

# STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
11-14-19012

DATE RECEIVED  
8 13

DATE WELL COMPLETED  
12/1/08

Depth of Well  
118/08  
O.K. BB  
(TO NEAREST FOOT)

OWNER  
STREET OR RFD last name first name TOWN  
SUBDIVISION SECTION LOT

**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	2	
Red Clay	2	6	
Brown Shale	6	14	
Brown Shale	14	46	
Mica	46	58	
Brown Shale	58	65	
Mica	65	75	
Sand Stone	75	77	
Mica	77	100	
Sand Stone	100	102	
Mica	102	200	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS NO. OF POUNDS  
GALLONS OF WATER  
DEPTH OF GROUT SEAL (to nearest foot)  
from ft. to ft.

**CASING RECORD**  
casing types insert appropriate code below  
**ST** **CO**  
STEEL CONCRETE  
**PL** **OT**  
PLASTIC OTHER  
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**ST** **6** **70**

**OTHER CASING (if used)**  
diameter inch depth (feet) from to  
EACH CASING

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

**C2**  
DEPTH (nearest ft.)  
1 **HO** **88** **200**  
2  
3

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

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 IDENT. NO.  
DRILLERS SIGNATURE  
MUST MATCH SIGNATURE ON APPLICATION  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
from to

GRAVEL PACK  
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP 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

**C3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour)  
PUMPING RATE (gal. per min. to nearest gal.)  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING  
WHEN PUMPING  
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 WILL INSTALL PUMP YES NO  
(CIRCLE) (YES or NO)  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX - SEE ABOVE:  
CAPACITY:  
GALLONS PER MINUTE (to nearest gallon)  
PUMP HORSE POWER  
PUMP COLUMN LENGTH (nearest ft.)  
CASING HEIGHT (circle appropriate box and enter casing height)  
LAND SURFACE (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)  
well 50'

COUNTY

B 1 07726

SEQUENCE NO.  
(DP USE ONLY)STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

110-74-0086  
fill in this form completely

Date Received (APA)

050694

## OWNER INFORMATION

15 Last Name 13 34  
REICH CONSTRUCTION  
10106 MYLARKWOOD RD  
36 Street or RFD 55  
COLUMBIA MD 21044  
57 Town 70 State 72 Zip 76

## DRILLER INFORMATION

George F. Easterday

Driller's Name

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

5/5/94

Signature

Date

B 2

## WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) 500

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; DRIVEN

AIR-ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

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  
☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
☐ D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED  
(IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

FORCE 05  
87 88WRITE  
INITIALS  
IN BOX

PERMIT No.

110-74-0086  
70 71 72 73 74 75 76 77 78 79

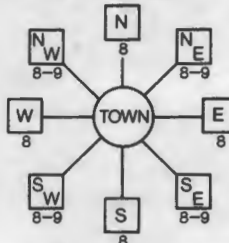
SPECIAL CONDITIONS

B 3

## LOCATION OF WELL

1 2  
40112  
8 COUNTY 21  
360112  
23 SUBDIVISION 42  
SECTION 44 46 LOT 2 48 50  
360112  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4

DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)

11 SHARP Rd 30  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 295 37  
DISTANCE FROM ROAD  
ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard A 19612  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 05/23/95  
523394 CO-SIGNATURE EXP. DATE  
NORTH GRID 523000 EAST GRID 0797000  
50 55 57 63

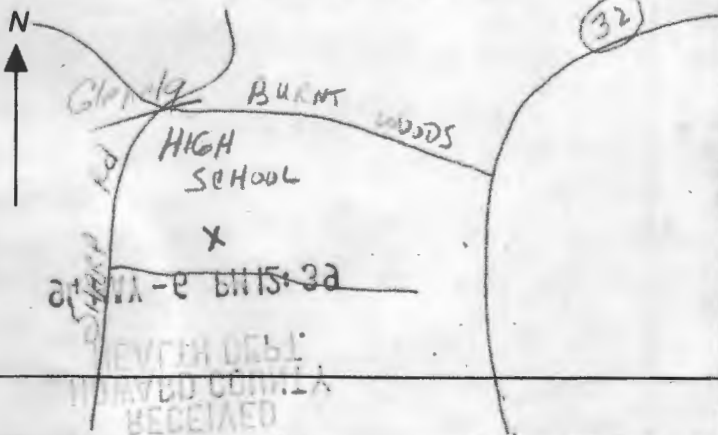
SHOW MAJOR FEATURES OF  
BOX & LOCATE WELL  
WITH AN X

SOURCES OF DRILLING WATER

1. Wells

WRITE THE BOX NUMBER  
FROM THE MAP HERE

E 798 7  
N 5203

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN  
RELATION TO NEARBY TOWNS AND ROADS AND GIVE  
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

COUNTY

## Review

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

6/6/94 ~~noon~~  
ST 10:30

no ins.

Well Permit No. HO - 94-0086 NO 11  
Location of property (road) Sharp Rd  
Subdivision Glendair Lot 2 Block      Plat      Sec.       
Well Driller G. Easterday Owner Reich Construction

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

### 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: BURMAN BOSS COMPANY Telephone #: 997-8414  
Address: 5552 CEDAR LA PLUMBING INC.  
COLUMBIA MD 21044

(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 P. BURMAN License# 20060

\*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: BRUNO REICH Telephone #: \_\_\_\_\_  
Subdivision: GENAIR Lot #: 2 Well Tag #: HO-97-0086  
Site Address: 3649 SHARP RD.  
GLENWOOD MD 21738

Submersible Pump Data

Make: TAUZZI  
Model #: R750B82  
Pump Capacity 8 GPM  
Well Yield: 12 GPM

Pitless Adapter

Make: CAMPBELL  
Model#: \_\_\_\_\_  
Depth: 42" (36" min)  
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
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: 216 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 ✓

Piping to house

Type: POLYETHYLENE  
PSI: 200 (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: Michael P. Burman

date: 2/01/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/4/08 (Kw)  
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 ✓

# WATER TESTING LABS OF MD

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**FACSIMILE TRANSMITTAL SHEET**

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TO:	Howard County Health Department	FROM:	Christine
COMPANY:	ATTN: Kevin	DATE:	3/3/2008 3/7/08
FAX#:		TOTAL NO. OF PAGES INCLUDING COVER:	2
U&O-HO-94-0086		SENDER'S REFERENCE NUMBER: K4219	

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☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

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**NOTES/COMMENTS:**

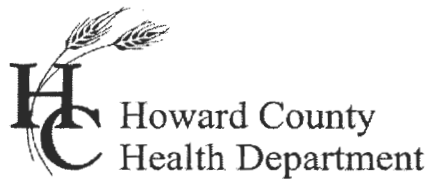
**Water test results for property:**

**3649 Sharp Road**

**Glenwood, MD 21738**

FAKED  
3/3/08  
10:45 am

**Thank you!**



Bureau of Environmental Health  
7178 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

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

April 4, 2008

Mr. Bruno W. Reich  
14189 Howard Road  
Dayton, MD 21036

SENT VIA FACSIMILE 410-772-0902

RE: 3649 Sharp Road  
Glenwood, MD 21738  
BP #: B00121306  
Well Permit # HO-94-0086

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 01/02/2008. Final approval of the well line connection to the dwelling was approved on 03/04/2008.**

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- 94-0086. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 02/28/2008 & 04/02/2008  
Date of Well Completion: 06/03/1994

Approving Authority,

Stuart Oster, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



# Water Testing Laboratories

of Maryland, Inc.

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

Famous Buildings, Inc.  
Bruno Reich  
10106 Hyla Brook Road  
Columbia, Md 21044

Reporting Date: 4/4/2008  
Report #: K4300

Submitted Sample Address: 3649 Sharp Road  
Glenwood, MD 21738  
Submitted Sample Source: Drinking Faucet At Kitchen Sink  
Date / Time Collected: 4/2/2008 9:08 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-94-0086

## Analytical Results

Parameter	Result	Units	Detection Level	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	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	7.6	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

### 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*, 20<sup>th</sup> Ed.

Reported by,

*C. Christine Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: DNB

# Water Testing Laboratories

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

of Maryland, Inc.

Brunno Reich  
3649 Sharp Road  
Glenwood, Md 21738

Reporting Date: 3/3/2008  
Report #: K4219

Submitted Sample Address: 3649 Sharp Road  
Glenwood, MD 21738  
Submitted Sample Source: 1<sup>st</sup> Floor Bathroom sink  
Date / Time Collected: 2/28/2008 10:00 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn  
Well #: HO-94-0086-Well Cap on & Sealed

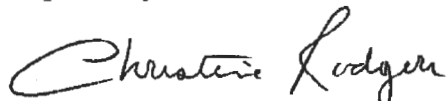
## Analytical Results

Parameter	Result	Units	Detection Level	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	10.7	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	1.0	NTU	0.5	10	SM 2130B
pH	6.2	SU	0.1	6.5-8.5 (SMCL)	EPA 150.1

### 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.
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5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 20<sup>th</sup> Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 



P50471 (1/6/95)  
A 19612

SUBDIVISION: Glenair Sharp Rd

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
Bottom maximum depth \_\_\_\_\_ feet below original grade.  
Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

PREPARE SEPTIC PERMIT  
FOR 6 BR

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.  
Inlet 4 feet below original grade.  
Bottom maximum depth 6 feet below original grade.  
Effective area begins at 4 feet below original grade.  
2 feet of stone below distribution pipe.

3 BR = 180'  
6 BR = 360'  
POSS EXPANSION  
TO 6 BR IN A FEW  
YEARS  
MR

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 140' FROM THE  
LEFT (696.19') LOT LINE AND 90' FROM THE REAR  
(561.74') LOT LINE. RUN TRENCHES ON CONTOUR  
TOWARD RIGHT SIDE OF LOT.

MR 9/22/94  
REVISED MR 1/6/95