

C 1 **1583**

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER **W 24332**

DATE RECEIVED (WRA USE ONLY) **January 4, 1977** DEPTH OF WELL **A 214-99** PERMIT NO. FROM "PERMIT TO DRILL WELL" **17-73-1772**

DATE WELL COMPLETED **117** (TO NEAREST FOOT) **26**

DRILLERS IDENTIFICATION NO. **30**

OWNER **Benson, Glenn C.**

STREET OR RFD **223 Autumn Wood Drive** POST OFFICE **Gumbrille, Maryland 2105**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Dirt	0	2	
Red clay	2	7	
Brown shale	7	9	
Blue limestone	9	14	
Red Clay	14	16	X
Blue Limestone	16	23	
Red Clay	23	25	X
Blue Limestone	25	30	
Sand & Gravel	30	35	
Black shales	35	113	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**

TYPE OF GROUTING MATERIAL (CIRCLE BOX) **C** **M** **B** **C**

CEMENT **C** **M** BENTONITE CLAY **B** **C**

NO. OF BAGS **36** NO. OF POUNDS **564**

GALLONS OF WATER **36**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **6** FT. TO **19** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL **S** **T** **C** **O** CONCRETE

PLASTIC **P** **L** **O** **T** OTHER

MAIN CASING TYPE **S** **T** **G** **E** **I**

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **60** **61** **63** **64** **66** **68** **70**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL **S** **T** **B** **R** **H** **O** BRASS OR BRONZE OPEN HOLE

PLASTIC **P** **L** **O** **T** OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 (SEQ. NO.) 6

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1. ___ 2. ___ 3. ___

DIAMETER OF SCREEN **56** (NEAREST INCH)

GRAVEL PACK **60**

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **F**

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

TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **5**

METHOD USED TO MEASURE PUMPING RATE **Flowmeter**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **19** (NEAREST FOOT)

WHEN PUMPING **22** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR **P** PISTON **T** TURBINE

C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)

J JET **S** SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, H, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **Y** **N**

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE **-** BELOW

LAND SURFACE (NEAREST FOOT) **49** **50** **51**

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten notes and diagrams showing well location on a lot with distances to structures.

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **Dana Byker**

(PLEASE PRINT)

SIGNATURE *Dana Byker*

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: Fogles Well Drilling Telephone #: 795-5670
Address: 588 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MS0009

*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: GLC Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-73-1778 ✓
Site Address: 14542 Monticello Dr

Submersible Pump Data

Make: Grundfos
Model #: 95502070180
Pump Capacity: 15 GPM
Well Yield: 4.8 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36 (36" min)
NSF approved: YES

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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt: N/A

Piping to house

Type: 1" PEX PLASTIC
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

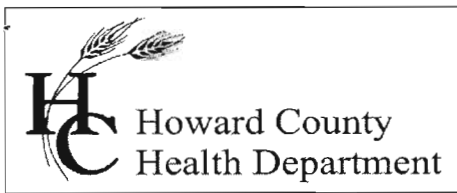
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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: Allen Compton date: 3/23/07

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

Date Insp. Requested: _____ Date Insp. Approved: 3/23/07 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 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

April 16, 2007

Jeremy & Angel Heath
 14542 Monticello Drive
 Cooksville, MD 21723

RE: Lot 5B
 14542 Monticello Drive
 Cooksville, MD 21723
 BP #: B00159804
 Well Permit # HO-73-1778

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 04/12/2007. Final approval of the well line connection to the dwelling was approved on 03/23/2007.**

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-73-1778. 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: 04/06/2007
 Date of Well Completion: 01/04/1977

Approving Authority,

Kevin Wolf, Sanitarian
 Well & Septic Program

cc: Building Inspector's Office
 Community Health Services
 File

CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.
Maryland

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 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:
Mr. Marvin Harrison
GYC Group
611 Nursery Road
Westminster, MD 21158

S/O Number: 62820
Report Date: April 9, 2007

Property Sampled: 14542 Monticello Drive, 21723

County: Howard
Subdivision: N/A
Lot #: 5B
Tax Map #: 8
Parcel #: 272

Date/Time Collected: April 6, 2007 at 12:06 pm
Date/Time Received: April 6, 2007 at 3:00 pm

Sample Location: Powder Room Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-1778
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

OK
(KW)

Allison R. Milburn
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.