

C1 14386 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 516412

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3/12/03 Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3621

OWNER Barnes William STREET OR RFD 1278 WOODBINE ROAD TOWN LISBON SUBDIVISION Pickett Farm SECTION LOT 1

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: top soil, shale, Brown slate, Blue slate, Brown slate, Blue slate, Brown slate, Blue slate.

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 47 NO. OF POUNDS 4700 GALLONS OF WATER 282 DEPTH OF GROUT SEAL (to nearest foot) 93

CASING RECORD

MAIN CASING TYPE [ST] [CO] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 100

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

SCREEN RECORD

screen type or open hole [HO] [PL] BRONZE [PL] PLASTIC

DEPTH (nearest ft.) 98 400

Table with columns: E A C H S R E, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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 Q

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA

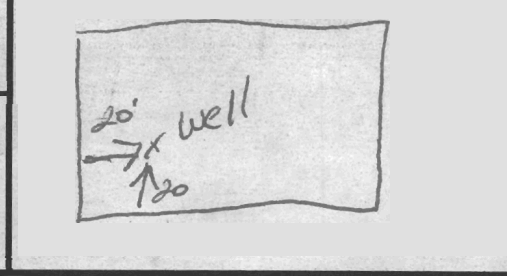
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 158 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) 49 above LAND SURFACE 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 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED *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 MW D 310 DRILLERS SIGNATURE George F. Easton

LIC. NO. 1 MW D 481

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

B 1 **8403**
1 2 3 6

SEQUENCE NO
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type **W518011**

STATE PERMIT NUMBER

10-94-3621
fill in this form completely

Date Received (APA)

11/27/02
8 MM DD 13

OWNER INFORMATION

9355

BARNES WILLIAM
15 Last Name 34 First Name

1873 WOODBINE RD
36 Street or RFD 55

WOODBINE, MD 21797
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard

20#
8 COUNTY 21

Pickett Farm
23 SUBDIVISION 42

SECTION **44** 46 LOT **1** 48 50
Lisbon

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D **040**
Driller's Name 76 License No. 81

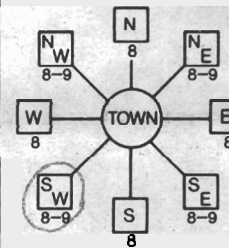
L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday **11/26/2002**
Signature Date

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



1878 Woodbine Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 **2500** 37
DISTANCE FROM ROAD FT.

ENTER FT OR MI 38 39

TAX MAP: **7** BLK: **10** PARCEL **21**

B 2

WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)

500
8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY) **500**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard **A5110412**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **12-30-02** **Kave Honan** **12/30/02**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **546** 000 EAST GRID **776** 000
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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 _____

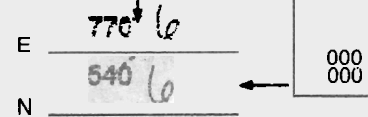
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

No grout insp.

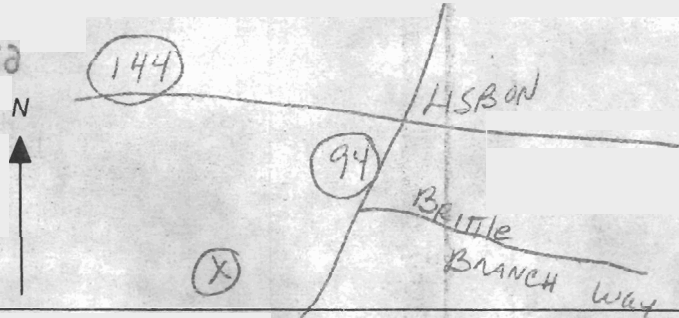
SOURCES OF DRILLING WATER

- 1.
2. wells
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION **3011**



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

APPROP. PERMIT NUMBER **G**
PERMIT No. **10-94-3621**
70 71 72 73 74 75 76 77 78 79

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

Sht 3-15-03

**MONTGOMERY COUNTY DEPARTMENT OF PERMITTING SERVICES
FIELD DATA SHEET-WELL YIELD TEST**

Page _____ of _____

Data Completed _____

Well Driller Name EASTERDAY
 Owner Name WM BAINES
 Well Permit # NO 140-94-3621
 Election District _____
 Street Address of Property
1878 Woodburn Rd
 Subdivision Pickett Farm
 Lot 1 Block _____

Depth of Well = 400 - 3 gpm
 Distance of Measuring Point (M. P.)
 Above Ground = 2 FT
 Static Water (S.W.L) Below M. P. = 85 FT
Rate of Pumping-Reservoir Drawdown
 Time pump started: 7:45
 Pumping Rate = 15.6 gpm
 Total Time 30 min to reach pumping
 water level 156 ft. below M. P.

RECOVERY PUMP TEST-OBSERVATIONS TO BE RECORDED EVERY 15 MINUTES

Time	Water Level Below M.P.	Pumping Rate Time to fill gallon bucket	Flow Meter Reading P.M.P. (if needed) SET	Calculated Flow (gallons/minute)
8:15	156 FT	20 sec	380 FT	3.6 gpm
8:30	156 FT	20 sec		3.6 gpm
8:45	156 FT	20 sec		3.6 gpm
9:00	156 FT	20 sec		3.6 gpm
9:15	156 FT	20 sec		3.6 gpm
9:30	156 FT	20 sec		3.6 gpm
9:45	156 FT	20 sec		3.6 gpm
10:00	156 FT	20 sec		3.6 gpm
10:15	156 FT	20 sec		3.6 gpm
10:30	156 FT	20 sec		3.6 gpm
10:45	156 FT	20 sec		3.6 gpm
11:00	156 FT	20 sec		3.6 gpm
11:15	157 FT	20 sec		3.6 gpm
11:30	157 FT	20 sec		3.6 gpm
11:45	157 FT	20 sec		3.6 gpm
12:00	157 FT	20 sec		3.6 gpm
12:15	157 FT	20 sec		3.6 gpm
12:30	157 FT	20 sec		3.6 gpm
12:45	157 FT	20 sec		3.6 gpm
1:00	157 FT	20 sec		3.6 gpm
1:15	157 FT	20 sec	3.6 gpm	
1:30	157 FT	20 sec	3.6 gpm	
1:45	158 FT	20 sec	3.6 gpm	
2:00	158 FT	20 sec	3.6 gpm	
2:15	158 FT	20 sec	380 FT	3.6 gpm

TESTED BY DICK'S



DPS-Division of Land Development
 255 Rockville Pike, 2nd Floor * Rockville, Maryland 20850-4166
 Monday-Fri, day 7:30 am-4:00 pm
 Phone: 240-777-6300 * Fax: 240-777-6314

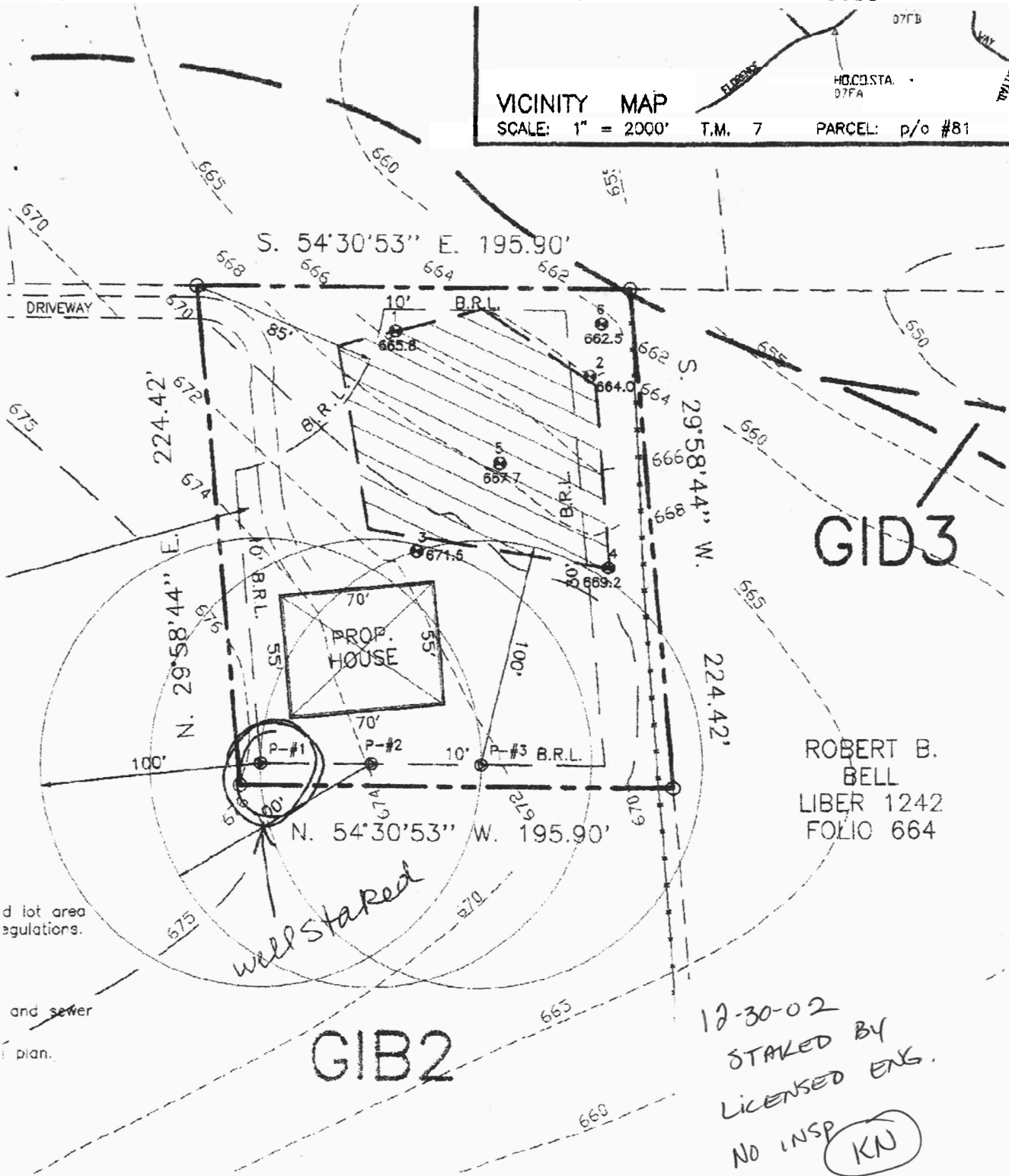


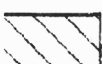
VICINITY MAP

SCALE: 1" = 2000'

T.M. 7

PARCEL: p/o #81



 THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL.

MOVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT PERMITS FOR ENCROACHMENTS. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

PERCOLATION CERTIFICATION PLAT

PICKETT FARM

SECTION ONE - LOT 1

(Recorded in Liber 2792 at Folio 33)

**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: K.H. Plumbing Telephone #: 410-857-0255
 Address: 470 Watsie Dr.
Winsthiner, MD 21558

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Keith Hundertmark License # 8300

*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: Leah Telephone #: 410-258-8110
 Subdivision: Rickett Farm Lot #: 1 Well Tag #: HO 94-3621
 Site Address: 1890 Woodbark

Submersible Pump Data	Pitless Adapter	Well Casing and Electric Conduit
Make: <u>UAC 221</u>	Make: <u>American Gully</u>	Two piece watertight cap: <u> </u>
Model #: <u>T734512XV-52</u>	Model #: <u>PT800</u>	Screened, vented well cap: <u> </u>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u> </u>
Well Yield: <u>3</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u> </u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u> </u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors on Cable guards are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
 Type: Polyethylene 1" IPS-PE 3408
 PSI: 160 (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection
 PVC sleeved to undisturbed soil at wall penetration: ✓
 Approximate length of sleeve: 6
 Sleeve caulked and sealed properly: ✓

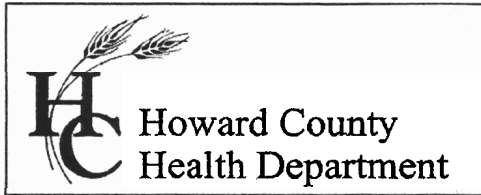
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Keith Hundertmark date: 7-14-04

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

Date Insp. Requested: Date Insp. Approved: 7/14/04 BB
 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 ✓

Couldn't see sleeve at house - hole filled with water. Plumber said sleeve 10' long with Termco. BB



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

October 22, 2004

Stephen & Sharon Leavitt
7064 Timberfield Place
Baltimore, MD 21226

SENT VIA FACSIMILE 410-489-7621

RE: Pickett Farm, Lot 1
1870 Woodbine Road
Woodbine, MD 21797
BP # B00147186
Well Permit # HO-94-3621

Dear Mr. & Mrs. Leavitt:

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 07/26/2004. Final approval of the well line connection to the dwelling was approved on 07/14/2004.**

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-94-3621. 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 Sample: 10/20/2004
Date of Well Completion: 03/12/2003

Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File