

C1 2077

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

COUNTY NUMBER A 530209

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7 3 2009

Depth of Well 22 230 26 8/7/09 (TO NEAREST FOOT) o.k. BB

PERMIT NO. FROM "PERMIT TO DRILL WELL" 46-95-1779

OWNER Hecht last name, Robert first name, STREET OR RFD Madalphia Rd, TOWN Glenelg rd, SUBDIVISION Hecht Property, SECTION, LOT 3

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand (0-87), Gray Micaceous (87-230)

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 18 NO. OF POUNDS 1692. GALLONS OF WATER 108. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 96 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 91

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below. ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER.

C 2

Table for screen depth with columns for depth (nearest ft.) and diameter of screen.

C 3

PUMPING TEST

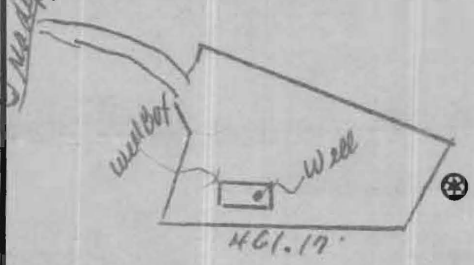
HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 20. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 53 ft. TYPE OF PUMP USED (for test) S submersible.

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 2 (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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.: MS D024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MS D024

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

B 1 6302

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1779

please type

fill in this form completely

W531039

Date Received (APA)

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Last Name Owner First Name 34  
 36 Street or RFD 55  
 57 Town 70 State 72 Zip 76

*Hecht, Jr. Robert*  
*14895 Philadelphia Rd*  
*Glennelg Md 21737*

B 3 **LOCATION OF WELL**

8 COUNTY 21  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 3 48 50  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 5 MI  
 73 76 77 78

*Howard*  
*Hecht Property*  
*Dayton*

**DRILLER INFORMATION**

Driller's Name 76 License No. 81  
 Firm Name  
 Address  
 Signature Date

*Joseph L. Mayne M5D024*  
*Joseph L. Mayne Well Drilling*  
*5512 Ridge Rd Mt. Airy Md 21771*  
*Joseph L. Mayne 6/11/09*

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1 2  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

*Philadelphia Rd*  
 34 450 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 27 BLK: 4 PARCEL 125

B 2 **WELL INFORMATION**

1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

*4*  
*500*

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

*Howard (3) A530209*  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S  
 DATE ISSUED 41  
*6/27/2009 Brian Baker 6/29/2010*  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 514 000 EAST GRID 793 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL *300* FEET  
 24 28

APPROXIMATE DIAMETER OF WELL *6* INCH  
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
 1. *well*  
 2.  
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E *793*  
 N *514*  
 000  
 000

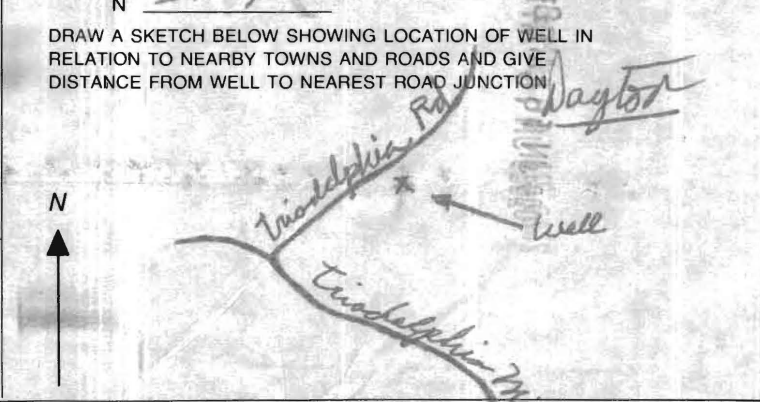
**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REverse-ROTARY DRive-POINT  
 other

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER ----- G -----  
 PERMIT No. *HO-95-1779*  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: \_\_\_\_\_ 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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Hecht Prop. Lot #: \_\_\_\_\_ Well Tag #: HO - 95 - 1779  
Site Address: 14891 Triadelphia Rd.

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
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/WSC 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, 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**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

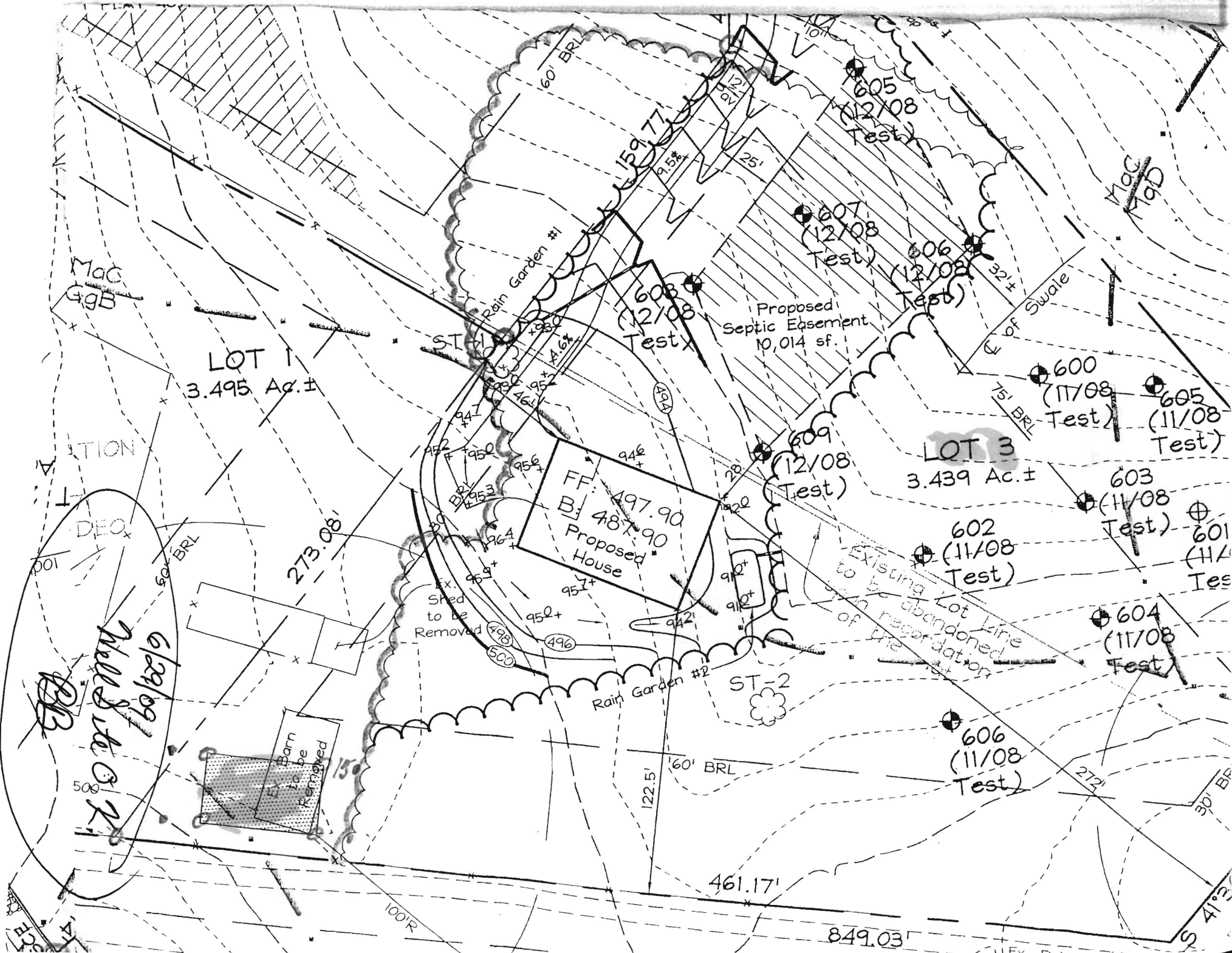
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 5/30/12 Date Insp. Approved: 5/30/12 Inspector: (KW)

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	✓



LOT 1  
3.495 Ac. ±

LOT 3  
3.439 Ac. ±

FF: 497.90  
B: 487.90  
Proposed House

Proposed  
Septic Easement  
10,014 sf.

Rain Garden #1

Rain Garden #2

Existing Lot Line  
to be abandoned  
of the

Barn  
to be  
Removed

Shed  
to be  
Removed

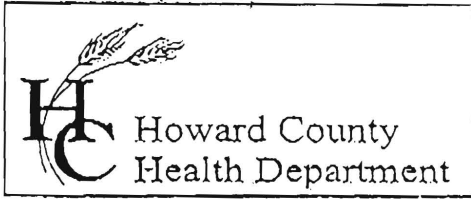
6/29/09  
Hill & Co. P.C.

ST-2

Mac  
GGB

Mac  
MGD

11 Ex. Drive



7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Hecht Property</u>	<u>3</u>	<u>Philadelphia Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by FSH Associates  
 (professional land surveyor or company employing professional land surveyors)  
 on 6-8-2009 (date) and does not require a site inspection.

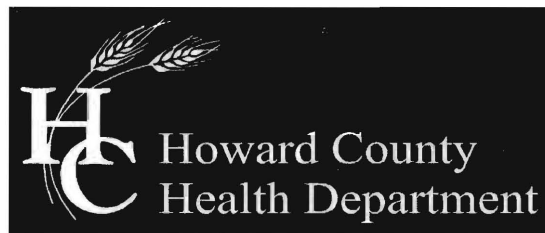
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

*Robert Hecht*

*410-442-1598*



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

## INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 27<sup>th</sup>, 2013

August 27<sup>th</sup>, 2012

Homeowner  
14891 Triadelphia Rd  
Glenelg, MD 21739

**RE: Hecht Property, Lot 3  
14891 Triadelphia Rd  
Building Permit: B12000655  
Well Permit: HO-95-1779**

Dear Homeowner:

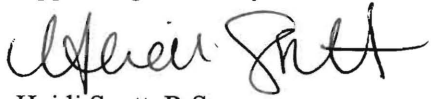
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/30/2012**. Final approval of the well line connection to the dwelling was granted on **5/30/2012**. The well construction was completed on **7/3/2009**. Water samples were collected on **8/21/2012, 8/17/2012 & 8/13/2012**.

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. 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-95-1779. 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,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive style with a large initial "H".

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:**

Carrigan Homes  
 Attn: Owen Kelly  
 9812 Caitlins Court  
 Ellicott City, Maryland 21042

**S/O Number:** 86373

**Report Date:** August 22, 2012

**Property Sampled:** 14891 Triadelphia Road, 21737  
**Sample Location:** Garage Utility Sink Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000655  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** Hecht Prop  
**Parcel:** 151

**Lot #:** 3

**Date/Time Collected in Field:** August 21, 2012 @ 11:23 am  
**Date/Time Received in Lab:** August 21, 2012 @ 12:48 pm

**Well Tag #:** HO-95-1779  
**Well Condition:** 2-Piece Cap, All Bolts Loose, Cap Unsecure

**Water Treatment/Conditioning:** None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Turbidity	EPA 180.1	10 NTU	4.9 NTU	Pass
Iron	HACH 8008	*0.3 mg/L	0.49 mg/L	***HIGH

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Turbidity OK  
 8-27-12 HS*

*-Must tighten well cap!*

*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.



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**CERTIFICATE OF ANALYSIS**

**Requester:**

**S/O Number:** 86326

Carrigan Homes  
 Attn: Owen Kelly  
 9812 Caitlins Court  
 Ellicott City, Maryland 21042

**Report Date:** August 20, 2012

*Retest #1*

**Property Sampled:** 14891 Triadelphia Road, 21737  
**Sample Location:** Garage Utility Sink Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000655  
**Sampler ID #:** 4723TL  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** Hecht Prop  
**Parcel:** 151

**Lot #:** 3

**Date/Time Collected in Field:** August 17, 2012 @ 11:09 am

**Date/Time Received in Lab:** August 17, 2012 @ 1:44 pm

**Well Tag #:** HO-95-1779

**Well Condition:** 2-Piece Cap, All Bolts Loose, Cap Unsecure

*← need to fix cap*

**Water Treatment/Conditioning:** None

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

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*8-21-12 Hg  
 Bacteria OK*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

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



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 Hunt Valley, MD 21030 USA  
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**CERTIFICATE OF ANALYSIS**

**Requester:**

Carrigan Homes  
 Attn: Owen Kelly  
 9812 Caitlins Court  
 Ellicott City, Maryland 21042

**S/O Number:** 86251

**Report Date:** August 14, 2012

**Property Sampled:** 14891 Triadelphia Road. 21737  
**Sample Location:** Utility Sink Tap  
**Residual Chlorine:** <0.1 mg/L ✓

**Building Permit #:** B12000655  
**Sampler ID #:** 4723TL  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 27

**Subdivision:** Hecht Prop  
**Parcel:** 151

**Lot#:** 3

**Date/Time Collected in Field:** August 13, 2012 @ 10:37 am  
**Date/Time Received in Lab:** August 13, 2012 @ 2:07 pm

**Well Tag #:** HO-95-1779  
**Well Condition:** 2-Piece Cap, No Bolts, Cap Removable X

*Fix cap  
 & treat well  
 reb*

**Water Treatment/Conditioning:** None

*Fail*

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	<b>PRESENT</b>	<b>FAIL</b>
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<b>16.9 NTU</b>	<b>FAIL</b>
pH	EPA 150.1	*6.5-8.5 Units	6.5 Units	***
Sand		Absent	Absent	Pass

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*Test for iron*

*may need sediment filter*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager - Drinking Water Testing

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 \*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.