard  
Raymond Morgan Sub  
SECTION 44 46 LOT 48 50  
Highland  
MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

DRILLER INFORMATION

Joseph L. Mayne M S D 024  
Joseph L. Mayne Well Drilling  
5512 Ridge Rd Mt Airy Md 21771  
Joseph L. Mayne 11/30/05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7145 Brooks Road  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



480 FT  
DISTANCE FROM ROAD  
ENTER FT OR MI

TAX MAP: 40 BLK: 10 PARCEL 254

B 2

WELL INFORMATION

APPROX. PUMPING RATE 4  
AVERAGE DAILY QUANTITY NEEDED 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 AS22089  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 12/8/05  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 489 000 EAST GRID 810 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER G  
PERMIT No. HD-95-0190

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 810  
N 489

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



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: \_\_\_\_\_ 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: \_\_\_\_\_


<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 _____		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (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.**

\_\_\_\_\_  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/28/07 

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

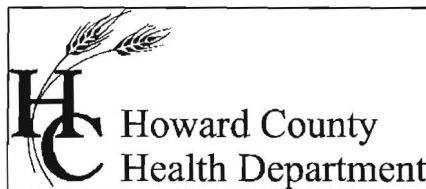
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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

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

April 14, 2010

Iraj Solimani  
7145 Brooks Road  
Highland, MD 20777

RE: Lot 4  
7145 Brooks Road  
BP# B00153280  
Well Tag #: HO-95-0190

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 08/18/2008. Final approval of the well line connection to the dwelling was approved on 12/28/2007.**

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 water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 04/01/10. All findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

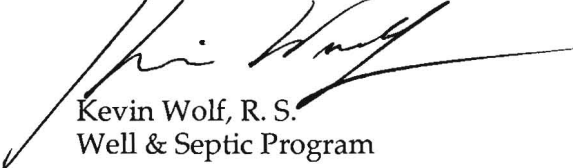
#### INTERIM CERTIFICATE OF POTABILITY

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-95-0190. 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.**

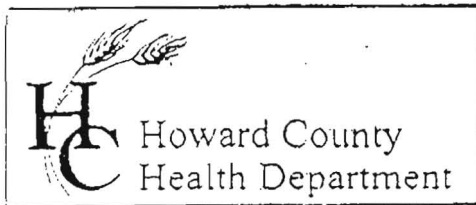
Date of Water Samples: 03/16/2010  
Date of Samples for Gross Alpha & Gross Beta  
Short and Long Term: 04/01/2010  
Date of Well Completion: 01/12/2006

Approving Authority,



Kevin Wolf, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Tri-County Survey  
(professional land surveyor or company employing professional land surveyors)  
on 11-15-05 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

Raymond Morgan Sub Lot 4  
Omololu Oyekan  
7145 Brooks Rd  
240-832-3987



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 74609 Account #: 12413  
 Reference: Iraj Solimani Company: CASH ACCOUNT  
 Location: 7145 Brooks Road Requested By: Iraj Solimani  
 Highland, MD 20777 Source: Well Water  
 Date/ Time Collected: 3/16/2010 1148 Site: Powder Room, Pink Onyx Bowl  
 Date/Time Rec'd: 3/16/2010 1450 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.5  
 Collected By: C. Mooshian 7268CM Well #: HO-95-0190

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/17/2010 / 0930 / KME
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/17/2010 / 0930 / KME
Nitrate	1.26	mg/L	10	601	3/16/2010 / 1645 / CCH
Turbidity	4.58	NTU	<10	SM18 2130B	3/16/2010 / 1600 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	3/16/2010 / 1600 / CCH

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 pH and Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
 Building Permit # : B-00158280

Date Reported: 3/17/2010

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX: (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 74745 Account #: 12413  
 Reference: Iraj Solimani Company: CASH ACCOUNT  
 Location: 7145 Brooks Road Requested By: Iraj Solimani  
 Highland, MD 20777 Source: Well Water  
 Date/ Time Collected: 4/1/2010 1030 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 4/1/2010 1445 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.9  
 Collected By: J.Yeager 6176JY Well #: HO-95-0190

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	3.8	pCi/L	15	900.0	4/3/2010 / 1850 / MJN
Gross Beta	3.4	pCi/L	50	900.0	4/3/2010 / 1850 / MJN

**NOTES**

- 1 \*\*\*\*SHORT TERM TEST\*\*\*\*
- 2 Gross Alpha Detection Limit: 0.8 pCi/L
- 3 Gross Beta Detection Limit: 1.2 pCi/L
- 4 pCi/L = picocuries per liter
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Subcontracted to Reference Lab #278
- 7 ND = None Detected
- 8 pH and Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use &amp; Occupancy

Building Permit # : B-00158280

Date Reported: 4/9/2010

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #: 74746 Account #: 12413  
Reference: Iraj Solimani Company: CASH ACCOUNT  
Location: 7145 Brooks Road Requested By: Iraj Solimani  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 4/1/2010 1030 Site: Kitchen Sink Tap  
Date/Time Rec'd: 4/1/2010 1445 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: J.Yeager 6176JY Well #: HO-95-0190

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha	3.5	pCi/L	15	900.0	4/8/2010 / 0728 / MJN
Gross Beta	4.8	pCi/L	50	900.0	4/8/2010 / 0728 / MJN

OK  
=

### NOTES

- 1 \*\*\*\*LONG TERM TEST\*\*\*\*
  - 2 Gross Alpha Detection Limit: 0.7 pCi/L /
  - 3 Gross Beta Detection Limit: 1.7 pCi/L /
  - 4 pCi/L = picocuries per liter
  - 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
  - 6 Subcontracted to Reference Lab #278
  - 7 ND = None Detected
  - 8 pH and Chlorine level tested on site
  - 9 Visual well check: Sealed, vented cap
- Reason for Test : Use & Occupancy  
Building Permit # : B-00158280

Date Reported: 4/9/2010

RIPLEY PROPERTY  
L. 4600 F. 263  
LOT 6  
RAYMOND MORGAN SUB.  
TAX MAP PAGE 40  
PARCEL 254

APPROX. LOCATION  
SEPTIC SYSTEM  
PER OWNER

EXIST HOUSE

EX. WELL

EXIST. DRIVEWAY

DRIVEWAY

Well site OK  
Must be min. 10' off lot lines!

DEL ROSARIO PROPERTY  
L. 832 F. 7  
LOT 3  
RAYMOND MORGAN SUB.  
TAX MAP PAGE 40  
PARCEL 254

EXIST WELL

