

C1 6660

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.COUNTY
NUMBER

A520087

1 2 3 4 5 6
(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
8 11 05

Depth of Well

22 245 26
(TO NEAREST FOOT)9/8/05
OK. (BB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"HD - 95 - 0084
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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

Sand

0 56

Gray Mica Rock

56 245

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 20

NO. OF POUNDS 1800

GALLONS OF WATER 120

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
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

St 60 61

6 63 64

60 66 70

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
STEELBR
BRASSHO
OPEN
HOLE

BRONZE

PL
PLASTICOT
OTHER

C 2

DEPTH (nearest ft.)

1 2

E 1

A 8

C 2

H 23

S 24

C 3

R 38

E 39

N 41

SLOT SIZE 1

DIAMETER

OF SCREEN

56

from

to

70

72

TELESCOPE

CASING

LOG

INDICATOR

OTHER DATA

74

75

76

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

8 9

PUMPING RATE (gal. per min.)

11 15

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 25 ft.

WHEN PUMPING 22 49 ft.

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

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

50 51

LAND SURFACE

(nearest
foot)

2

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)

See attached

well location

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 MSD 024

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)

B 1	8126	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523006	STATE PERMIT NUMBER 110-95-0084 <small>fill in this form completely</small>
Date Received (APA) 07/25/05 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name Das		34 First Name Nareshe		
36 Street or RFD 9535 Ridgeway Dr.		55		
57 Town Columbia		76 State MD		
		72 Zip 21046		
DRILLER INFORMATION				
Driller's Name Joseph L Mayne		76 License No. MSD 024		
Firm Name Joseph L Mayne Well Drilling				
Address 5512 Ridge Rd Mt. Airy Md 21776				
Signature Joseph L Mayne		Date 7-22-05		
B 2	WELL INFORMATION			
1 APPROX. PUMPING RATE (GAL. PER MIN.)		8 4		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<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"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 260 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<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				
<input 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 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 11 _____ G _____				
PERMIT No. 110-95-0084				
SPECIAL CONDITIONS				

B 3	LOCATION OF WELL			
8 COUNTY Howard		21		
23 SUBDIVISION Rutherford		42		
SECTION 44		LOT 5		
52 NEAREST TOWN Dayton		71		
MILES FROM TOWN (enter 0 if in town) 1.2 M				

B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
11 NEAR WHAT ROAD Rutherford way		30		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		NORTH		
		WEST		
		EAST		
		SOUTH		
34 240 37		DISTANCE FROM ROAD		
		ENTER FT OR MI FT		
TAX MAP: 28		BLK: 2		PARCEL 75

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard		COUNTY NO. A520087		
STATE SIGNATURE		INSERT S 41		
DATE ISSUED 8/6/05		EXP. DATE 8/6/06		
CO SIGNATURE Shirley B...				
NORTH GRID 513		EAST GRID 906		
50 000 55		57 000 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 8086	000
N 513	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	

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-11-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Joseph L. Mayne

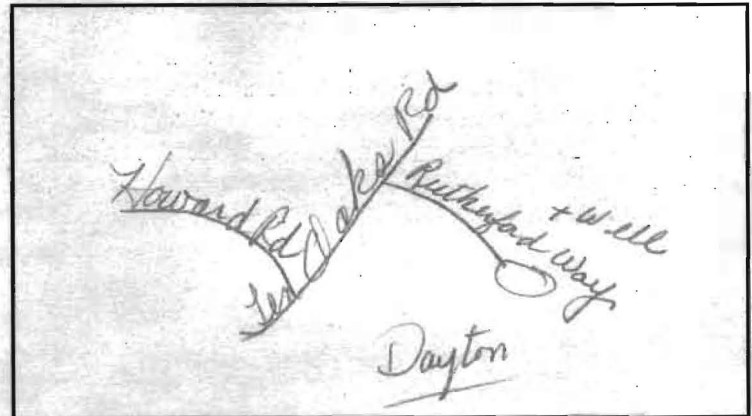
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Aareshe Das

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP 28 BLOCK 12 PARCEL 75
SUBDIVISION: Rutherford
SECTION: 5 LOT: 5
NEAREST ROAD: 4525 Rutherford Way



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☒ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6.58 INCHES IN DIAMETER

* DEPTH OF WELL: 50 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement & gravel	0	50
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne

LICENSE # 024

MWD/MSD/MGD
CIRCLE ONE

8-12-05
DATE

C 1 4104		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.	
1 2 3 6						COUNTY NUMBER A42050B	
DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 09 22 94		Depth of Well 22 185 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H094 1748	
OWNER last name Schmidt first name William		STREET OR RFD 4525 Rutherford Way		TOWN Dayton		SUBDIVISION Rutherford SECTION LOT 5	
WELL LOG Not required for driven wells		GROUTING RECORD yes no Y N		C 3 1 2		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour) 3		PUMPING RATE (gal. per min.) 10	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		PUMPING RATE (gal. per min.) 11 15		METHOD USED TO MEASURE PUMPING RATE Bucket	
FEET FROM TO		NO. OF BAGS 15 NO. OF POUNDS 1500		WATER LEVEL (distance from land surface)		BEFORE PUMPING 19 ft.	
check if water bearing		GALLONS OF WATER 90		WHEN PUMPING 60 ft.		TYPE OF PUMP USED (for test)	
Top Soil 0 2		DEPTH OF GROUT SEAL (to nearest foot)		A air P piston T turbine		C centrifugal R rotary O other (describe below)	
Sandy 2 40		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		J jet S submersible		PUMP INSTALLED	
SANDSTONE 40 45		Casing types insert appropriate code below		DRILLER INSTALLED PUMP YES NO NO		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
MICKA 45 75		MAIN CASING TYPE		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	
SANDSTONE 75 80		Nominal diameter top (main) casing (nearest inch) 6		PUMP HORSE POWER 37 41		PUMP COLUMN LENGTH (nearest ft.) 43 47	
MICKA 80 140		Total depth of main casing (nearest foot) 56		CASING HEIGHT (circle appropriate box and enter casing height)		LAND SURFACE (nearest foot) 2	
FLINT ROCK 140 145		OTHER CASING (if used) diameter inch depth (feet) from to		+ above } - below }		LOCATION OF WELL ON LOT	
MICKA 145 185		EACH CASING		SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		Diagram showing well location relative to house and road.	
NUMBER OF UNSUCCESSFUL WELLS: 0		SCREEN RECORD					
WELL HYDROFRACTURED Y N		screen type or open hole (insert appropriate code below)					
CIRCLE APPROPRIATE LETTER		ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER					
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		DEPTH (nearest ft.)					
E ELECTRIC LOG OBTAINED		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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
P TEST WELL CONVERTED TO PRODUCTION WELL		SLOT SIZE 1 2 3					
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.		DIAMETER OF SCREEN (NEAREST INCH) 56 60					
DRILLERS LIC. NO. 1 M S D 116		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
LIC. NO. 1 M S D 117		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					

Well Permit No. HO - 95-0084
Location of property (road) 4525 Rutherford Rd.
Subdivision Rutherford Lot 5 Block 2 Plat 2E Sec. 75
Well Driller Joe Mayne Owner Joe Mayne

I. High rate pumping -- reservoir drawdown

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

[illegible]

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2/18/2005 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Hatfields

* OWNER'S NAME: William Schmidt

* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP 28 BLOCK 2 PARCEL 75
SUBDIVISION: Rutherford
SECTION: _____ LOT: 5

MARYLAND GRID COORDINATES

BOX NUMBER E 806
N 513

* TYPE OF WELL BEING ABANDONED:

_____☐ DRILLED _____☐ JETTED
_____☐ BORED/AUGURED ☒ HAND DUG
_____☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC _____ MUNICIPAL/PUBLIC
_____☐ IRRIGATION _____ INDUSTRIAL
_____☐ TEST/OBSERVATION

* TYPE OF CASING:

_____☐ STEEL _____ PLASTIC
☒ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 3' ~~INCHES~~ IN DIAMETER

* DEPTH OF WELL: 23 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES _____ NO
if yes, length removed, in feet: 12

* WAS CASING RIPPED OR PERFORATED? _____ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Brian Baser

01223
LICENSE #

MWD/MSD/MGD
CIRCLE ONE

2/18/05
DATE

DENV 828 JULY 1993

**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: New Dimensions Telephone #: 4102394359
Address: 3018 Bachman Rd
Manchester, MD 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Clarence Blake Jr License# 15443

*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: Naren Das Telephone #: _____
Subdivision: Rutherford Estates Lot #: 5 Well Tag #: HO-95-0084
Site Address: 4525 Rutherford way
Dayton, MD 21036

Submersible Pump Data

Make: FAW
Model #: 314HP
Pump Capacity: 7 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Cambell
Model#: 001
Depth: 42" (36" min)
NSF 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: _____ (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 n/a

Piping to house

Type: 1" IPS 200PSI
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 10' 2" # yes
Approximate length of sleeve: 10'
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.

CWB Blake
Signature of company representative responsible for installation

12/8/05
date

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

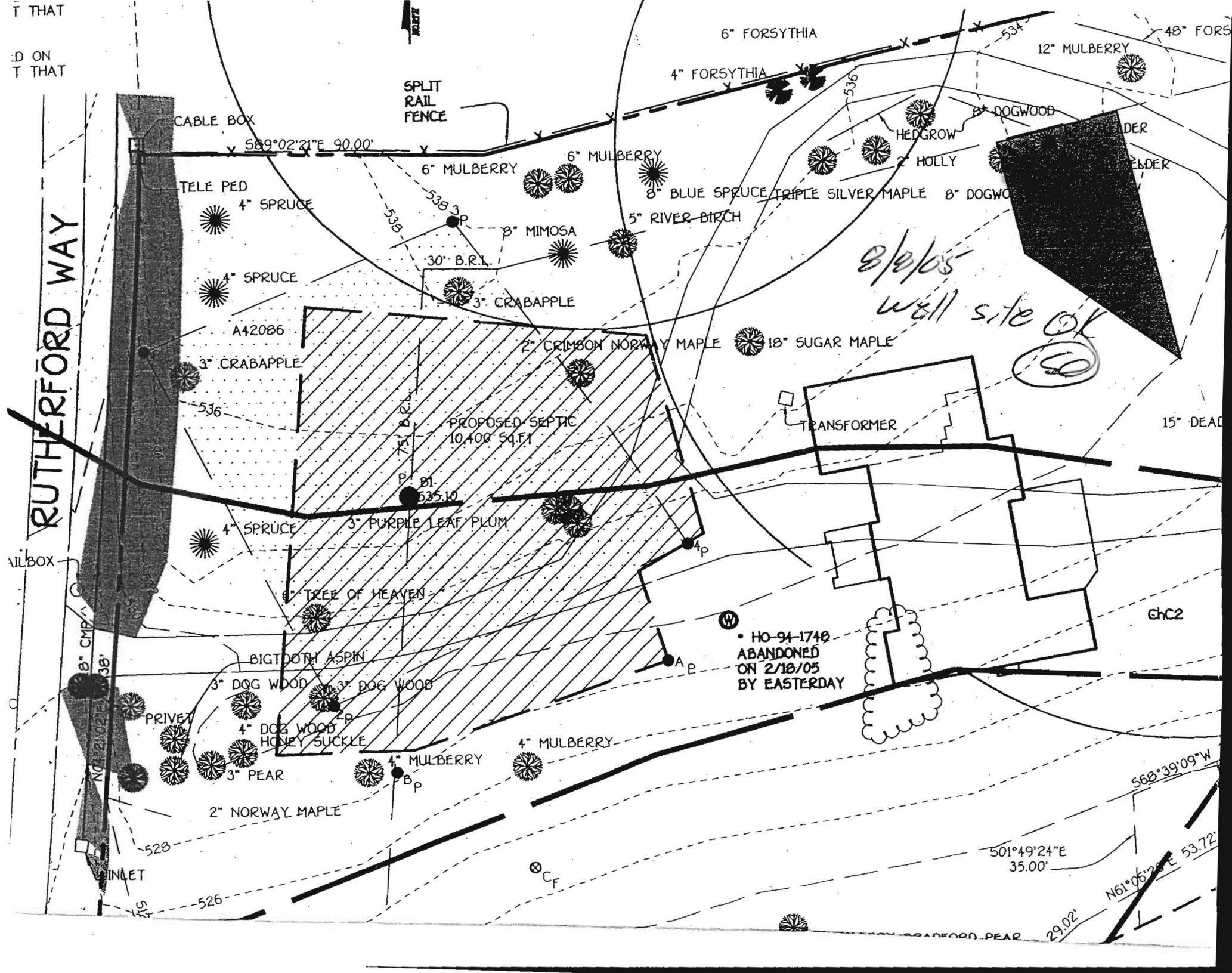
Date Insp. Requested: 12/9/05 Date Insp. Approved: 12/9/05 (CAC)
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed 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 ✓

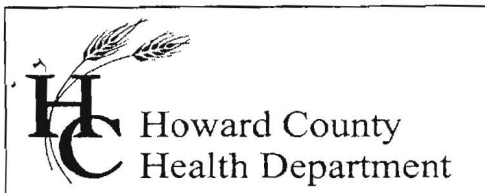
5/3/06
One Nut Missing From
Cap. (BB)

DO NOT
T THAT

RUTHERFORD WAY

AIRBOX





7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

May 11, 2006

Naresh & Bigyani Das
9535 Ridgeview Drive
Columbia, MD 21046

RE: Rutherford, Lot 5
4525 Rutherford Way
Dayton, MD 21036
BP #: B00155712
Well Permit # HO-95-0084

Dear Mr. & Mrs. Das:

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 05/03/2006. Final approval of the well line connection to the dwelling was approved on 12/09/2005.**

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-95-0084. 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: 03/30/2006
Date of Well Completion: 08/11/2005

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
Mr. Naresh Das
9535 Ridgeview Drive
Columbia, Maryland 21046

S/O Number: 06-2971
Report Date: March 31, 2006

TRACE LABORATORIES-EAST

Property Sampled: 4525 Rutherford Way

County: Howard
Subdivision: Rutherford
Lot #: 5
Building Permit #: B00155712
Tax Map #: 28
Parcel #: 75


Date/Time Collected: March 30, 2006 at 11:15 am
Date/Time Received: March 30, 2006 at 1:30 pm

Sample Location: Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0084
Well Condition: 2-Piece Cap
Cap Tight
1 Bolt Loose

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	2.7 NTU	EPA 180.1	10 NTU	Pass
pH	6.8 Units	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


Heather R. Beam
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.

Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318