

C12013

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

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
12 14 03

Depth of Well
22 600 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO 94 - 3502

OWNER Tradition Home Builders

STREET OR RFD 13917 Wayside Dr first name

TOWN Clarksville

SUBDIVISION HAVILAND HILLS SECTION LOT 17

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

Drilled well deeper
From 400 600
Gray Limestone
Well deepened

GROUTING RECORD
yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
45 46 45 46
NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
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)
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL BR BRASS PL PLASTIC
HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)
1 2
EACH CASING
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

C3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 8 9
PUMPING RATE (gal. per min.) 11 15
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17 20 ft.
WHEN PUMPING 22 25 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } 49 50 51

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)
wayside Dr 35'

C 1 14244 SEQUENCE NO. (MDE USE ONLY)

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

COUNTY NUMBER 13

ST/CO USE ONLY

DATE Received

MM DD YY

DATE WELL COMPLETED

MM DD YY
10 20 02

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO. 3502
FROM "PERMIT TO DRILL WELL"
10 - 94 - 3424

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT 17

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil	0	2	
Sandy	2	12	
Sand Stone	12	15	
MICKA	15	35	
Sand Stone	35	40	✓
MICKA	40	60	
Sand Stone	60	65	✓
MICKA	65	400	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 8 NO. OF POUNDS 800

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 RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

E
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 10 24 400

E 8 9 11 15 17 21

A 23 24 26 30 32 36

S 38 39 41 45 47 51

R 58 60 62 64 66 68

E SLOT SIZE 1 2 3

N DIAMETER (NEAREST INCH)

from to

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

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 17 20 ft.

WHEN PUMPING 22 25 ft.

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other (describe below)

27

J jet

27

S submersible

27

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

YES 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

49

- below

49

LAND SURFACE

(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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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 117

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)

Page. of
Date Sept 20 2002

Review KW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3502
Location of property (road) WAYSIDE DRIVE
Subdivision HAVILAND HILLS Lot 17 Block Plat Sec.
Well Driller R MAYNE Owner Steven Leaf

Depth of well 400
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 38 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 10 GPM
Total time 30 min to reach pumping water level 180 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>1</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	38 ft	6 Sec	5	10 GPM
7:30	180 ft	45 Sec	Test Started	1.3 GPM
7:45	180 ft	45 Sec		1.3 GPM
8:00	180 "	45 "		1.3 "
8:15	180 "	45 "		1.3 "
8:30	180 "	45 "		1.3 "
8:45	180 ft	45 Sec		1.3 GPM
9:00	180 ft	45 Sec		1.3 GPM
9:15	180 ft	45 Sec		1.3 GPM
9:30	180 "	45 "		1.3 "
9:45	180 "	45 "		1.3 "
10:00	180 "	45 "		1.3 "
10:15	180 ft	45 Sec		1.3 GPM
10:30	180 ft	45 Sec		1.3 GPM
10:45	180 ft	45 Sec		1.3 GPM
11:00	180 "	45 "		1.3 "
11:15	180 "	45 "		1.3 "
11:30	180 "	45 "		1.3 "
11:45	180 ft	45 Sec		1.3 GPM
12:00	180 ft	45 Sec		1.3 GPM
12:15	180 ft	45 Sec		1.3 GPM
12:30	180 "	45 "		1.3 "
12:45	180 "	45 "		1.3 "
1:00	180 ft	45 Sec		1.3 GPM
HD-12:45	180 ft	45 Sec		1.3 GPM
1:30	180 ft	45 Sec	26 casing 24 open 8 bags	1.3 GPM

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: J. Joseph Gartland, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
Westminster, MD 21157

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

Name (Print): James J. Gartland, Jr. License# 1713

***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: Carrigan Homes Telephone #: 410-465-7755
Subdivision: Haviland Hills Lot #: 17 Well Tag #: HO-94-3502
Site Address: 13917 Wayside Drive
Clarksville, MD 21029

Submersible Pump Data

Make: Goulds
Model #: 5GS15412
Pump Capacity 5 GPM
Well Yield: GPM

Pitless Adapter

Make: Hammond
Model #: PT800
Depth: 42" (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: 600 (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: P/ASTC
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 6 FT
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]
Signature of company representative responsible for installation

6/23/04
date

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

Date Insp. Requested: 6/7/04

Date Insp. Approved: 6/7/04 [Signature] 50

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 ✓



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

August 12, 2004

Mr. & Mrs. Brian Hessler
13917 Wayside Drive
Clarksville, MD 21029

SENT VIA FACSIMILE 410-465-5608

RE: Haviland Hills, Lot 17
13917 Wayside Drive
Clarksville, MD 21029
BP # B00145713
Well Permit # HO-94-3502
**ULTRAVIOLET LIGHT DISINFECTION
SYSTEM**

Dear Mr. & Mrs. Hessler:

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 May 25, 2004.

The water sample results indicate that the **treated** 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 also found to be in compliance for chemical water quality COMAR standards.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a permanent deviation to that section of the regulation on the condition that the ultraviolet light disinfection system effectively maintains the required bacteria-free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteria analysis should be performed by a laboratory certified for water testing. (Certified to test for bacteria)
3. You should make any potential buyer/tenant aware of the above condition if you decide to sell or rent your home in the future.

INTERIM CERTIFICATE OF POTABILITY

(Permanent Deviation for Bacteria)

Based upon the installation and proper operation of the ultraviolet light disinfection system, 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-94-3502. 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 may be taken by the county health department within six months of the date of this letter. Please call (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final water sampling.

Dates of raw water samples: 7/16, 7/26, & 8/9 (All in 2004)

Date of treated water samples: 8/11/04

Date of Well Completion: 12/14/03

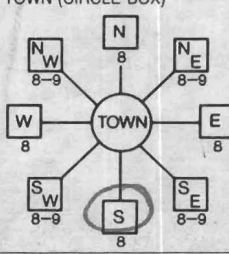
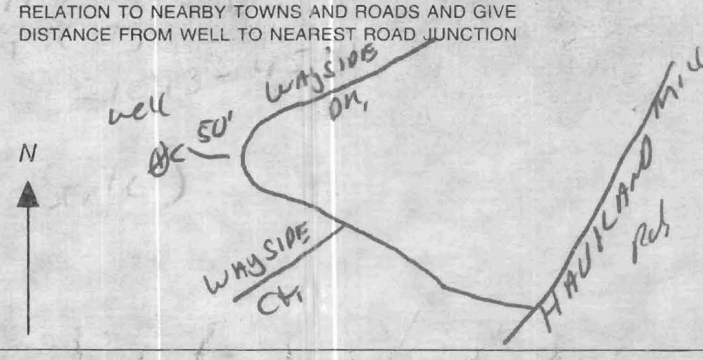
Respectfully,



Brian Baker, R. S.
Approving Authority
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Environmental Health Program
File

B 1	3288	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 517448 please print or type	STATE PERMIT NUMBER HO-94-3502 fill in this form completely
Date Received (APA) 08 30 02 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 36 4540 Ten Oaks Rd. Street or RFD 55 57 Dayton MD. 21036 Town State Zip 76			B 3 LOCATION OF WELL 8 COUNTY Howard 21 23 SUBDIVISION N/A. 42 SECTION 44 46 LOT 17 48 50 DAYTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78	
DRILLER INFORMATION 76 Driller's Name 81 Ralph E. MAYNE MSD 112 Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date Ralph E. Mayne 8-26-02			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 WAYSIDE DR. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 50 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 34 78 124 TAX MAP: 78 BLK: 124 PARCEL: 918	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 9/5/02 Kacie Norman 9/5/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 000 55 EAST GRID 57 0804 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 804 N 513 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING LIVESTOCK WATERING & AGRICULTURAL IRRIGATION [I] INDUSTRIAL COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST OBSERVATION, MONITORING [G] GEO THERMAL				
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" 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) [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 [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. HO-94-3502 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED				

