C 1 0224 SECUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS 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)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY (13) A517422
ST/CO USE ONLY DATE Received MM DO YY DATE WELL COMPL	22 180 26 1/6	22/06 FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER De Francis	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD SWEET Me	adow Langername TOWN El	licott City
SUBDIVISION Walnut Gro	SECTION	LOT
WELL LOG Not required for driven wells	WELL HAS BEEN BOY IN	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROWTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FEET check if water FROM TO bearing	CEMENT CIM BENTONITE CLAY B C	PUMPING RATE (gal. per min.)
TOP SOIL 02	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
34mdy 2500	from ft. to ft.	WATER LEVEL (distance from land surface)
SAND Stowe 50 90	(enter 0 if from surface) CASING RECORD	BEFORE PUMPING /> 17 20 ft.
MICKA 90 85	types insert appropriate STEEL CONCRETE	WHEN PUMPING 21 ft.
Sund Stone 55 100 V	below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
MICKA 100 180	MÅIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
	60 61 63 64 66 70	J jet S ubmersible
	E OTHER CASING (if used) A diameter depth (feet)	27 27
	H inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
	N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
	screen type or open hole SCREEN RECORD	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
	insert appropriate ST BR BRASS BRONZE HOLE	IN BOX 29. CAPACITY: GALLONS PER MINUTE
	code below PLASTIC OTHER	(to nearest gallon) 31 35
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED YES N	E A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	C 2 H 23 24 26 30 32 36	LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51 E	below)
P TEST WELL CONVERTED TO PRODUCTION WELL HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
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	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. M. D.	GRAVEL PACK IF WELL DRILLED	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY	Phup Son
LIC. NO. 1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Lina 50
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 75 76	- Prof Live 1
responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	0

Date Received (APA) Date Received (APA) Similar this form completely Date Completely Date Received (APA) Similar this form completely Date Completely Da	B 1 0926 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
Date Perceying (APA) B	(MDE OSE ONET)	APPLICATION FOR P	ERMIT TO DRILL WELL	HO-95-0418
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Significant Properties of the Line Properties	15 Last Name Owner	First Name 34	23 SUBDIVISION	<i>D100</i> — 42
Significant Property of State 1	3060 Washington	Rd	SECTION	LOT 1 68
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Address Signature Date	Firm Name	1. 400 0177	TOWN (CIRCLE BOX)	
Signature District District	Address	TIRY, MU, ZIII		ON WHICH SIDE OF ROAD
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70 71 72 73 74 75 76 77 78 79 '	APPROP. PERMIT NUMBER 77 42 0	22G006	-4 15 13	25 vec
SPECIAL CONDITIONS	PERMIT No. 70 71 72	95-04/8	C	5. P
				●

Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Locati	on of property (road) Sweet Meadow Lane
	ision Walnut Grove Lot 68 Block Plat Sec.
Well D.	riller Ralph Mayne Owner De Francis
	Depth of well _/80 Distance of measuring point (M.P.) above ground
I. H.	igh rate pumping reservoir drawdown
	Time pump started 8 Pumping rate 10 CPM
.*c	Prime pump started 8' Pumping rate 10 Come Potal time 15 min to reach pumping water level 21 ft. below M.P.

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

TIME (in 15 minute in- tervals	WATER below	LEVEL M.P.	PUMPING RATE FLOW METER READING (if used) gallon bucket		(gallons per minute)			
8:00	17	H	6	Sec			10	6 Pm
					Test	Struted		
8:15	21	fe	6	Sec			10	GPM
8:30	21	H	6	Sec			10	5 Pm
8:45	21	f	6	Ste			10	Gom
9:00	21	"	6	4			10	4
9:15	21	"	6	V-			10	11
5:30	21	1/	6	17			10	11
9:45	21	H	6	Sec			10	GPM
10:00	21	for	6	Sec			10	GPM
10:15	21	H	6	Sec			10	FRUS
10:30	21	"	6	(,			10	4
10:45	21	ıl	6	ч			10	4
11:00	21	H	6	Sec			10	6PM
11:15	21	11	6	Sec			10	684
								7/2
		E I						-
		1						



HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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 Address:	:	Telephone	#:	
License # and na Name (Print): *A licensed ind licensed journe	ame of individual respons ividual must perform th yman or master plumbe		License#entices must be under the supervision of the control of	
Name of Propert Subdivision: 1 Site Address: 5	y Owner: Valnut Grave 207 Sweet Mean	Telepho Lot #: 6	one #: % Well Tag #: HO - % - 4#	
Submersible Pu Make: Model #: Pump Capacity Well Yield: Depth of well en If pump capacity Torque arrestors	GPM GPM countered at time of pumplexceeds well yield, a low. Cable guards, or other ac	Pitless Adapter Make: Model#: Depth: Depth: in installation: water cut off switch is required to the company of the compa	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: red by NSPC 1990 Section 17.8.4	
Piping to house Type: PSI: (160 I) Depth of supply	osi min) line: (36" min)	House Connection PVC sleeve to undisturbed Length of sleeve(5' minimum Sleeve sealed properly:	soil at wall penetration:	
distribution box approval prior t	, drainfields, and sewag to installation.	e reserve area. If this <u>cann</u>	tic tank, pump chamber, sewage piping of be accomplished, contact this office	
Signature of com	pany representative respo	onsible for installation	date	
	Pitless adapter watertigh Two piece cap installed Elec. conduit extends at Safety rope not outside of Correct well tag attached	ate Insp. Approved: 2/28 t & water supply line at least, and attached to casing secure, least 18" below grade/attache of well cap/casing d properly and casing 8" abov d adequately at house connec	Inspector 36" below grade by ad to cap properly e finished grade	The state of the s

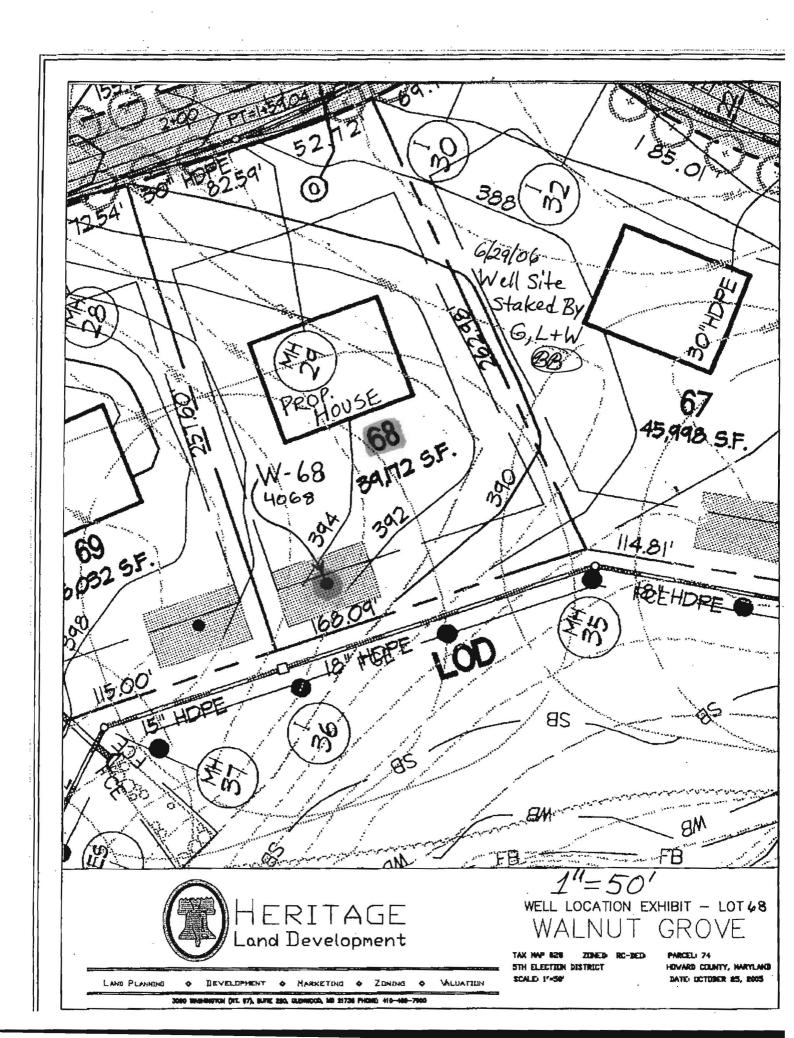
HOWARD COUNTY HEALTH DEPARTMENT

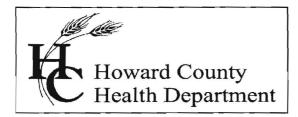
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Address: P.O. Box 129 Annapolis Junction mp 20701
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): Warshal Hyneff License# WSD 106 *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: Sean+Jera Peau Telephone #: Subdivision: Walnut Grove Lot #: 68 Well Tag #: HO -95 0418 Site Address: 5207 Sweet Meadowland
Submersible Pump Data Make: Gran Rac Make: G
Piping to house Type: 600 0.82 PSI: 200 (160 psi min) Depth of supply line: 4 (36" min) Type: 4 (36" min) Respect to undisturbed soil at wall penetration: 4 (36" min) Length of sleeve (5" minimum from foundation): 4 (36" min)
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 <u>cannot</u> 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: Inspector 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 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





Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045 Main: 410-313-1771 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - January 9, 2015

July 9, 2014

Homeowner 5207 Sweet Meadow Lane Clarksville, Maryland 21029

RE:

Walnut Grove, Lot # 68 5207 Sweet Meadow Lane Building Permit: B13002783 Well Permit: HO-95-0418

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 7/8/2014. Final approval of the well line connection to the dwelling was granted on 2/28/2014. The well construction was completed on 08/23/2006. Water samples were collected on 6/25/2014.

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. 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-95-0418. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire six months from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf

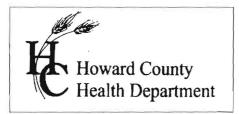
Approving Authority,

Dana Bernard, REHS, L.E.H.S Environmental Sanitarian Well & Septic Program

cc:

Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program

File



7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640 TDD (410) 313-2323

Fax (410) 313-2648 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:

VZ	The	well site has been staked by	Gutschick, Little & Weber
	on	11/10/2005	
	-	will call th	e Health Department
		a time to meet in the field to	
10	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

Water Testing Laboratories

P.O. Box 712 Stevensville, MD 21666 410-643-7711

of Maryland, Inc.

Stevens Builders 4714 Linthicum Road Dayton, Md 21036 Reporting Date: 7/2/2014

Report #: M1841

Show Wix

Submitted Sample Address:

5207 Sweet Meadows Land, Clarksville, Md

Submitted Sample Source:

Holding Tank in Basement 6/25/2014 8:50 AM

Date / Time Collected: Sample Type:

Drinking Water

Sampler/Company:

A. Clancy 6369AC, WTL of MD

Field Record:

Chlorine residual: Absent Clear when drawn

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	5.3	mg/L	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.6	NTU	0.5	. 10	SM 2130B
pН	7.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ I

Notes:

- 1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
- 2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND Not Detected.
- 4. Sample received and examined within EPA's recommended holding time
- Analyzed by lab 214.
- 6. SM Greenberg, Clesceri and Eaton, Standard Methods for the Examination of Water and Wastewater, 21st Ed.

Reported by,

C. Rodgers, Customer Service Representative

prietin Kodges

Reviewed by: Wb



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fai (410) 313-2646
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hehealth.org

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

TO ALL INTERESTED PARTIES

When summitting a well permit application for a proposed well for new construction, piecese mulicate one of the following:

Well Site Location:
Walnut Grove, 68, 5207 Sweet Wedows law
Subdivision/Property Name

Lot# Road Name

The well site has been staked by

(professional land surveyor or company employing professional land surveyors)

on (date) and does not require a site inspection.

The well driller, builder or property owner will call the Lealth

Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

