

C1 2993

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 A524422

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Hoover G Ronald STREET OR RFD 6425 Canyale Drive TOWN Woodbine Md 21797 SUBDIVISION Hoover Property SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-25, Blue Rock 25-300.

CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752

PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD MAIN CASING TYPE (S) Nominal diameter top (main) casing 6 Total depth of main casing 28

WATER LEVEL (distance from land surface) BEFORE PUMPING 51 WHEN PUMPING 72

NUMBER OF UNSUCCESSFUL WELLS: 0

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

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) (NO)

WELL HYDROFRACTURED (Y) (N)

SCREEN RECORD screen type or open hole (S) (BR) (HO)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

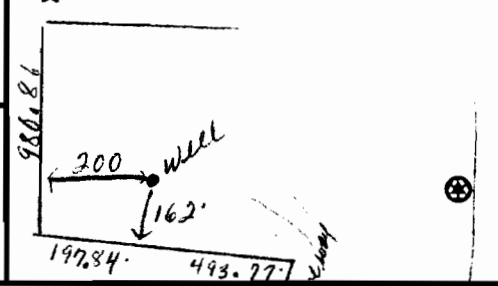
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION"

DIAMETER OF SCREEN (NEAREST INCH) 56 60

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

DRILLERS LIC. NO. 1 MS D024 DRILLERS SIGNATURE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68



LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 9828
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0357
70 79

524422 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Hoover G. Ronald
Last Name Owner First Name 34
36 16360 Newport Rd
Street or RFD 55
57 Mt. Airy Md 21771
Town State Zip 76

B 3 LOCATION OF WELL

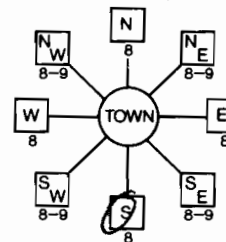
8 COUNTY Howard 21
23 Hoover Property 42
SECTION 44 46 LOT 48 50
52 Woodbine
NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name MS DOZ 4
Joseph L. Magye 76 License No. 81
Finder Name Joseph L. Magye well drilling
Address 5512 Ridge Rd Mt Airy Md 21771
Signature Joseph L. Magye 4/18/06 Date

MILES FROM TOWN (enter 0 if in town) 1/2 M 11
73 76 77 78

B 4 16425
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Camalo Drive 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1,200 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 2 BLK: 17 PARCEL 164

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 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
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/24/06 State Sign 4/24/06
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 556 000 EAST GRID 799 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVerse-ROTary DRive-POINT
- other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 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 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)

APPROX. PERMIT NUMBER G
PERMIT No. HD-95-0357
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

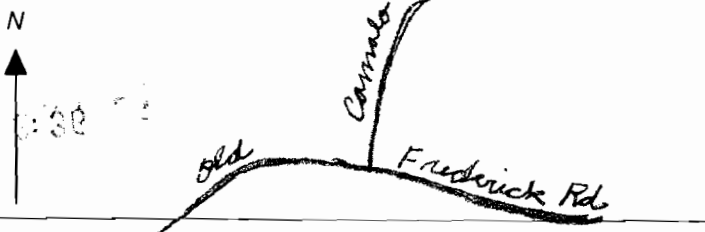
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 799
N 556

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

ATI. Stuart Oster, R.S.

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: Carter Plumbing Telephone #: 410 320-1515
Address: 409 E. Water Street
Severna Park, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Greg Carter License# 8263

*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: Ron Harper Telephone #:
Subdivision: Lot #: Well Tag #: HO-95-0357
Site Address: 16425 Camak Dr
174 Ave + RD 21271

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JUCOZZI Make: Harper Two piece watertight cap:
Model #: 301 3/4 Model #: 1/2 Screened, vented well cap:
Pump Capacity: 4 GPM Depth: 38 (36" min) Cap secured to casing:
Well Yield: 12 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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

Pipes to house House Connection
Type: PVC PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 200 (160 psi min) Approximate length of sleeve: 240
Depth of supply line: 48 (36" min) Sleeve caulked and sealed properly: Yes

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: 5/1/09

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

Date Insp. Requested: 1/3/07 Date Insp. Approved: 5/1/09 (SC)
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

MtE

575

S 85°00'00" E
543.02'

25% SLOPE
(TYP.)

SHAWN ROBERT CONLEY
KATHY LYNN CONLEY
L. 2895 F. 597

600

625

650
MtD2

EX. WELL
HO-81-1447

EX. GARAGE

MtC3

675

EX. HOUSE

EX. SEPTIC TANK

N 26°05'00" E
980.86'

RONALD G. HOOVER
L. 2893 F. 521
27.89 Ac.±

25% SLOPE
(TYP.)

11,938 S.F.
SEPTIC AREA

D2

GIB2

PROP. SEPTIC TANK

PROP. DIST. BOX

Handwritten:
4/24/06 well site ok
2
3
697

PROPOSED
2 STORY
HOUSE
W/BSMT.

EXISTING HOUSE
(TO BE RAZED)

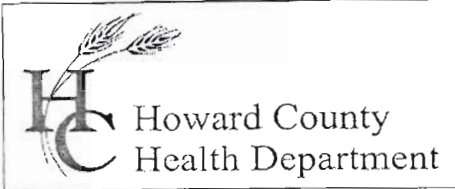
MtC2

N 87°12'17" W
197.84'

50' R/W
FOR INGRESS
& EGRESS

EX. GARAGE

MtC2



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 1, 2008

Ronald G. Hoover
16425 Camalo Drive
Mount Airy, MD 21771

RE: Hoover Property
16425 Camalo Drive
Mount Airy, MD 21771
BP #: B07004160
Well Permit # HO-95-0357

Dear Mr. Hoover:

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 12/28/2007. Final approval of the well line connection to the dwelling was approved on 05/01/2008.**

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- 95-0357. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 04/28/2008
Date of Well Completion: 04/27/2006

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Howard County
Health Department

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 Van Man Associates on 4-11-06 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



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
Mr. Ron Hoover
16425 Camalo Drive
Mount Airy, Maryland 21771

S/O Number: 68085
Report Date: April 28, 2008

Property Sampled: 16425 Camalo Drive

County: Howard
Subdivision: N/A
Lot #: N/A

Tax Map #: 2
Parcel #: 184

Date/Time Collected: April 28, 2008 at 10:15 am
Date/Time Received: April 28, 2008 at 3:00 pm

Sample Location: Bathroom Tap
Sampler ID: 6308KW

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0357
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.6Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

A handwritten signature in cursive script that reads "Allison R. Milburn".

Allison R. Milburn
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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