

C112771SEQUENCE NO. (DENY 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
NUMBER045357

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED
122689

Depth of Well
2216026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-88-1133

OWNERlast nameSHARP, CHARLESfirst nameTOWNGLENWOOD

STREET OR RFDCHARLES SHARP SUBD. SECTIONLOT10

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		Check if water bearing
	FROM	TO	
SAND stone	0	75	
GRAY Micaceous	75	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yesno
YNY

TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC

NO. OF BAGS20NO. OF POUNDS1880

GALLONS OF WATER120

DEPTH OF GROUT SEAL (to nearest foot)
from1ft. to50ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEELCO
PLASTICOTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

57680

OTHER CASING (if used)
diameter
depth (feet)
fromto

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

STEELBRHO
PLASTICOTHER

C3

443-535-0005

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min. to nearest gal.)15

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING27
WHEN PUMPING28

TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

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 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.238

DRILLERS SIGNATURE

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

EACH
CASING

screen type
or open hole
insert
appropriate
code
below

STEELBRHO
PLASTICOTHER

C2

DEPTH (nearest ft.)

14018160

2

3

SLOT SIZE 123

DIAMETER
OF SCREEN

fromto

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

(CIRCLE) (YES or 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

PUMP HORSE POWER

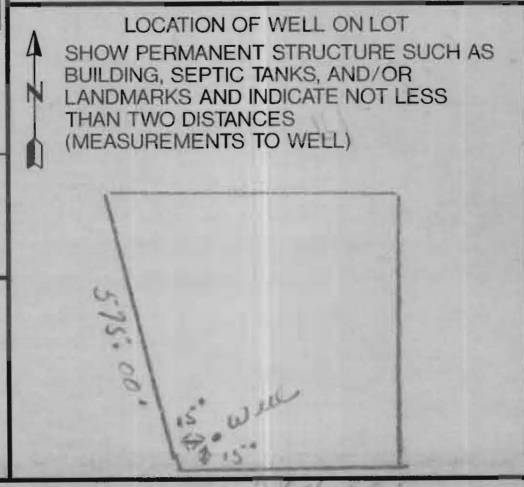
PUMP COLUMN LENGTH

CASING HEIGHT (circle appropriate box
and enter casing height)

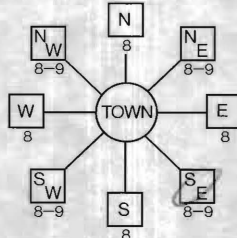
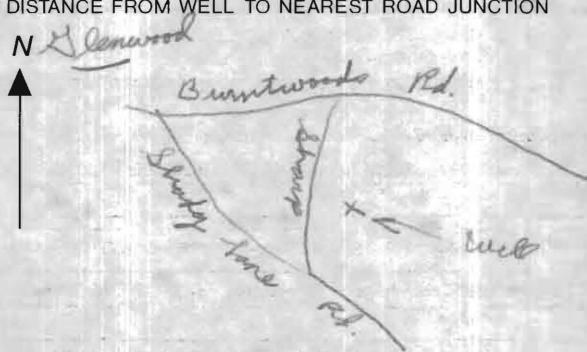
LAND SURFACE

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)



County

B 1 2006	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1133 <small>fill in this form completely</small>
Date Received (APA) 122089		B 3 LOCATION OF WELL	
OWNER INFORMATION 15 Last Name SHARP Owner First Name CHARLES 36 Street or RFD 34779 SHARP RD 55 57 Town GLENWOOD 70 State 72 MD Zip 76 21938		8 COUNTY HOWARD 21 23 SUBDIVISION CHARLES SHARP SUB 42 SECTION 44 46 LOT 19 50 52 NEAREST TOWN GLENWOOD 71 MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78	
DRILLER INFORMATION Driller's Name Joseph L. Mayne 77 License No. 80 238 Firm Name Joseph H. L. Mayne Well Drilling Address 5512 RIDGE RD. N.H. ARLY 21771 Signature Joseph L. Mayne Date 12/20/89		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NEAR WHAT ROAD Sharp Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 575 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A 38021 STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED 122089 CO SIGNATURE Cap. J. Williams EXP. DATE 6/20/90 NORTH GRID 521000 50 55 EAST GRID 0797000 57 63	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E 790 N 520 </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTary <input type="radio"/> AIR-PERcussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVerse-ROTary <input type="radio"/> Drive-POINT <input type="radio"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER G A P 54 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-88-1133 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS EXISTING HOUSE, ANTICIPATE MAJOR REMODEL IN FUTURE.			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1133
Location of property (road) SHARP RD.
Subdivision CHARLES SHARP SUB. Lot 10 Block Plat Sec.
Well Driller Joseph Mayne Owner CHARLES SHARP

Depth of well 160'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 27'

I. High rate pumping -- reservoir drawdown

Time pump started 8:25 Pumping rate 15 gpm.
Total time 15 min. to reach pumping water level 28 ft. below M.P.

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

[illegible]

**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
Address

R & G Water Systems, Inc.
4322 Opals Choice Drive
Manchester, MD 21102
410-239-0700 / 1-800-352-9836

Phone #:

(Must circle on
License # and a
Name (Print):

License #
Name:

Licensed Well Pump Installer

License # PE 0141

*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:

Mrs. E. M. S. Carr

Telephone #:

Subdivision:

Glenwood Md. 21738

Lot #:

Well Tag #: HO-88-1133

Site Address:

3737 SHARP ROAD

Submersible Pump Data

Make: GRUNDOS
Model #: LS 50007-180
Pump Capacity: 1.5 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: DICEEN
Model #: LDS-10
Depth: 36" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: (feet)

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 NA

Piping to house

Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES D
Approximate length of sleeve: 90' 2" PVC TO GET PAST SEPTIC AREA.
Sleeve caulked and sealed properly: FERNCOS

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 10/14/09

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

Date Insp. Requested:

Date Insp. Approved:

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 3" above finished grade

Water supply line sleeved adequately at house connection

Adequate ground observed below pitless adapter



Howard County
Health Department

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

December 23, 2009

Homeowner
3737 Sharp Road
Glenwood, MD 21738

SENT VIA FACSIMILE 443-535-0005

RE: Charles Sharp S/D, Lot 10
3737 Sharp Rd.
BP #: B00160119

Dear Sir:

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 12/07/2009.**
Final approval of the well line connection to the dwelling was approved on 10/14/2009.

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-88-1133. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/20/2009
Date of Well Completion: 12/26/1989

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	73614	Account #:	12120
Reference:	Steven Carta	Company:	CASH ACCOUNT
Location:	3737 Sharp Road Glenwood, MD 21738	Requested By:	Steven Carta
Date/ Time Collected:	11/20/2009 0940	Source:	Well Water
Date/Time Rec'd:	11/20/2009 1216	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis**
Collected By:	J.Yeager 6176JY	pH:	6.2
		Well #:	HO-88-1133

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/21/2009 / 1100 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/21/2009 / 1100 / BCD
Nitrate	4.64	mg/L	10	601	11/20/2009 / 1500 / CCH
Turbidity	3.02	NTU	<10	SM18 2130B	11/20/2009 / 1216 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	11/20/2009 / 1216 / CCH

NOTES

- 1 **Reverse Osmosis not working at time of sampling
 - 2 mg/L = milligrams per liter (also, parts per million)
 - 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 4 NS = None Seen (NS indicates less than 5 mg/L)
 - 5 NTU = Nephelometric Turbidity Units
 - 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 7 ND:None Detected
 - 8 Visual well check: Sealed, vented cap
 - 9 pH tested on-site
- Reason for Test : Use & Occupancy
 Building Permit # : B001160119

Date Reported: 11/23/2009

MD State Certification # 133