

## WELL COMPLETION REPORT

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

1. Type, diameter and length of casing 6 mod. 55 ft
2. Total depth of well 102 ft
3. Type, diameter and length of strainer \_\_\_\_\_. Size of screen openings \_\_\_\_\_.
4. Method of sealing top and bottom of screen \_\_\_\_\_.
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs.  
Gallons water 10.
6. Standing water level (depth below ground surface when not pumping) 40
7. Yield of well in gallons per minute 5; elevation of water surface when pumped at the designated rate 76 ft.
8. Number of hours pump operated at stipulated rate during pumping test 1.
9. Record of any other pumping performance None.
10. Log of materials encountered during drilling Rock from 52 ft.
11. Physical appearance of water at end of final pumping test Pantley Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None.
13. Disinfected by 12 ounces of Clorox % Chlorine (Brand name \_\_\_\_\_).

Date: Oct 2, 1968. Henry Brown  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the Well Driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

Went screens  
Cap - secure  
some a ring/gasket

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 FAX: (410)313-2648

Tom

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: Sons of Business Ltd Telephone #: 301-471-5271  
Address: 1020 Friar Run Rd  
Hanover PA 17331

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

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

Name (Print): Ricky Cleary License# 10761

\*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.

PAUL & ASTRID  
Name of Property Owner: CONNORS Telephone #: 240-417-5431  
Subdivision: NA Lot #: 2 Well Tag #: HO-69-W-10  
Site Address: 5196 TEN OAKS RD  
CLARKSVILLE MD 21029

Submersible Pump Data

Make: Goulds  
Model #: 70505422  
Pump Capacity 7 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Excelsior  
Model #: 1  
Depth: 100 (36" min)  
NSF/WSC 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

Depth of well encountered at time of pump installation: 100 (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: well pipe  
PSI: 160 (160 psi min)  
Depth of supply line: 4'0" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 20'  
Sleeve 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: 9/19/14 Date Insp. Approved: 9/23/14 Inspector: RE

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

No Tag

No Grout Seen

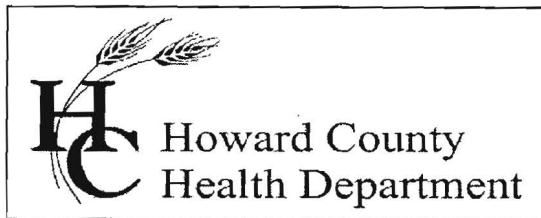
Not Finished

both corrected

9/23/14

elec conduit >18" deep  
& well cap tight

6/24/2014  
2-piece cap not secure 2 bolts missing



## 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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – APRIL 7, 2015**

October 7, 2014

Paul and Astrid Connors  
5196 Ten Oaks Road  
Clarksville, MD 21029

**RE: Linden Chapel Woods, Lot 2  
5196 Ten Oaks Road  
Building Permit: B14000323  
Well Permit: HO-69-W10**

Dear Homeowner:

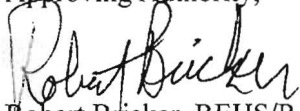
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/17/2014**. Final approval of the well line connection to the dwelling was granted on **9/23/2014**. The well construction was completed on **10/2/1968**. Water samples were collected on **8/20/2014**.

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-69-W10. 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,

A handwritten signature in dark ink, appearing to read "Robert Bricker", is written over the printed name.

Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

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

# Water Testing Laboratories

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

of Maryland, Inc.

Castle Rock Builders  
16 Greenmeadow Dr #300  
Sparks, MD 21093

Reporting Date: 8/25/14  
Report #: M2029

Submitted Sample Address: 5196 Ten Oaks Road  
Clarksville, MD 21029  
Submitted Sample Source: Holding tank  
Date / Time Collected: 8/20/2014 8:35 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: No tag

## Analytical Results

Parameter	Result	Units	Report Limit	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	2.7	mg/L	0.5	10	SM20 4500D
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	5.3	NTU	0.5	10	SM 2130B
pH	7.8	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### 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.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*T. Davis*

T. Davis, Customer Service Representative

*OK'ed 8/27/2014*

Reviewed by: *MB*