

C 1 **4589** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 464 787**

ST/CO USE ONLY
 DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: **090491**

Depth of Well: **225**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
MO-88-1922

OWNER: **Demmitt** last name **Richard** first name
 STREET OR RFD: **Brighton Ham** TOWN: **Clarksville**
 SUBDIVISION: **FOX CHASE** SECTION: [] LOT: **21**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND	0	41	
Gray Micaceous Rock	41	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **13** NO. OF POUNDS: **1222**
 GALLONS OF WATER: **75**
 DEPTH OF GROUT SEAL (to nearest foot):
 from **0** ft to **40** ft
 (enter 0 if from surface)

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

MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **47**

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 OPEN HOLE PLASTIC OTHER

C 2
 DEPTH (nearest ft): **225**
 E A C H S C R E E N 1: **HO** 2: **44** 3: **225**
 S L O T - S I Z E 1: [] 2: [] 3: []
 DIAMETER OF SCREEN (NEAREST INCH): []
 from [] to []

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 IDENT. NO. **238**
 DRILLERS SIGNATURE: **Joseph R. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

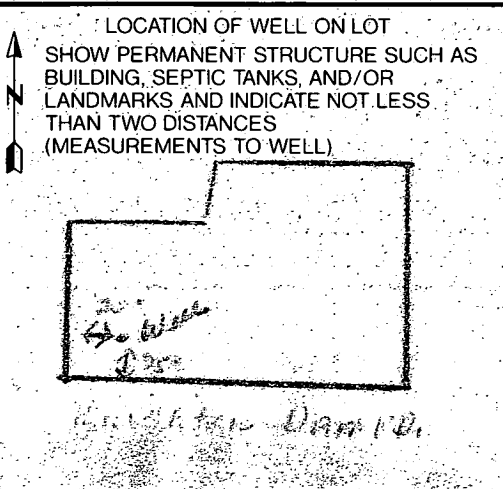
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): []

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT FIN BOX: **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour): **3**
 PUMPING RATE (gal. per min. to nearest gal.): **4**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **58** WHEN PUMPING: **180**
 TYPE OF PUMP USED (for test): **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP: YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED: [] PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: []
 CAPACITY: GALLONS PER MINUTE (to nearest gallon): [] PUMP HORSE POWER: []
 PUMP COLUMN LENGTH (nearest ft.): [] CASING HEIGHT (circle appropriate box and enter casing height): **+** above **-** below LAND SURFACE: **3** (nearest foot)



COUNTY

B 7 0064 SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-88-1922
70 fill in this form completely 79

Date Received (APA) 050891
OWNER INFORMATION
Demmitt RICHARD
RD Box 208
CLARKSVILLE MO 21029

B 3 LOCATION OF WELL
HOWARD
FOX CHASE
CLARKSVILLE
MILES FROM TOWN 3 1/2 MI

DRILLER INFORMATION
Joseph R. Magee
Joseph R. Magee Well Drilling
5512 Ridge Rd. Mt. Airy, Md. 21771
Joseph R. Magee 5/6/91

B 4 BRIGHTON DAM ROAD
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) W
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH
DISTANCE FROM ROAD 50 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A46478
STATE SIGNATURE DATE ISSUED 062691
CO SIGNATURE Mark E. Lippin 12/26/91
NORTH GRID 497000 EAST GRID 0802000

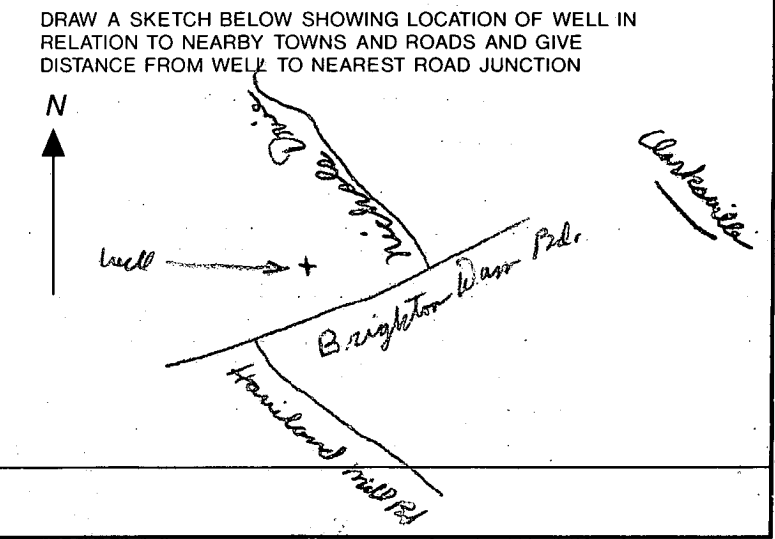
USE FOR WATER (CIRCLE APPROPRIATE BOX)
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER 1. well
WRITE THE BOX NUMBER FROM THE MAP HERE
80X2
49X7

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)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE MR PERMIT No. HO-88-1922

SPECIAL CONDITIONS
COUNTY

Handwritten signature/initials

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: S.K. Plumbing & Heating Inc Telephone #: 410-775-0562
Address: 1220 F.S.K. Hwy
Krymork MD 21757

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Virgil Keen License# 12285

*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: Roger Adams Telephone #: (301) 526-0799
Subdivision: Fox Chase Lot #: Well Tag #: HO-44-225
Site Address: 13754 Brighton Dam Rd
Clarksville MD 21029 installed 3-28-97

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Fecuzzi Make: Harvard Two piece watertight cap: Yes
Model #: SS45130-52 Model#: _____ Screened, vented well cap: Yes
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: Yes
Well Yield: 5 GPM NSF approved: Yes Conduit min 18" B.G.: Yes
Depth of well encountered at time of pump installation: 225 (feet) Conduit secured to well cap: Yes
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 Yes

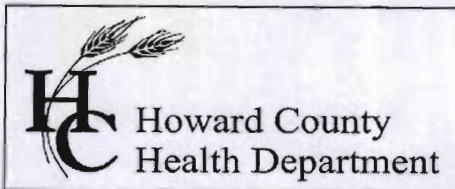
Piping to house House Connection
Type: P.E. PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 1/25 (160 psi min) Approximate length of sleeve (5 foot minimum): Yes
Depth of supply line: 1/2 (36" min) Sleeve caulked and sealed properly: Yes

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 _____ date 5-23-07

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

Date Insp. Requested: _____ 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 _____



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 30, 2007

Roger Adams
13754 Brighton Dam Road
Clarksville, MD 21029

RE: Fox Chase, Lot 1
13754 Brighton Dam Road
Clarksville, MD 21029
BP #: B00145246
Well Permit # HO-88-1922

Dear Sirs:

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 03/26/1997. Final approval of the well line connection to the dwelling was approved on 05/23/2007.**

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.

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-88-1922. 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 Sample(s): 04/16/2007
Date of Well Completion: 09/04/1991

Approving Authority,

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

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 #:	62771	Account #:	9113
Reference:	Roger Adams	Company:	CASH ACCOUNT
Location:	13754 Brighton Dam Road Clarksville, MD 21029	Requested By:	Roger Adams
Date/ Time Collected:	4/16/2007 1125	Source:	Well Water
Date/Time Rec'd:	4/16/2007 1236	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Spindown Separator**
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-88-1922

PARAMETERS	RESULTS	UNITS	REFERENCE	METHGD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2007 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/17/2007 / 0900 / AD/BD
Nitrate	<1.0	mg/L	10	601	4/17/2007 / 0940 / BCD
Turbidity	0.59	NTU	<10	SM18 2130B	4/17/2007 / 0825 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	4/17/2007 / 0825 / AD/BD

NOTES

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

Reason for Test : Use & Occupancy
 Building Permit # : B00145246

Date Reported: 4/17/2007

MD State Certification # 133