

C1 14405

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER WPA 514283

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

DATE RECEIVED MM DD YY 07 19 2002

DATE WELL COMPLETED MM DD YY 07 19 2002

DEPTH OF WELL 22 200 26 (TO NEAREST FOOT)

9/30/02 OK BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3337

OWNER PATAPSCO HOMES STREET OR RFD 13940 Old Frederick Road TOWN Cooksville SUBDIVISION MAKING PROPERTY (SDNH/LLW) SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entry: Overburden Gray Rock 0-55, 55-200, water at 95'

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (1000), DEPTH OF GROUT SEAL (0-43 ft)

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (60)

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from to

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), insert appropriate code below

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN (56-60)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

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

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. MWD 399 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D 049 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

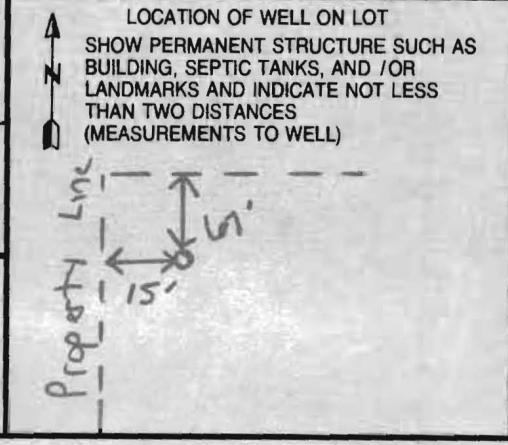
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (16.66 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (37 ft. before, 40 ft. when pumping), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (49), LAND SURFACE (1 foot)



B 1 7520
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL

516517 please print or type

STATE PERMIT NUMBER

HO-94-3337
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Pataasco Homes
15 Last Name Owner First Name 34
13898 Forsythe Road
36 Street or RFD 55
Sykesville MD 21784
57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL

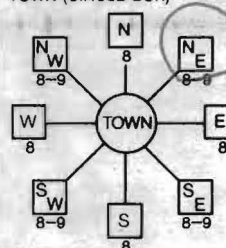
8 COUNTY 21
MARINO Property (Sunhillow)
23 SUBDIVISION 42
SECTION 44 46 LOT 1 48 50
52 NEAREST TOWN
COOKSVILLE 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Paul M Fabiszak MW D 399
Driller's Name 76 License No. 81
G Edgar Harrisons Corp
Firm Name
12047 Falls Rd Cockeysville 21030
Address
Signature Date 2-14-02

B 4
1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



13940 Old Frederick Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 150 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 9 BLK: 7 PARCEL 76

B 2 WELL INFORMATION

1 2
APPROX. PUMPING RATE
(GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) 750
14 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 COUNTY NAME A514283 COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 02-19-02 Kacie Gredely 02-19-03
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 545 000 EAST GRID 800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 DEEPEMED 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)

APPROX. PERMIT NUMBER G

PERMIT No. HO-94-3337
70 71 72 73 74 75 76 77 78 79

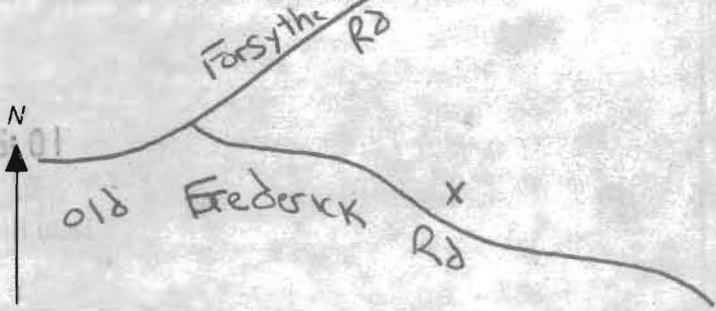
SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well
2.
3.
WRITE THE BOX NUMBER
FROM THE MAP HERE

E 800
N 5405
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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DIET ✓
FAXED ✓

To: Mary Lou

O.K. to Issue ICOP
without WPI form

Homeowner doesn't know
what plumber installed well
line/pump - can't get WPI
form. House was sold to
current owner before
completed, can't contact

From: seller,

Date: 11/10/04

HD-170

7/26/04
AM

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-94-3337 ✓
Site Address: 13960 OLD FREDERICK ROAD

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: _____

7/27/04
Called Urik
Told Him To Have
Plumber Lengthen

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 _____

Elec. Conduit and
Put rope inside well.
Left Him Copies of

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

Date Insp. Requested: late 7/2/03 Date Insp. Approved: 11/10/04

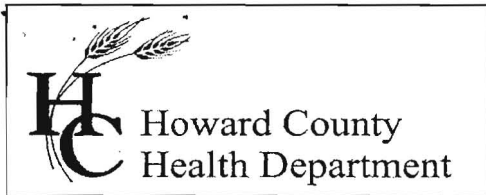
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8"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

WPI Form. He
said he would take
care of. (BB)
o.k.
Yes - But Rope Goes Through 7/2/03
No - 8" Below Grade (SD)
No
Not long enough - 6"
Grout Above
Pitless
11/10/04
Conduit 10+" (BB)

7/25/04 Talked
to homeowner. He
said he would
have sleeve at
house lengthened later
when patio put in above it. (BB)

HD-215 (Rev. 8/00)

7/26/04 Pitless 3' below grade.
Grout above pitless. Elec. conduit
only around 8" in length. (BB)



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

November 15, 2004

Michael & Brenda Lewis
16355 Carrs Mill Road
Woodbine, MD 21797

SENT VIA FACSIMILE 410-296-2998

RE: Sun Hillow, Lot 1
13960 Old Frederick Road
Sykesville, MD 21784
BP #: B00137508
Well Permit # HO-94-3337

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 06/12/2003. Final approval of the well line connection to the dwelling was approved on 11/14/2004.**

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.

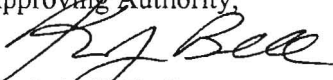
INTERIM CERTIFICATE OF POTABILITY

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-94-3337. 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: 07/22/2004 & 08/17/2004
Date of Well Completion: 07/19/2002

Approving Authority,


Kevin Bell, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File