

C 1 5244

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

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

03 27 01

Depth of Well

300

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

Ho-94-4162

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

12124 Scaggville

first name

TOWN

Fulton

SECTION

LOT

Rando

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

overburden

0 40

Gray Rock

40 300

Water at

65' + 130'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C.M.

BENTONITE CLAY B.C.

NO. OF BAGS 9

NO. OF POUNDS 100

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowS T
STEELC O
CONCRETEP L
PLASTICO T
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

45

60 61

63 64

66 67

OTHER CASING (if used)

diameter

depth (feet)

PL

4

170

PL

4

170

60 61

63 64

66 67

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

S T
STEELB R
BRASSH O
OPEN
HOLEP L
PLASTICO T
OTHER

C 2

DEPTH (nearest ft.)

1

2

3

4

5

6

7

8

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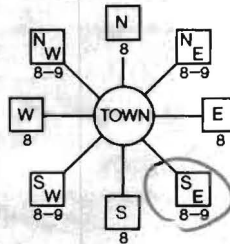
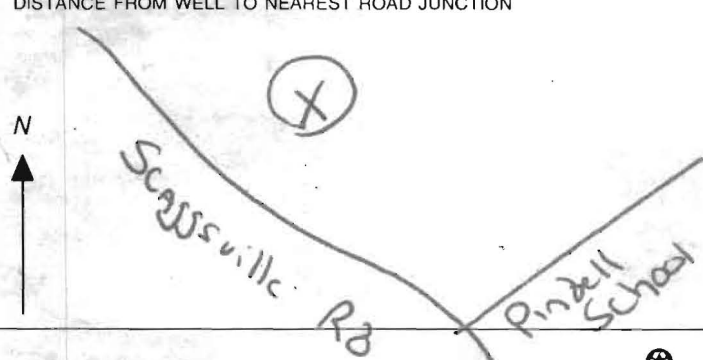
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C 1 6490	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.																																								
1 2 3 4 5 6 (THIS NUMBER 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 04 27 2005	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 110 - 94 - 4162																																								
OWNER <u>Rand</u> <u>Scarsville Rd</u> <u>Chris</u> STREET OR RFD <u>Scarsville Rd</u> <u>Chris</u> SUBDIVISION <u>Beaman Run</u> SECTION <u>41</u> TOWN <u>Fulton</u> LOT <u>13/62</u>																																											
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Overburden</td> <td>0</td> <td>40</td> <td></td> </tr> <tr> <td>Gray Rock</td> <td>40</td> <td>300</td> <td>x</td> </tr> <tr> <td colspan="4">water at 65' & 130'</td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Overburden	0	40		Gray Rock	40	300	x	water at 65' & 130'				GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>9</u> NO. OF POUNDS <u>900</u> GALLONS OF WATER <u>34</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>03</u> TOP 52 ft. to <u>45</u> BOTTOM 58 ft. (enter 0 if from surface)																							
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casing types insert appropriate code below MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>45</u>		C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>9.47</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>35</u> ft. WHEN PUMPING <u>147</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible																																									
OTHER CASING (if used) diameter depth (feet) inch from to		SCREEN RECORD screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER																																									
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> </tr> <tr> <td colspan="20"> <u>45</u> <u>300</u> </td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	<u>45</u> <u>300</u>																			
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<u>45</u> <u>300</u>																																											
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <u>49</u> <input type="checkbox"/> - below <u>1</u> (nearest foot)																																									
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		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) 																																									
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. <u>M S D 162</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Mark D...</u> LIC. NO. <u>33D 048</u>																																									
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																																									

B 1 6625 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 522032 please type	STATE PERMIT NUMBER 40-94-4162 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 Rand Chris 15 Last Name Owner First Name 34 12124 Scaggsville Road 36 Street or RFD 55 Fu Hon MD 20759 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY Boardman Property - Rand lot 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Fu Hon 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78	
DRILLER INFORMATION Michael J Som G Edgar Harr Sons corp MS D 162 Driller's Name 76 License No. 81 G Edgar Harr Sons corp Firm Name 12047 Falls Rd Cockeysville 21030 Address Signature 3-8-05 Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 34 1000 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 41 BLK: 13 PARCEL 62	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 750 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL 522032 Howard COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 4/13/05 43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/13/06 NORTH GRID 484 0 0 0 EAST GRID 819 0 0 0 50 55 57 63	
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		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 819 N 484 000 000	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 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) <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 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		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. 40-94-4162 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Well Permit No. HO - 94-4162
Location of property (road) Scaggsville Rd
Subdivision Bowman Prop Lot 62 Block 13 Plat 41 Sec.
Well Driller Harr Owner Choir Band

I. High rate pumping -- reservoir drawdown

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

[illegible]

Depth of well 300 Ft
Distance of measuring point (M.P.) above ground 1 Ft
Static water level (S.W.L.) below M.P. 35 Ft

[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: VTC JH Plumbing Telephone #: 410-489-4457
Address: 1820 Gibbs Falls Rd
Woodbury MD 21797

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

Name (Print): William T. Cumberland JH License# 7979

*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: Christopher L. Rand Telephone #: _____
Subdivision: _____ Lot #: 2 Well Tag #: HO-99-4162
Site Address: 12160 Scapesville Rd
Fulton MD 20757

Submersible Pump Data

Make: Cummins

Model #: _____

Pump Capacity Variable GPM

Well Yield: 4 GPM

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 _____

Pitless Adapter

Make: Harman

Model#: _____

Depth: 58 (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

Piping to house

Type: Plastic

PSI: 160 (160 psi min)

Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 58

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.

Signature of company representative responsible for installation: William T. Cumberland date: 5-24-07

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

Date Insp. Requested: _____

Date Insp. Approved: 8/23/06

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

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well,
please indicate one of the following:

Scheduled to be

- ☒ The well site has been [✓]staked by LDE
~~on~~ *the week of* 3/14 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN

I will notify the County when the stakes are in.

Mike Isom

RTH

CHRISTOPHER R. COLE
VICTORIA GAIL GRAY
LOT 3
CECIL COLE PROPERTY
PLAN #14537

492

EKB2

G1B2
CHB2

100.313

490

485

A22°45'E

581.55'

N31°32'16"W

60' BRL

480

413/08
Site
Well

75' BRL

322.36'

3.437 Ac

482.4

482.1
452.0
480.9

480.9

479.1

5479.5

558°27'44"W

290.84'

30' BRL

475

RESERVE
AREA FOR
EXISTING
SEPTIC
SYSTEMS
REMAINDER OF
PARCEL 62

474.8

475

4 Perches (891.00')

G1B2
G1B2

100'
WELL RADIUS

1.38'

10'±

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS*Florentine Boorman*

Laboratory ID #: 63161 Account #: 1880
 Reference: Rand Custom Builders Company: Excello West Termite
 Location: 12150 Scaggsville Road Requested By: Paul Kouvaris
 Fulton, MD 20759 Source: Well Water
 Date/ Time Collected: 5/18/2007 1105 Site: Kitchen Sink Tap
 Date/Time Rec'd: 5/18/2007 1240 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 6.5
 Collected By: E. D'Amico 8250ED Well #: HO-94-4162

Being submitted
Chris Rand
410-730 7733

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/19/2007 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/19/2007 / 1000 / BCD
Nitrate	2.43	mg/L	10	601	5/18/2007 / 1530 / AD/BD
Turbidity	0.41	NTU	<10	SM18 2130B	5/18/2007 / 1450 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	5/18/2007 / 1450 / AD/BD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00155753

Date Reported: 5/21/2007

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Tareytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	63017	Account #:	1880
Reference:	Band	Company:	Excello West Termite
Location:	12150 Scaggsville Road	Requested By:	Paul Kouvaris
	Fulton, MD 20759	Source:	Well Water
Date/ Time Collected:	5/7/2007 1400	Site:	Kitchen Sink Tap
Date/Time Rec'd:	5/8/2007 0930	Treatment:	None
Chlorine ppm:	Free: NT Total: NT	pH:	NT
Collected By:	P. Kouvaris 0715PK	Well #:	HO-94-4162

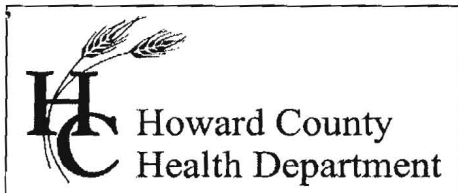
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, P/A	Absent	Total Coliform	Absent	SM18 9223 B.	5/9/2007 / 0930 / AD/BD
Bacteria, E. coli, P/A	Absent	E. coli	Absent	SM18 9223 B.	5/9/2007 / 0930 / AD/BD

NOTES:

- 1 P/A= Presence or Absence of Coliform Bacteria
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 NT = Not Tested
- 4 Thio Check Negative
- 5 Sample collected by client, analyzed as received

Reason for Test : Real Estate

Date Reported: 5/9/2007



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

May 30, 2007

Florentine Boarman
Chris Rand
12124 Route 216
Fulton, MD 20759

SENT VIA FACSIMILE 410-781-4979

RE: Boarman Property, Lot 2
12150 Scaggsville Road
Fulton, MD 20759
BP #: B00155753
Well Permit # HO-94-4162

Dear Sirs:

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 08/24/2006. Final approval of the well line connection to the dwelling was approved on 08/23/2006.**

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-94-4162. 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 Sample(s): 05/07/2007 & 05/18/2007
Date of Well Completion: 04/27/2005

Approving Authority,

Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File