

C1 8773

SEQUENCE NO. (DENV USE ONLY)

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 48653

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid 192393

Depth of Well grid 2216528

PERMIT NO. grid H10-92-0488

OWNER PETIT LAURA last name MCKENHIRE RD first name TOWN GLENWOOD SUBDIVISION MCKENHIRE ESTATES SECTION LOT 14 PARCEL 13

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 0 NO. OF POUNDS 600 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 19 ft.

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 13 METHOD USED TO MEASURE PUMPING RATE timer WATER LEVEL (distance from land surface) BEFORE PUMPING 24 WHEN PUMPING 25 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include dirt, med brown rock, hard tan & gray rock, med hard tan rock, hard gray rock, med hard tan rock, hard gray rock, med hard gray rock, hard gray rock, med brown rock, hard gray rock, med hard gray rock, hard gray rock, med tan rock, hard gray rock, med tan rock, med hard tan rock, hard gray rock.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) P L 6 20

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

DEPTH (nearest ft.) H O 19 59 S T 59 105 H O 105 165

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

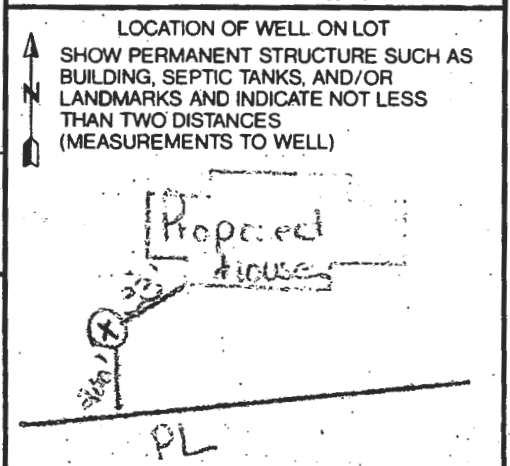
SLOT SIZE 1 2 3 DIAMETER OF SCREEN 5 (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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. 304 David Kelly DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Chris Nison SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 78 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) 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)



B 1 05007 SEQUENCE NO. (DP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

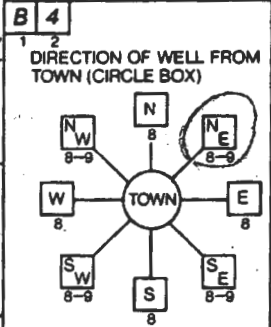
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 10-92-0488
fill in this form completely

Date Received (APA) 11 09 93
OWNER INFORMATION
PETTIT LAURA
2301 WILLIS RD
MT AIRY MD 21771

B 3 LOCATION OF WELL
HOWARD
MCKENDREE ESTATES
OLEWOOD
MILES FROM TOWN 2 MI

DRILLER INFORMATION
David Kelly 692-6981 304
Jones Well Drilling Inc
3700 Kush Rd Clarksville 21084
David Kelly 11-2-93



B 4 2600 Mckendree Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 840 FT

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 7
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 460

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A48653
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 11/15/93
CO SIGNATURE R. Hodge EXP. DATE
NORTH GRID 530000 EAST GRID 0770000

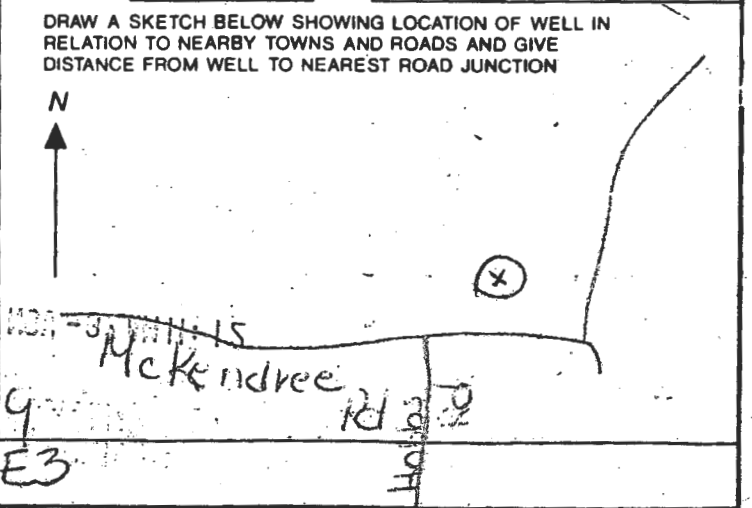
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. 20 FT CAPPING
2. 20 FT OPEN HOLE
3. 165 FT ABUM
4. LEAKS
5. WELLS OF RIV
WRITE THE BOX NUMBER FROM THE MAP HERE
E 740
N 530

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 INITIALS IN BOX PERMIT No. 10-92-0488

SPECIAL CONDITIONS
Well permit issued w/o state inspection.

W 201 975-1030
H 875-0648

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: RANDY RAY'S PLUMBING Telephone #: 301-252-7997
Address: 22401 FITZGERALD DR
GAITHERSBURG MD 20878

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

License # and name of individual responsible for the field installation:

Name (Print): RANDY RAY PLUMBING License# MA ST 22068

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: JOHN STEPHEN PRUIT Telephone #: 301-252-0305
Subdivision: _____ Lot #: PAR B Well Tag #: HO-92-0488
Site Address: 2000 MCKANDRETT RD
GLANWOOD MD 21783

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:

Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" PVC PIPE
PSI: 200 (160 psi min)
Depth of supply line: 40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 7'
Sleeve sealed properly:

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.

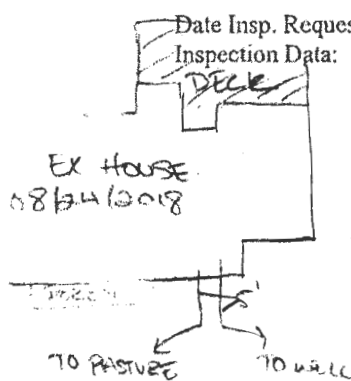
Signature of company representative responsible for installation: Randy Ray date: 8-28-18

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

Date Insp. Requested: 08/24/2018 Date Insp. Approved: 08/28/2018 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 37" 08/24/2018 (Signature)
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 17" 08/28/2018 (Signature)
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 17" 08/24/2018 (Signature)
Water supply line sleeved adequately at house connection 08/27/2018 (5') 08/28/2018 (Signature)
Adequate grout observed below pitless adapter

COND. WAS REPORTED TO EXTEND DOWN TO PITLESS BY OWNER.



08/28/2018 (Signature)
RECONNECTION INTO EX WELL. ORIG HOUSE BURNT DOWN. REBUILT SFD IN 2018 (B1800825)

SEE INSP SHEET (Signature) 08/24/2018

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BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - - -
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____

Depth of well encountered at time of pump installation: _____ (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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

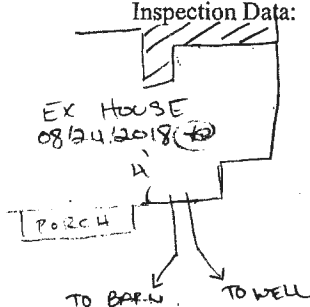
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 08/24/2018 Date Insp. Approved: 08/28/2018 Inspector: JD
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 37"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly 08/28/2018 19"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 17"
Water supply line sleeved adequately at house connection 08/27/2018 S
Adequate grout observed below pitless adapter ✓

Measured/reported extended to pitless



08/28/2018
**RE CONNECTION INTO EX WELL.
ORIGINAL SFD BURNT DOWN. Rebuilt
SFD IN 2018.**

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 5, 2019

March 5, 2019

Homeowner
2600 Mckendree Road
Glenwood, MD 21738

**RE: Mckendree Est.
2600 Mckendree Road
Building Permit: B18000825
Well Permit: HO-~~92~~-0488**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/24/2018**. Final approval of the well line connection to the dwelling was granted on **8/25/2018**. The well construction was completed on **11/23/1993**. Water samples were collected on **2/7/2019, 2/19/2019**.

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. 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-92-0488. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

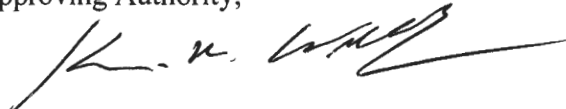
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



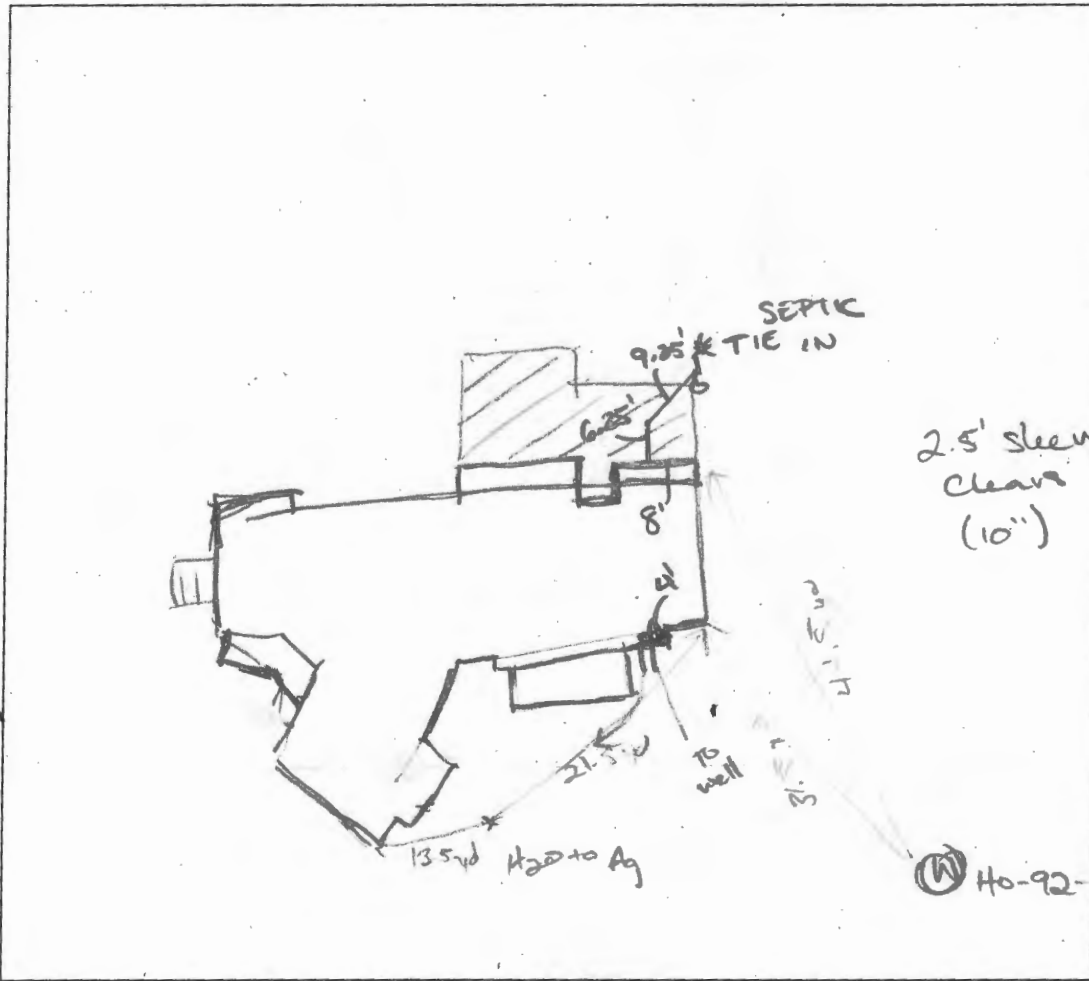
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Pettit PHONE #: 301 252 0305
ADDRESS: 2600 Mckendree Road CONTRACTOR: _____
WEST FRIENDSHIP, MD 21794 WELL TAG #: H0-92-0488
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: WELL: REINSPEC COND. GLE, SILICON JELLY; CAP gasket;
sleeve;

DATE: 08/24/2018

INSPECTOR: [Signature]