

2969

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

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 6/29/2010 22 300 26  
Depth of Well  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-1871  
28 29 30 31 32 33 34 35 36 37

OWNER LAND Design + Development  
STREET OR RFD last name Jennings Chapel Rd first name  
SUBDIVISION Chapel Meadows SECTION LOT 3

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	
Soil	0 8	
Brown shale	8 37	
Blue slate	37 300	x
	55	✓
	170	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle appropriate box) ☒ Y ☐ N  
TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ BENTONITE CLAY ☐  
NO. OF BAGS 45 46 11 NO. OF POUNDS 1034  
GALLONS OF WATER 126  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 40 ft.  
48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL ☒ CONCRETE ☐  
PLASTIC ☐ OTHER ☐  
MAIN CASING TYPE PL  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 40  
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 ☐ BRASS ☐ OPEN HOLE ☒  
PLASTIC ☐ OTHER ☐

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  
H0 40 300  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 12.0  
METHOD USED TO MEASURE PUMPING RATE timer/bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 36 ft.  
WHEN PUMPING 40 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 (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 (nearest 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)  
35'  
20'

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED yes ☒ no ☐

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 MW D355  
DRILLERS SIGNATURE  
LIC. NO. 1 MS D066  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	3124	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 532525 please type	STATE PERMIT NUMBER <u>40-95-1871</u> fill in this form completely
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13				
15 Last Name		Owner		34 First Name
36 5300 Dorsey Hall Drive		Street or RFD		55
57 Ellicott City		70 MD	72 21043	76 Zip
DRILLER INFORMATION				
60 Michael Barlow		MW D355		81 License No.
63 Barlow Well Drilling		Firm Name		
66 522 Underwood Lane		Address		70 2104
69 [Signature]		Signature		72 Date 2/8/10
WELL INFORMATION				
75 APPROX. PUMPING RATE		5		
(GAL. PER MIN.)		8 750 12		
80 AVERAGE DAILY QUANTITY NEEDED		14 750 20		
(GAL. PER DAY)				
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				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard (13) A525169				
COUNTY NAME		COUNTY NO.		
STATE SIGNATURE		INSERT S →		
DATE ISSUED		41		
2/23/2010 Brian Barber		2/23/2010		
43 MM DD YY 48		CO SIGNATURE		EXP. DATE
NORTH GRID 528 000		EAST GRID 776 000		63
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1.				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 776				
N 528				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. 40-95-1871				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

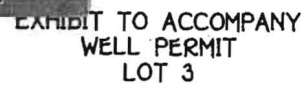
**MICHAEL BARLOW WELL DRILLING & SERVICE, INC.**  
**522 Underwood Lane**                      **Bel Air, Maryland 21014**  
**(410) 838-6910**                                  **Fax (410) 838-3582**

## WELL YIELD REPORT

Date Test Completed:		April 26, 2010	
Well Depth:		300	feet
Customer	Land Design & Development	Permit #	HO-95-1871
Road	Jennings Chapel Rd	Subdivision	Chapel Meadows
City	Glenwood	Section	
State	Maryland	Lot #	3

[illegible]





CHAPEL MEADOWS  
TAX MAP NOS. 13 & 20 PARCELS 322 & 357  
HOWARD COUNTY, MARYLAND  
SCALE 1"=50'  
DATE JANUARY 29, 2010

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: S.T. Mechanical Cont. Telephone #: 301-748-3526  
Address: P.O. Box 361  
Libertytown MD 21762

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Richard Tracy License# 20020007170

\*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: Scott Shum Telephone #: 301-922-1123  
Subdivision: Chapel Hills Lot #: 3 Well Tag #: HO-95-1871  
Site Address: 16455 Timber Hill Rd

**Submersible Pump Data**

Make: Aeromator  
Model #: SSPH#50702  
Pump Capacity 5 GPM  
Well Yield: 12 GPM

**Pitless Adapter**

Make: Boshart  
Model#: PA-100NL  
Depth: 42' (36" min)  
NSF/WSC 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: ✓

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, 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: Poly  
PSI: 160 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

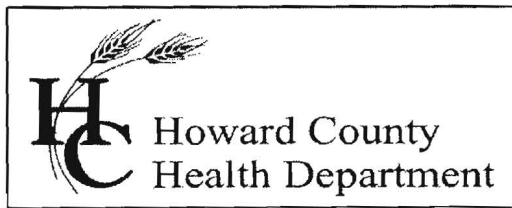
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date 6-24-15

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

Date Insp. Requested: 4/14/15 Date Insp. Approved: 6/23/15 Inspector: SC  
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: 410-313-2640 | 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 – DECEMBER 24, 2015**

June 24, 2015

Homeowner  
16455 Tinker Hill Road  
Woodbine, MD 21797

**RE: Chapel Meadows, Lot 3  
16455 Tinker Hill Road  
Building Permit: B14002762  
Well Permit: HO-95-1871**

Dear Homeowner:

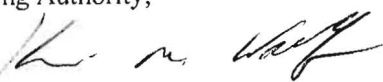
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/22/2015**. Final approval of the well line connection to the dwelling was granted on **6/23/2015**. The well construction was completed on **4/26/2010**. Water samples were collected on **5/27/2015**.

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-95-1871. 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 "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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