

C 1	08006	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A530266		

ST/CO USE ONLY - DATE Received MM DD YY 05 08 12	DATE WELL COMPLETED MM DD YY 5-4-2012	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-2284
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OWNER	Murphy John St. Paul's Lutheran Church
WELL SITE ADDRESS	Murphy Rd + Station Dr. first name
TOWN	Fulton Md 20759
SUBDIVISION	St. Paul's Lutheran Church SECTION LOT 1

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 FROM TO	check if water bearing
Sand	0 59	
Mica Rock	59 300	
		water 295'

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes	no
Y	N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1128	
GALLONS OF WATER 72	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 TOP 52 54 BOTTOM 58 ft.	to 56 ft.
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
ST STEEL	CO CONCRETE
PL PLASTIC	OT OTHER
MAIN CASING TYPE	
57	6 63
60 61	63 64 66 70
OTHER CASING (if used)	
each casing diameter inch	depth (feet) from to

C 3	PUMPING TEST	
1 2	HOURS PUMPED (nearest hour)	
	3	
	8 9	
	PUMPING RATE (gal. per min.)	
	10	
	11 15	
	METHOD USED TO MEASURE PUMPING RATE	
	Bucket	
	WATER LEVEL (distance from land surface)	
	BEFORE PUMPING	
	24 ft.	
	17 20	
	WHEN PUMPING	
	151 ft.	
	22 25	
	TYPE OF PUMP USED (for test)	
A air	P piston	T turbine
27	27	27
C centrifugal	R rotary	O other (describe below)
27	27	27
J jet	S submersible	
27	27	

NUMBER OF UNSUCCESSFUL WELLS:	0
WELL HYDROFRACTURED	yes Y no 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


SCREEN RECORD		
screen type or open hole		
ST STEEL	BR BRASS	HO OPEN HOLE
	PL PLASTIC	OT OTHER
DEPTH (nearest ft.)		
1 2	40 61 300	
E 8 9 11 15 17 21		
A 23 24 26 30 32 36		
C 38 39 41 45 47 51		
S		
R		
E		
N		
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
56 60		
from to		

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	2 (nearest foot)
49 50 51	

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 SD 024
DRILLERS SIGNATURE	Joseph L Mayne
(MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO. 1	MSD 024
DRILLERS SIGNATURE	Joseph L Mayne
SITE SUPERVISOR (son. of driller or journeyman)	

GRAVEL 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	
TELESCOPE LOG	74 75 76

LATITUDE 39.08.931	
LONGITUDE 76.53.352	
(DEFAULT COORD. WGS 84)	
NOTES:	

B 1	12189	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2284</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>Murphy</u> <u>C. John</u> 15 Last Name Owner First Name 34 <u>Murphy Rd + Stakean Dr</u> 36 Street or RFD 55 <u>Fulton</u> <u>md</u> <u>20759</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL <u>Howard</u> 8 COUNTY 21 <u>St. Paul's Lutheran Church</u> 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>1</u> 48 50 <u>Fulton</u> 52 NEAREST TOWN 71		
DRILLER INFORMATION <u>Joseph E Mayne</u> <u>M SD 024</u> Driller's Name 76 License No. 81 <u>Joseph E Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd. Mt. Airy Md 21771</u> Address <u>Joseph E Mayne</u> <u>4-6-2012</u> Signature Date		B 4 SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. <u>Murphy Rd + Stakean Dr</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>225</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____		
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>4</u> (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 <u>Howard</u> <u>(13)</u> <u>A530266</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4/19/12</u> <u>Kim Way</u> <u>4/19/13</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>1400</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 		
REPLACEMENT OR DEEPEENED 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 39 <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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40-95-2284</u> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2284
Location of property (road) Murphy Rd., Stobean Dr.
Subdivision St. Paul's Lutheran Church Lot 1 Block Plat Sec.
Well Driller Joseph L. Mayne Owner St. Paul's Lutheran Church

Depth of well 300
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 24

high rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 151 ft. below M.P.

17. 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, Fitters 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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR MD 21014

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

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

Name (Print): Michael Barlow License# MWD 355

*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: Bathalia Homes Telephone #: 443-987-5804

Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2284

Site Address: 8140 Stabean Drive
Fulton MD

Submersible Pump Data

Make: Starke

Model #: 314 HP

Pump Capacity: 7 GPM

Well Yield: 10 GPM

Depth of well encountered at time of pump installation 300 (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 _____

Fitters Adapter

Make: BIT

Model#: P-100-SS

Depth: 42 (36" min)

NSP 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

Piping to house

Type: POLY

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 6'

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

12/17/12

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

Date Insp. Requested: _____

Date Insp. Approved: 12/20/2012 BB

Inspection Data: Fitters 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 fitters adapter

PARCEL

L 154 F. 398

HIRSH R. WALTER PLAT
PLAT NO. 3800

180 F. 113

ChC3

4/14/12
Well Box Approved
Staked by
E.L.W.

(Kuro)

R258
N/F PROPERTY OF
GORDON FRANK WALKER
L 3584 F. 90

M1C2

P110
L.J. & M.L. WELDRICK
L 5778 F. 2394

MURPHY ROAD

PT-1A

PT-1B

PT-1C

PT-1E

PT-1D

APPROXIMATE
SEPTIC
LOCATION

ChB2

BEAN PROPERTY
PB 10 PN 81

BEAN PROPERTY
PB 8 PN 94

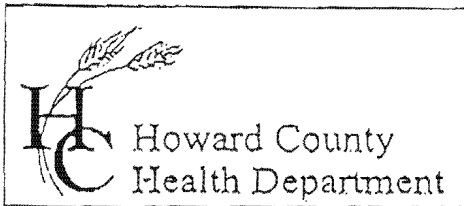
APPROXIMATE
SEPTIC
LOCATION

STABEAN DRIVE

BEAN PROPERTY
PB 9 PN 89

BEAN PROPERTY
PB 12 PN 88

BEAN PR
PB 8 PN



7178 Columbia Gateway Drive, Columbia, MD 21046
(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:

Well Site Location:

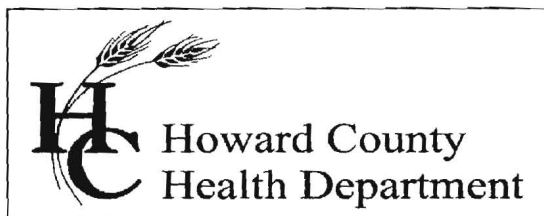
<u>St. Paul's Lutheran Church 1</u>	<u>1</u>	<u>Murphy Rd + Stobean Dr.</u>
Subdivision/Property Name	Lot#	Road Name

- ☒ The well site has been staked by GLW - P. A.
(professional land surveyor or company employing professional land surveyors)
on 4-6-2012 (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 3/11/05



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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 – October 29th, 2013

April 29th, 2013

Homeowner
8140 Stabean Drive
Fulton, MD 20759

**RE: St. Paul's Lutheran Church, Lot 1
8140 Stabean Drive
Building Permit: B12002405
Well Permit: HO-95-2284**

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 **4/1/2013**. Final approval of the well line connection to the dwelling was granted on **12/20/2012**. The well construction was completed on **5/4/2012**. Water samples were collected on **4/23/2012**.

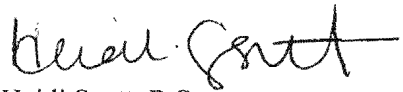
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2284. 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 black ink, appearing to read "Heidi Scott", with a stylized flourish at the end.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

**ENVIRO-CHEM
LABORATORIES, INC.**

47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

Battaglia Homes
2514 Palmer View Drive
Bel Air, MD 21015REPORT DATE: 25-Apr-13
REPORT 5466
USE & OCCUPANCY
BLDG PERMIT: B12002405

LAB#- ECL028636-001 SAMPLE ID- 8140 Stabean Dr
LOCATION- Powder Rm
DATE SAMPLED- 4/23/2013 TIME SAMPLED- 11:30
DATE RECEIVED- 4/23/2013 TIME RECEIVED- 13:30
DELIVERED BY- S. Shelley RECEIVED BY- VPS
COMMENTS-

WELL # HO 95-2284
SAMPLER- S Shelley #5510SS
CHLORINE- <0.05 mg/L

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT
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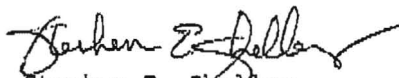
MICROBIOLOGY BY ENVIRO-CHEM LABORATORIES, MD CERT #192

E. Coli	SM 9223	4/23/2013 15:00	VPS	Absent ✓	PASS
Total Coliform	SM 9223	4/23/2013 15:00	VPS	Absent ✓	PASS

WET CHEMISTRY BY ENVIRO-CHEM LABORATORIES, MD CERT #192

Nitrate (as N)	EPA 300.0	4/23/2013 17:47	JRB	2.7 ✓	mg/L	PASS
pH, Lab	SM4500-H+B	4/24/2013 13:30	JRB	6.6 ✓	S.U.	
Sand	EPA 160.5	4/23/2013 15:00	SES	< 0.5 ✓	ml/L/hr	
Turbidity	EPA 180.1	4/23/2013 16:15	JRB	0.4 ✓	NTU	

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.


Stephen E. Shelley
LABORATORY DIRECTOR