

C1

8722

SEQUENCE NO.  
(DENV USE ONLY)

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"

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

Depth of Well

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

LOT

WELL LOG

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

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF ROUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft.

ft.

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from

to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL

BRASS

BRONZE

PLASTIC

OPEN HOLE

OTHER

DEPTH (nearest ft.)

EACH

SCREEN

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

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA

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

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)

above

below

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)

<b>B 1</b> <span style="font-size: 1.5em; font-weight: bold;">1204</span>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>H0-94-0038</b> </div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>020794</b> </div>		<b>B 3</b> <span style="font-size: 1.5em; font-weight: bold;">LOCATION OF WELL</span>	
<b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>KEOALL BRUCE</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>212 MASON</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>ROCKVILLE MD 20850</b> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>HOWARD</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>63 DB SHARP RD</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>SECTION F LOT 5</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>52 NEAREST TOWN</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>2 MI</b> </div>	
<b>DRILLER INFORMATION</b> <b>Ralph MAYNE</b> <b>Ralph MAYNE well DRILLING</b> <b>9120 Brown Church Rd. Mt. Airy</b> <b>1-4-94</b>		<b>B 4</b> <span style="font-size: 1.5em; font-weight: bold;">DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</span> 	
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>Sharp Rd.</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>1500</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>FT</b> </div>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		<b>NOT TO BE FILLED IN BY DRILLER</b> <b>HEALTH DEPARTMENT APPROVAL</b> <b>HOWARD</b> <b>A#19616</b> <b>030894</b> <b>0798000</b>	
APPROXIMATE DEPTH OF WELL <b>150</b> FEET APPROXIMATE DIAMETER OF WELL <b>6"</b> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. <b>30' to 40' above ground</b> 3. <b>2' to 3' above ground</b>	
<b>METHOD OF DRILLING (circle one)</b> <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> 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 _____		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>7928</b> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>5283</b> </div>	
<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <b>G A P</b> FORCE <b>C</b> WRITE INITIALS IN BOX <b>PERMIT No. H0-94-0038</b>		SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	

HD-224 45 Casing 10 BAGS 30T open

Well Permit No. HO - 94-0038  
Location of property (road) ~~6000~~ Sharp Rd.  
Subdivision Glenair Lot 5 Block      Plat      Sec.       
Well Driller R. Mayne Owner Bruce Kendall

Depth of well 265'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 46'

Time pump started 8:45 Pumping rate 10 G.P.M.  
Total time 15 min to reach pumping water level 100 ft. below M.P.

[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 (MSD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy inspection.

Company Name: CLASSIC Plumbing Telephone #: 301-695-7934  
Address: P.O. 1193 Frederick  
Maryland 21702

(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 L. HALLEY License# 7788

\*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: BRUCE KENDALL Telephone #: 301-674-3688  
Subdivision: GLEN AIR Lot #: 5 Well Tag #: HO-94-0058  
Site Address: 3673 SHARP Rd. Glenelg  
MD. 21737

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>5805 422</u>	Model#: <u>        </u>	Screened, vented well cap: <u>✓</u>
Pump Capacity: <u>        </u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>        </u> GPM	NSP approved: <u>        </u>	Conduit min 18" E.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>        </u> (feet)		Conduit secured to well cap: <u>✓</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.14.

Terms:          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: 1" Poly

PSI: 200 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 60

Sleeve caulked and sealed properly: Penca & TAR

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.

Robert L. Halley  
Signature of company representative responsible for installation

2/27/07  
date

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

Date Insp. Requested: 9/25/06 Date Insp. Approved: KW 3/15/07

Inspection Data:	Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
	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>

HD-215 (Rev. 8/00)

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 61572  
 Reference: Valerie Kendall  
 Location: 3673 Sharp Road  
 Glenelg, MD 21737  
 Date/ Time Collected: 12/12/2006 1106  
 Date/Time Rec'd: 12/12/2006 1405  
 Chlorine ppm: Free: ND Total: ND  
 Collected By: J.Yeager 6176JY  
 Account #: 8728  
 Company: CASH ACCOUNT  
 Requested By: Valerie Kendall  
 Source: Well Water  
 Site: Pressure Tank  
 Treatment: None  
 pH: 5.9  
 Well #: HO-94-0038

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0900 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	12/13/2006 / 0900 / AD/BD
Nitrate	3.36	mg/L	10	601	12/13/2006 / 1400 / BCD
Turbidity	0.72	NTU	<10	SM18 2130B	12/12/2006 / 1505 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetric	12/12/2006 / 1505 / AD/BD

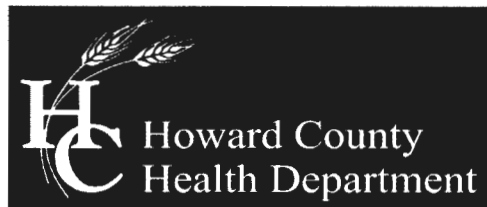
OK  
(K)

**NOTES**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B00158876

Date Reported: 12/13/2006



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(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

03/19/2007

Bruce & Valerie Kendall  
210 Mason Dr.  
Rockville, MD 20850

RE: Glenair, Lot 5  
3673 Sharp Rd.  
Glenelg, MD 21737  
BP # B0015-4500  
Well Permit # HO-94-0038

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 9/25/2006. Final approval of the well line connection to the dwelling was approved on 3/15/2007.**

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.

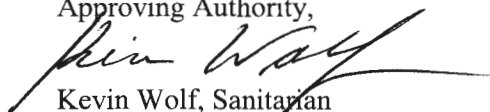
#### INTERIM CERTIFICATE OF POTABILITY

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-94-0038. 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: 12/12/2006  
Date of Well Completion: 3/15/1994

Approving Authority,



Kevin Wolf, Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

