c 1 5070 SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND	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)		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CO USE ONLY DATE Received	DATE WELL C	OMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
MM DD YY MM /300/07			22 600 26 016	HO-95 -1007	
8 13 DR AC	HENRER	-	20 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
OWNERSTREET OR RFD	last name 6 851	31		IGALAND	
SUBDIVISION	No. of London		SECTIONLOT_3		
WELL			GROUTING RECORD (yes) no	C 3	
Not required for			WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST	
STATE THE KIND OF FORMATI COLOR, DEPTH, THICKNESS	AND IF WATER BEARIN	G	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)	if	heck water earing	NO. OF BAGS NO. OF POUNDS 45/ 46	8 9	
Top Soil	02		NO. OF BAGS NO. OF POUNDS OF WATER	PUMPING RATE (gal. per min.)	
Brown 5696	2 15		DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE	
	15 50		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
Brown MICA	15 50		casing CASING RECORD	BEFORE PUMPING 17 tt.	
	50 55		types insert appropriate STEEL CONCRETE	WHEN PUMPING (4 0 0 ft.	
Brown Mica	55 70 8	-	code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A sir P piston T turbine	
Gray Mica	20 90		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe	
Brown Bica	90 91	M	60 61 63 64 66 70	27 27 below) J jet S submersible	
Glown 111	91 140		OTHER CASING (if used) A diameter depth (feet)	27 27	
Gray Mica .	161		H inch from to	DRILLER INSTALLED PUMP YES NO	
Sand Stone	140 190		(0) - 2	CIRCLE) (YES or NO)	
Gray Mica	150 170		i — — — — — — — — — — — — — — — — — — —	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
Sand Stone	190 200		screen type or open hole STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.	
Gray Mica	200 600		appropriate code below BRONZE BRONZE HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
			PLASTIC OTHER	PUMP HORSE POWER	
NUMBER OF UNSUCCESSFU	III WELLS	3-11	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 41	
NUMBER OF UNSUCCESSFO		10	HO 18 600	(nearest ft.) 43 47	
WELL HYDROFRACTURED		N	A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPE			H ² 23 24 26 30 32 36	49 LAND SURFACE	
E ELECTRIC LOG OBTAINE	COMPLETED		C 3	below (nearest) foot)	
P TEST WELL CONVERTED			R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT	
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.0	4 "WELL CONSTRUCTION"	'AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR	
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.			OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
DRILLERS LIC. NO. 1 MW D 040			GRAVEL PACK IF WELL DRILLED	Ac 10'20 Well	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)			WAS FLOWING WELL INSERT F IN BOX 68 68	S C 1070 Well	
LIC. NO. 1 72 D 0 3 8			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	7 7	
Bru Show				Road &	
SITE SUPERVISOR (sign. of	driller or journeyman		70 72 74 75 76	Total III	
responsible for sitework if diffe	erent from permittee)		TELESCOPE LOG CASING INDICATOR OTHER DATA	Water Control of the	
DENV-CR00			COUNTY		

BI 8606 SOULENE ON ONCE JOS ONLY APPLICATION FOR PERMITT TO DRILL WELL 526 291 please type Date Received (APA) OWNER INFORMATION 105 JB 3 LOCATION OF WELL COUNTY DRACHENBERG HAROLO TO BRACHENBERG HA	PART OF THE PART O				STATE PERMIT NUMBER
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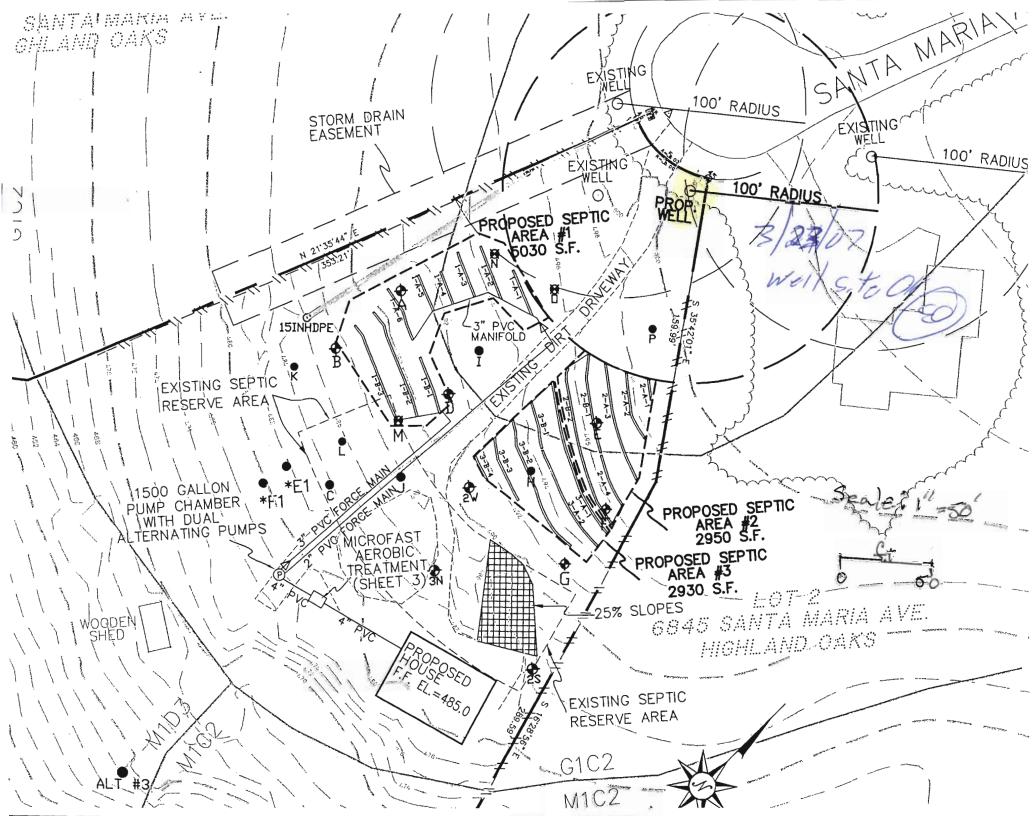
② COUNTY

DENV-Permit 97

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

inspection. N with the Na	o work is to be contional Standard P	ousible for requesting an inspectivered until approved by the Healt lumbing Code (NSPC, as amende	h Department. All ins d locally) <u>and</u> COMAI	tailations must comply R 26.04.04 (MD Well
Construction	Regulations). Sul	mission of a complete form is rec	pired prior to Use and	Occupancy approval
Company Nam Addres	8: <u>PO. S</u> a	138 MD 2086	301-854-	-/323
		ber Licensed Well Driller responsible for the field installation	Licensed Well Pum	p Installer
Name (Print):		RYCKE	License# P / O	145
		form the actual installation. App		
		plumber, pump installer or well d		
verification.	Unlicensed individ	uals may be reported to the appr	opriate licensing agenc	y.
Name of Prope	aty Owner:	LUCAdo Telepl	nome #: <u>240 - 882</u> 3 Well Tag # : H	<u>- 9728</u>
Subdivision:	4857 5A	YTA MARIA LOT#	3 Well Tag#: H	0-95-1001
Site Address: _	HIGHLAND		:	
م د	D	The state of the s	W-II Con and Flore	nia Canallaia
Submersible Make: Gayw		Pitless Adapter Make: CAMDISELL	Well Cap and Elect Two piece watertigh	
Model #: P10	574315-PIOGS	7 Model#	Screened, vented we	
	JE IS GPM			
Well Yield:/	(C) GPM	NSF/WSC approved:	Conduit min 18" B.C	
		of pump installation: 600 (feet)		
		ld, a low water cut off switch is req		ection 17.8,4
		other acceptable method used- Mi		5
Satety rope, 11	BSCO, ASSESSED TO	brass rope adapter or other accep	bratois meritor illistris d	Well Casing NO
Piping to hon		Home Connection		
Type: Pol		PVC sleeve to undisturb	ed soil at wall penetrati	on: Yes.
PSI: (Led (16	0 psi min)	Approximate length of s		
Depth of suppl	ly line: <u>√ (</u> 36" mir	Sleeve caulked and sealer	ed properly.	
1				<u>.</u>
distribution b		d to be at least ten feet from the s d sewage reserve area. If this <u>ca</u>		
abbroxar hug	r to micanation.		T_{i}	
	(1/29/08	
Signature of co	ompany representat	ive responsible for installation	date	
	- 1			
		Department Use Onlly - Not to b	e completed by Insta	10/4/cx Ru
	sted: 10/4/0	-		1 A 1 DI 1
nspection Data:		nd water supply line at least 36" b		V > need to till
		istalled and attached to casing sec		NO solow pittess. a
		ends at least 18" below grade/atta	ched to cap properly	No grand or kguy
		lled inside of well casing	have faighed and	pulked fell
		attached properly and casing 8" a		
		e sleeved adequately at house con	inection -	1 1 1
	Aucquate grout (observed below pitless adapter	-	1/25/08
HD-215(Rev.	8/00)	1-11	A renerco mer	De Tal 18
IID-TID (V6A.	3,00)	COK for	with)	LECONICE !
		Courseste	Mariow mr	green straker or
		Jane Jacobs		well





Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323

Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

waheita www hchealth ara

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

January 29, 2008

Mr. & Mrs. Joseph Lucado 11930 Oueen Street Fulton, MD 20759

RE: Highland Oaks, Lot 3

6851 Santa Maria Avenue Highland, MD 20777 BP#: B07001806

Well Permit # HO-95-1001

Dear Sir:

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 10/24/2007. Final approval of the well line connection to the dwelling was approved on 12/11/2007.

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-95-1001. 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:

01/23/2008 & 01/28/2008

Date of Well Completion:

03/30/2007

Approving Authority,

Well & Septic Program

Building Inspector's Office cc: Community Health Services

File

RODINIER NEW THE BY AND A DATE OF THE REPRESENTATION OF THE [A13]576 Teneyewn Ro. Westminster WD. (410)548-1074 (480)876-4554 EAX (410)848-629

REPORT OF ANALYSIS

Laboratory ID #:

66469

Account #:

Reference:

Lucado

Company:

National Water Servicing

Location:

Requested By:

Dave Rycke

6851 Santa Maria Avenue Highland, MD 20777

Source:

Well Water

Date/ Time Collected: 1/23/2008

1240

Site:

Pressure Tank

Date/Time Rec'd:

1/23/2008

1352

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

nH:

6.5

Collected By:

J.Yeager

6176JY

Well#:

HO-95-1001

PARWALIERS	RESCEIS	UMES - RE	HIPRIENC	MITHER	DAGE JOVE ANALYSI.
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223 B.	1/24/2008 / 0820 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/24/2008 / 0820 / AD/BD
Nitrate	<1.0	mg/L	10	601	1/23/2008 / 1430 / BCD
Turbidity	28.3	NTU	<10	SM18 2130B	1/24/2008 / 0835 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/24/2008 / 0835 / AD/BD
Iron	2.79	mg/L	0.3	FR, 45 (126)	1/24/2008 / 0840 / AD/BD

NOTES

- mg/L = milligrams per liter (also, parts per million) 1
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 2
- NS = None Seen (NS indicates less than 5 mg/L) 3
- NTU = Nephelometric Turbidity Units 4
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 . sampling.
- ND:None Detected 6
- 7 Visual well check; Sealed, vented cap
- pH tested on-site

Reason for Test:

Use & Occupancy

Building Permit #:

B07001806

Date Reported:

1/24/2008

edojekanja provincija i sokravaje pakanaje je i okalinja je i okalinja kanja koje okoje okoje okalina

1413 Old Tareytown Rd - Westmirster, MD - (410) 848-1014 - F000 876-4554 - FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

66507

Account #:

3123

Reference:

Lucado

Company:

National Water Servicing

Location:

6851 Santa Maria Avenue

Highland, MD 20777

Requested By:

Dave Rycke

Date/ Time Collected: 1/28/2008

1130

Source: Site:

Well Water Pressure Tank

Date/Time Rec'd:

1/28/2008

1250

Treatment:

Sediment Filter**

Chlorine ppm: Collected Bv:

Free: ND B. Dutterer Total: ND 4717BD

NTU

pH: Well#: 7.3 HO-95-1001

BURGANDEERS

Turbidity

PRINCIPES PRINCIPES OF

13.5

REDERBYCH WELLIOD DATE/BOTEANACYSTE <10

SM18 2130B

1/28/2008 / 1300 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 3 sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- pH tested on-site

Reason for Test:

Use & Occupancy retest 66469

Building Permit #:

B07001806

Date Reported:

1/28/2008

1500 Taneviews (6.1) Westingster, 2013 (2010) 848-7014 (4110) 876-4554 (222) 1410 (1112)

REPORT OF ANALYSIS

Laboratory ID #:

66505

Account #:

3123

Reference:

Lucado

Comnany:

National Water Servicing

Location:

6851 Santa Maria Avenue

Requested By: Dave Rycke

Highland, MD 20777

Source:

Date/ Time Collected: 1/28/2008

1130 Site:

Well Water Pressure Tank

Date/Time Rec'd:

1/28/2008

1250

Treatment:

Sediment Filter**

Chlorine ppm: Collected By:

Free: ND

Total: ND

nH:

7.3

B. Dutterer

4717BD

Well#.

HO-95-1001

PARAMETERS RESIDETS THE TELEPHONE WETHOUT HER PORTER AND THE PROPERTY OF Bacteria, Coliform, Total, MPN <1.0 MPN/ 100 ml <1.0 SM18 9223 B. 1/29/2008 / 0900 / AD/BD

Bacteria, E. coli, MPN

<1.0

MPN/ 100 ml

<1.0

SM18 9223 B.

1/29/2008 / 0900 / AD/BD

NOTES:

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Scaled, vented cap
- 6 pH tested on-site

Reason for Test:

Use & Occupancy retest 66469

Building Permit #:

B07001806

FOR CONTRACTOR ASSESSED FOR A NOATH A CREAT DATE OF A TORRY DINES. 2. CONTRACTOR AND MEMORIES OF A CONTRACT OF A

REPORT OF ANALYSIS

Laboratory ID #:

66508

Account #:

Reference:

Lucado

Company;

National Water Servicing

Location:

6851 Santa Maria Avenue

Requested By:

Dave Rycke

Date/ Time Collected: 1/28/2008

Highland, MD 20777 1/28/2008

Source:

Well Water

Date/Time Rec'd:

1/28/2008

1130 Site: 1250 Treatment:

Kitchen Sink Tap
Sediment Filter

Chlorine ppm:

Free: ND

Total: ND

pH:

7.3

CHARLES METERS AND THE

Collected By:

B. Dutterer

4717BD

RESERVE DATES

Well #:

HO-95~1001

THE COURSE DINGED BY A DEMAND AND THE DESIGNATION OF THE ASIA

Turbidity

4.49

NTU

<10

SM18 2130B

1/28/2008 / 1346 / BCD

NOTES

- I NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test:

Use & Occupancy retest 66469

Building Permit #:

B07001806

Should Test For Iron Before and After Treatment

Date Reported:

1/28/2008



L. FRANKLIN EASTERDAY, INC.

belowner ----

WELL DRILLING - TRENCHING - PUMPS & SERVICE

9265 Brown Church Rd., Mt. Alry, Maryland 21771 PHONE: 301-829-1840 • FAX: 301-829-2667

3/23/07

Howard Country Death Dept - 410-31: - 2648

Mile Davin

Re: 6851 Santa Maria

Mrachenberg has my permission

to pick up the state permit on

Monday to hand carry it to

my office. Call if questions.

Showler

George F. Resterday custom

President

MND 040