

3883

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 13 A520879

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4093

OWNER Covey Construction STREET OR RFD Sanner Road TOWN Clarksville SUBDIVISION Sanner Road Property SECTION LOT

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (Plastic) Nominal diameter top (main) casing (6 inches) Total depth of main casing (30 feet)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (Steel, Brass, Plastic, Open Hole, Other) DEPTH (nearest ft.)

C 3

PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (10 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (40 ft. before, 45 ft. when pumping), TYPE OF PUMP USED (air)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 M S D H 1 DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 1 D

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

DEPTH (nearest ft.) 40 28 200 E A C H S C 3 R E E N DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 98

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

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)



B 1 18685

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
4852154 please print or type

STATE PERMIT NUMBER

HO-94-4093
fill in this form completely

Date Received (APA)
10/18/2004

OWNER INFORMATION

Covey Construction
Last Name Owner First Name
6104 River View Ct.
Street or RFD
Frederick MD 21704-6667
Town State Zip

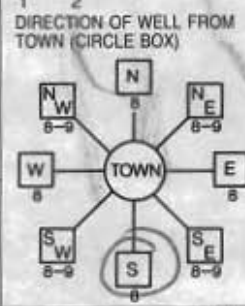
B 3 LOCATION OF WELL

Howard
COUNTY
Sanner Rd. Prop
SUBDIVISION
SECTION 44 LOT 46
Simpsonville
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

Ralph E. MAYNE MSD 112
Driller's Name License No.
Ralph E. MAYNE INC
Firm Name
17024 Handy Rd. Mt Airy MD 21781
Address
Ralph E. Mayne 10-18-04
Signature Date

B 4



Sanner Rd.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD 4
ENTER FT OR MI
TAX MAP: 41 BLK: 10 PARCEL 492

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 COUNTY NAME
13 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED 12/10/2004 Brian Baker 12/10/2005
CO SIGNATURE EXP DATE
NORTH GRID 489 EAST GRID 831
GRID 000 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic Rotary)
- CABLE
- REVERSE-ROTARY
- DRIVE-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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 831
N 45089

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



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

APPROX. PERMIT NUMBER _____ GAP _____
PERMIT No. HO-94-4093

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: Do-It-Plumbing Heating Telephone #: 410-531-2330
Address: 1138 Elderick Rd
Ellicott City 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): 21899-Duane B. Abel License# 21899
*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: Edm Corey Telephone #: 410-984-2824
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-4093
Site Address: 7130 Sanner Rd.
Clarksville, MD, 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Mudd</u>	Make: <u>Brass</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>24465900</u>	Model#: <u>1" and</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>8</u> GPM	Depth: <input checked="" type="checkbox"/> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (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 of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house	House Connection
Type: <u>Leads Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>20 ft</u>
PSI: <input checked="" type="checkbox"/> (160 psi min)	Approximate length of sleeve: <u>20 ft</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: [Signature] date: 1-5-06

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

Date Insp. Requested: _____ Date Insp. Approved: 3/6/06 (50)
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 _____

OK per Homeowner who is also the builder



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

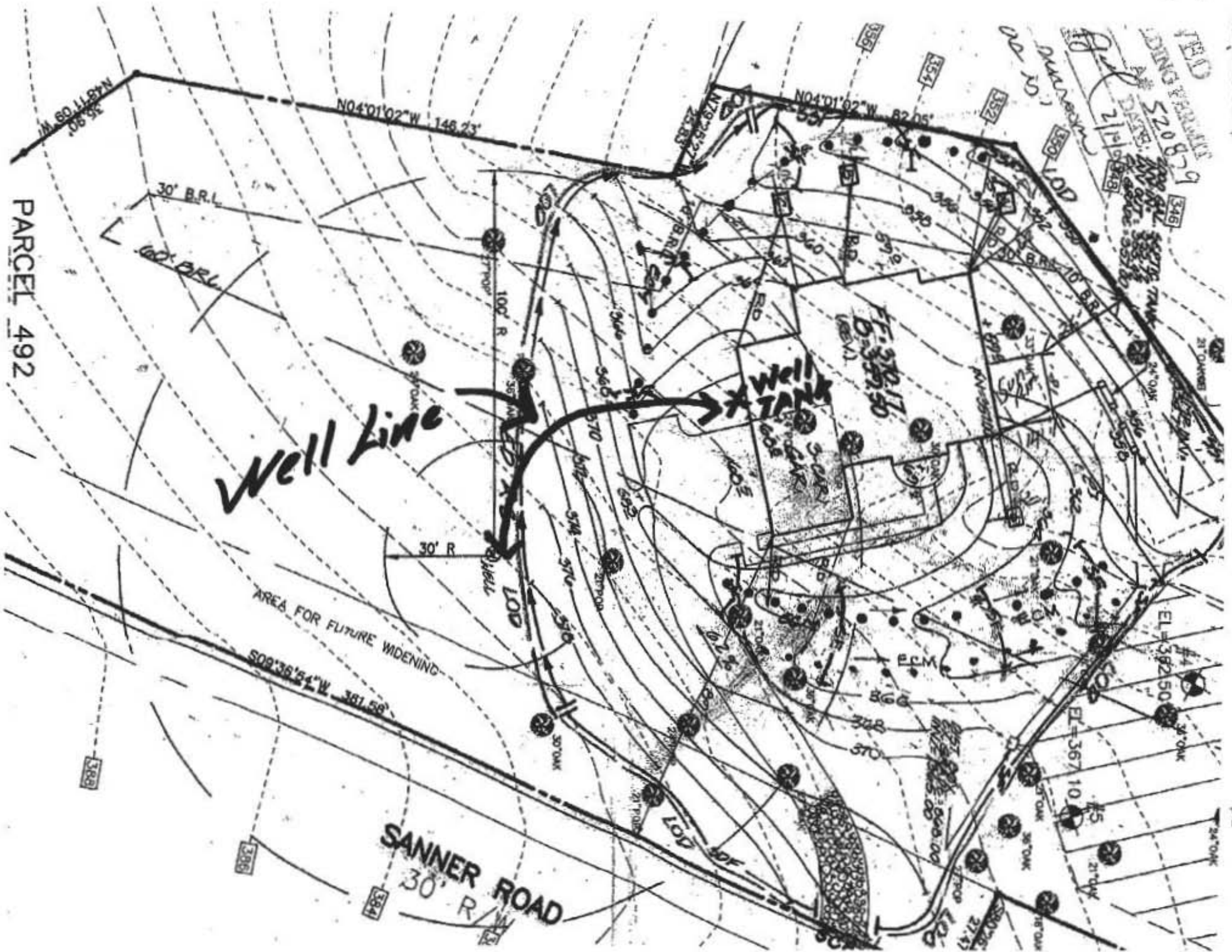
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Clark Finetuck o Sackett on 10/5/04 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



PARCEL 492

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Mar 9, 2006

County Howard

Lab Number 06-2623

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Covey Construction
 Attn: Lynn
 6104 Riverview Court
 Frederick, Maryland 21704

Property Sampled: U&O: 7130 Sanner Road, Retest #1

Station Sampled: Kitchen Island Sink Tap

Tax Map #: 41

Date/Time Sampled: Mar 8, 2006 11:55 am

Parcel #: 492

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.: B00152983

Well Number: HO-94-4093

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	Absent	SM 9223B	*Absent	SAFE
(18 Hour Test)				

Treatment/Conditioning: None

Heather R. Beam

 Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Mar 4, 2006

County Howard

Lab Number 06-2576

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Covey Construction
 Attn: Lynn
 6104 Riverview Court
 Frederick, Maryland 21704

Property Sampled: U&O: 7130 Sanner Road

Station Sampled: Kitchen Island Sink Tap

Date/Time Sampled: Mar 3, 2006 10:55 am

Owner, Telephone No.:

Subdivision Name:

Building Permit No.: B00152983

Well Number: HQ-94-4093

Tax Map #: 41

Parcel #: 492

Sampler: 6724GP

Lot Number:

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	5.6 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.2 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

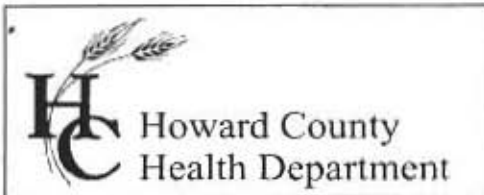
Treatment/Conditioning: None

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level



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

March 9, 2006

Lynn Covey
6104 Riverview Court
Frederick, MD 21704

Sent Via Facsimile 301-620-2010

RE: Oliver Property
7130 Sanner Road
Clarksville, MD 21029
BP #: B00152983
Well Permit # HO-94-4093

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 03/06/2006. Final approval of the well line connection to the dwelling was approved on 03/06/2006.**

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-94-4093. 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: 03/03/2006 & 03/08/2006
Date of Well Completion: 12/15/2004

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File