

C 1	0653	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
		COUNTY NUMBER (13) A 532511			
ST/CO USE ONLY DATE Received MM DD YY 6 13		DATE WELL COMPLETED MM DD YY 07 26 10		Depth of Well 22 320 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 1944

OWNER <u>Frank</u>	TOWN <u>Fellsmere City</u>
STREET OR RFD <u>1785 Trench Rd</u>	SECTION <u>1</u>
SUBDIVISION	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	
Sandy	2	20	
Sand Stone	20	25	
MICKA	25	150	
Sand Stone	150	155	
MICKA	155	240	
Sand Stone	240	245	
MICKA	245	320	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	yes Y no N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS <u>22</u>	NO. OF POUNDS <u>2200</u>
GALLONS OF WATER <u>132</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> TOP	ft. to <u>50+</u> BOTTOM
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	ST STEEL	CO CONCRETE
	PL PLASTIC	OT OTHER
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	<u>6</u>	<u>82</u>
60 61	63 64	66 67 70

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

SCREEN RECORD			
screen type or open hole (insert appropriate code below)	ST STEEL	BR BRASS	HO OPEN HOLE
	PL PLASTIC	OT OTHER	
DEPTH (nearest ft.)			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED Y N

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	

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. <u>M D</u>
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. <u>D</u>

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

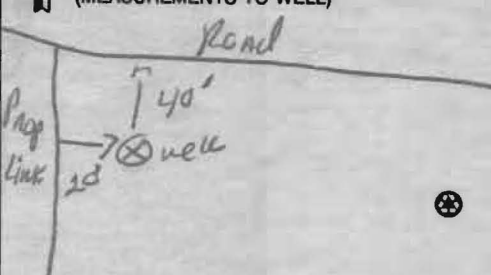
DEPTH (nearest ft.)	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

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

MDE 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

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>4</u>	
METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>36</u> ft.	
WHEN PUMPING	<u>120</u> ft.	
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 INSTALLED PUMP (CIRCLE) (YES or NO)	YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
31 35	
PUMP HORSE POWER	
37 41	
PUMP COLUMN LENGTH (nearest ft.)	
43 47	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above	
- below	
LAND SURFACE <u>2</u> (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 1	0872	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-1944</u> fill in this form completely
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13 <u>FRANK John</u>		15 Last Name Owner First Name 34		
36 <u>11285 Tidelphia Rd</u>		55 Street or RFD		
57 <u>ELLICOTT City MD. 21042</u>		70 Town 72 State 76 Zip		
DRILLER INFORMATION		LOCATION OF WELL		
8 Driller's Name <u>RAUL E. MAYNE</u> M S D <u>117</u>		8 COUNTY <u>Howard</u> 21		
76 License No. 81		23 SUBDIVISION <u>Frank Prop.</u> 42		
Firm Name <u>RAUL E MAYNE WELL DRILLING</u>		SECTION <u>—</u> LOT <u>—</u>		
Address <u>17024 Hardy Rd Mt. Airy MD 21071</u>		44 46 48 50		
Signature <u>Raul E Mayne</u> Date <u>4/28/10</u>		52 NEAREST TOWN <u>West Friendship</u> 71		
B 2 WELL INFORMATION		MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78		
1 APPROX. PUMPING RATE <u>5</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
2 (GAL. PER MIN.) 8 12		1 2 TOWN		
AVERAGE DAILY QUANTITY NEEDED <u>500</u>		11 NEAR WHAT ROAD <u>Tidelphia Rd</u> 30		
14 (GAL. PER DAY) 20		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		34 60 37 DISTANCE FROM ROAD <u>16</u> 38 39		
<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		NORTH WEST EAST SOUTH ENTER FT OR MI TAX MAP: <u>16</u> BLK: <u>14</u> PARCEL <u>79</u>		
22		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DEPTH OF WELL <u>150</u> FEET		COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13) A 532511</u> STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>4/29/10</u> CO SIGNATURE <u>Kim Waff</u> EXP. DATE <u>4/29/11</u> 43 MM DD YY 48 NORTH GRID <u>530</u> 000 EAST GRID <u>0820</u> 000 50 55 57 63		
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
METHOD OF DRILLING (circle one)		SOURCES OF DRILLING WATER		
BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary Drive-POINT other _____		1. <u>well</u> 2. 3.		
REPLACEMENT OR DEEPEENED 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 39 <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 DEEPEEN AN EXISTING WELL		E <u>820</u> N <u>530</u>		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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 (MDE OR COUNTY USE ONLY)		<u>MD Rd 144</u> <u>Tidelphia Rd</u> <u>60'</u> <u>well</u> <u>Mt Airy</u>		
APPROX. PERMIT NUMBER _____ G _____		SPECIAL CONDITIONS <u>See attached memo.</u> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.		
PERMIT No. <u>HO-95-1944</u>				
70 71 72 73 74 75 76 77 78 79				

Well Permit No. HO - 95-1944
Location of property (road) 11785 Trudolph Rd.
Subdivision Frank Prop Lot Block Plat Sec.
Well Driller R. Maye Owner John Frank

Depth of well 320
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 36 ft

Time pump started 8:45 Pumping rate 12 Gpm
Total time 15 min to reach pumping water level 120 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 (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 -95 - 1944
Site Address: 11349 Trub/pwa Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

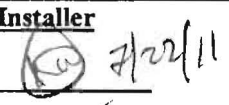
House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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: 7/22/11 Date Insp. Approved:  7/22/11
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 ☒

TRIADELPHIA ROAD
MAJOR COLLECTOR

EX. DRIVEWAY

EX. HOUSE

550

550

N 48°58'29"E 85.29'

FUTURE 25' 1/2 R/W

EX. POLE #816047

PROPOSED 12' DRIVEWAY

PROP. WELL AREA

N 70°28'04"W

GbB

S 70°28'04"E

WOOD PORCH

PROP. HOUSE

INV.: 545.80

FF: 551.00

B: 541.00

EX. SEP
CLEANC

EX. DRI

PI
SE

GbI

6/27/10
well for
append
100'

EX. WELL IN HOUSE

EX. HOUSE

EX. DRIVEWAY

EX. POLE
#339209

EX. SEPTIC
CLEANOUT

EX. APPROXIMATE
SEPTIC AREA

PLAN VIEW

SCALE: 1"=30'

E 1,334,950
N 592,050



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☐ The well site has been staked by SAA
on April 2010 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN

Sub: Frank Prop.

Lot: N/A





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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 13th, 2012

January 13th, 2012

Homeowner
11749 Triadelphia Rd
Ellicott City, MD 21042

**RE: Frank Property, Parcel 79
11749 Triadelphia Rd
Building Permit: B10003396
Well Permit: HO-95-1944**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 7/22/11. Final approval of the well line connection to the dwelling was granted on 7/22/11. The well construction was completed on 7/26/10. Water samples were collected on 1/5/12 & 1/12/12.

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. 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-95-1944. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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

**TRACE LABORATORIES, INC**

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

John Frank
11785 Triadelphia Road
Ellicott City, Maryland 21042

S/O Number: 83883**Report Date:** January 12, 2012**Retest #1**

Property Sampled: 11749 Triadelphia Road
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003396
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 16

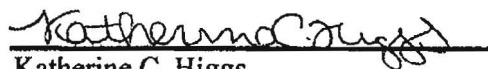
Subdivision: N/A
Parcel: 79

Lot #: N/A**Date/Time Collected in Field:** January 11, 2012 @ 10:30 AM**Date/Time Received in Lab:** January 11, 2012 @ 1:10 PM**Well Tag #:** HO-95-1944**Well Condition:** 2-Piece Cap, Satisfactory**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass

Coliform OK

HS 1-13-12


Katherine C. Higgs
Manager - Drinking Water Testing



TRACE LABORATORIES, INC

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Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

John Frank
11785 Triadelphia Road
Ellicott City, Maryland 21042

S/O Number: 83787

Report Date: January 5, 2012

Property Sampled: 11749 Triadelphia Road
Sample Location: Bathroom Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B10003396
Sampler ID #: 0765AR
Samples Iced: Yes

County: Howard
Map: 16

Subdivision: N/A
Parcel: 79

Lot #: N/A

Date/Time Collected in Field: December 29, 2011 @ 10:25 AM

Date/Time Received in Lab: December 29, 2011 @ 4:15 PM

Well Tag #: HO-95-1944
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	21 mg/L as N	Pass
Turbidity	EPA 180.1	<1.0 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.0 Units	***
Sand		Absent	Absent	Pass

Fail - Coliform
1-5-12 H8

Katherine C. Higgs

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.