

<b>C1</b> 14466		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER <b>13</b> <b>A55983</b>	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 4/23/02 15 20		Depth of Well 22 260 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>H0-94-3379</b> 28 29 30 31 32 33 34 35 36 37	
OWNER last name <b>Healey</b> first name <b>DAVID</b>		STREET OR RFD <b>Reps Road</b>		TOWN <b>Cooksville</b>		LOT <b>1</b>	
SUBDIVISION <b>Healey Property</b>		SECTION <b>6</b>		LOT <b>1</b>			
<b>WELL LOG</b> Not required for driven wells.		<b>GROUTING RECORD</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <b>25</b> NO. OF POUNDS <b>250</b> GALLONS OF WATER <b>150</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>70</b> ft. (enter 0 if from surface)		<b>C3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>3</b> PUMPING RATE (gal. per min.) <b>15</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>38</b> ft. WHEN PUMPING <b>100</b> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input checked="" type="checkbox"/> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER MAIN CASING TYPE <b>ST</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>88</b> OTHER CASING (if used) diameter inch depth (feet) from to		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER DEPTH (nearest ft.) <b>86</b> 260			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Top Soil 0 2 Clay 2 8 Brown shale 8 30 Brown slate 30 78 Gray slate 78 95 Brown slate 95 96 Gray slate 96 103 Brown slate 103 105 Gray slate 105 125 Gray mica 125 159 Brown mica 159 160 Gray mica 160 195 Brown mica 195 196 Gray mica 196 210 Opening 210 211 Gray mica 211 260		NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>		<b>C2</b> 1 2 <b>WELL HYDROFRACTURED</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> 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. <b>1 MWD 040</b> DRILLERS SIGNATURE <b>James F. Easterling</b> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>JS D 038</b> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) <b>Bruce Thompson</b>	
		TELESCOPE CASING		LOG INDICATOR		OTHER DATA	

B 1	4879	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-3379</b> <small>fill in this form completely</small>
WS 16537				
Date Received (APA) <b>2/27/02</b> 8 MM DD YY 13		OWNER INFORMATION <b>8909</b>		
15 Last Name <b>HEALEY DAVID</b>		21 CC#		
36 Street or RFD <b>1 REPS RD</b>		23 SUBDIVISION		
57 Town <b>COOKSVILLE, MD 21723</b>		52 NEAREST TOWN		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <b>George F. Easterday</b> M D License No. <b>040</b>		8 COUNTY <b>Howard</b>		
Firm Name <b>L. Franklin Easterday, Inc.</b>		21 CC#		
Address <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b>		23 SUBDIVISION		
Signature <b>George F. Easterday</b> Date <b>2/26/2002</b>		SECTION <b>44</b> LOT <b>1</b>		
B 2 WELL INFORMATION		Cooksville		
APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b>		52 NEAREST TOWN		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		MILES FROM TOWN (enter 0 if in town) <b>1</b> M		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DIRECTION OF WELL FROM TOWN (CIRCLE 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		11 NEAR WHAT ROAD <b>Reps Rd</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 <b>400</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <b>400</b> Ft TAX MAP: <b>8</b> BLK: <b>18</b> PARCEL <b>145</b>		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		COUNTY NAME <b>Howard</b> COUNTY NO. <b>A515983</b>		
STATE SIGNATURE <b>Karen Hordley</b> INSERT S <b>41</b>		DATE ISSUED <b>3/22/02</b> EXP. DATE <b>3/22/03</b>		
NORTH GRID <b>546000</b> EAST GRID <b>0798000</b>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET		SOURCES OF DRILLING WATER		
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH		1. wells		
METHOD OF DRILLING (circle one)		2.		
BORED (or Augered) JETTED 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		3.		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		WRITE THE BOX NUMBER FROM THE MAP HERE		
<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 DEEPEN AN EXISTING WELL		E <b>790</b> N <b>5406</b> 000 000		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <b>41</b>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <b>4 F 12</b>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		APPROX. PERMIT NUMBER <b>G</b> PERMIT No. <b>HO-94-3379</b> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				



HD-224

**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: DELUXE PLUMBING Telephone #: 410-549-2118  
Address: 719 S. POWER RD. BALTIMORE, MD 21158

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

Name (Print): DAVID W. WISNIEWSKI, SC. License# 84941

\*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: TIM HEALY Telephone #: 410-203-9198  
Subdivision: HEALY PROPERTY Lot #: 1 Well Tag #: HO-94-3379  
Site Address: 14100 REPS RD.  
COCKESVILLE, MD. 21723

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>76507412L</u>	Model #: <u>PT-800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>96"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>15</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 YES

**Piping to house**

Type: C-11 Flex  
PSI: 160 (160 psi min)  
Depth of supply line: 96" (36" min)  
to 40"

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly: YES

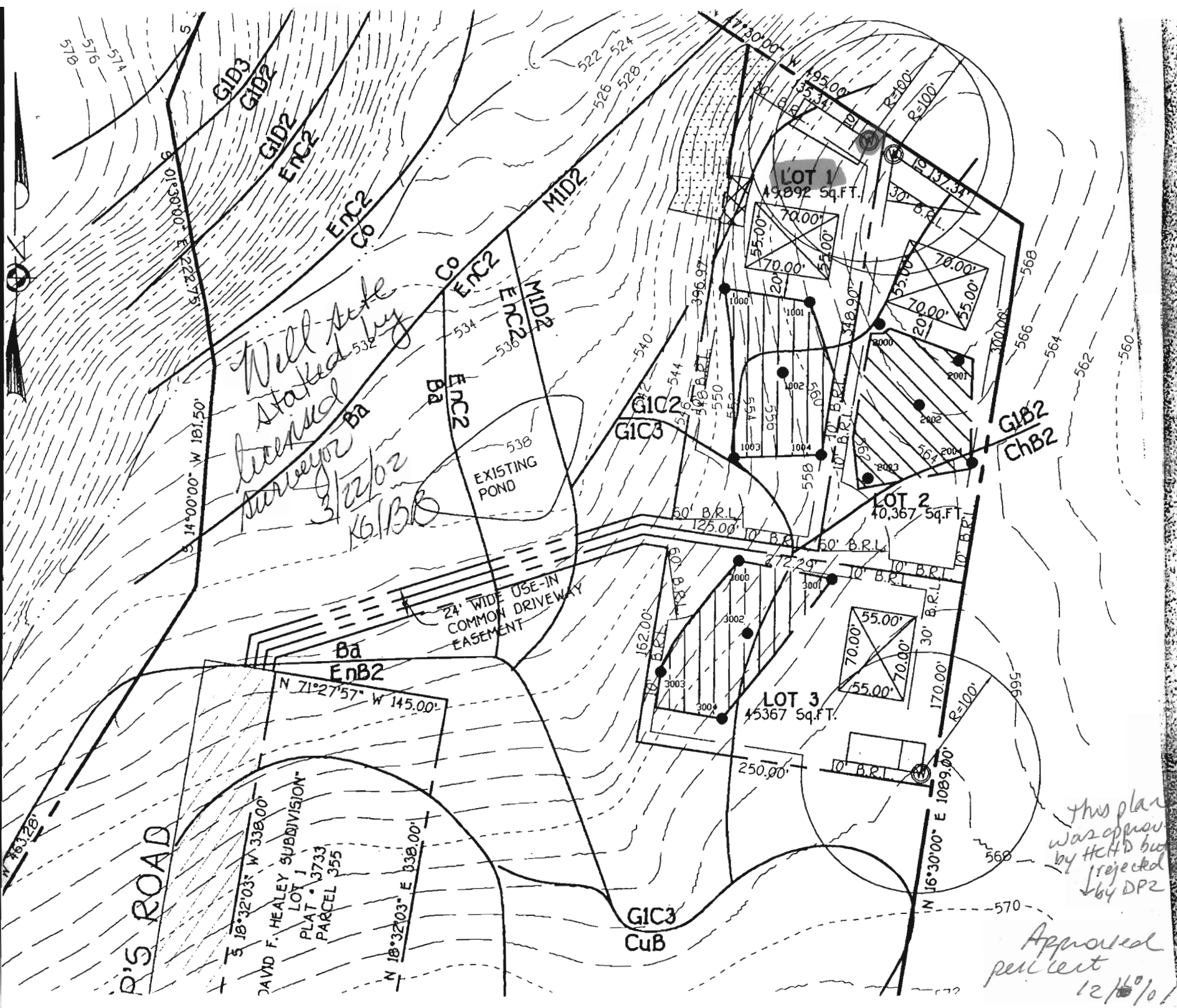
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

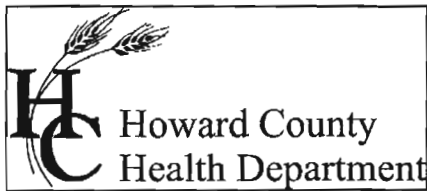
  
Signature of company representative responsible for installation

11-28-06  
date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>8/21/06</u> (KW)
Inspection Data: Pitless adapter and water supply line at least 36" below grade	
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>





Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(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

February 16, 2007

Mr. and Mrs. Healey  
14100 Reps Road  
Cooksville, MD 21723

**SENT VIA FACSIMILE 410-442-4421**

RE: Haley Property, Lot 5  
14100 Reps Road  
Cooksville, MD 21723  
BP #: B00158374  
HO-94-3379

Dear Sir/Madam:

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 08/21/2006. Final approval of the well line connection to the dwelling was approved on 08/21/2006.**

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-94-3379. 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 Samples: 02/08/2007  
Date of Well Completion: 04/23/2002

Approving Authority,

  
Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File



# Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366  
 www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 5667 - 1-1

### Field Record

Site visit performed on: Thursday, February 08, 2007 8:45 AM  
 by: John Straits State ID No. 4729JS  
 Affiliation: Fredericktowne Labs, Inc.  
 Property Owner: Kristen Healey  
 Property Address: 14100 Reps Road  
 Cookeville, MD 21723  
 Sample Source: Bathroom Sink  
 Treatment Devices Noted: No Treatment Devices Present  
 Sample taken after treatment: No  
 Well No.: HO-94-3379  
 Field pH: 6.9  
 Res. Cl.: 0.0 mg/l

### Laboratory Report

Sample Received at laboratory: 2/8/07 2:45 PM

#### Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Date/Time Analysis Started	Method	Analyst
<1	<1	2/8/07 2:58 PM	9221B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption.  
 Analysis was performed according to the 20th edition of Standard Methods

#### Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	2.2 mg/l	10	2/12/07	300.0	PH
Sand	<2 mg/l	5	2/12/07	0.065mm Filter	PH
Turbidity	6.0 NTU'	10	2/9/07	180.1	PW

Verified by:

*M. S. Miller* 2/14/07  
 Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M