

C13907

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

ST/CO USE ONLY
DATE Received
MM DO YY
813

DATE WELL COMPLETED
MM DO YY
11/9/04

Depth of Well
2240026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-73-3893

OWNER
STREET OR RFD
SUBDIVISION

OSTER CONSTRUCTION
12904 TRIADAPHA
TOWN DAYTON

SECTION
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	
DEEPEMED Blue gray mich	205	400	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
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
below
MAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)

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

SCREEN RECORD
screen type
or open hole
(insert
appropriate
code
below)

C3
PUMPING TEST
HOURS PUMPED (nearest hour) 4
PUMPING RATE (gal. per min.) 2.75
METHOD USED TO
MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 400 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

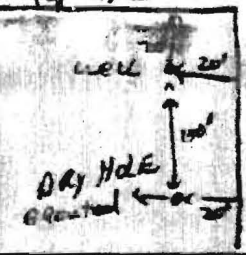
NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED
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 MWD 40
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 IWD 727
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C2
DEPTH (nearest ft.)
E A C H S C R E E N
SLOT SIZE 1 2 3
DIAMETER
OF SCREEN (NEAREST
INCH)
from to
GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 66
MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO
(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) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH
(nearest ft.) 43 47
CASING HEIGHT (circle appropriate box
and enter casing height)
+ 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)
Drop line
30
15

0276 <small>(THIS SPACE IS TO BE USED BY THE DRILLER FOR HIS OWN RECORDS)</small>		STATE OF MARYLAND WELL COMPLETION REPORT <small>FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE</small>		<small>THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED</small> COUNTY A NUMBER 21384																															
<small>Date Received (Do not use only)</small> MAY 4, 1981 <small>DATE WELL COMPLETED</small> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		<small>Depth of Well (TO NEAREST FOOT)</small> 205'		<small>PERMIT NO. FROM "PERMIT TO DRILL WELL"</small> HO-73-3892																															
OWNER Jennings <small>First Name</small> Robert <small>TOWN</small> Dayton		SECTION 23A LOT 23A																																	
STREET OR RFD 1904 Trandaphia Road SUBDIVISION Rosemary Estates																																			
<small>State the kind of formations penetrated, their color, depth, thickness and if water bearing</small> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Sandy</td> <td>2</td> <td>25</td> <td></td> </tr> <tr> <td>Sandstone</td> <td>25</td> <td>40</td> <td></td> </tr> <tr> <td>Micka</td> <td>40</td> <td>50</td> <td></td> </tr> <tr> <td>Sandstone</td> <td>50</td> <td>55</td> <td>✓</td> </tr> <tr> <td>Micka</td> <td>55</td> <td>205</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		Check water bearing	FROM	TO	Top Soil	0	2		Sandy	2	25		Sandstone	25	40		Micka	40	50		Sandstone	50	55	✓	Micka	55	205		<small>WELL HAS BEEN GROUTED (Circle Appropriate Box)</small> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <small>TYPE OF GROUTING MATERIAL</small> CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS 10 NO. OF POUNDS 2000 <small>GALLONS OF WATER</small> 60 <small>DEPTH OF GROUT SEAL (to nearest foot)</small> from 0 to 35 <small>(Enter 0 if from surface)</small>		<small>PUMPING TEST</small> HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING: 50 WHEN PUMPING: 205 TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A centrifugal <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C other <input type="checkbox"/> R rotary <input type="checkbox"/> O (describe below) <input type="checkbox"/> J <input type="checkbox"/> S submersible	
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HEALTH

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. Ho-73-3893 Election District

Location of Property (road) 12904 Tridelphie Rd

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller EASTEDAY Owner ASTER CONST MGT

Depth of Well 205 298m

Distance of Measuring Point (M.P.) above ground 125

Static Water Level (S.W.L.) below M.P. 25 ft

I. High Rate Pumping -- reservoir drawdown

Time pump started 1.50 pm Pumping rate 20 GPM

Total time 10 min to reach pumping water level 108 ft. below M.P.

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

[illegible]

March 22, 2004

Denise Swatzbaugh
Groundwater Permits Program

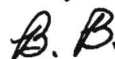
RE: **Replacement Well Tag**
Rosemary Estates – Lot 23A
12904 Triadelphia Road
Ellicott City, MD 21042
Well Permit #: HO-73-3893

Dear Ms. Swatzbaugh:

Upon a well line inspection for the above referenced property, it was observed that the above assigned well tag was not located on the well casing. Field/office research could not locate the missing tag. Therefore, I am requesting a replacement tag reading HO-73-3893 to be sent to this office.

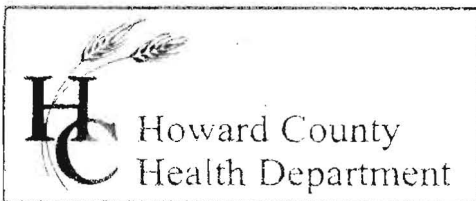
Thank you for your help with this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "B. B.", is positioned above the printed name.

Brian Baker, R. S.
Well and Septic Program

cc: File



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

April 28, 2004

Anne and Mike McCrea
12904 Triadelphia Road
Ellicott City, MD 21042

RE: Rosemary Estates, Lot # 23-A
12904 Triadelphia Road
BP # B00142600
Well Permit #HO-73-3893

Dear Sirs:

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 April 28, 2004. This approval is contingent on the addition of an above grade septic tank cleanout.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Fifteen Day Temporary Deviation for Bacteria

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Sample: April 24, 2004

Date of Well Completion: May 4, 1981

(HO-94-3600)

73-3893

Approving Authority

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.

Well and Septic Program

mlb

cc: Building Inspector's office,
File



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

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website: www.hchealth.org

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

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 07/28/04 WELL PERMIT #: HO - 73 - 3893

PROPERTY OWNER: Mike + Ann McCrea

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 12904 Triadelphia Rd
Ellicott City
Rosemary Estates

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

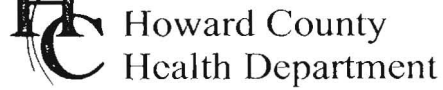
Chlorinated Well - 4 gallons liquid bleach
6 years ago tried for over 1 month Chlorinating
Well 3 Times Using 3 different forms of Chlorine

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Chlorinate again. If does not pass use
ultraviolet disinfection system.

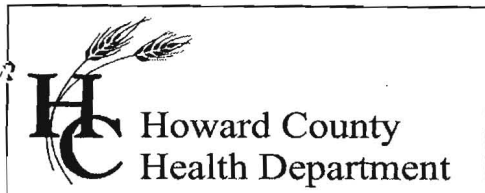
CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 73-3893 will be bacteriologically free resulting from approved disinfection procedures.
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)



website: www.hchealth.org

410-404-1375 410-404-1382



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 27, 2004

Ann & Mike McCrea
C/O Oster Construction
19416 Pyrite Lane
Brookeville, MD 20833

SENT VIA FACSIMILE 301-924-1711

RE: 12904 Triadelphia Road
Rosemary Estates, Lot 23-A
BP # B00142600
Well Permit # HO-73-3893

Dear Mr. & Mrs. McCrea:

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 04/21/2004. Final approval of the well line connection to the dwelling was approved on 02/26/2004.**

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-73-3893. 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.

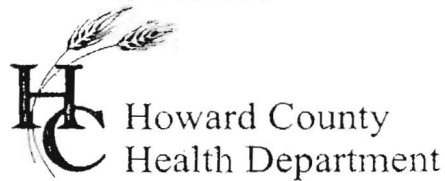
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 04/21/2004 & 5/03/2004
Date of Well Completion: 01/09/2004

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
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website: www.hchealth.org

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

March 22, 2004



from: Denise Swatzbaugh
Groundwater Permits Program

RE: Replacement Well Tag
Rosemary Estates – Lot 23A
12904 Triadelphia Road
Ellicott City, MD 21042
Well Permit #: HO-73-3893

Dear Ms. Swatzbaugh:

Upon a well line inspection for the above referenced property, it was observed that the above assigned well tag was not located on the well casing. Field/office research could not locate the missing tag. Therefore, I am requesting a replacement tag reading HO-73-3893 to be sent to this office.

Thank you for your help with this matter.

Sincerely,

To: Brian Baker

Brian Baker, R. S.
Well and Septic Program

cc: File

DENNISON PLUMBING & HEATING, INC.
7809 RIDGE ROAD
FREDERICK, MD. 21702

301-473-4015
FAX 301-371-7024

DATE:

4/21/04

TO:

Brian Baker

FROM:

Christina

MESSAGE:

Form for Well line installation at 12904 Triadelphia Rd.
We do not have well tag #. Thank you

NUMBER OF PAGES (INCLUDING COVER SHEET)

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: Dennison Plumbing & Heating, Inc. Telephone #: 301 473-4015
Address: 7809 Ridge Road
FREDERICK, MD 21702

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation:
State 10040

Licensed Well Pump Installer

License # State 10040

Name (Print): Mike & Dan McCrea
*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. Licensees may be subjected to field verification.

Name of Property Owner: Mike & Dan McCrea Telephone #: 410 531-6094
Subdivision: Rosemary Estates Lot #: 22 Well Tag #: HO-73-3893
Site Address: 12904 Truadelphia Rd
Ellicott City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: SG507422
Pump Capacity: 5 GPM
Well Yield: 4 GPM

Pitless Adapter

Make: Campbell
Model #: 6-10X
Depth: 42" (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: 200 (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: Black - Polyethylene
PSI: 200 (160 psi min) ✓
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 25 ft
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.

Peter W. Oster Jr. (CD)
Signature of company representative responsible for installation

4/21/04
date

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

Date Insp. Requested:

Date Insp. Approved: 2/26/04 (50)

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 ✓

BB

HD-215 (Rev. 8/00)

4/21/04

Need Well Tag ←

Replacement Tag Given to Peter Oster
in Field. Easterday to Install.

(BB)