

C1 7018 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 13 A5186251 2 3 4  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY  
DATE Received  
MM DO YY  
8 13

DATE WELL COMPLETED

MM DO YY  
04 04 2007

Depth of Well

22 240 26  
(TO NEAREST FOOT)11/19/07  
O.K. BBPERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-95-0751OWNER Henry Gerard and Lisa  
STREET OR RFD 3308 Saddle Horse Court TOWN Glenwood  
SUBDIVISION Glenwood Estates SECTION 2 LOT 9

## 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	
Sand	8	21	
Soft shale	21	30	x
Brown shale	30	50	
Gray Rock	50	160	x
Hard Gray Rock	160	240	x
Water at 80' 130' + 210'			

Well #1

80' Deep - mud + sand  
Backfilled  
80-20 Drill Cuttings  
20-0 Cement

NUMBER OF UNSUCCESSFUL WELLS: 1

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. M SD 162

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D 193

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

## 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 22 NO. OF POUNDS 2200

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 54 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHERMAIN CASING TYPE  
Nominal diameter  
top (main) casing  
(nearest inch) 6  
Total depth  
of main casing  
(nearest foot) 54OTHER CASING (if used)  
diameter depth (feet)  
inch from to  
ST 8 0 30screen type  
or open hole  
insert  
appropriate  
code  
belowST BR HO  
STEEL BRASS OPEN  
HOLE  
PL OT  
PLASTIC OTHER

DEPTH (nearest ft.)

H0 54 240  
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 3DIAMETER  
OF SCREEN (NEAREST  
INCH)  
56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W O70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.0

METHOD USED TO  
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 137 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

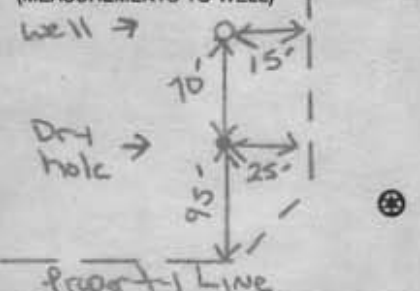
DRILLER INSTALLED PUMP YES NO

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 29CAPACITY:  
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 (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)

# HARR WELL DRILLING

12047 FALLS ROAD  
COCKEYSVILLE, MD 21030  
410-252-4588

## HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 4-3-07	Permit Number: HO-95-0751
Address: 3308 Saddle Horse Ct	Subdivision: Glenwood Estates L#9
Owner Name: Heritage Land	Election District:
Well Depth: 240 Ft	Static Water Level: 15 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0915	15 ft		17 sec	17.64
0930	109		20	15.00
0945	129		20	15.00
1000	137		20	15.00
1015	137		20	15.00
1030	137		20	15.00
1045	137		20	15.00
1100	137		20	15.00
1115	137		20	15.00
1130	137		20	15.00
1145	137		20	15.00
1200	137		20	15.00
1215	137		20	15.00

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: WOLFORD'S Well & Pump Telephone #: 410-437-3957  
Address: 4429 MOUNTAIN RD.  
PASADENA MD. 21122

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

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

Name (Print): ROBERT D. COFFEY License# MD 161

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Glenwood Estates Lot #: 9 Well Tag #: HO - 95 - 6251  
Site Address: 3308 SADDLE HORSE COURT  
GLENWOOD MD.

Submersible Pump Data

Make: GOULDS  
Model #: 106S15  
Pump Capacity 10 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: WATKINS  
Model #: P10-X  
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: 240 (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: polypropylene  
PSI: 200 (160 psi min)  
Depth of supply line: 40" (36" min)

House Connection

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

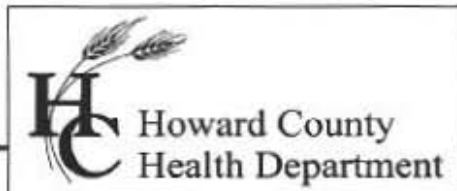
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert D. Coffey

date: 4/15/10

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/6/2010 Inspector: RB  
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  
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](http://www.hchealth.org)

*Peter Beilenson, M.D., M.P.H., Health Officer*

July 30, 2010

Homeowner  
3308 Saddle Horse Court  
Glenwood, MD 21738

RE: Glenwood Estates - Lot 9  
3308 Saddle Horse Court  
BP #: B09002136  
Well Tag: HO-95-0751

Dear Homeowner:

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 07/22/2010. Final approval of the well line connection to the dwelling was approved on 07/06/2010.**

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-95-0751. 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. In addition to this, a second nitrate sample should be tested at the time of second bacteriological test. **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: 06/21/2010  
Date of Well Completion: 04/04/2007

Approving Authority,

Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

# Water Testing Laboratories

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

of Maryland, Inc.

Budget Water Systems  
T/A Water Care of Annapolis  
P. O. Box 59  
Edgewater, MD 21037

Reporting Date: 6/23/2010  
Report #: BW1006-01

Submitted Sample Address: 3308 Sadde Horse Court  
Glenwood, Md 21738  
Submitted Sample Source: Holding tank  
Date / Time Collected: 6/21/2010 11:00 AM  
Sample Type: Drinking Water  
Sampler/Company: Mike Abruzzo 2387MA, Water Care  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-95-0751

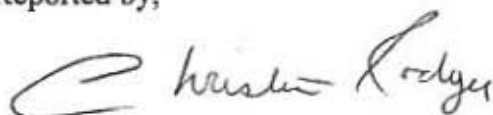
## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	2.07	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	10.1	NTU	0.5	10	SM 2130B
pH	5.8	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1
Iron	0.54	mg/L	0.1	0.3 (SMCL)	SM 3400D

### 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,



C. Rodgers, Customer Service Representative

Reviewed by: 