

WR-W-4-B/71

C 1 2462  
SEQUENCE NO. (DOWNHOLE ONLY)  
1 2 3 (SEQ. NO.) 4  
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-5 ON ALL COPIES)

STATE OF MARYLAND  
WATER RESOURCES ADMINISTRATION  
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
FILL IN THIS FORM COMPLETELY  
COUNTY NUMBER

DATE RECEIVED (DOWNHOLE ONLY)  
DATE WELL COMPLETED

DEPTH OF WELL 150  
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
41-913-0327

OWNER: H. H. ...  
LAST NAME FIRST NAME  
STREET OR RD. POST OFFICE

WELL LOG  
STATE, THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO	CHECK IF WATER BEARING
Top Soil	0	3	
Med. sand clay	3	65	
Shale	65	150	

GROUTING RECORD  
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)  
TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT (C) M BENTONITE CLAY (B) C  
NO. OF BAGS 10 NO. OF POUNDS 1000  
GALLONS OF WATER 600  
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 34 FT.

CASING RECORD  
MAIN CASING TYPE 27  
NOMINAL DIAMETER TOP (MAIN CASING NEAREST INCH) 6  
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

SCREEN RECORD  
SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE BOX) STEEL (S) T BRASS OR BRONZE (B) R OPEN HOLE (H) O  
DIAMETER OF SCREEN (NEAREST INCH) 50  
DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 21

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).  
Well 20' 40' House

CIRCLE APPROPRIATE BOXES  
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
ELECTRIC LOG OBTAINED  
TEST WELL CONVERTED TO PRODUCTION WELL  
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.  
DRILLER'S NAME: H. H. ...  
SIGNATURE: H. H. ...

PUMPING TEST  
HOURS PUMPED (TO NEAREST HOUR) 1  
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT)  
WHEN PUMPING 150 (NEAREST FOOT)  
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) AIR (A) PISTON (P) TURBINE (T) CENTRIFUGAL (C) ROTARY (R) OTHER (O) JET (J) SUBMERSIBLE (S)  
PUMP INSTALLED  
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, T, O  
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)  
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31  
PUMP HORSE POWER 37  
PUMP COLUMN LENGTH (NEAREST FOOT) 43  
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE (A) BELOW (B) LAND SURFACE (NEAREST FOOT) 2

HEALTH

**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: JAMES CASEY BIDDIX Telephone #: 410-977-8948  
Address: 9420 CLOCKTOWER LANE  
COLUMBIA, MD 21046

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

Name (Print): JAMES CASEY BIDDIX License# 83892

**\*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: KEVIN M MATHews Telephone #: 410-852-5635  
Subdivision: WARFIELD ESTATES Lot #: 30 Well Tag #: HO-73-0247  
Site Address: 3324 CAMPAIGNE CT  
GLENWOOD, MD 21738

**Submersible Pump Data**

Make: GOULDS  
Model #: 5G505422C  
Pump Capacity 4 GPM  
Well Yield: 4 GPM

**Pitless Adapter**

Make: INSTALLED  
Model#: 37 YEARS AGO  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: YES  
Screened, vented well cap: YES  
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: 180 (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 YES

**Piping to house**

Type: 1" Sil-O-Flex SDR-7 ASTEN  
D-2239  
PSI: 200 (160 psi min)  
Depth of supply line: 40" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 6 1/2"  
Sleeve 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  
Casey Biddix

date 6/6/2010

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

- 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 \_\_\_\_\_

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-73-0247  
Site Address: 3324 Lanyard Ct

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

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 \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and 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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: OK KW 6/9/10

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>minimal - ok</u>
Two piece cap installed and attached to casing securely	<u>one piece cap</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<u>minimal -</u>

SITE INSPECTION SHEET

OWNER: Kevin Mathews

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

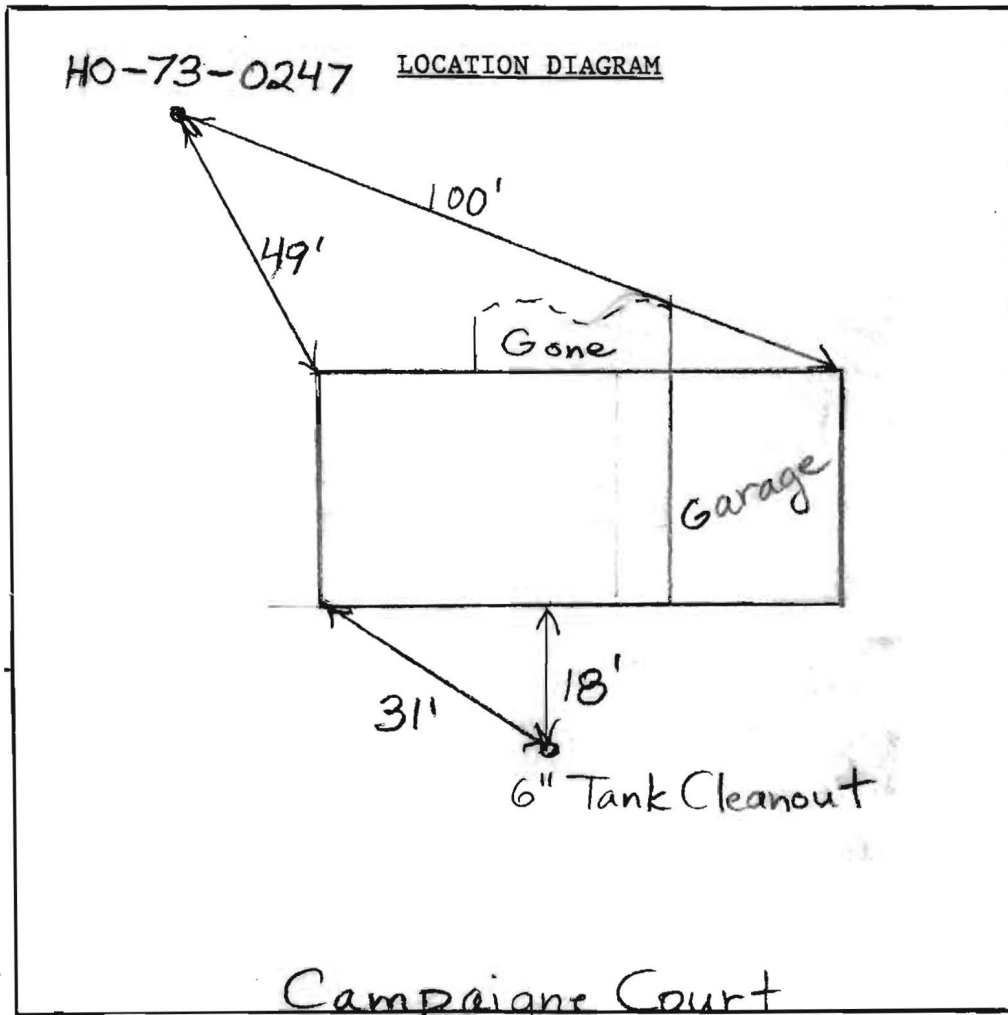
CONTRACTOR: \_\_\_\_\_

ADDRESS: 3324 Campaigne Court

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: Check well and septic system for damage that may have occurred while extinguishing fire.

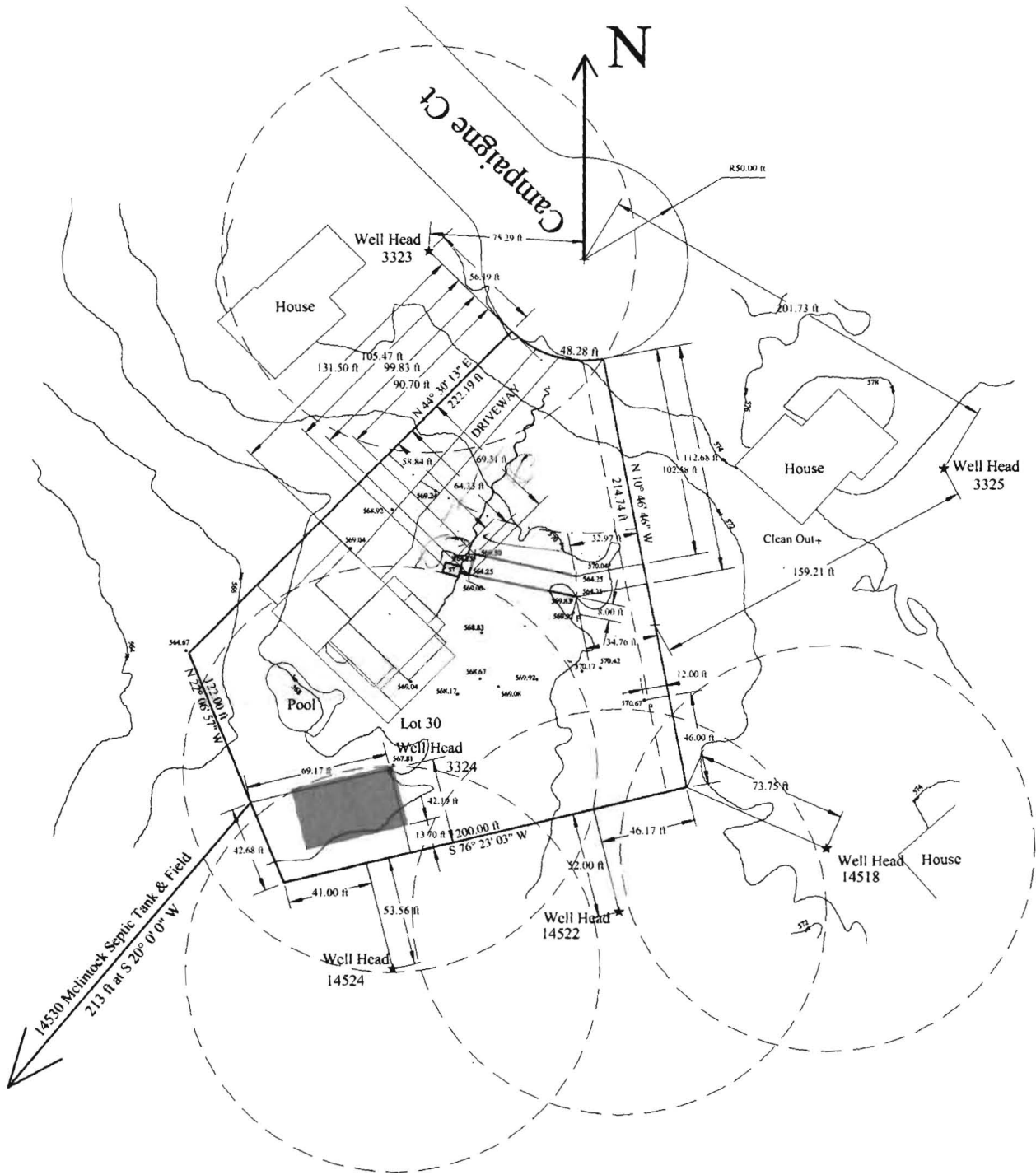


COMMENTS: Most of house destroyed by fire. There's a good chance this will be a demo./rebuild. Well appears fine. Septic tank is probably O.K. but can't tell for sure. There are tire indentations in

DATE: 3/10/09

INSPECTOR: B. Baker <sup>above it.</sup>

the ground on area above it.



Section Five  
 Warfield Estates  
 Plat Book: 24 page 26 Lot 30  
 Map: 21, Grid 4, Parcel 134, Lot 30

Legend	
●	Elevation Location
■P	Percolation Hole
*	Well Head /Address
+	Field Line Ends Depth
ST	Septic Tank
—	BRL Building Restriction Line
—	100' Radius or 10' Set Back
—	Septic/Field Lines
—	Old House
—	New House
■	Proposed 50' x 30' Well Zone

Scale 1"=50'  
 Drawn By: Kevin M. Mathews Date: July 25th, 2009

I certify that the information shown herein is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief.

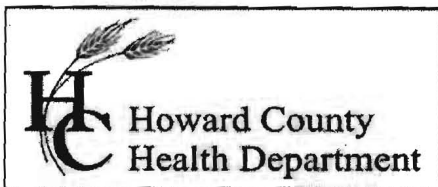
Signature: \_\_\_\_\_

Any changes to a private sewage easement shall require a revised percolation certification plan

This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. This easement shall become null and void upon connection to a public sewerage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.

Approved for private water and private sewerage systems.

Signature: \_\_\_\_\_



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](http://www.hchealth.org)

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

**RECOMMENDATION FOR USE AND OCCUPANCY**

March 7, 2012

Homeowner  
3324 Campaign Court  
Glenwood, MD 21738

**RE: 3324 Campaign Court**  
**Building Permit: B09002333**  
**Well Permit: HO-73-0247**

Dear Homeowner:

This is to advise you that the septic system installation and water well connection to the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/9/2010**. Final approval of the well line connection to the dwelling was granted on **3/7/2012**. Water samples were collected on **2/1/2012**.

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 indicated a nitrate nitrogen level of 10.65 mg/L, which is above the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09. It is recommended that a nitrogen removal device be installed on at least the primary drinking water tap in order to reduce the nitrogen level of the well water to below 10 mg/L.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Jeff Williams', is written over a horizontal line.

Jeff Williams  
Program Supervisor  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
File



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
Robert Myers, Ph.D., Director

## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
7178 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

Lab Project No E12004056 Date Coll. 02/01/2012 Date Received: 02/01/2012 Submitted By: Shklyar

Field ID: HC 3324  
Lab No.: E12004056001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	10.65	mg N/L	02/06/2012
Turbidity	EPA 180.1	<0.5	NTU	02/02/2012

### Comments:

RECEIVED  
DIVISION OF ENVIRONMENTAL CHEMISTRY  
2012 FEB -9 PM 1:43

Approved by: Shahin A. Ali

Approval date: 02/07/2012

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Telephone: (410) 767 - 5034

Fax: (410) 225 - 7297

S:\EnviroFinal-InorganicsA.rpt



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](http://www.hchealth.org)

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

February 09, 2012

Kevin Matthews  
3324 CAMPAIGNE CT  
GLENWOOD, MD 21738

**RE: Water Sample Results**  
**3324 CAMPAIGNE CT**  
**Invoice #: 26024**

Dear Kevin Matthews,

We have received the results from the testing of the water sample(s) taken from the above referenced property on February 01, 2012. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the powder room faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was 10.65 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was <0.5 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.



**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](http://www.hchealth.org)**

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



Hank Oswald, R.S.  
Community Hygiene Program

Enclosures



**SEND REPORT TO:**

Howard County Health Department  
Bureau of Environmental Health  
9178 Columbia Gateway Drive  
Columbia, Maryland 21046

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203

Barcode  
**E12004056001**  
Received: 02/01/2012  
Inorganic HC 3324

**WATER ANALYSIS**

**A M P L E I D**

Bottle Number HC 9324 Name Kevin Matthews County Howard County Code 13

Source 3000 Compagnie Ct, Glenwood Data Category Code 46

Collected: Date 2/1/12 Time 10:00am Collector & Phone Boleslav Shklyar Submitter Code     

CHECK (one per box)

Drinking Water <input type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Federal Project <u>5</u>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>	
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

**F I E L D**

Plant No.      Sampling Station      Preservation: Iced  Acid  Type of Acid H2SO4

pH 6.3 Chlorine: Free 0.0 Total 0.0 Specific Conductance     

Notes to Lab/Remarks: Samples taken from 1-50 ft deep well at 3000 Compagnie Ct

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
✓	Nitrate - Nitrite, N		10.65*
	Sulfate		
	Total Solids		
✓	Turbidity*		40.5
	Other:		
	* LAB REPORTED HIGH RESULT TO COLLECTOR VIA E-MAIL, 2/7/12. 988		

RECEIVED  
 QUANTITY FIELD  
 2012 FEB - 9 PM 1:43

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested      Section Chief      Date Reported     

DHMH 90-A 7/04 SUBMITTER'S COPY