

C 1 0453 SEQUENCE NO. (DENY USE ONLY)

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

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

COUNTY
NUMBER A 34979

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

ST/CO USE ONLY
DATE RECEIVED

8 13

DATE WELL COMPLETED

13 01 74

Depth of Well

22 135 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40 - 97 - 5402

OWNER Campanile Homes
STREET OR RFD last name first name TOWN Clarksville
SUBDIVISION WATERFORD SECTION 2 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)

SAND
GRAY MICA
Rock

FEET
FROM TO

0 52
52 185

Check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 158

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 49 ft.
48 TOP 52 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

ST 4 56
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type or open hole
insert appropriate code below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C 2

1 2
EACH SCREEN

DEPTH (nearest ft.)

1 8 9 11 15 17 21
2 40 54 185
23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q
74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 3

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

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 44

WHEN PUMPING 89

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 WILL INSTALL PUMP YES NO

(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE: 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 } 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
location

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 24
Joseph P. Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

101113

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND

PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-92-0402

fill in this form completely

Date Received (APA)

062593

OWNER INFORMATION

8

13

15 Last Name

Owner

First Name

34

175095106ALPHARD WFL

36

Street or RFD

55

HSHITON

57

Town

70 State 72

Zip

76

DRILLER INFORMATION

Driller's Name

77 License No. 80

Joseph L. Mayne

0029

Firm Name

Address

Signature

Date

Joseph L. Mayne Well Drilling

5512 Ridge Rd. Int. City, Md 21771

Joseph L. Mayne

6/28/93

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

8

12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

14

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D

F

I

P

T

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL

260

24

28

FEET

APPROXIMATE DIAMETER OF WELL

6

NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jettied & DRIVEN

30 AIR-ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

37 CABLE

REVerse-ROTary

Drive-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N

Y

S

D

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

41

52

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER

54

GAP

63

FORCE

WRITE INITIALS IN BOX

PERMIT No.

70

71

72

73

74

75

76

77

78

79

LOCATION OF WELL

8 COUNTY

21

23 SUBDIVISION

42

SECTION

44

46

LOT

48

50

52 NEAREST TOWN

71

51 MILES FROM TOWN (enter 0 if in town)

73

76

77

78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N

NE

E

SE

S

SW

W

NW

NEAR WHAT ROAD

30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH

WEST

SOUTH

EAST

34

37

DISTANCE FROM ROAD

ENTER FT or MI

38

39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A34979

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

071993

Mark E. Rifein

7/14/94

43 NORTH GRID

48 CO SIGNATURE

55 EAST GRID

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

810

N

49X7

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

N

Brighton Dam Rd

Wayford park

Chamberlain

3 1/2 Well Grout - 9:30

2' CASING A.G.

56' CASING LOC

49' OPEN OK

17 BAGS OK

MR 3/1/94

000

000

VTAG OK

COUNTY

Well Permit No. HO - 92-0402
Location of property (road) Wexford Park
Subdivision WATERFORD Lot 17 Block Plat Sec. 2
Well Driller J Mayne Owner Campanile Homes

HD-224

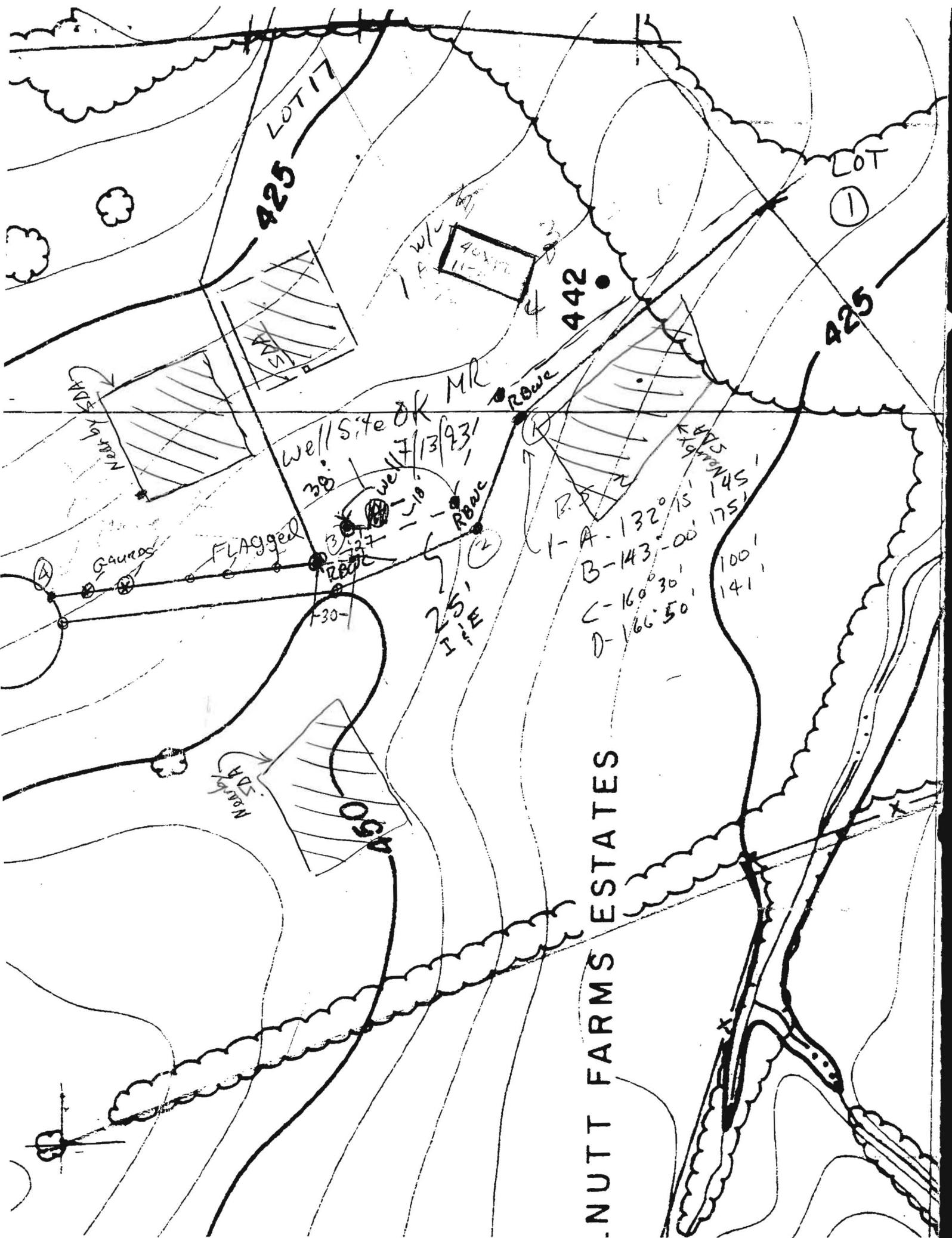
3/1/94
3 HRS
7:30 start

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well 185'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 44'

Time pump started 7:30 Pumping rate 15 GPM
Total time 15 min to reach pumping water level 89 ft. below M.P.

[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: Easterday Well + Pump, Inc. Telephone #: 301-831-5170
Address: 9265 Brown Church Rd.
Mt. Airy, MD. 21771

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

Name (Print): Jerry A. Miller III

Licensed Well Pump Installer

License# AWD817

*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: Bethel Design Const. Telephone #: 301-937-7500
Subdivision: Waterford Lot #: _____ Well Tag #: HO - 92 0402
Site Address: 12931 Wexford Park
Clarksville, MD.

Submersible Pump Data

Make: Goulds
Model #: 10G5074
Pump Capacity: 10 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Hartinson
Model#: PT-10X
Depth: 31 1/2 (36" min)
NSF/WSC 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: 18 1/2 feet

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

Piping to house

Type: PE
PSI: 200 (160 psi min)
Depth of supply line: 31 1/2 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 5 ft
Sleeve caulked and sealed properly: Yes

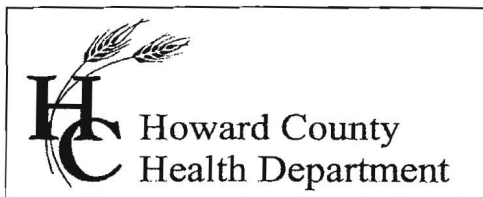
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Jerry A. Miller III

date: 3/21/05

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

Date Insp. Requested: _____ Date Insp. Approved: 3/14/05 Inspector: BB
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 ✓



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

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

June 30, 2005

Adekunle & Olufunke Awojobi
9351 Westering Sun
Columbia, MD 21045

RE: Waterford, Lot 17
12931 Wexford Park
Clarksville, MD 21029
BP #: B00145166
Well Permit # HO-92-0402

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/01/2005. Final approval of the well line connection to the dwelling was approved on 03/18/2005.**

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.

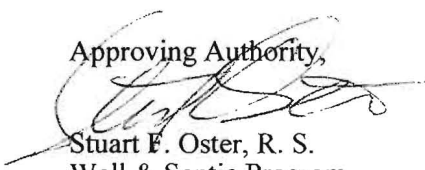
INTERIM CERTIFICATE OF POTABILITY

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-92-0402. 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: 06/10/2005
Date of Well Completion: 03/01/1994

Approving Authority,


Stuart F. Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

INVOICE NO. K 65148

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

NO DEVICES ON SYSTEM.

FIELD RECORD

LABORATORY RECORD

Sample Source: HOLD TANKcommunity
non-community
privateBACTERIOLOGICAL
METHOD:☐ Membrane Filter
☐ Multiple - Tube☒ Presence - Absence
☐ MMO-MUG12931 Westford Park
CLARKSVILLE, MD.Date 6-10-05Time 10:57 AMload yes ☒ no ☒pH 5.8Free Cl 0.0Total Cl 0.0County How.Bact. ☒ Chem. ☒Chem. Pres. ☐Collector 0457 JSWell No. H092-0402
CLARK OK
This sample was taken from a tap on the property by
Water Testing Laboratories of Maryland, Inc.

	Nitrite + Nitrate (mg/l)	Sand	Turbidity (NTU)	(mg/l)	Coliforms/100ml	Total
Results	<u>1.4</u>	<u>Absent</u>	<u>0.9</u>			<u>Absent</u>
Method	<u>353.2</u>	<u>VISUAL</u>	<u>180.1</u>			<u>SEE ABOVE</u>
Analyst	<u>SB</u>	<u>RB</u>	<u>RB</u>			<u>SB</u>
Date	<u>6.13.05</u>	<u>6.13.05</u>	<u>6.13.05</u>			<u>6.10.05</u>

Comments:

Date Time

Received: 6.10.05 5pmReported: 6.13.05 9amReported by SB Lab # 134

CLEAR

Bacteriological analysis of this sample indicates the water is safe for human consumption.Thiosulfate Present ☒ Absent ☐

PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:

Water Testing Labs

- ☐ P.O. Box 696, Bel Air, MD 21014
☐ P.O. Box 10591, Burke, VA 22009
☐ P.O. Box 1904, Easton, MD 21601
☐ P.O. Box 861, Finksburg, MD 21048
☐ 406 S. Camp Meade Road, Linthicum, MD 21090
☐ P.O. Box 4547, Salisbury, MD 21803
☒ P.O. Box 712, Stevensville, MD 21666

INVOICE NO. K 65148

Annapolis (410) 269-7752 Prince Frederick (410) 535-2665
 Bel Air (410) 838-8411 Salisbury (410) 546-1318
 Burke, VA (703) 250-7711 Stevensville (410) 643-7711
 Chestertown (410) 778-3813 Westminster (410) 876-2035
 Easton (410) 820-8486
 Elkton (410) 398-2413
 Linthicum (410) 691-2223

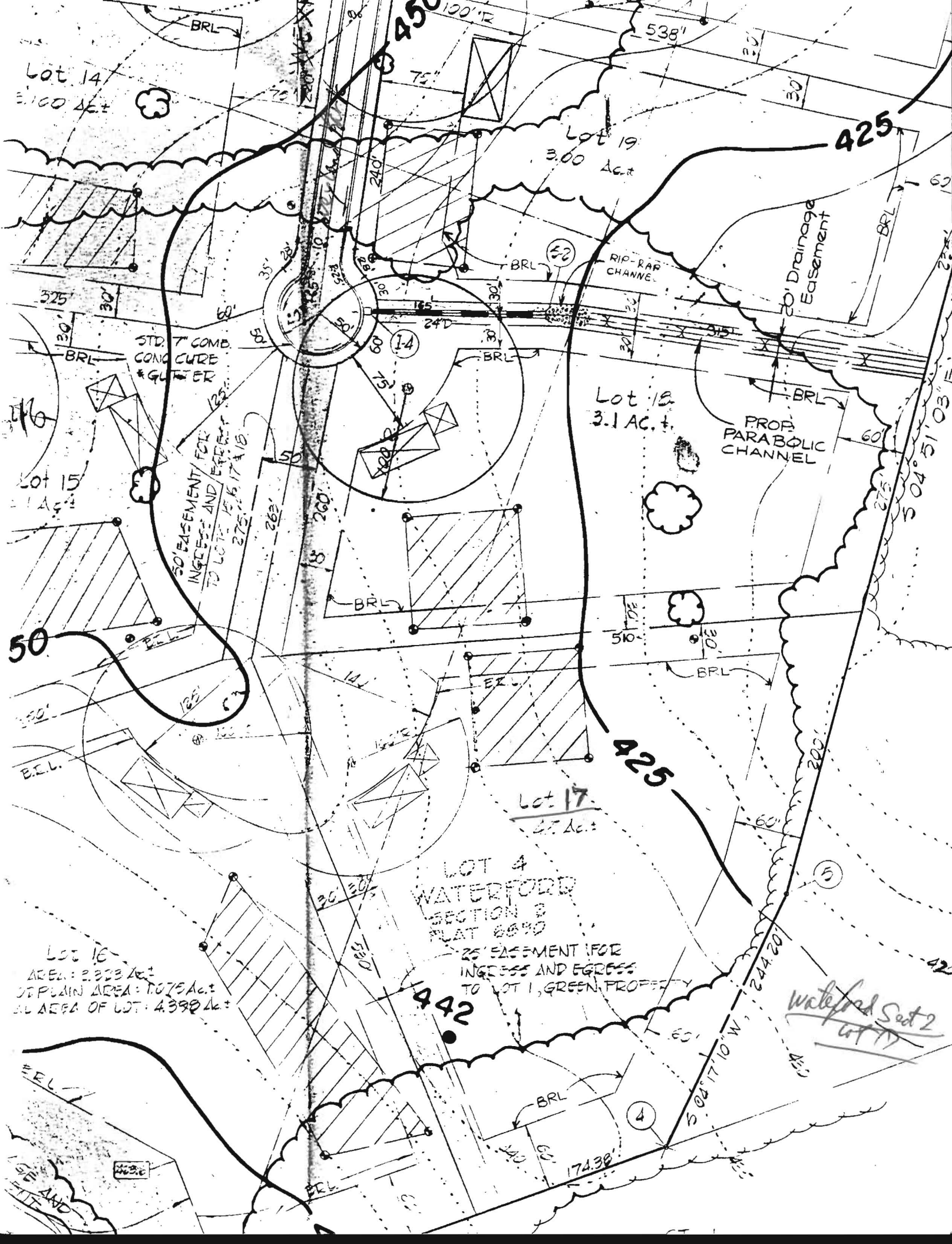
DATE: 6-10-05 Howard

AMOUNT

For analytical work reported above	
Bact. / Chem.	<u>95.00</u>
TOTAL DUE	<u>95.00</u>

Water Testing Laboratories of Maryland, Inc. is a Water Quality Laboratory Certified by the Delaware, Maryland and Virginia State Health Departments.

6/30/05 - spoke to lab, said they
 do test for E. coli, only
 not if it is positive SO



Lot 14
3.100 Ac.±

Lot 19
3.000 Ac.±

Lot 18
3.1 AC.±

Lot 17
3.7 Ac.±

LOT 4
WATERFORD
SECTION 3
PLAT 6690

Lot 16
AREA: 2.323 Ac.±
UPPLAIN AREA: 1.075 Ac.±
AL AREA OF LOT: 4.398 Ac.±

25' EASEMENT FOR
INGRESS AND EGRESS
TO LOT 1, GREEN PROPERTY

Waterford Sect 2
Lot 17

STD. T. COMB.
CONDUIT
* GUTTER

RIP-RAP
CHANNEL

PROP.
PARABOLIC
CHANNEL

20' Drainage
Easement

50' EASEMENT FOR
INGRESS AND EGRESS
TO LOT 15, 16, 17 & 18

LOT 19
3.0101 AC.±

BUILDING RESTRICTION LINE
N 79° 01' 40" E 45'

LOT 18
3.0067 AC.±

LOT 17
3.0523 AC.±

LOT 16
6.0739 AC.±
100 YEAR FLOOD PLAIN,
UTILITY & DRAINAGE
EASEMENT
AREA 10746 AC.±
PLAT # 6890

LOT 15
3.0037 AC.±

BUILDING RESTRICTION LINE

N 21° 00' 07" E 420.00'

BUILDING RESTRICTION LINE
425.2

BUILDING RESTRICTION LINE

230.00' 752.35'

