

C1 0159

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.COUNTY
NUMBER

A 521620

(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
11/6/06 20

Depth of Well

22 600 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

110 - 95 - 0187
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

TOWN

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
bearing

Top Soil	0	2	
Brownish Orange clay	2	11	
Brown Rocky clay	11	14	
Brownish Orange clay	14	42	
Tan shale soft	42	61	
Brown shale	61	79	
Tan slate	79	91	
Green slate	91	97	
Bluish Grey slate	97	445	
Blue slate w/ quartz	445	570	
Limestone	570	600	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 2400

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)Casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHERMAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST 6 92'

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

screen type or open hole insert appropriate code below
STEEL BRASS BRONZE OPEN HOLE
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

E A C H C A S I N G
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 100SLOT 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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

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 INSTALLED PUMP (CIRCLE) (YES or 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)

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)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes no
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. 1 M D 040

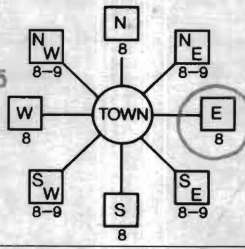
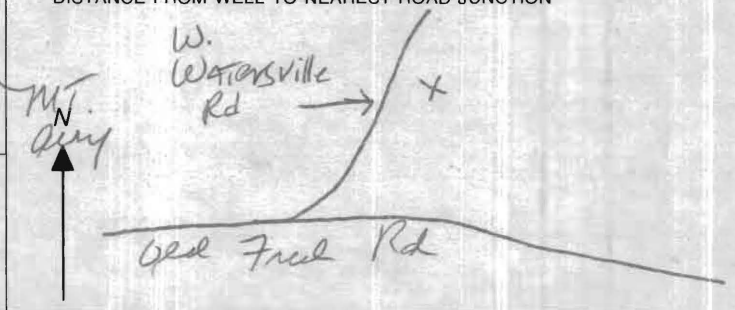
DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 A W D 788

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

COUNTY

B 1	0045	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>110-95-0187</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION 15 Last Name <u>WILKES</u> Owner <u>GILMAN</u> First Name 34 36 Street or RFD <u>719 W. WATERSVILLE ROAD</u> 55 57 Town <u>MT. AIRY, MD</u> 70 State <u>21771</u> 72 Zip 76		
DRILLER INFORMATION Driller's Name <u>George F. Easterday</u> 76 License No. <u>M WD 040</u> 81 Firm Name <u>L. Franklin Easterday, Inc.</u> Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u> Signature <u>George F. Easterday</u> Date <u>10/22/2005</u>		LOCATION OF WELL Howard 8 COUNTY 21 CC# Nursery View 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Mt. Airy 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> M 1 73 76 77 78		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		 <div style="display: inline-block; vertical-align: top; width: 45%;"> West Watersville Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 575 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>2</u> BLK: <u>19</u> PARCEL <u>114</u> </div>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>15-21620</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>12/5/05</u> <u>12/5/05</u> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>555</u> 0 0 0 EAST GRID <u>767</u> 0 0 0 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>wells</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>760 2 167</u> N <u>550 5</u> 000 000		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>2 J 6</u> 		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN 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. <u>110-95-0187</u> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Age _____ of _____
Date _____

8:00

1-6-05

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0187
Location of property (road) W. Watersville Rd
Subdivision Nashua View Lot 413 Block 19 Plat 2 Sec. 114
Well Driller Easter Day Owner Gilman Wilder

Depth of well 1000 1 1/2 gpm
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 73.7

I. High rate pumping -- reservoir drawdown

pump set 380'

Time pump started 8:30 Pumping rate 156 gpm
Total time 30 min to reach pumping water level 234.6 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
915	234	40 sec	1 gal bucket	1 1/2
930	234	40		1 1/2
945	234	40		1 1/2
1000	234	40		1 1/2
1015	234	40		1 1/2
1030	234	40		1 1/2
1045	234	40		1 1/2
1100	234	40		1 1/2
1115	234	40		1 1/2
1130	234	40		1 1/2
1145	234	40		1 1/2
1200	234	40		1 1/2
1215	234	40		1 1/2
1230	234	40		1 1/2
1245	235	40		1 1/2
1300	235	40		1 1/2
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1515	235	40		1 1/2
1530	235	40		1 1/2
1545	235	40		1 1/2
1600	235	40		1 1/2
1615	235	40		1 1/2
1630	235	40		1 1/2
1645	235	40		1 1/2
1700	235	40		1 1/2
1715	235	40		1 1/2
1730	235	40		1 1/2
1745	235	40		1 1/2
1800	235	40		1 1/2
1815	235	40		1 1/2
1830	235	40		1 1/2
1845	235	40		1 1/2
1900	235	40		1 1/2
1915	235	40		1 1/2
1930	235	40		1 1/2
1945	235	40		1 1/2
2000	235	40		1 1/2
2015	235	40		1 1/2
2030	235	40		1 1/2
2045	235	40		1 1/2
2100	235	40		1 1/2
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2145	235	40		1 1/2
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7215	235	40		1 1/2
7230	235	40		1 1/2
7245	235	40		1 1/2
7300	235	40		1 1/2
7315	235	40		1 1/2

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: WALKER PLUMBING Telephone #: 301-834-8573
Address: 2835 FM RD
JEFFERSON MD, 21753 c) 301-748-5073

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

Name (Print): GERALD L. WALKER JR License# 6952

*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: CORNEL LEWIS Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-6187
Site Address: 715 WEST WATERSVILLE RD
MT ARMY MD.

Submersible Pump Data

Make: STA-RITE

Model #: SSP410S10221

Pump Capacity 5 GPM

Well Yield: 5 GPM

Depth of well encountered at time of pump installation: 600 (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 NO

Pitless Adapter

Make: BOSCHART

Model#: PA-100

Depth: 42" (36" min)

NSP approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: NO

Screened, vented well cap: YES

Cap secured to casing: YES

Conduit min 18" B.G.: YES

Conduit secured to well cap: YES

Piping to house

Type: POLYETHYLENE

PSI: 200 (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 (5 foot minimum): 10'

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.

Gerald Walker Jr
Signature of company representative responsible for installation

3/25/09
date

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

Date Insp. Requested: _____

Date Insp. Approved: 11/1/08 (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 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

EX. WELL
HO-94-3074

MC3

24°54'17" E
33.76'

12/1/05

PROPOSED 12' DRIVEWAY

12/13/05 1075.5
Well site
to be drilled
N 65°05'43" W
290.21' (GAC)

well
OK

LOT 4A
4.05 Ac.±

PROPOSED
REPLACEMENT
AREA

10,788 S.F.
SEPTIC AREA

EX.
TIC AREA-

LOT / 4B
3.22 / Ac.±

516
747.8'

516A
741.8'

519
737.5'

WENT

EX.
UTILITY POLE
(TYPICAL)

3390

UNDERGROUND
UTILITY LINE

EX. WELL

GRAVEL DRIVEWAY

EX.
2 STORY
FRAME
W/BSMT.

EX.
GARAGE

EX.
GRAVEL

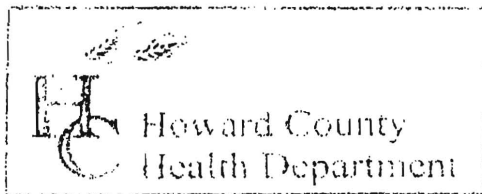
- 164 -

26'00" E
1.78'

EX. FENCE

75' B.R.L.

EX.
SEPTIC
CLEANOUT.



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

TO ALL INTERESTED PARTIES

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

- ☒ The well site has been staked by DAN MAR,
(professional land surveyor or company employing professional land surveyors)
on 10-25-05 (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.

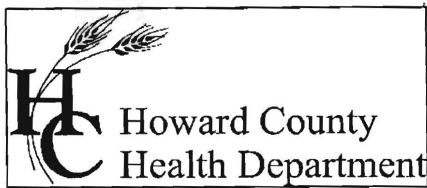
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

WILDES

W. Watersville Rd

RECEIVED
OCT 10 2005
HOWARD COUNTY HEALTH DEPT
ELICOTT CITY, MD



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

April 6, 2009

Homeowner
715 W. Watersville Road
Mount Airy, MD 21771

RE: Nursery View
715 W. Watersville Road
BP# B08002326
Well Tag #: HO-95-0187

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 12/29/2008. Final approval of the well line connection to the dwelling was approved on 01/01/2008.**

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.

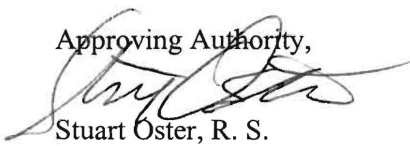
INTERIM CERTIFICATE OF POTABILITY

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-95-0187. 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: 04/03/2009
Date of Well Completion: 01/06/2006

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

**CATOCTIN LABS, INC.**

8600 APPLE CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-1312
FAX (301) 271-9060

FIELD RECORD

Customer: Cox Construction
715 W. Watersville Road
Mt. Airy, MD 21771

Date: April 03, 2009

Time: 09:10

County: Howard

Residual Cl: 0.0

Source: First Floor Hall Tub

Iced: Yes

Well No: HO95-0187

pH: 7.4

Bottle No: 2 MPN

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Allen Haines

State Certification No: 9078AH

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 11:55 4/3/2009

Examined: 11:55 04/03, 04/04

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Coliform	SM 9223 (E)	less than 1.1	less than 1.1
MPN E. coli	SM 9223 (E)	less than 1.1	less than 1.1
Nitrate	EPA 353.2	10.0 mg/l Maximum	<0.1
Sand		No Trace	No Trace
Turbidity		5.0 NTU Max (10.0 NTU C.	0.4

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE**
for human consumption, according to APHA/EPA Standards.

Analyst Bernie Davis Date: April 04, 2009

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 01/06/06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

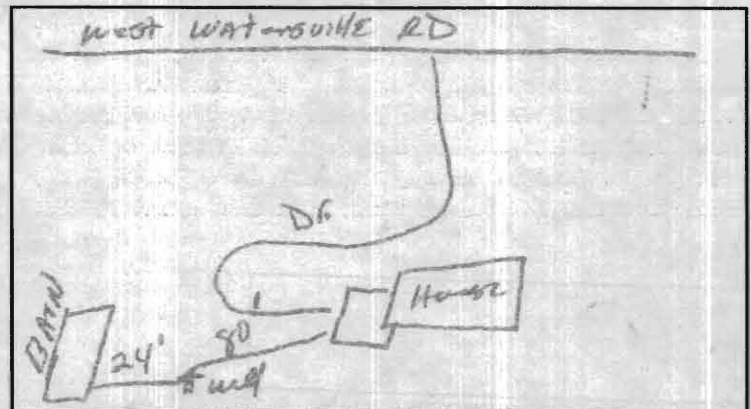
* PERSON ABANDONING WELL: Richard A. Crummett WELL DRILLERS LICENSE NUMBER: WRO 614

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Gilman Wildes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: CARROLL (Hawth)
NEAREST TOWN: MT AIRY
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: WEST WATERSVILLE Rd



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 95 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite well at	95	4
	4	0
VOLUME OF MATERIAL USED		
7 BAGS Bentonite		

SIGNATURE: George F. [Signature] MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 040

CIRCLE: MWD/MSD/MGD
CIRCLE ONE

DATE 1-23-06