C 1 6089 (1 2 3 6) SEQUENCE NO. (OEP 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 37656

DATE Received, (8 13)

DATE WELL COMPLETED 0 9 1 6 8 7 (15 20)

Depth of Well 22 3 4 5 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H O - 8 1 - 2 2 9 2 (28 29 30 31 32 33 34 35 36 37)

OWNER SMITH (last name) RANDY (first name)

STREET OR RFD PRESWICK DR. TOWN HIGHLAND

SUBDIVISION NACCKER PT. 2 SECTION LOT 5

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 FROM	FEET TO	Check if water bearing
SAND	0	38	
CRYSTALLINE ROCK	38	345	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 52) ft. to 35 (54 58) ft.
TOP BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL; C O CONCRETE; P L PLASTIC; O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T (60 61)	6 (63 64)	44 (66 70)

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

S T STEEL; B R BRASS BRONZE; H O OPEN HOLE; P L PLASTIC; O T OTHER

C 2 (1 2)

EACH SCREEN

	DEPTH (nearest ft.)		
1	H O (8 9)	42 (11 15)	345 (17 21)
2	(23 24)	(28 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 6 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 2 3 (11 15)

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 (17 20)

WHEN PUMPING 198 (22 25)

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

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: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above; − below (49) LAND SURFACE

2 (nearest foot) (50 51)

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 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. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)

N

PRESTWICK DR

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

WQ (74 75 76) OTHER DATA

HEALTH

HEALTH

C1 6089 SEQUENCE NO. (OEP USE ONLY)

1 2 3 6
(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 37656

DATE Received (8–13): [blank]

DATE WELL COMPLETED (15–20): 07/16/87

Depth of Well (22–26): 345 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" (28–37): HO-81-2292

OWNER: SMITH (last name) RANDY (first name)

STREET OR RFD: PRESWICK DR. TOWN: HIGHLAND

SUBDIVISION: NALCKER [illegible] SECTION: ______ LOT: 5

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 FROM	FEET TO	Check if water bearing
SAND	0	38	
GRAY MICA ROCK	38	345	✓

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 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. 238

[signature]
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): **Y** (yes, circled) / N (no)

TYPE OF GROUTING MATERIAL: CEMENT **CM** (circled) BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot): from 0 ft. (TOP) to 35 ft. (BOTTOM) (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	44

OTHER CASING (if used): diameter inch, depth (feet) from / to — [blank]

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

C2

EACH SCREEN	Type	DEPTH (nearest ft.) from	to
1	HO	44	345
2			
3			

SLOT SIZE 1____ 2____ 3____

DIAMETER OF SCREEN ______ (NEAREST INCH)

GRAVEL PACK from ______ to ______

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T — TELESCOPE CASING [ ] (70); (E.R.O.S.) LOG INDICATOR [ ] (72); WQ — OTHER DATA (74 75 76)

C3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min. to nearest gal.): 23

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)
- BEFORE PUMPING: 25
- WHEN PUMPING: 198

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, **S submersible** (circled)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / **NO** (circled)

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: [ ]

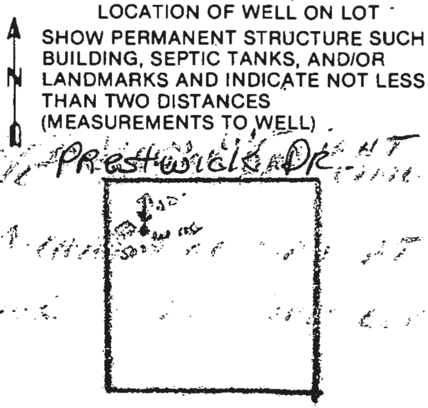
CAPACITY: GALLONS PER MINUTE (to nearest gallon): [ ]

PUMP HORSE POWER: [ ]

PUMP COLUMN LENGTH (nearest ft.): [ ]

CASING HEIGHT (circle appropriate box and enter casing height): **+ above** (circled) / − below LAND SURFACE: 2 (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)



HEALTH

	water level	Pumping rate	gallons
: 30	198	26	2 3/10
: 45	198	26	2 3/10

Page ___ of ___
Date 9/16/87

Review OK/GA 12-8-87

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2292
Location of property (road) Prescick Dr.
Subdivision NAecker Property Lot 5 Block ___ Plat ___ Sec. ___
Well Driller Joe Mayne Owner Randy Smith

Depth of well 345
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 25'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12 gal
Total time 45 min. to reach pumping water level 199 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	96	5		12
8:30	155	5		12
8:45	199	5		12
9:00	199	26		2 3/10
9:15	199	26		2 3/10
9:30	199	26		2 3/10
9:45	199	26		2 3/10
10:00	199	26		2 3/10
10:15	199	26		2 3/10
10:30	199	26		2 3/10
10:45	198	26		2 3/10
11:00	198	26		2 3/10
11:15	198	26		2 3/10
11:30	198	26		2 3/10
11:45	198	26		2 3/10
12:00	198	26		2 3/10
12:15	198	26		2 3/10
12:30	198	26		2 3/10
12:45	198	26		2 3/10
1:00	198	26		2 3/10
1:15	198	26		2 3/10
1:30	198	26		2 3/10
1:45	198	26		2 3/10
2:00	198	26		2 3/10
2:15	198	26	(OVER)	2 3/10

HD-224

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: Gartland Plumbing Telephone #: 410 875 5303
Address: 1620 west old liberty 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): James J Gartland III License# G352
*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: Nadeem Hashmi Telephone #: 410 365 3702
Subdivision: Lot #: 5 Well Tag # : HO-91-2292
Site Address: 6510 Heather Glen way
Clarksville md 21029

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: Grundfos	Make: Bit	Two piece watertight cap: ✓
Model #: 10SQE07	Model#: P-100-55	Screened, vented well cap: ✓
Pump Capacity 2.3 GPM	Depth: 47" (36" min)	Cap secured to casing: ✓
Well Yield: 2.3 GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: 345 (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 or 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: Poly	PVC sleeved to undisturbed soil at wall penetration: ✓ under footer
PSI: 160 (160 psi min)	Approximate length of sleeve: 2.5'
Depth of supply line: 76 (36" min)	Sleeve caulked and 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 7/22/2020 date

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

Date Insp. Requested: 07/24/2020 Date Insp. Approved: 07/24/2020

Inspection Data:		
Pitless adapter and water supply line at least 36" below grade	✓	49"
Two piece cap installed and attached to casing securely	✓	
Elec. conduit extends at least 18" below grade/attached to cap properly	✓	40"
Safety rope installed inside of well casing	✓	
Correct well tag attached properly and casing 8" above finished grade	✓	20"
Water supply line sleeved adequately at house connection	✓	
Adequate grout observed below pitless adapter	✓	

HD-215(Rev. 8/00)

* HOUSE CONNECTION UNDER FOOTER

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, December 11, 2019 11:29 AM
To: 'raminor@comcast.net'
Subject: 6510 Heather Glen Way_required analyses

Rick,

As you are aware, radium screening results for concentrations of Gross Alpha and Gross Beta have been relatively high in the area near 6510 Heather Glen Way. The Health Department is requiring that samples from the well at 6510 Heather be analyzed for radium 226/228 and/or the degradation components Gross Alpha and Gross Beta. We recommend that a sample of water be obtained and screened for radium degradation products Gross Alpha and Gross Beta as soon as possible during construction of the new residence.

Should you choose to forego the screening sample and install treatment, the Health Department will require the following sample analyses prior to release for Use and Occupancy:

Pre-treatment

Short-term Gross Alpha, Short-term Gross Beta, Long-term Gross Alpha, Long-term Gross Beta, and Radium 226/228

Post treatment

Short-term Gross Alpha, Short-term Gross Beta, Long-term Gross Alpha, Long-term Gross Beta, and Radium 226/228

The standard potability analyses are still required.

ROBERT BRICKER, REHS/R.S., L.E.H.S.
ENVIRONMENTAL SANITARIAN II
BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774
Fax: 410-313-2648

E-mail: rbricker@howardcountymd.gov

HOWARD COUNTY HEALTH DEPARTMENT

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 6th, 2022

August 6th, 2021

Hashmi, Nadeem; Hashmi, Zeenat
10229 New Forest Court
Ellicott City, MD 21042

RE: Naecker Property RSB, Lot 3
6510 Heather Glen Way
Building Permit: B1900485
Well Permit: HO-81-2292

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 **May 17th, 2021.** Final approval of the well line connection to the dwelling was granted on **July 24th, 2020.** The well construction was completed on **September 16th, 1987.** Water samples were collected on **July 13th, 2021.**

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.

Radium-226 and Radium -228 samples were collected on **July 16th, 2021**. Radium-226 measured 0.9 pCi/L and Radium-228 measured < 0.8 pCi/L. The combined Radium-226/228 values are below the maximum contaminant level of 5 pCi/L.

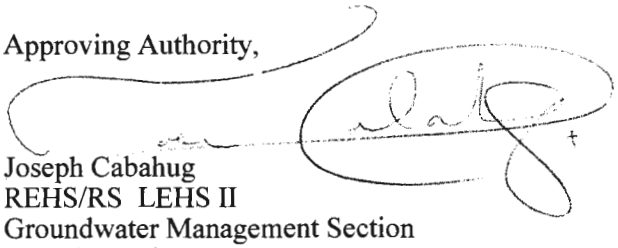
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-0602. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 certified water quality 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

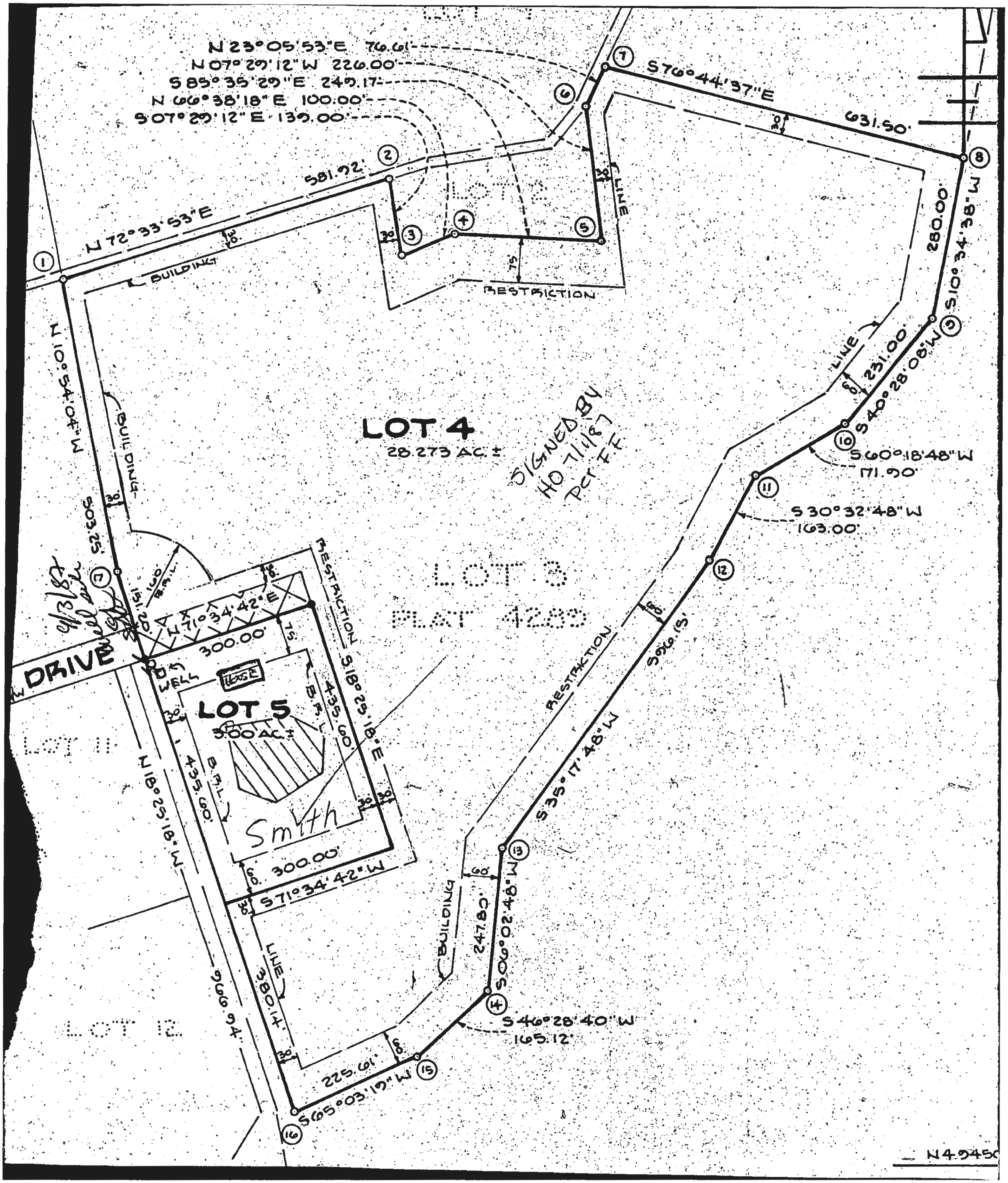
In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Joseph Cabahug
REHS/RS LEHS II
Groundwater Management Section
Well & Septic Program

cc: Community Hygiene Program
File


N 23°05'53"E 76.61'
N 07°29'12"W 226.00'
S 85°35'29"E 249.17'
N 66°38'18"E 100.00'
S 07°29'12"E 139.00'
S 76°44'37"E
631.50'
581.92'
N 72°33'53"E
BUILDING
RESTRICTION
LINE
LOT 2
280.00'
S 10°34'38"W
231.00'
S 40°28'08"W
S 60°18'48"W
171.90'
S 30°32'48"W
163.00'
N 10°54'04"W
503.25'
LOT 4
28.273 AC. ±
SIGNED BY HO 7/1/87 Per FF
LOT 3
PLAT 4283
N 71°34'42"E
300.00'
DRIVE
WELL
LOT 5
3.00 AC. ±
435.60'
S 18°25'18"E
B.R.L.
Smith
300.00'
S 71°34'42"W
596.15'
S 35°17'48"W
247.80'
S 06°02'48"W
S 46°28'40"W
165.12'
225.61'
S 65°03'19"W
380.14
966.94'
N 18°25'18"W
LOT 11
LOT 12
N 4.945

ATLANTIC BLUE
WATER SERVICES

1808 Baltimore Boulevard, Westminster, MD 21157 – (410)840-2583

Reference: Rick Minor

Requested By: Chase

Location: 6510 Heather Glen Way
Highland, MD 20777

Date/Time Collected: 7/13/2021 0900

Source: Well

Site: Bathroom / Well Tank

Collected By: C. MATHER / 0421CM

Treatment: UV Light

Well Tag #: 2 H0-81-2292

PARAMETERS	RESULTS	UNITS	MCL/SMCL	TYPE	METHOD	DATE/TIME
Coliform Bacteria	Absent	MPN/100 ml	Present	Primary	SM20 9223B	7/13/2021 / 1036 CH
E. Coli Bacteria	Absent	MPN/100 ml	Present	Primary	SM20 9223B	7/13/2021 / 1036 CH
Radium-228	<0.8	pCi/L	5	Primary	Ra-05	7/13/2021 / 1036 MJN
Radium-226	0.9	pCi/L	5	Primary	903.1	7/13/2021 / 1036 SN
Nitrate	1.4	mg/L	10	Primary	601	7/13/2021 / 1036 CH
Turbidity	4.89	NTU	<10	Primary	SM20 2130B	7/13/2021 / 1036 CH
Hardness	6	gpg	*	Secondary	Drop Count	7/13/2021 / 1036 CH
Iron	0.17	ppm	0.3	Secondary	8008	7/13/2021 / 1036 CH
pH	6.6	----	6.5 – 7.0	Secondary	Colorimeter	7/13/2021 / 1036 CH
TDS (Total Dissolved Solids)	138	ppm	500	Secondary	Meter	7/13/2021 / 1036 CH

NOTES:

1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
2 pCi/L = picocuries per liter
3 Radium 226 Detection Limit: 0.1 pCi/L; Radium 226 Error: +/- 0.3 pCi/L
4 Radium 228 Detection Limit: 0.8 pCi/L; Radium 228 Error: +/- 0.5 pCi/L
5 *EPA SUGGESTED STANDARD: 0-1 gpg =Soft Water; 2-6 gpg =Moderately Hard Water; 6-9 gpg =Hard Water; 9+ gpg =Extremely Hard Water
6 mg/L = milligrams per liter (equivalent to parts per million (ppm))
7 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
8 gpg = grains per gallon
9 NTU = Nephelometric Turbidity Units
10 MCL = Maximum Contaminant Level; SMCL = Secondary Maximum Contaminant Level
11 Results in less than or within the reference range are considered satisfactory and within potable limits at the time of sampling.
12 ND = None Detected; N/A: Not Available
13 Sample collected by client, analyzed as received
14 pH tested on site; Chlorine level tested in lab

Reason for Test: Client's Information

ASSOC W/ 6510 PRESTWICK DRIVE
DEMO REBUILD HOUSE B19004085
001997