

C1 8914 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 AS17422

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DO YY

8 13

DATE WELL COMPLETED

MM DO YY

08 28 06

Depth of Well

22 140 26

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO 95 0420

28 29 30 31 32 33 34 35 36 37

OWNER De Francis  
STREET OR RFD Sweet Meadow Lane  
SUBDIVISION Walnut Grove SECTION TOWN Clarksville LOT 12

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

Top Soil

0 2

Clay

2 4

Sandy

4 40

Sand Stone

40 45

MICKA

45 70

Sand Stone

70 75

MICKA

75 140

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 48 NO. OF POUNDS 15 48

GALLONS OF WATER

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  
STEEL

CO  
CONCRETE

PL  
PLASTIC

OT  
OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

PL

6

51

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole  
(insert  
appropriate  
code  
below)

SCREEN RECORD

ST  
STEEL

BR  
BRASS

HO  
OPEN  
HOLE

PL  
PLASTIC

OT  
OTHER

C 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

(CIRCLE) (YES OR NO)

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

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

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

LAND SURFACE

- below

(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)

well 25' Prop Line  
150' Prop Line

NUMBER OF UNSUCCESSFUL WELLS:

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

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 PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. 1 M D 112

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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 LOG OTHER DATA

CASING INDICATOR

B 1	11703	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2258</u> <small>fill in this form completely</small>
Date Received (APA)		LOCATION OF WELL		
<b>OWNER INFORMATION</b> 8 MM DD YY 13 <u>OZA</u> <u>Manish G</u> 15 Last Name Owner First Name 34 <u>5223 Sweet Meadow Lane</u> 36 Street or RFD 55 <u>Clarksville</u> <u>MD</u> <u>21029</u> 57 Town 70 State 72 Zip 76		8 COUNTY <u>Howard</u> <u>Walnut Springs Grove</u> 23 SUBDIVISION 42 SECTION <u>44</u> <u>46</u> LOT <u>72</u> <u>Clarksville</u> 52 NEAREST TOWN 71		
<b>DRILLER INFORMATION</b> <u>Michael Barlow</u> <u>M</u> <u>MD</u> <u>355</u> Driller's Name 76 License No. 81 <u>Barlow Well Drilling</u> Firm Name <u>522 Underwood Lane 21014</u> Address <u>[Signature]</u> <u>12/23/11</u> Signature Date		<b>SOURCES OF DRILLING WATER</b> 1. <u>Well</u> 2. 3.		
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <u>0</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <u>0</u>		<b>5223 Sweet Meadow Lane</b> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="radio"/> EAST SOUTH 34 <u>50</u> 37 DISTANCE FROM ROAD <u>F+</u> ENTER FT OR MI 38 39 TAX MAP: <u>28</u> BLK: <u>18</u> PARCEL <u>74</u>		
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL <u>2 Bores x 400'</u> <u>3 Bores x 375'</u>		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>(13)</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED <u>2/19/12</u> <u>16.0.11</u> <u>2/10/13</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
APPROXIMATE DEPTH OF WELL <u>400</u> FEET 24 28		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <u>810</u> <u>500</u> 		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37				
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REVERSE-ROTARY</u> Drive-POINT other				
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM 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 <u>G</u> PERMIT No. <u>HO-95-2258</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <u>Grouts must be called in.</u> <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				



B 1	<b>0929</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <u>W523734</u>	STATE PERMIT NUMBER <b>40-95-0420</b> fill in this form completely
Date Received (APA) <u>11/30/05</u>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 <u>3060 Washington Rd</u>		55 Street or RFD		
57 <u>Glenwood MD 21738</u>		70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name <u>Ralph E. Mayne</u>		M SD 117 License No. 81		
Firm Name <u>Ralph E. Mayne Inc</u>				
Address <u>17024 Hardy Rd Mt. Airy MD 21771</u>				
Signature <u>Ralph E. Mayne</u> Date <u>11-20-05</u>				
B 2	WELL INFORMATION			
1 2	APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>				14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
22	<input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING			
<input type="radio"/> PUBLIC WATER SUPPLY WELL				
<input type="radio"/> TEST, OBSERVATION, MONITORING				
<input type="radio"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150'</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
30	<u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary)			
37	CABLE REVERSE-ROTARY Drive-POINT			
other _____				
REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS			
<input type="radio"/> 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 <u>H02005G006</u>				
PERMIT No. <u>40-95-0420</u>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Walnut Grove 42

SECTION 44 46 LOT 72 50

52 NEAREST TOWN Clarksville 71

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH ☐ WEST ☐ EAST ☐ SOUTH ☐

NEAR WHAT ROAD Sweet Meadow LA 11 30

DISTANCE FROM ROAD 250 34 37

ENTER FT OR MI FT 38 39

TAX MAP: 28 BLK: 18 PARCEL 74

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A517422

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S 41

DATE ISSUED 8/10/2006 CO SIGNATURE Brian Baker EXP. DATE 8/10/2007

43 MM DD YY 48

NORTH GRID 507 000 55 EAST GRID 814 000 63

50 55 57 63

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 814

N 507

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

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2643**

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 26.04.02 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Castaway Plumbing Telephone #: 240 674 5652  
Address: 9210 Reichs Ford Rd.  
Fred. Md. 21704

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Scott Gracz-Kowski License #: \_\_\_\_\_  
**\*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: Manish Dza Telephone #: \_\_\_\_\_  
Subdivision: Walnut Grove Lot #: \_\_\_\_\_ Well Tag #: HO-  
Site Address: 5723 Sweet Meadows Ln.  
Clarksville, Md. 21029 Walnut Grove Dept.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Cumblad</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>22</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>36"</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
<u>Torque arrestor</u> , <u>Cable guard</u> or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>10'</u>
PSI: <u>240</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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 6/14/12

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 seen 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 \_\_\_\_\_

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Walnut Grove Lot #: 72 Well Tag #: HO-95-0420  
Site Address: 5223 Sweet Meadow Ln

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight 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 \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

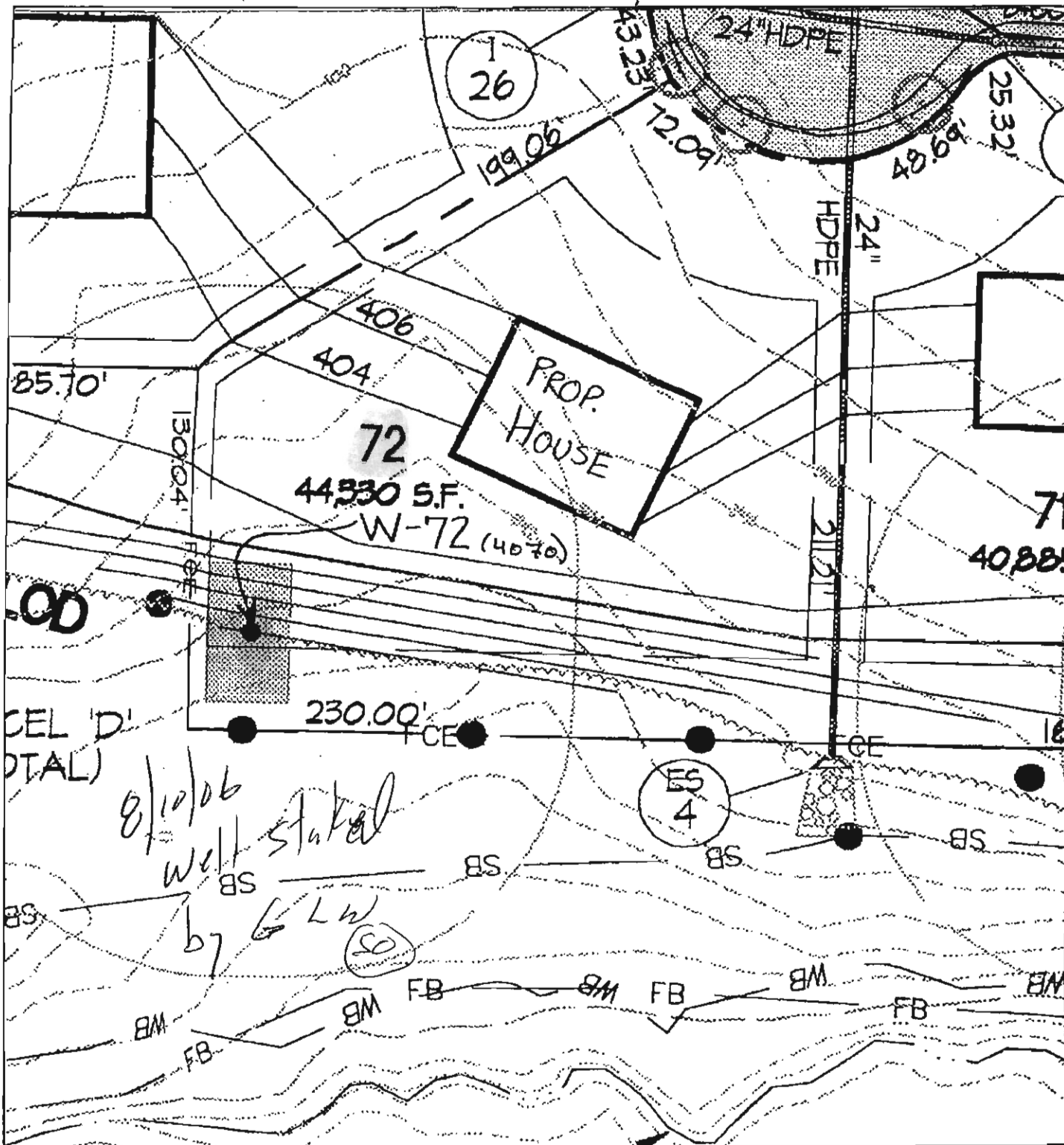
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/31/2012 BB  
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 grout observed below pitless adapter Fill



HERITAGE  
Land Development

WELL LOCATION EXHIBIT - LOT 72  
WALNUT GROVE

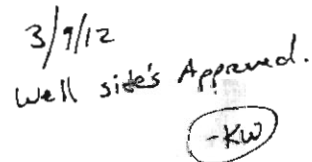
TAX MAP 828 ZONED RC-3ED  
5TH ELECTION DISTRICT  
SCALE 1"=50'

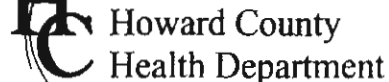
PARCEL 74  
HOWARD COUNTY, MARYLAND  
DATE: OCTOBER 25, 2005

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3090 WASHINGTON CRT. 977, SUITE 200, OLDSMOOD, MD 21776 PHONE: 410-466-7800

R=60.00' A=72.08'



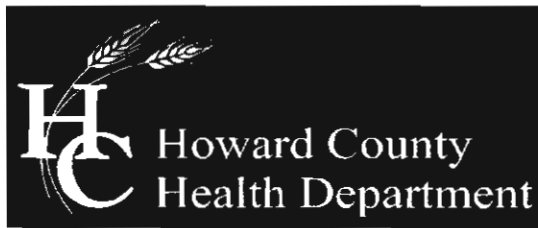


website: [www.hchealth.org](http://www.hchealth.org)

# ATTENTION WELL DRILLERS!!!

KN





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – April 22, 2013**

October 22<sup>nd</sup>, 2012

Homeowner  
5223 Sweet Meadow Lane  
Clarksville, MD 21029

**RE: Walnut Grove, Lot 72**  
5223 Sweet Meadow Lane  
**Building Permit: B11001808**  
**Well Permit: HO-95-0420**

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 **9/19/2012**. Final approval of the well line connection to the dwelling was granted on **7/31/2012**. The well construction was completed on **8/28/2006**. Water samples were collected on **9/10/2012**.

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.

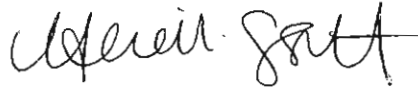
Gross Alpha and Beta samples were also collected on **8/28/2006**. Results showed a Gross Alpha level of **4.2 ± 2.0 pCi/L** and **Gross Beta** level of **6.3 ± 1.2 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-0420. 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>

Approving Authority,

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

Heidi Scott, R.S.  
Environmental Sanitarian  
Well & Septic Program

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

**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:**

Rahman Construction, Inc.  
1403 Mimosa Lane  
Silver Spring, Maryland 20904

**S/O Number:** 86346**Report Date:** September 17, 2012

**Property Sampled:** 5223 Sweet Meadow Lane, 21029  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B11001808  
**Sampler ID #:** 4723TL  
**Samples Used:** Yes

**County:** Howard  
**Map:** 28

**Subdivision:** Walnut Grove  
**Parcel:** 74

**Lot#:** 42 72

**Date/Time Collected in Field:** September 10, 2012 @ 3:40 pm  
**Date/Time Received in Lab:** September 10, 2012 @ 4:50 pm

**Well Tag #:** HO-95-0420  
**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

Results OK  
10-22-12 Hg

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	9.2 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.4 Units	***Acceptable
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Katherine C. Higgs*

Katherine C. Higgs  
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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

## **Martin, Sharhonda**

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**From:** Pickett, Tom  
**Sent:** Wednesday, September 19, 2012 2:19 PM  
**To:** Scott, Heidi; Martin, Sharhonda  
**Cc:** Pickett, Tom; Hart, Amy; Rocco, Anthony; Baker, Brian; Wolf, Kevin; Martin, Sharhonda; Williams, Jeffrey; Tuder, Matt  
**Subject:** FW: U&O Release 5223 Sweet Meadow Lane

Today, Shaun Vanderveer observed the start-up of a Sewage Grinder Pump at the Walnut Grove Shared Septic System:

Walnut Grove, Contract 50-4330-D  
Rahman Builder Lot 72  
5223 Sweet Meadow LN  
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U & O.

This is the 64<sup>th</sup> lot on the shared septic system at this location.

Matt  
410-313-4934 office  
410-978-1320 mobile

---

**From:** Pickett, Tom  
**Sent:** Wednesday, September 19, 2012 2:12 PM  
**To:** Scott, Heidi; Martin, Sharhonda  
**Cc:** Pickett, Tom; Hart, Amy; Rocco, Anthony; Baker, Brian; Wolf, Kevin; Martin, Sharhonda; Williams, Jeffrey; Tuder, Matt  
**Subject:** FW: U&O Release 12213 Runnig fence Lane

Today, Shaun Vanderveer observed the start-up of a Sewage Grinder Pump at the Walnut Grove Shared Septic System:

Walnut Grove, Contract 50-4330-D  
Trinity Builders Lot 19  
12213 Running Fence LN  
Clarksville, MD 21029

The Sewage Grinder Pump test was successful ; the Bureau of Utilities releases its hold on this property for U & O.

This is the 63<sup>rd</sup> lot on the shared septic system at this location.

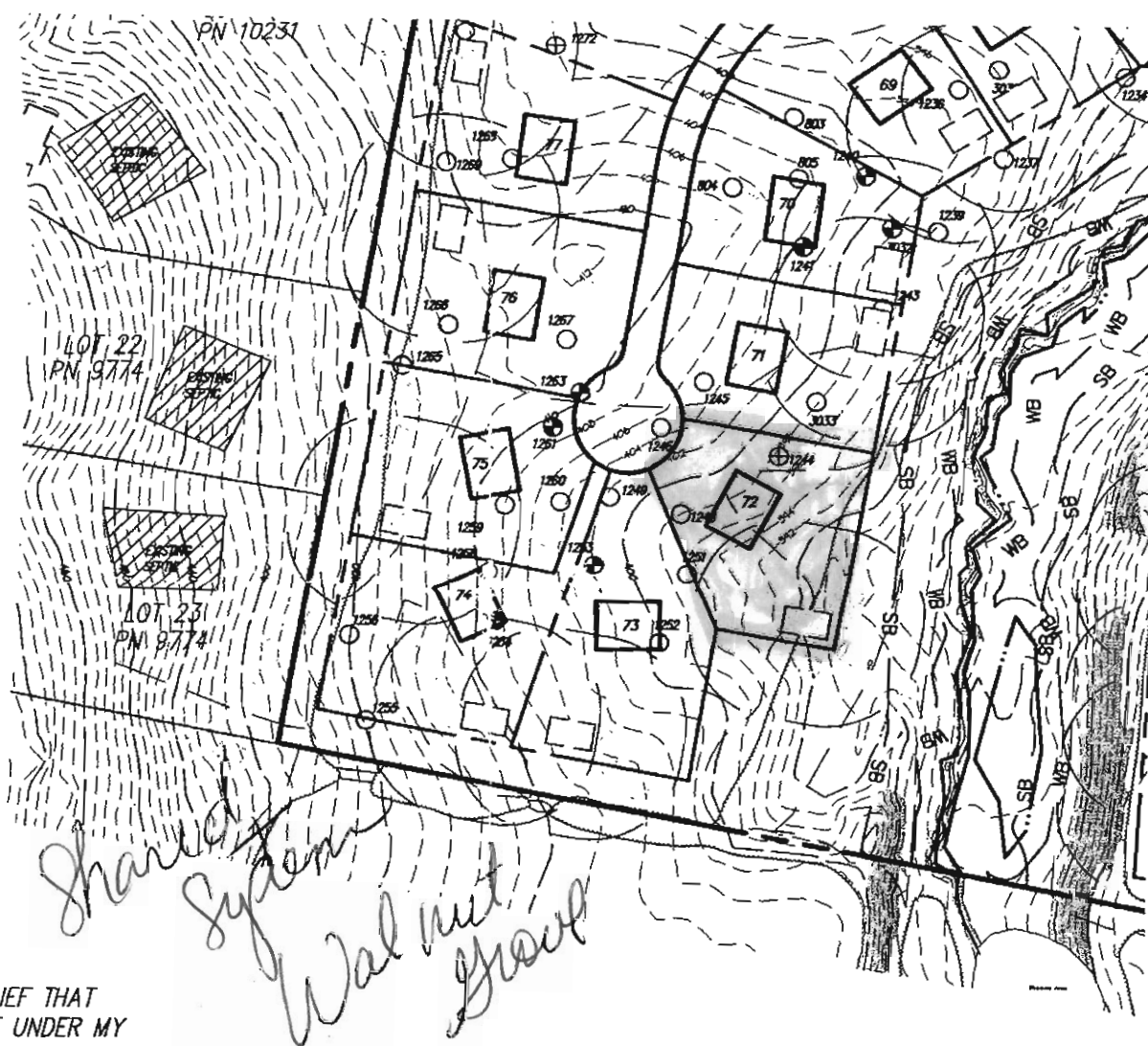
Matt  
410-313-4934 office  
410-978-1320 mobile

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**From:** Pickett, Tom  
**Sent:** Friday, September 14, 2012 5:53 AM  
**To:** Day, Lori; Scott, Heidi

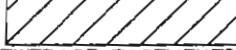


BUFFER  
 VE STREAM  
 BUFFER  
 AIN  
 Y LINE  
 25% AND GREATER SLOPE  
 ( AND 100' WBRL



PROFESSIONAL KNOWLEDGE AND BELIEF THAT  
 BASED ON FIELD LOCATIONS DONE UNDER MY

## GENERAL NOTES:

1.  THIS AREA DESIGNATES PRIVATE SEWERAGE, SEWERAGE EASEMENTS OF 850,894 SQUARE FEET AS REQUIRED BY FOR SHARED SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENT RECORD PLAT APPROVAL-RECORDATION OF A MODIFIED SEWERAGE.
2. THE LOTS SHOWN HEREON COMPLIES WITH THE MINIMUM LOT W. DEPARTMENT OF THE ENVIRONMENT.
3. ALL EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 AVAILABLE INFORMATION.
4. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. WELL DRILLING PRIOR TO THE FINAL PLAT SUBMISSION. IT WILL NOT HOLDS UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD, VARIOUS LOCATIONS WITHIN THE SITE, THE DEVELOPER SHALL HAVE REMAINING WELLS PRIOR TO PLAT RECORDATION.
5. TOPOGRAPHY IS FROM AERIAL TOPOGRAPHY PREPARED BY McKEL TOPOGRAPHY BY GUTSCHICK, LITTLE & WEBER, P.A. IN JANUARY, 2004.
6. BOUNDARY INFORMATION IS BASED ON BOUNDARY SURVEY PER McKEL WEBER, PA.
7. PROPERTY TABULATION:
  - A. TAX PARCEL 74
  - B. TOTAL ACREAGE: 202.44 AC.

1098

4/22/04

License No.

Date

PROFESIONALLY APPROVED PLAN DATE APRIL 30, 2004.)

AND PRIVATE SEWERAGE SYSTEMS.