

C1 14144 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 A2340.76

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
04 23 03

Depth of Well

22 140 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0 - 94 - 3658
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Collins
Rover Mill Road
Rover Mill Estateslast name first name
Arthur

TOWN

West Friendship

SECTION

LOT

5

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 | 45 | ✓ |
| Sand Stone | 45 | 50 | |
| MICKA BLUE | 50 | 75 | |
| Sand Stone | 75 | 80 | ✓ |
| MICKA BLUE | 80 | 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 17 NO. OF POUNDS 1200

GALLONS OF WATER 10 2

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)

PL

6

55

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

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2

H0

53

140

E

A

C

H

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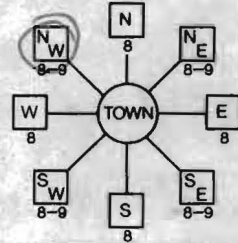
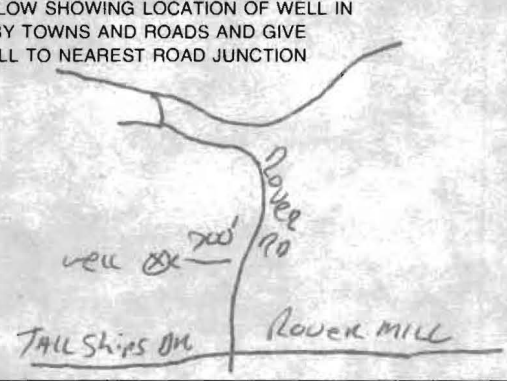
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| | | | | |
|--|------|--------------------------------|--|--|
| B 1 | 2466 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518538 please type | STATE PERMIT NUMBER HO - 94 - 3658 fill in this form completely |
| Date Received (APA) | | OWNER INFORMATION | | |
| 8 MM DD YY 13 | | | | |
| 15 Last Name | | Owner | | 34 First Name |
| 36 Street or RFD | | 55 | | |
| 57 Town | | 70 State | 72 Zip | 76 |
| DRILLER INFORMATION | | | | |
| Driller's Name | | 76 | License No. | 81 |
| Firm Name | | | | |
| Address | | | | |
| Signature | | | | |
| Date | | | | |
| WELL INFORMATION | | | | |
| APPROX. PUMPING RATE | | 5 | | |
| (GAL. PER MIN.) | | 8 | 500 | 12 |
| AVERAGE DAILY QUANTITY NEEDED | | 14 20 | | |
| (GAL. PER DAY) | | | | |
| 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 150 FEET | | | | |
| APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH | | | | |
| METHOD OF DRILLING (circle one) | | | | |
| BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVerse-ROTary Drive-POINT other _____ | | | | |
| REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 | | | | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | | | |
| APPROX. PERMIT NUMBER _____ G _____ | | | | |
| PERMIT No. HO - 94 - 3658 | | | | |
| SPECIAL CONDITIONS | | | | |
| NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | | |

| | |
|---|---|
| B 3 | LOCATION OF WELL |
| 8 COUNTY 21 | |
| 23 SUBDIVISION 42 | |
| SECTION 44 46 LOT 48 50 | |
| 52 NEAREST TOWN 71 | |
| MILES FROM TOWN (enter 0 if in town) 2 M 1 | |
| 73 76 77 78 | |
| B 4 | 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  |
| 11 NEAR WHAT ROAD 30 | |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) | |
| 34 700 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 | |
| TAX MAP: 15 BLK: 13 PARCEL 217 | |
| NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL | |
| Howard (13) A23407 | |
| COUNTY NAME COUNTY NO. | |
| STATE SIGNATURE INSERT S 41 | |
| DATE ISSUED 3/27/2003 Brian Baker 3/27/2004 | |
| 43 MM DD YY 48 CO SIGNATURE EXP. DATE | |
| NORTH GRID 534 000 EAST GRID 800 000 | |
| 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 800 | |
| N 534 | |
| DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION | |
|  | |

Well Permit No. HO - 94-3658
Location of property (road) Rover Mill Road
Subdivision Rover Mill Estates Lot 5 Block Plat Sec.
Well Driller Ralph Mayne Owner Arthur Collins

HD-224 55Crt51y 30t open 173 hrs

S 12° 58' 33" W
N 12° 58' 33" E

719.72'
719.72'

76° 56' 11" W
76° 56' 11" E

319.22'
319.22'

S 12° 58' 33" W
N 12° 58' 33" E

319.22'
319.22'

S 12° 58' 33" W
N 12° 58' 33" E

41,900

39.90

Well site

3/27/03

Shown by
Well Site as ~~stated~~ by
Arthur Collins appears
O.K. Exact location is
responsibility of Mr. Collins

LOT 4
5.130 AC.±

LOT 6
5.151 AC.±

Rover Mill Estates

POINT OF
BEGINNING

POINT OF
BEGINNING

320.00'
2103.75'

S 09° 03' 49" W

320.00'

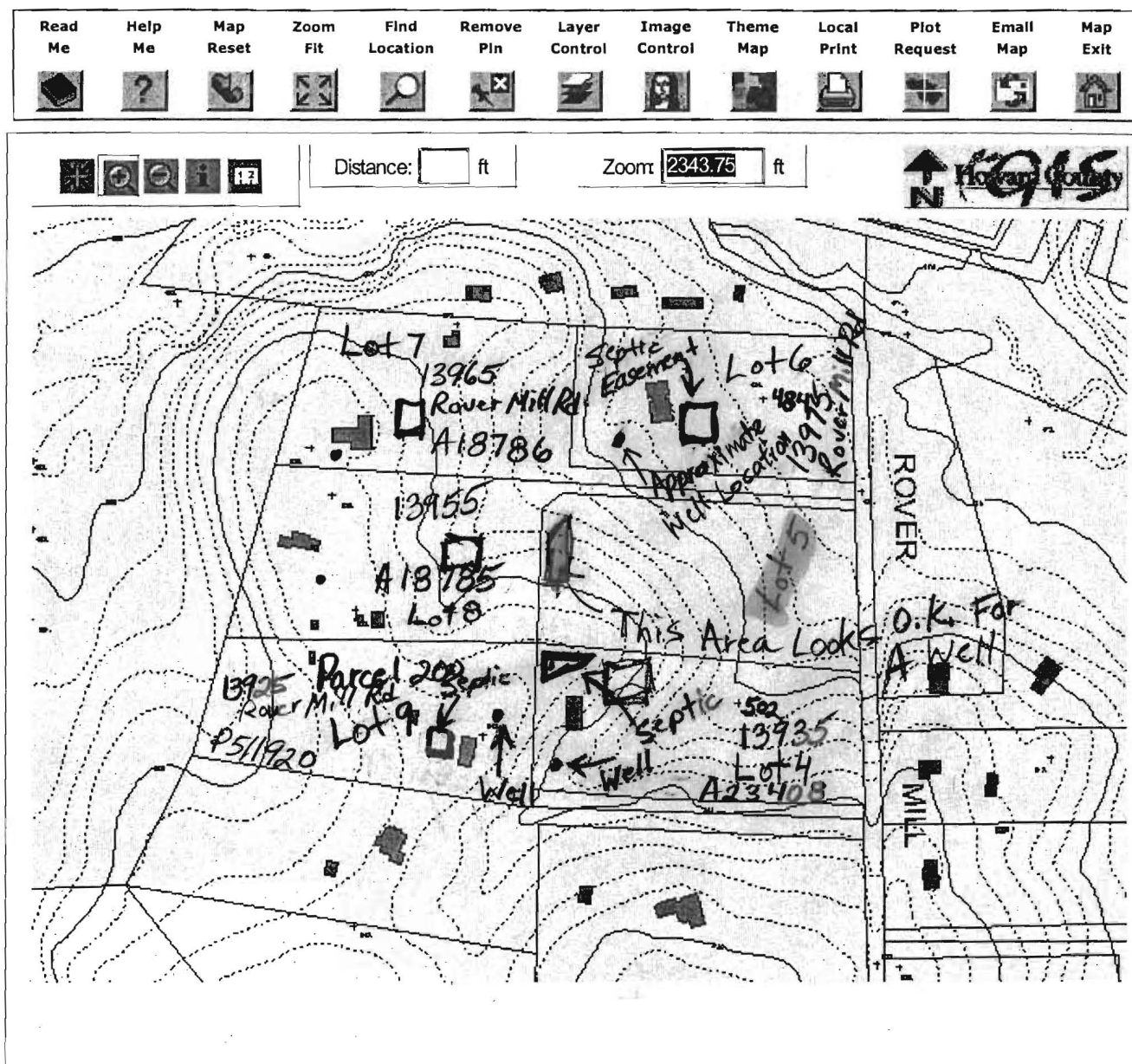
S 09° 03' 49" W
25.06'

S 09° 03' 49" W
25.06'

S 09° 03' 49" W 340.00'

Arthur L. Collins
(301) 831-0009
(301) 738-4495

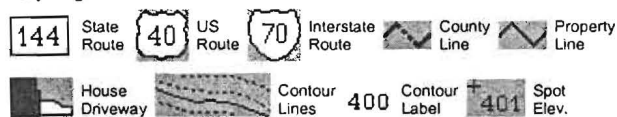
ROAD



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this map. There are no oral agreements or warranties relating to this sale and/or use of this map.

Thursday, December 26 2002 | 1:25:27 PM | @809

Map Legends



Contacts: John Bussiere (x3044) Virginia Peterman (x4438) Yut Phasukyued (x3093) Robert Slivinsky (x3094)

Parcel 200

13925
Rover Mill

Howard County Health Department

12/26/02

To: The owner of lot 5

is considering having the well drilled. I told him that the highlighted area may be O.K. Field verification may be needed. The owner also wishes to stake the site himself. I gave him the lot line and septic setbacks and told him that he is

From: ultimately responsible
if it is drilled in the wrong place.

Date: _____

HD-170

B.B.

William G. Poulis

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Orient RD
Sylesville, Md 21084

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

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

Name (Print): Allen Compton License# MSD009

*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: Greg Poulis Telephone #: 410-294-0981
Subdivision: ROVER MHI Estates Lot #: 5 Well Tag #: HO-94-31658 ✓
Site Address: 13945 ROVER MILL RD

Submersible Pump Data

Make: Grundfos
Model #: 75B05422
Pump Capacity: 7 GPM
Well Yield: 7 GPM

Depth of well encountered at time of pump installation: 140 (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

Pitless Adapter

Make: Campbell
Model #: A1A
Depth: 36 (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: 1" Black Plastic
PSI: 110 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
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: Allen Compton

date: 6-10-04

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

Date Insp. Requested: _____ Date Insp. Approved: 6/7/04 (SC)
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 _____

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 50985 Account #: 1930
Reference: Gary Poulis Lot 5 Company: Fogle's Well Drilling
Location: 13945 Rover Mill Road Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 05/28/04 0730 Site: Laundry
Date/Time Rec'd: 05/28/04 0915 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: D. Fogle 8194DF Well #: HO-94-3658

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD |
|--------------------------------|---------|-------------|-----------|--------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM 9223 B. |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM 9223 B. |
| Nitrate | 2.45 | mg/L | 10 | 601 |
| Turbidity | 0.99 | NTU | <10 | SM2130B |
| Sand | NS | mg/L | 5 | Visual/Gravimetric |

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 and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B00144120

Date Reported: 06/02/04



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

June 10, 2004

William G. Poulis
1420 Watts Avenue
Severn, Maryland 21144

SENT VIA FACSIMILE 410-489-9952

RE: 13945 Rover Mill Road
Rover Mill Estates, Lot 5
BP # B00144120
Well Permit # HO-94-3658

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 03/04/2004. Final approval of the well line connection to the dwelling was approved on 05/07/2004.**

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.

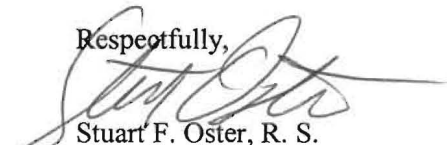
INTERIM CERTIFICATE OF POTABILITY

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-94-3658. 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: 05/28/2004
Date of Well Completion: 04/29/2003

Respectfully,



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

cc: Building Inspector's Office
Community Services Program
File