

C1 14142 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	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.
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 15 14 04 20	
		Depth of Well 22 180 26 (TO NEAREST FOOT)	
OWNER last name first name PAT UXENT BUILDERS SANG ROAD		TOWN GLENWOOD	
STREET OR RFD SUBDIVISION HOLLY 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 <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>Sand</td> <td>0</td> <td>90</td> <td>✓</td> </tr> <tr> <td>Gray Mica Rock</td> <td>90</td> <td>180</td> <td>✓</td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Sand	0	90	✓	Gray Mica Rock	90	180	✓	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 37 NO. OF POUNDS 3478 GALLONS OF WATER 222 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)
DESCRIPTION (Use additional sheets if needed)		FEET			check if water bearing										
	FROM	TO													
Sand	0	90	✓												
Gray Mica Rock	90	180	✓												
CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table>				ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER								
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ST	6	93													
60 61	63 64	66 70													
OTHER CASING (if used) diameter depth (feet) inch from to E A C H I N G															
SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>				ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER							
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PL PLASTIC	OT OTHER														

NUMBER OF UNSUCCESSFUL WELLS: 0	C2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 2</td> <td>3 4</td> <td>5 6</td> <td>7 8</td> <td>9 10</td> <td>11 12</td> <td>13 14</td> <td>15 16</td> <td>17 18</td> <td>19 20</td> </tr> <tr> <td>8</td> <td>9</td> <td>11</td> <td>15</td> <td>17</td> <td>21</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>23</td> <td>24</td> <td>26</td> <td>30</td> <td>32</td> <td>36</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>38</td> <td>39</td> <td>41</td> <td>45</td> <td>47</td> <td>51</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	8	9	11	15	17	21					23	24	26	30	32	36					38	39	41	45	47	51				
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8	9	11	15	17	21																																				
23	24	26	30	32	36																																				
38	39	41	45	47	51																																				
WELL HYDROFRACTURED yes Y no N	SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to																																								
DRILLERS LIC. NO. 1 M S D 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D	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																																								

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 129 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 (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) 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 - below (nearest foot) 1 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) 	

B 1 5131 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518584 please type	STATE PERMIT NUMBER 40-94-3657 70 fill in this form completely 79
Date Received (APA) 03/21/03 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 Potuxent Builders Inc 36 2435 Duvall Rd 55 Street or RFD Woodbine Md 21797 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 Holly Hills 23 SUBDIVISION 42 SECTION 44 46 LOT 17 48 50 Helenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 1/2 M I 73 76 77 78	
DRILLER INFORMATION Joseph E Mayne M S D 024 Driller's Name 76 License No. 81 Joseph E Mayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy 21771 Address Joseph E Mayne 3-19-03 Signature Date		B 4 Sang Rd 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div> 34 645 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 14 BLK: PARCEL 92	
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		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A50619 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 3/24/03 Karu Norman 3/24/04 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 529 0 0 0 EAST GRID 798 0 0 0 50 55 57 63	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 1/14/03 - Glast 9am SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7928 N 5229 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEN 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 <div style="text-align: center;"> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 40-94-3657 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 - 94-3657
Location of property (road) SANG ROAD
Subdivision Holly Hills Lot 17 Block Plat Sec.
Well Driller J. Mayne Owner Patuxent Builders Inc

Depth of well 180
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 50'

Time pump started 7:45 Pumping rate 20 gpm.
Total time 15 min. to reach pumping water level 127 ft. below M.P.

[illegible]

13 05 08:51a
05/18/2005 15:29PHIUXENT BLDRS INC
4103132648

4104890834

ENVIRONMENTAL HEALTH

p.2

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**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). Submitting of a complete form is required prior to Use and Occupancy approval.

Company Name: Gaske Plumbing Inc. Telephone #: 410-549-4761
Address: Box 1247
Sykesville, MD 21784

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

Name (Print): Dennis Gaske License# 20288

*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: Patuxent Bldrs, Inc. Telephone #: 410-489-0833
Subdivision: Holly Hills Lot #: 17 Well Tag #: HO-94-3657
Site Address: 3318 Sang Rd.

Submersible Pump Data

Make: Hayes Predator 5T

Model #: 2252-8

Pump Capacity: 7 GPM

Well Yield: 6.5 GPM

Depth of well encountered at time of pump installation: 150 (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

Pitless Adapter

Make: Campbell

Model#: 8-10X

Depth: 45" (36" min)

NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap: Yes

Screened, vented well cap: Yes

Cap secured to casing: Yes

Conduit min 1 1/2" B.G.: Yes

Conduit secured to well cap: Yes

Piping to house

Type: Steel Line 1"

PSI: 200 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: 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.

Signature of company representative responsible for installation

date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/19/06 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 ☒

T 8

LOT 7

LOT 6

LOT 5

SANG ROAD
40' R.O.W. / LOCAL ROAD
HAWAII COUNTY PUBLIC ROAD

3/24/03 Well site
Staked by lic. engineer.
No site insp. KN



CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

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

Requester:
Patuxent Builders
2435 Duvall Road
Woodbine, Maryland 21797

S/O Number: 06-2970
Report Date: March 31, 2006

Property Sampled: 3318 Sang Road

County: Howard
Subdivision: Holly Hills
Lot #: 17
Building Permit #: B00148368

Tax Map #: 14
Parcel #: 92

Date/Time Collected: March 30, 2006 at 10:50 am
Date/Time Received: March 30, 2006 at 1:30 pm

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

Well Tag Number: HO-94-3657
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.3 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 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.



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

April 20, 2006

Patuxent Builders Inc.
2435 Duvall Road
Woodbine, MD 21797

SENT BY FACSIMILE 410-489-0834

RE: Holly Hills, Lot 17
3318 Sang Road
Glenwood, MD 21738
BP #: B00148368
Well Permit # HO-94-3657

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 04/19/2006. Final approval of the well line connection to the dwelling was approved on 04/19/2006.**

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-94-3657. 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): 03/30/2006
Date of Well Completion: 01/14/2004

Approving Authority:

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File