

C1 1219 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBERST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

03 18 08

22 480 26

(TO NEAREST FOOT)

Ho-95-1343

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingSoil
Brown shale
Schist
Water
At 180+410'0 10
10 33
33 480 x

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

37

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

Y

no

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
WELLI 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 D 162

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D 066

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

72

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 28 ft.

WHEN PUMPING 305 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

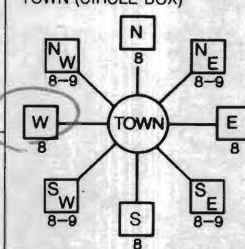
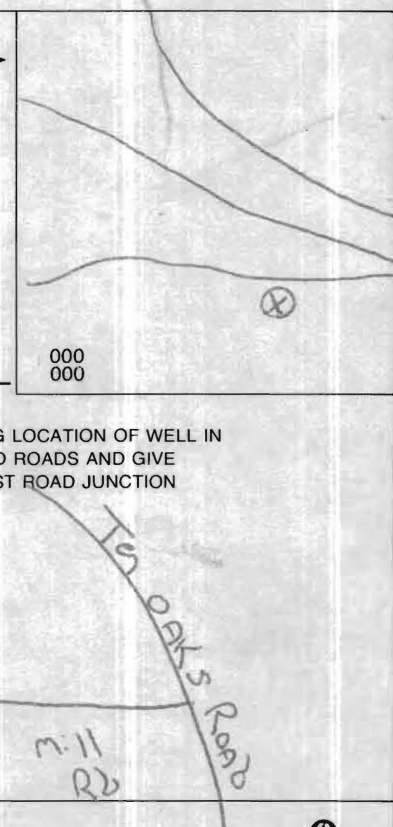
LAND SURFACE

- below

(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)To be provided by
the builder

B 1 1213 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528427 please type	STATE PERMIT NUMBER 40-95-1543 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 Viking Development 15 Last Name Owner First Name 34 815 Windriver Drive 36 Street or RFD 55 57 Kesville MD 21784 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Shaw Property 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Clarksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
OWNER INFORMATION Driller's Name Michael Isom M SD 162 76 License No. 81 Firm Name G Edgar Harr Sons Corp Address 12047 Falls Rd 21036 Signature [Signature] Date 12/18/07		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD 30 Triadelphia Mill Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 200 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 4 PARCEL 353	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <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	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. 1527905 STATE SIGNATURE [Signature] INSERT S → 41 DATE ISSUED 2/11/09 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 2/11/09 NORTH GRID 502 000 55 EAST GRID 809 000 63	
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		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 809 N 502 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 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. 40-95-1543 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 03-18-08
Address: Tridelphia Mill Road
Owner: Viking Development
Well Depth: 480 Ft

Permit Number: HO-95-1543
Subdivision: Shaw Property
Election District:
Static Water Level: 28 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 Gallon bucket	Calculated Flow-Gallons Per Minute
0845	28 ft		4 sec	15.00
0900	89		5	12.00
0915	161		5	12.00
0930	261		7	8.57
0945	290		8	7.50
1000	305		30	2.00
1015	305		30	2.00
1030	305		30	2.00
1045	305		30	2.00
1100	305		30	2.00
1115	305		30	2.00
1130	305		30	2.00
1145	305		30	2.00
1200	305		30	2.00
1215	305		30	2.00
1230	305		30	2.00
1245	305		30	2.00
1300	305		30	2.00
1315	305		30	2.00
1330	305		30	2.00
1345	305		30	2.00
1400	305		30	2.00
1415	305		30	2.00
1430	305		30	2.00
1445	305		30	2.00
1500	305		30	2.00
1515	305		30	2.00
1530	305		30	2.00
1545	305		30	2.00
1600	305		30	2.00

**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: CFC Plumbing and Heating Telephone #: 410-386-9089 443-3985697
Address: 2539 Old Washington Rd
Westminster MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Charles R Hamlet Jr License# 19979

*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: Richard Mark Conroy Telephone #: 301-512-3082
Subdivision: SHAW PROPERTY Lot #: N/A Well Tag #: HO-95-1543
Site Address: 13069 TRIDELPHIA MIN Rd
CLACKVILLE MD 21029

Submersible Pump Data

Make: PENTEK

Model #: 2ST102-5PMS-PV-1

Pump Capacity: 5 GPM

Well Yield: 2 GPM

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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt yes

Pitless Adapter

Make: MARTINSON (Campbell)

Model #: MB11

Depth: 460 (36" min)

NSF approved yes

Well Cap and Electric Conduit

Two piece watertight cap: yes

Screened, vented well cap: yes

Cap secured to casing: glued yes

Conduit min 18" B.G.: yes

Conduit secured to well cap: yes

Piping to house

Type: Polyethylene

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 240'

Sleeve caulked and 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

10-14-10
date

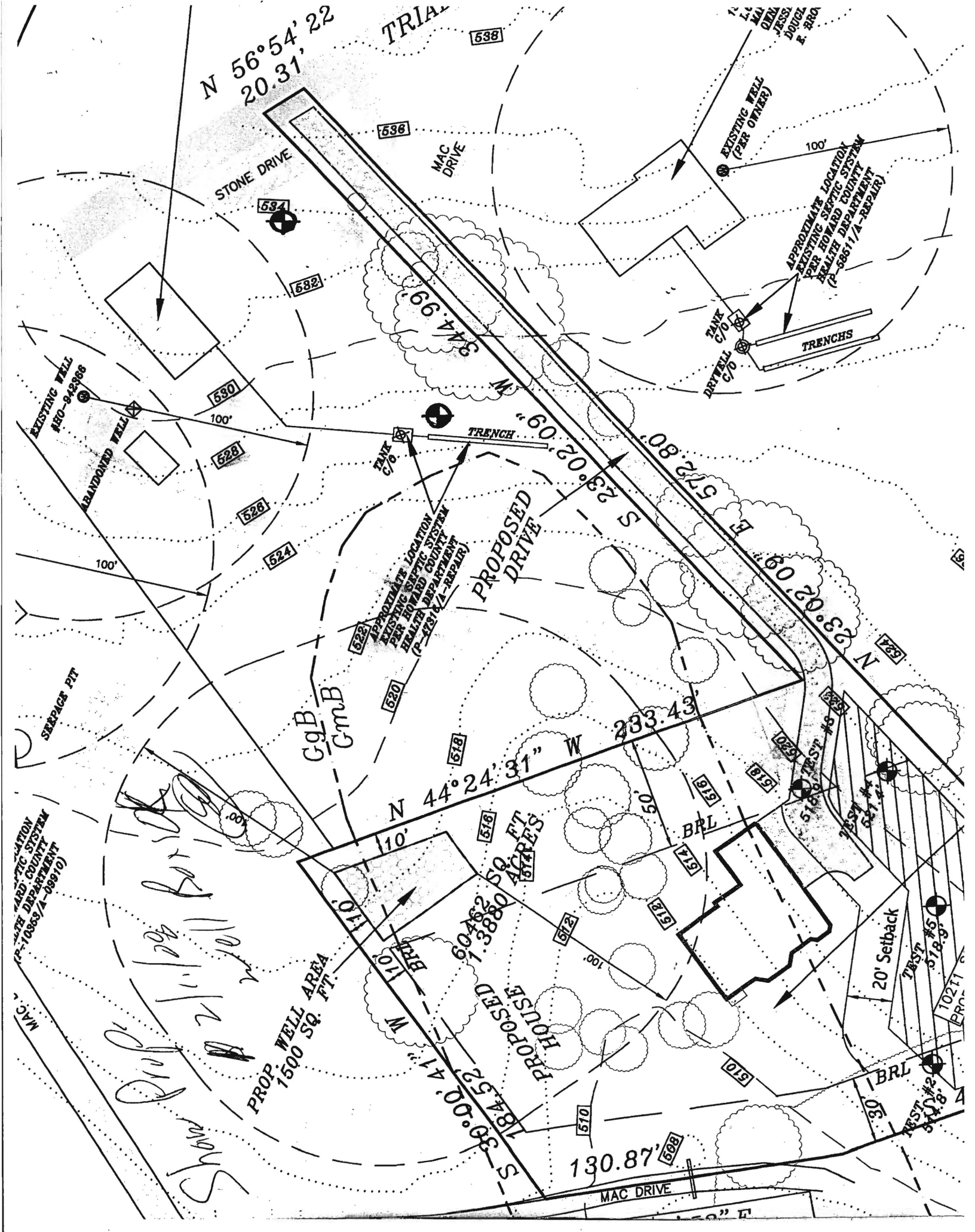
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____

Date Insp. Approved: 10/20/10 OK KW

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 3" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

verified by plumber





Howard County
Health Department

7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2640
TDD (410) 313-2323 Toll Free 1-866-313-2640
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:

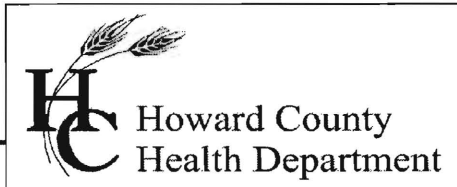
<u>Shaw Property</u>		<u>Triadelphia Mill Rd</u>
Subdivision/Property Name	Lot#	Road Name

☒ The well site has been staked by Shanaberger + Lane
(professional land surveyor or company employing professional land surveyors)
on 12/21/07 (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



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

October 21, 2010

Homeowner
13069 Triadelphia Mill Road
Clarksville, MD 21029

RE:

13069 Triadelphia Mill Road
BP #: B08000311
Well Tag: HO-95-1543

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 10/20/2010. Final approval of the well line connection to the dwelling was approved on 10/20/10.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

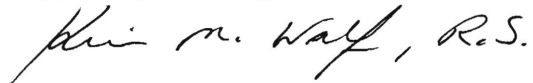
INTERIM CERTIFICATE OF POTABILITY

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-95-1543. 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: 10/11/2010
Date of Well Completion: 03/18/2008

Approving Authority,

A handwritten signature in black ink that reads "Kevin M. Wolf, R.S." The signature is written in a cursive style.

Kevin M. Wolf, R. S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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:**

Hamilton Reed Builders
8000 Main Street
Ellicott City, MD 21043

S/O Number: 79105**Report Date:** October 12, 2010

Property Sampled: 13069 Triadelphia Mill Road, 21029
Sample Location: Outside Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: Not Provided
Sampler ID #: 9813AM
Samples Iced: Yes

County: Howard
Map: 34

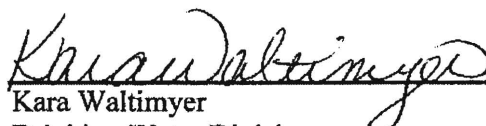
Subdivision: N/A
Parcel: 353

Lot #: N/A

Date/Time Collected in Field: October 11, 2010 @ 12:20 pm
Date/Time Received in Lab: October 11, 2010 @ 1:15 pm

Well Tag #: Unable to Locate Well
Well Condition: Undetermined
Water Treatment: Not Observed

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	1.9 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units	***
Sand		Negative	Negative	


Kara Waltmyer
Drinking Water Division

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.