

C1		06622		SEQUENCE NO. (MDE 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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 08 23 99		Depth of Well 22 150 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-2313	
OWNER Spalding Josephine		STREET OR RFD Roxbury Road		TOWN Glenelg		SUBDIVISION Frosty Pines		SECTION LOT 2	
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 TO		check if water bearing	
Overburden		0 15							
Gray Rock		15 150							
water at 60'									
GROUTING RECORD		WELL HAS BEEN GROUTED (Circle Appropriate Box)		yes no Y N		TYPE OF GROUTING MATERIAL (Circle one)		CEMENT CM BENTONITE CLAY BC	
NO. OF BAGS 5		NO. OF POUNDS 500		GALLONS OF WATER 30		DEPTH OF GROUT SEAL (to nearest foot)		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	
Casing types insert appropriate code below		Casing RECORD		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)					
PL		6 61		21					
OTHER CASING (if used)		diameter inch		depth (feet) from to					
SCREEN RECORD		screen type or open hole		ST BR HO STEEL BRASS OPEN HOLE		PL OT PLASTIC OTHER			
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							
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED		yes no Y N					
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			
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS LIC. NO. M D 399		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. M D 049		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		T (E.R.O.S.) W Q		70 72 74 75 76		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)							

② COUNTY

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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
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): Robert L. Feezer License# 2122

***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: Catoclin Homes Telephone #: 410-772-5804
Subdivision: _____ Lot #: 2 Well Tag #: HO - 94 - 2313
Site Address: 14821 Roxbury Road
Glenelg, MD 21737

Submersible Pump Data

Make: Grundfos
Model #: 15SQE07-180
Pump Capacity 15 GPM
Well Yield: 16.6 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 150 (feet)
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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve 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.

Robert L. Feezer

NSPC 1990 Edition, Chapter 17, Section 8.4
NSPC 1990 Edition, Chapter 17, Section 8.4
NSPC 1990 Edition, Chapter 17, Section 8.4

May 16, 2012

Signature of company representative responsible for installation

date

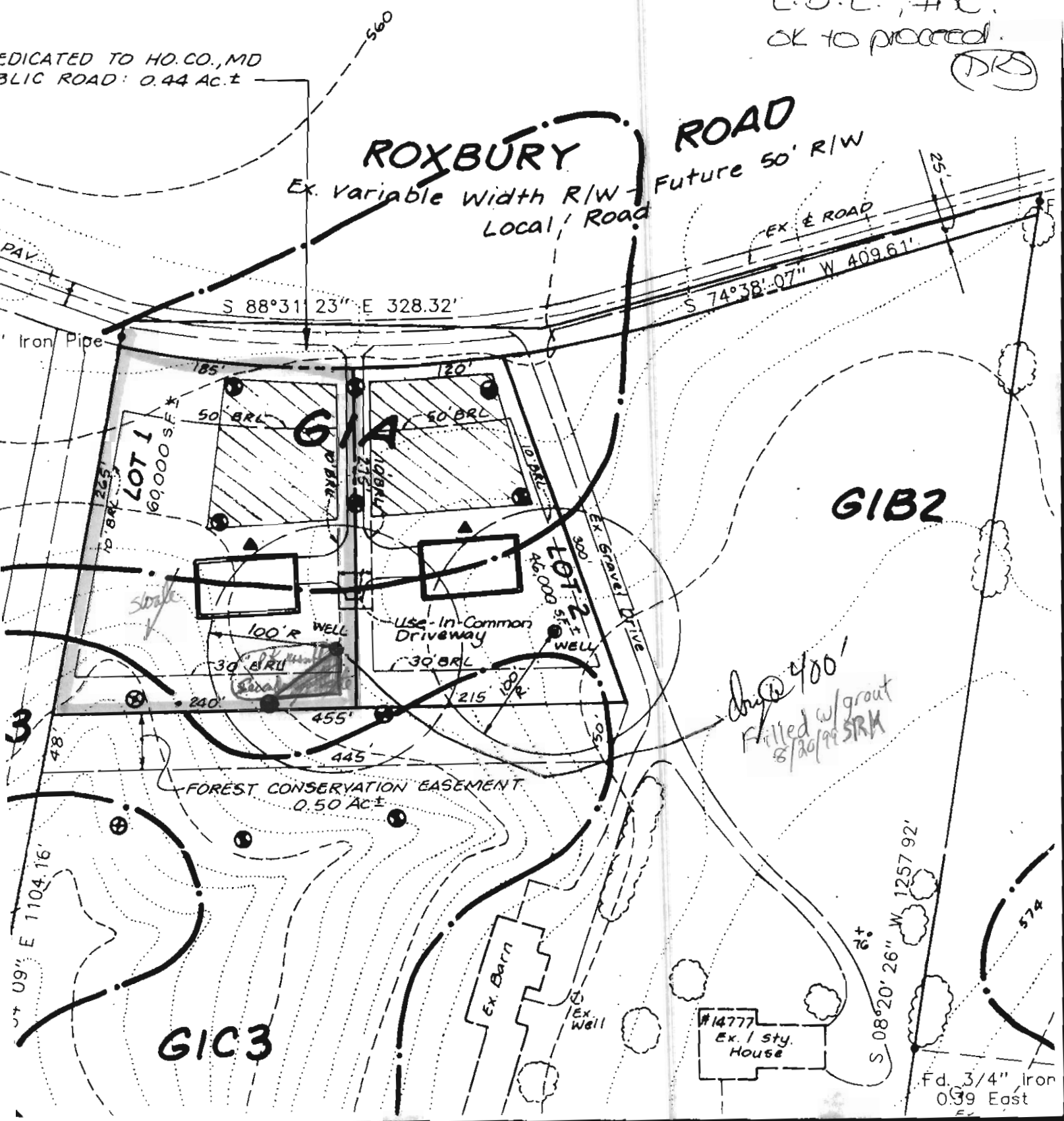
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 6/22/2012 Inspector: BP
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

8/19/99 9:30
 spoke to T. Feaga -
 approved well site
 anywhere in Δ . DKS

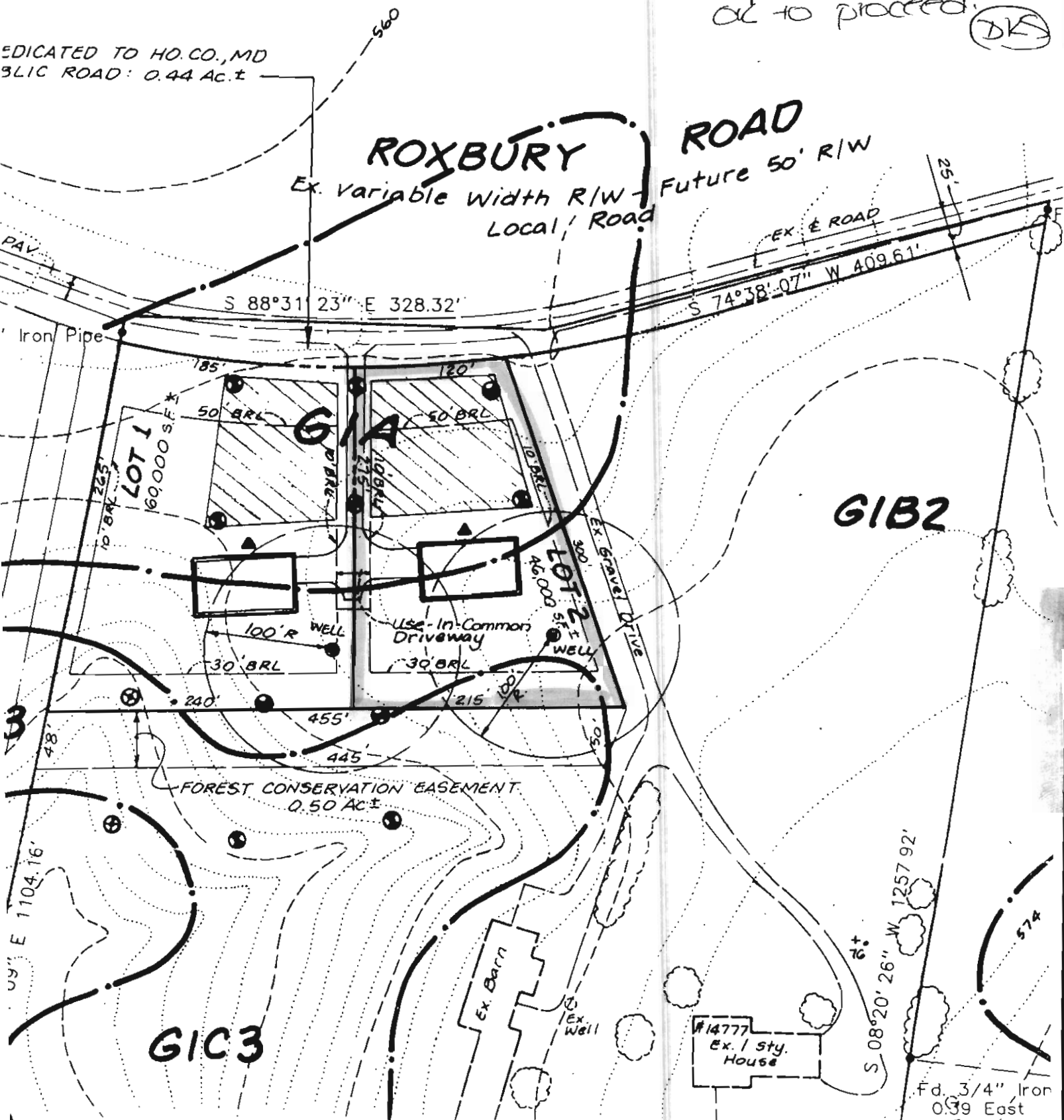
7/8/99
 well site OK -
 site stated by
 L.D.E., Inc.
 OK to proceed.
 (DKS)

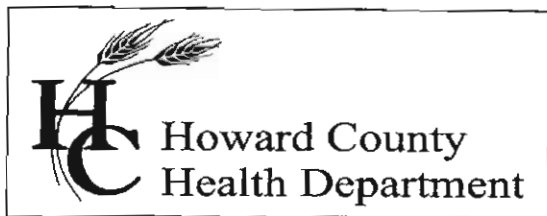
DEDICATED TO HO. CO., MD
 PUBLIC ROAD: 0.44 AC. ±



Fd. 3/4" Iron
 0.39 East

DKS





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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., Acting Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – May 9, 2013

November 9, 2012

Homeowner
14821 Roxbury Road
Glenelg, MD 21737

**RE: Frosty Pines, Lot 2
14821 Roxbury Road
Building Permit: B10003895
Well Permit: HO-94-2313**

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 **7/6/2012**. Final approval of the well line connection to the dwelling was granted on **6/22/2012**. The well construction was completed on **8/23/1999**. Water samples were collected on **11/1/2012**.

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-94-2313. 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>

Approving Authority,

A handwritten signature in black ink, appearing to read "Robert Bricker", written over a horizontal line.

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

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

**ENVIRO-CHEM
LABORATORIES, INC.**

47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

Catoctin Homes, Inc.
P.O. Box 512
Ellicott City, MD 21041-

REPORT DATE: 05-Nov-12
REPORT 3460
USE & OCCUPANCY
BUILDING PERMIT: B10003895

LAB#- ECL027019-001

SAMPLE ID- 14821 Roxbury Rd

LOCATION- Powder Rm
DATE SAMPLED- 11/1/2012
DATE RECEIVED- 11/1/2012
DELIVERED BY- H. Bogner

TIME SAMPLED- 9:20
TIME RECEIVED- 10:30
RECEIVED BY- SES

WELL # HO 94-2313
SAMPLER- M. Bogner #4788HS
CHLORINE- <0.05 mg/L

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	
E. Coli	SM 9223	11/1/2012 15:00	VPS	Absent	PASS
Total Coliform	SM 9223	11/1/2012 13:00	VPS	Absent	PASS
Nitrate (as N)	EPA 300.0	11/2/2012 02:07	SES	2.5 mg/L	PASS
pH, Lab	BM4500-H+B	11/1/2012 21:35	SES	5.9 S.U.	
Turbidity	EPA 180.1	11/1/2012 21:35	SES	0.3 NTU	
Sand				Not Detected	

Based on coliform bacteriological standards, at the time of sampling this water was SAFE for drinking water purposes.

John Z. Hall
LABORATORY DIRECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

J. Mehser Joseph, Ph.D., Director

Lab No. Date Received

C300787 22 5

Do not write above this line.

WATER ANALYSIS

S A M P L E I D	Bottle Number	H05-12884																							
		Name	Josephine Spalding																						
		County	Howard																						
		County Code	13																						
	Source	Frosty Pines Lot 2 off of Roxbury Rd																							
	Collected: Date	8/20/99					Time	10:58am					Collector & Phone	Steven R. Krieg 410 313-2641											
		Data Category Code															4F								
		Submitter Code																							
	CHECK (one per box)																								
	Drinking Water <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other <input type="checkbox"/>					Community Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other <input type="checkbox"/>					Source (raw water) <input checked="" type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL <input type="checkbox"/>					Emergency Routine <input type="checkbox"/> Recheck <input type="checkbox"/> Special <input checked="" type="checkbox"/>					Federal Project <input type="checkbox"/>				
F I E L D	Plant No.		Sampling Station		Preservation: Iced		Acid		Type of Acid		2ml H ₂ SO ₄														
	pH		Chlorine: Free		Total		Specific Conductance																		
	Notes to Lab/Remarks: Taken from Well H0-94-2313																								

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST'S INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, Spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrite, N	00630			3.1	8-24-99	BK.
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of
Tests Requested

Section Chief

D. MILLER-TUCK

Date Reported

AUG 25 1999