

C1 6695

SEQUENCE NO. (DENV 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)

COUNTY NUMBER A# 36600

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER HOWARD ESTATES DEY first name last name STREET OR RD Parliament Place DEED HEAD COURT TOWN GLENELG SUBDIVISION GLEN MOOR SECTION LOT 8

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: Topsoil, Clay, Sand silt, Clay, Mica, Sandstone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 110 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 90 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 94

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

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

Table with columns: DEPTH (nearest ft.), E A C H S C R E E N. Includes handwritten entries: 40, 82, 200.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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. 40 DRILLERS SIGNATURE (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 F IN 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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 100 METHOD USED TO MEASURE PUMPING RATE burst WATER LEVEL (distance from land surface) BEFORE PUMPING 84 WHEN PUMPING 66 TYPE OF PUMP USED (for test) 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) 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)

Handwritten notes: Well 45', Dead Head Ct.



3/24/92  
AM

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # 47926  
Date 3/18/92  
Name of Installer Michael Ormiston Telephone 796-8358  
License Number 8444  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Mr & Mrs Boyd Telephone 465-5518  
Subdivision Kings Grant Lot # 8 Well Tag # HO-88-0361  
Site Address 3212 Parliament Place West Friendship

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make   
3. Model #   
4. Capacity  GPM  
5. Pump exceeds well capacity Yes  No   
6. If Yes, is low pressure cutoff switch installed? Yes  No   
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor  
1. Horsepower   
2. RPM   
3. Voltage   
a. 110   
b. 220

Pitless Adapter  
1. Make Mortenson  
2. Model # BP 10K  
3. Depth 42"

Tank  
1. Capacity   
2. Pressure relief valve?

Piping  
1. Type Poly  
2. Size 1  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 42"

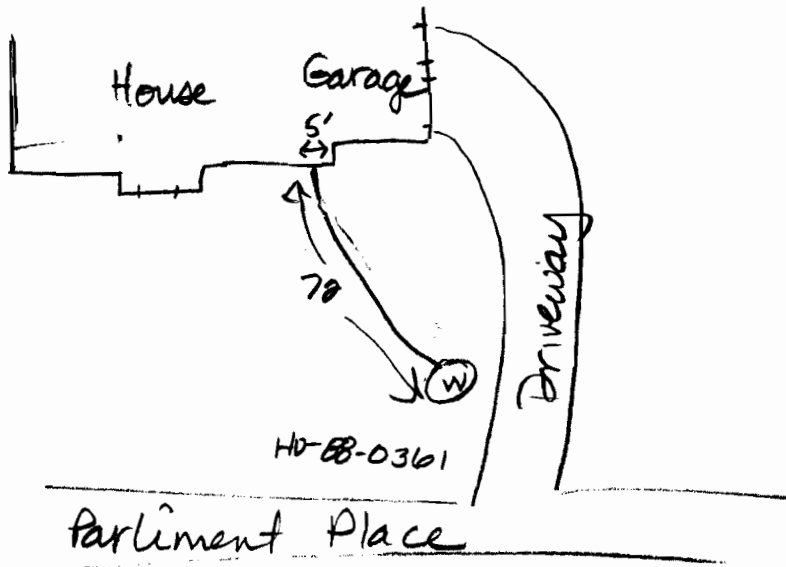
Well data  
1. Depth  ft.  
2. Yield  GPM  
3. Static water level  ft.  
4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Michael Ormiston  
Date: 3/17/92

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



3-24-92 Pitless adaptor at 43 inches below grade,  
 well line buried, sleeve at house is 36 inches below  
 grade. No pump tank installed yet. No ground line  
 in place. JENadeau

**CERTIFICATION OF WATER QUALITY**

University Micro Reference Laboratory Inc.  
 611(P) Hammonds Ferry Road  
 Linthicum, MD 21090  
 (301) 709-3636  
 Certification #127

INVOICE NO:W- 5416.20

**FIELD DATA**

SOURCE: 3212 PARLIAMENT PLACE, LOT 8, WEST FRIENDSHIP, MD.  
 COUNTY: HOWARD Date: 06/19/92  
 ZIPCODE: 21749 Time: 10:00:00  
 Contact: OSTERICHER,DAN PHONE: (301) 531-5609

Sampler: DJL Free Cl: 0  
 Sampler #: 92017M Total Cl: 0  
 Well #: HO-88-0361 pH: 6.5

**SAMPLE DATA**

Coliforms/100ml		N(NO3)	TURBIDITY	SAND	IRON	LEAD		
FECAL (1.1)	TOTAL (1.1)	7.778 mg/L	1.2 (Ntu)	0 mg/L	<0.05 mg/L	mg/L	mg/L	mg/L

NPN PRESUMPTIVE											NPN CONFIRMED										Fecal Confirmed	
ml of Sample 10 10 10 10 10 10 10 10 10 10 10											ml of Sample 10 10 10 10 10 10 10 10 10 10 10 10										44.5 °C	
GAS 24 hr. N N N N N N N N N N N											GAS 24 hr.											
GAS 48 hr. N N N N N N N N N N N											GAS 48 hr.											

	DATE	TIME	
Received	06/19/92	11:15:00	DONALD J. LYONS
Tested	06/19/92	11:25:00	(Microbiologist)
Reported	06/21/92	01:20:00	

Microbiological analysis of sample tested indicates that it is **SAFE** for human consumption.

Sample Analysis	100.00
Septic Testing	
Other Chemistry	
Consultation	
Total	\$ 100.00

MAIL ORG.PAT BOYD  
 CC:DAN OSTERICHER

TERMS: NET DUE UPON RECEIPT. PLEASE RETURN YELLOWCOPY WITH YOUR REMITTANCE.

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

JUNE 22, 1992

PAT BOYD

3212 PARLIAMENT PLACE  
WEST FRIENDSHIP, MD 21794

RE: LOT 8 KANG'S GRANT  
3212 PARLIAMENT PLACE

Dear MS. BOYD

This is to advise you that the septic system was installed, inspected and approved on MARCH 18, 1992

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## 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 permit(s) HO-88-0361. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

JUNE 19, 1992

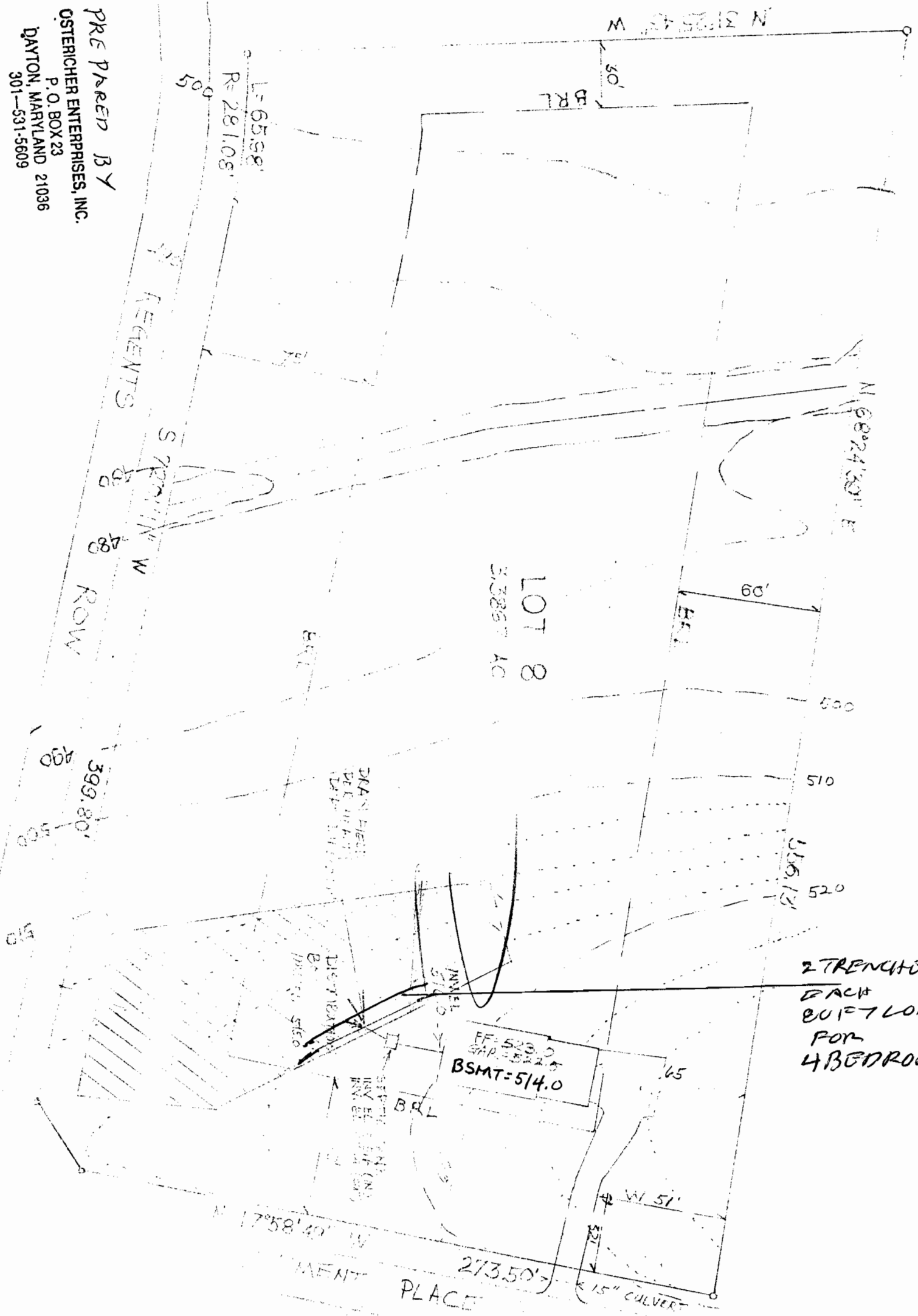
Date Well Approved

JUNE 22, 1992

Charles Streaker c.w.

Approving Authority  
Charles B. Streaker, Sanitarian  
Water and Sewerage Program

PREPARED BY  
 OSTERICHER ENTERPRISES, INC.  
 P. O. BOX 23  
 DAYTON, MARYLAND 21036  
 301-531-5609



2 TRENCHES  
 EACH  
 80 FT LONG  
 FOR  
 4 BEDROOM

SCALE: 1" = 50'  
 NO. OF BEDROOMS: 4  
 BLDG PERMIT # 40530

6 DEC 91  
 REVISED PLANS O.K.  
 BP 40530

KINGS GRANT LOT 8



STATE 32 ROUTE

2

1285.33

270' TAPER

230'

DECL

A 36593

GRADING TO BE PERFORMED UNDER DEVELOPER'S AGREEMENT

LOT 10  
3.41 AC.

0.02 FP

3.39 AC NET

STA. 12+00

EL. 498.70

BRL

EX. WELL  
SEE GENERAL NOTES #16.

590'

LOT 9

3.31 AC

0.14 FP

3.17 AC NET

EX. POND

A 36602

NOTE: EXISTING POND TO BE REMOVED.

EX. WELL  
SEE GEN'L NOTES #16

BRL

EL. 488.50

STA. 8+00

LOT 8

3.56 AC

0.13 FP

3.43 AC NET

(20)

20' DRAINAGE & UTILITY ESMT

BRL

A 36600

484.10

PROP. 36"

CULVERT

STA. 6+00

399.8

LIMIT OF GRADING

100:00

100:00

COURT

399.80

FILL

A 36599

STA. 4+00

477.40

LOT 7

3.34 AC

310' S DEAD