

6145

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received 10 of 2009

DATE WELL COMPLETED 9-17-09 APPROVED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1793

OWNER JOHNSON, DR GLEN E last name first name STREET OR RFD OLD ROXBURY RD TOWN SUNSHINE SUBDIVISION ELANOR JOHNSON PROP SECTION LOT 1, 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Gray Slate, etc.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

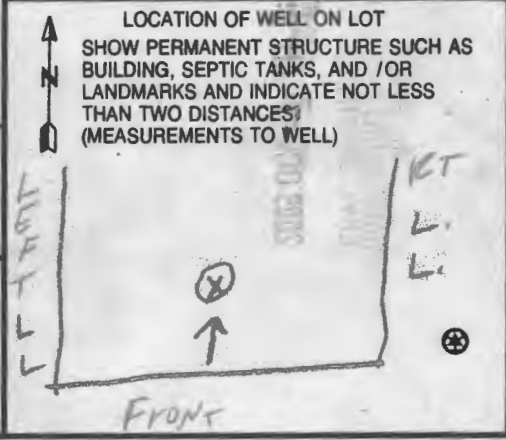
OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with columns: 1-21, 23-32, 38-47, 49-51, 53-62, 64-73, 75-84. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST form including: PUMPING TEST, HOURS PUMPED (3), PUMPING RATE (14), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (42), WHEN PUMPING (69), TYPE OF PUMP USED (S).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+) above LAND SURFACE (2).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER (A, E, P)

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...

DRILLERS LIC. NO. MW D 040, DRILLERS SIGNATURE (George F. Eksten), LIC. NO. JS D 038, SITE SUPERVISOR (Bruce Thompson)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (F), MDE USE ONLY (T, W, Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 6973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531857 please type

STATE PERMIT NUMBER

140-95-1793 fill in this form completely

Date Received (APA)

OWNER INFORMATION 11157

8 MM DD YY 13

JOHNSON DR. GLENE Last Name Owner First Name

P. O. BOX 6516 Street or RFD

ELLCOTT CITY MD 21042 Town State Zip

B 3

LOCATION OF WELL

8 COUNTY Howard

23 SUBDIVISION Eleanor Johnson Property

SECTION 44 46 LOT 1 & 2 48 50

Sunshine 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040 Driller's Name License No.

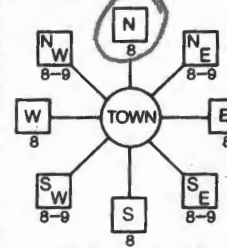
L Franklin Easterday, Inc. Firm Name

9265 Brown Church Rd. MT. Airy, Md. 21771 Address

George F. Easterday 7/24/2009 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Roxbury Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 21 BLK: PARCEL 82

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

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 13 A 524424 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 8-12-09 this well 8-12-10

43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 513 000 EAST GRID 0784 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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
other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

PERMIT No. 140-95-1793

SPECIAL CONDITIONS Drill 1st hole as shown on sunshine

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

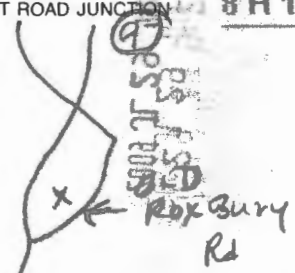
- 1.
2. wells
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 786 4
N 510 3

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

N



8 H 12



CSA 26

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: All Around Plumbing, Inc Telephone #: 301-698-1028  
Address: 530 E. Church St.  
Fredesick MD 21701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): J. Brendan Madden License# 20020018121

\*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: SD Properties LLC Telephone #: 301-698-1028 All Around Plumbing, Inc.  
Subdivision: Eleanor Helen Johnson Prop Lot #: 2 Well Tag #: HO-95-1793  
Site Address: 4375 Old Roxbury Rd

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>/</u>
Model #: <u>TGS10422C</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <u>/</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>/</u>
Well Yield: <u>8</u> GPM	NSF/WSC approved: <u>/</u>	Conduit min 18" B.G.: <u>/</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>/</u>
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		
<u>Torque arrestors</u>		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>/</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>/</u>

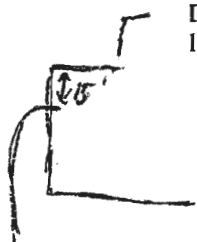
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

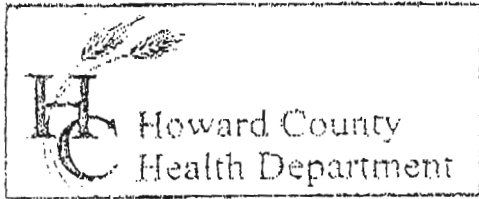
Signature of company representative responsible for installation: J. Brendan Madden date: 4/7/2020

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

Date Insp. Requested: 4/7/2020 Date Insp. Approved: 4/7/2020 Inspector: ST

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>/</u>	36"
Two piece cap installed and attached to casing securely	<u>/</u>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>/</u>	34"
Safety rope not outside of well cap/casing	<u>/</u>	
Correct well tag attached properly and casing 8" above finished grade	<u>/</u>	24"
Water supply line sleeved adequately at house connection	<u>/</u>	6'
Adequate grout observed below pitless adapter	<u>/</u>	





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

TO ALL INTERESTED PARTIES

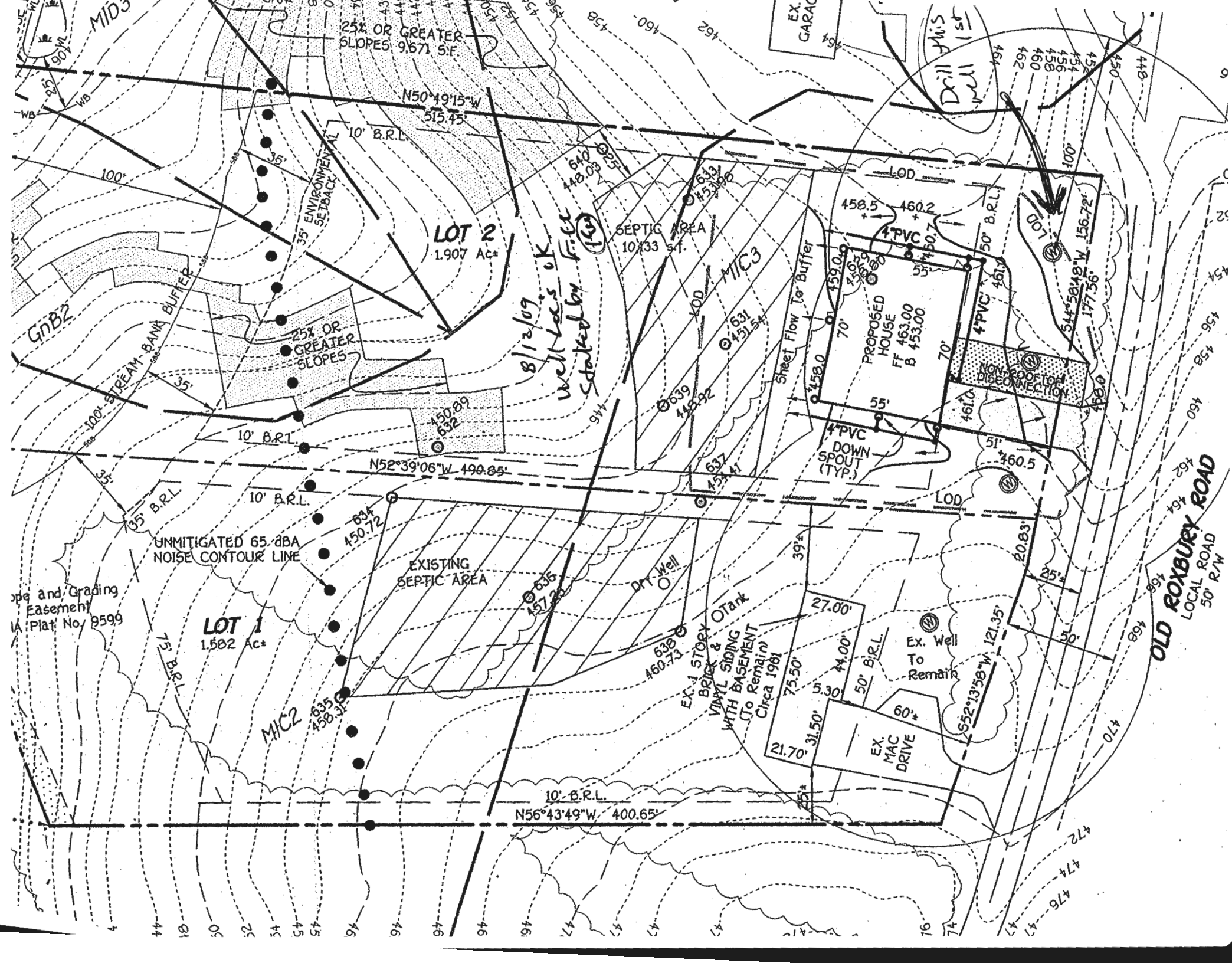
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher Collins & Carter  
 (professional land surveyor or company employing professional land surveyors)  
 on 7-22-09 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

DR Glen E. JOHNSON  
 OLD Roxbury Road  
 LOTS 1 & 2 ELANORE JOHNSON PROP



MID3

25% OR GREATER SLOPES 9,671 S.F.

N50°49'13"W 515.45'

ENVIRONMENTAL SETBACK

LOT 2  
1.907 Ac±

8/12/09  
well has OK started by F-11

SEPTIC AREA  
10'x33' S.F.

EX. GARAGE

Drill this well 1st

100' STREAM BANK BUFFER

25% OR GREATER SLOPES

PROPOSED HOUSE  
FF 463.00  
B 453.00

4" PVC DOWN SPOUT (TYP.)

UNMITIGATED 65 dBA NOISE CONTOUR LINE

EXISTING SEPTIC AREA

DRY WELL

EX. 1 STORY BRICK & VINYL SIDING WITH BASEMENT (To Remain) Circa 1981

Ex. Well To Remain

Open and Grading Easement Plat No. 9599

LOT 1  
1.582 Ac±

MIC2

10' B.R.L.  
N56°43'49"W 400.65'

EX. MAC DRIVE

OLD ROXBURY ROAD  
LOCAL ROAD  
50' R/W

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – December 25, 2020**

June 25, 2020

Homeowner  
4375 Old Roxbury Road  
Brooksville, MD 20833

**RE: Johnson Property, Lot 2**  
**4375 Old Roxbury Road**  
**Building Permit: B19003907**  
**Well Permit: HO-95-1973-713**

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 **3/12/2020**. Final approval of the well line connection to the dwelling was granted on **3/12/2020**. The well construction was completed on **9/17/2009**. Water samples were collected on **6/1/2020, 6/23/2020**.

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-95-1973. 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.**

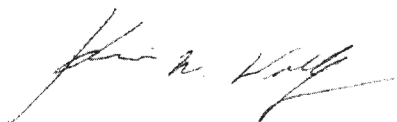
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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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 Environment's 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