

C1 6614

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.

COUNTY  
NUMBER 13 A510102

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

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
7/18/05  
15 20

Depth of Well  
22 600 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO 95-0046  
28 29 30 31 32 33 34 35 36 37

OWNER Heimlicher Peter  
STREET OR RFD 14250 Triadelphia Mill Road TOWN Dayton  
SUBDIVISION Johnson SECTION 7 LOT 7

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)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	1	
Brown Shale	1	15	
Brown Mica	15	25	
Gray Mica	25	35	
Brown Mica	35	40	✓
Gray Mica	40	70	
Brown Mica	70	71	✓
Gray Mica	71	600	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 14 NO. OF POUNDS 1400  
GALLONS OF WATER 84  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 30 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below  
MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 50  
60 61 63 64 66 70

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole  
(insert appropriate code below)  
STEEL ST BRASS BR OPEN HOLE HO  
PLASTIC PL OTHER OT

DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
SLOT SIZE 1 1/2 2 1/4 3 1/8  
DIAMETER OF SCREEN (NEAREST INCH)  
from 56 to 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 20 ft.  
WHEN PUMPING 23 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 YES NO  
(CIRCLE) (YES or 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 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 - below LAND SURFACE (nearest foot) 1

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 plot BACK LOT LINE  
LEFT LOT LINE

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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 PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M 140 040  
DRILLERS SIGNATURE George F. Eusterman  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. IS D 038

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

B 1 1 2 3 6 1467	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 522496	STATE PERMIT NUMBER 40-95-0046 fill in this form completely
Date Received (APA) 5/26/05 8 MM DD YY 13 HEIMLICKER PETER 15 Last Name Owner First Name 34 7032 MINK HOLLOW ROAD 36 Street or RFD 55 MINK HOLLOW, MD 20777 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY Heimlicker Property 21 23 SUBDIVISION 7 42 SECTION 44 LOT 46 48 50 Dayton 52 NEAREST TOWN 2 71 MILES FROM TOWN (enter 0 if in town) 73 76 77 78	
DRILLER INFORMATION George F. Easterday M W D 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature George F. Easterday 5/24/05 Date		B 4 14260 Triadelphia Mill Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 1500 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 27 BLK: 18 PARCEL 82	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A510102 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 6/13/2005 Brian Baber 6/13/2006 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 509 000 EAST GRID 797 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 [I] INDUSTRIAL, COMMERCIAL, DEWATERING [P] PUBLIC WATER SUPPLY WELL [T] TEST, OBSERVATION, MONITORING [G] GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 7967 E 5067 N 000 000 grant 7/18/08	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS [D] THIS WELL WILL DEEPEMED 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 13 E 4 Dayton Triadelphia Mill Rd	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER - - - - - G - - - - - PERMIT No. 40-95-0046 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			





**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: P.C. Goddard Inc. Telephone #: 301 428 7959  
Address: P.O. Box 68  
Damascus, Md. 20872

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

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

Name (Print): Philip Goddard License# 8913

\*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: Peter Heimlicher Telephone #: 410 969 5522

Subdivision: T. Hartley Johnson II Lot #: 7 Well Tag #: HO-95-0040

Site Address: 19280 Fiddlers Mill Rd  
Dryden, Md.

Submersible Pump Data

Make: Franklin

Model #: 12-750

Pump Capacity 7 GPM

Well Yield: 15 GPM

Depth of well encountered at time of pump installation 60 (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

Pitless Adapter

Make: Campbell

Model#: B-300X

Depth: 42" (36" min)

NSF 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: ✓

Piping to house

Type: 1" PVC SDR 40

PSI: 450/160 psi (min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve (5 foot minimum): 6'

Sleeve caulked and sealed properly: ✓

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

7-25-06  
date

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

Date Insp. Requested: 6/8/06

Date Insp. Approved: 8/10/06 BB

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 ✓

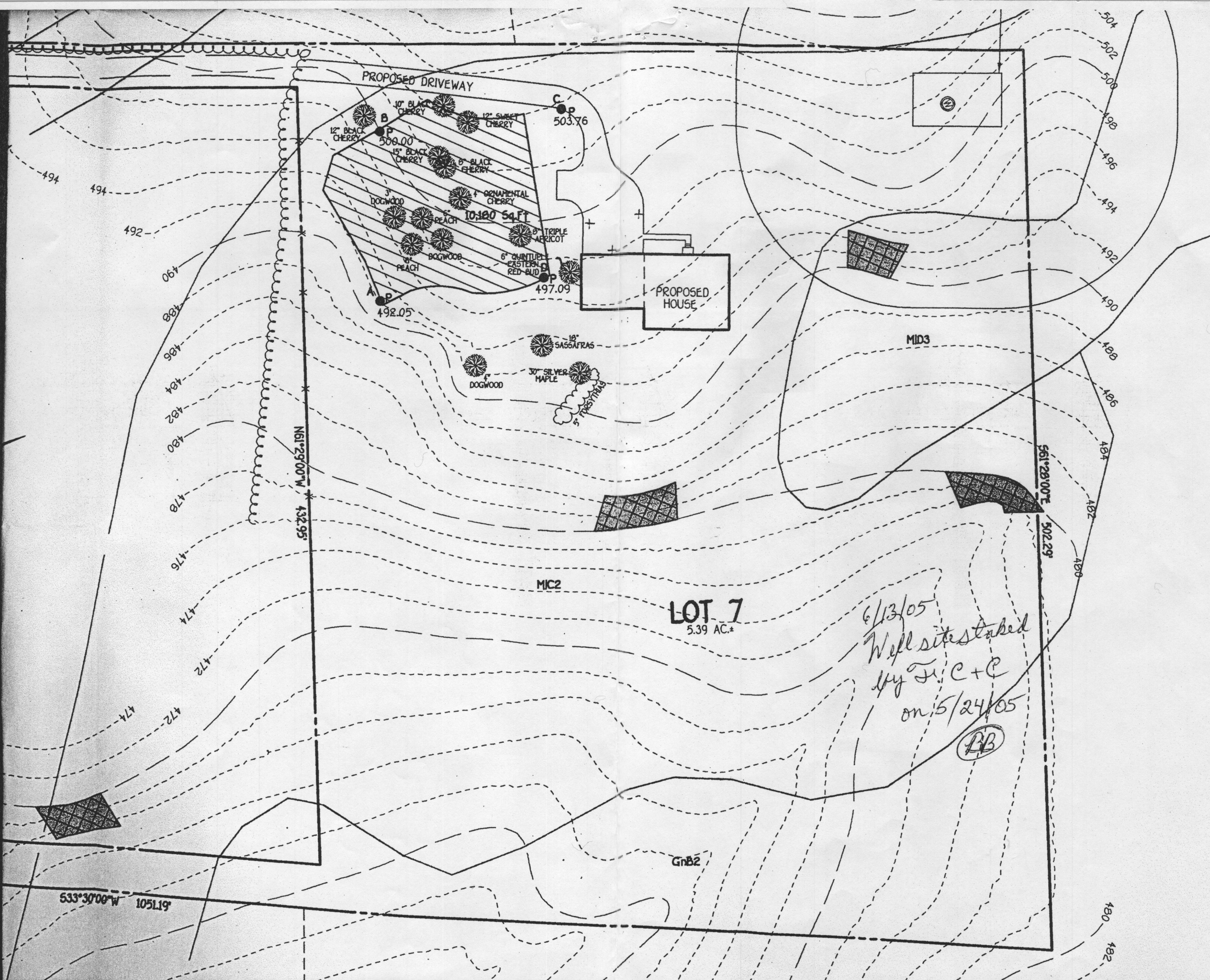
Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection ✓

Adequate grout observed below pitless adapter ✓

Plumber tightened bolt



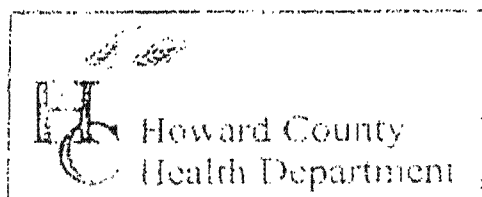


PERC CERT

I certify the supervision

Signature of  
Terrell A. Fis





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

### TO ALL INTERESTED PARTIES

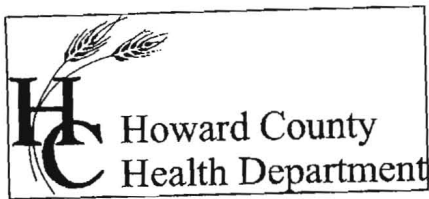
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by Fisher Carter & Collins,  
(professional land surveyor or company employing professional land surveyors)  
on 5/24/05 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health 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 6/10/03

Peter Heemlicher  
14280 Independence Trail



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

August 9, 2006

Peter & Lisa Heimlicher  
7032 Mink Hollow Road  
Highland, MD 20777

**SENT VIA FACSIMILE 410-489-5227**

RE: 14280 Triadelphia Mill Road  
Dayton, MD 21036  
BP #: B00155737  
Well Permit # HO-95-0046

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 8/01/2006. Final approval of the well line connection to the dwelling was approved on 8/09/2006.**

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.

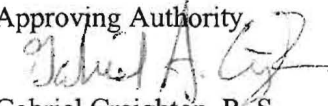
**INTERIM CERTIFICATE OF POTABILITY**

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-95-0046. 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: 7/27/2006 & 8/7/2006  
Date of Well Completion: 7/18/2005

Approving Authority

  
Gabriel Creighton, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**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 #:	59948	Account #:	3893
Reference:	Dave Swann	Company:	David A. Swann Contractor
Location:	14280 Tridelphia Mill Road	Requested By:	David A. Swann
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	7/27/2006 1245	Site:	Laundry
Date/Time Rec'd:	7/27/2006 1348	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.3
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0046

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/28/2006 / 0830 / AMD/BCD
Nitrate	2.09	mg/L	10	601	7/27/2006 / 1505 / BCD
Turbidity	0.55	NTU	<10	SM18 2130B	7/27/2006 / 1415 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	7/27/2006 / 1500 / AMD/BCD

**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 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00155737

Date Reported: 7/28/2006



**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 #:	60079	Account #:	3893
Reference:	Dave Swann	Company:	David A. Swann Contractor
Location:	14280 Tridelphia Mill Road	Requested By:	David A. Swann
	Dayton, MD 21036	Source:	Well Water
Date/ Time Collected:	8/7/2006 1120	Site:	Laundry Room Utility Tap
Date/Time Rec'd:	8/7/2006 1315	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.9
Collected By:	J. Yeager 6176JY	Well #:	HO-95-0046

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/8/2006 / 0900 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/8/2006 / 0900 / AMD/BCD

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 59948  
Building Permit # : B00155737

Date Reported: 8/8/2006