

C1 6661

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.COUNTY
NUMBER

A 45343

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
8 23 05

Depth of Well

22 220' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"110-95-0095
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

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 TOcheck
if water
bearingSand
Gray granite0 47
47 220

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 15 NO. OF POUNDS 1400

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 46 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)57 6 51
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
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. 1 M S D 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)

1 2
E 1 49 220
A 8 9 11 15 17 21
C 23 24 26 30 32 36
H 3
S 38 39 41 45 47 51
C 3
R
E
E
N
SLOT SIZE 1 2 3DIAMETER
OF SCREEN(NEAREST
INCH)56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO
MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 54 ft.

WHEN PUMPING 56 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27

C centrifugal R rotary O other
27 27 27 (describe
below)

J jet S submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 29
IN BOX 29.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

+ above } LAND SURFACE

- below } 2 (nearest
49 50 51 foot)

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	8127	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 523007	STATE PERMIT NUMBER HD-95-0085 <i>fill in this form completely</i>
Date Received (APA) 07/25/06 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Codd		21 First Name William		
36 Street or RFD 630 River Rd		55		
57 Town Sykesville		76 State Md		
72 Zip 21784		76		
DRILLER INFORMATION				
76 Driller's Name Joseph L. Mayne		81 License No. MS D 024		
Firm Name Joseph L Mayne Well Drilling				
Address 5512 Ridge Rd Mt. Airy Md 21771				
Signature Joseph L Mayne 7-22-05				
DATE 7-22-05				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20 500		
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 260 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REverse-ROTary <input type="checkbox"/> 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)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. HD-95-0085				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3 LOCATION OF WELL

8 COUNTY **Howard**

23 SUBDIVISION **Codd Property**

SECTION **44** LOT **48**

52 NEAREST TOWN **Sykesville**

71

73 MILES FROM TOWN (enter 0 if in town) **3 1/2** M 1

76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD **630 River Road**

30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐

34 450 37 DISTANCE FROM ROAD **450** FT

ENTER FT OR MI 38 39

TAX MAP: **4** BLK: **23** PARCEL **11**

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

A49343 COUNTY NO.

STATE SIGNATURE

DATE ISSUED **8/8/05** INSERT S **8/8/06**

43 MM DD YY 48

NORTH GRID **553** 000 EAST GRID **814** 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 **814**

N **553**

000
000

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 - 95-0085
Location of property (road) 630 River Rd
Subdivision Cudd Prop Lot 1 Block 23 Plat 4 Sec. 11
Well Driller Joe Mayne Owner William Cudd

Depth of well 220'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 54'

Time pump started 7:00 Pumping rate 20 gpm
Total time 15 min. to reach pumping water level 56 ft. below M.P.

[illegible]

Well Permit No. HO - 95-0085
Location of property (road) 630 River Rd
Subdivision Good Prop Lot 1 Block 23 Plat 4 Sec. 11
Well Driller Ive Marine Owner William Cuth

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

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

[illegible]

**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: Columbia Plumbing Telephone #: 443-250-6189
Address: 3427 Old Taneytown Rd
Taneytown MD 21787

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

Name (Print): Kevin DiMaggio License# 8594

*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: Eric Kelosa Telephone #: 443 250 6189
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95- 0085
Site Address: 626 River Rd
Starksville MD 21784

Submersible Pump Data

Make: Jc 403200
Model #: J-2 S
Pump Capacity 5 GPM
Well Yield: 20 GPM

Pitless Adapter

Make: Harlow
Model#: P7.8
Depth: 48" (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

Depth of well encountered at time of pump installation: 220 (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 NO

Piping to house

Type: Plastic
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: YES

The water supply line is required to be at least 1 foot from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewer lines. If this cannot be accomplished, contact this office for approval prior to installation.

feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewer lines. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Kevin DiMaggio

date: 5/25/06

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

Date Insp. Requested: 5/3/06 Date Insp. Approved: 5/3/06
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 ✓

GAC/BB

4103132648

Two

EX -
PANELING

N 46° 54' 57" W
83.69'

RIVER

425.00

PROPERTY OF
LAURETTE E. METTEE
BOYD N. METTEE
1005/683

#630
EX. DWELLING
TO REMAIN

LOT #3
Y35, 3/6
(3.11 AC.)

EX
BARN
TO
REMAIN

SEX.
FENCE.

~~EX FENCE TO BE
RELOCATED~~

~~F/R~~

151.662 d

£123,500

N553,000

PLA LOT # 1
140,4064
(3.22 AC.)

F/R

2/2/53 127 127

EX-WEIN

3/1

הנה



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

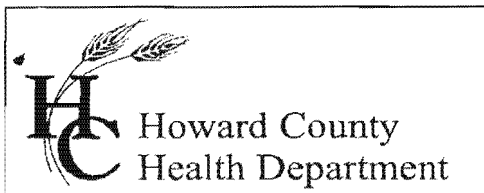
TO ALL INTERESTED PARTIES

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 Collins & Carter,
(professional land surveyor or company employing professional land surveyors)
on 7-28-06 (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



7178 Columbia Gateway Drive, Columbia, MD 21046
(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

June 8, 2006

Eric Ricasa
4713 Hallowed Stream
Ellicott City, MD 21042

SENT BY FACSIMILE 301-417-2800

RE: Codd Property, Lot 1
626 River Road
Sykesville, MD 21784
BP #: B00156540
Well Permit # HO-95-0085

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 05/03/2006. Final approval of the well line connection to the dwelling was approved on 05/03/2006.**

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-95-0085. 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): 05/02/2006
Date of Well Completion: 08/23/2005

Approving Authority,


Gabriel A. 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 #:	58980	Account #:	1930
Reference:	Erick Ricasa	Company:	Fogle's Well Drilling
Location:	626 River Road	Requested By:	Dave Fogle
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	5/2/2006 0800	Site:	Well Tank
Date/Time Rec'd:	5/2/2006 1443	Treatment	None
Chlorine ppm:	Free: ND Total: ND	pH:	6.2
Collected By:	V.M. Fadoul 6804VF-FS	Well #:	HO-95-0085

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/3/2006 / 0825 / AMD/BCD
Nitrate	5.60	mg/L	10	601	5/2/2006 / 1445 / AMD/BCD
Turbidity	1.16	NTU	<10	SM18 2130B	5/2/2006 / 1449 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	5/2/2006 / 1449 / 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 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B00156540

Date Reported: 5/3/2006