

14595

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  
A52202B

ST/CO USE ONLY  
DATE Received  
MM DD YY  
11 22 03

DATE WELL COMPLETED  
MM DD YY  
11 22 03

Depth of Well  
22 500 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 95 - 0171

OWNER  
last name first name  
Parker James

STREET OR RFD  
SUBDIVISION  
245 Weller Dr  
Patapsco Overlook

TOWN  
SECTION  
MT Air-7  
2/19/227

LOT  
50

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 FROM TO	check if water bearing
Top Soil	0 2	
Brown Shale	2 10	
Brown Slate	10 25	
Gray Slate	25 49	
Brown Slate	49 50	
Gray Slate	50 500	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 38 ft.  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ ST STEEL ☐ CO CONCRETE  
☐ PL PLASTIC ☐ OT OTHER

MAIN CASING TYPE ☒ ST

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 42

OTHER CASING (if used)

diameter depth (feet)  
inch from to

SCREEN RECORD

screen type or open hole  
(insert appropriate code below)

☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE  
☐ PL PLASTIC ☐ OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED ☒ 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

DEPTH (nearest ft.)	
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
HO	40 500

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 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42 ft.

WHEN PUMPING 225 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 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

LAND SURFACE 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)

See plat

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 W D 040

DRILLERS SIGNATURE Bruce F. Eustachy

LIC. NO. 1 JS D 038

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

B 1	0054	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>110-95-0171</u> fill in this form completely
Date Received (APA) <u>11/10/05</u> 8 MM DD YY 13		OWNER INFORMATION <b>JAMES &amp; NORENE</b> 15 Last Name Owner First Name 34 <b>745 WELER DR.</b> 36 Street or RFD 55 <b>MT. AIRY, MD 21771</b> 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION <b>George F. Easterday</b> M W D <b>040</b> Driller's Name 76 License No. 81 <b>L. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address Signature <u>George F. Easterday</u> Date <u>11/9/2005</u>				
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 <b>500</b> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 <u>300</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 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 _____				
REPLACEMENT OR DEEPEENED 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 DEEPEENED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>110-95-0171</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	Howard	LOCATION OF WELL 8 COUNTY 21 <b>Patapsco Overlook</b> 23 SUBDIVISION 42 <b>50</b> SECTION 44 46 LOT 48 50 <b>Woodbine</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 <u>0</u> M I 76 77 78
B 4		<b>745 Weller Road</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <b>1500</b> 37 DISTANCE FROM ROAD FL ENTER FT OR MI 38 39 TAX MAP: <u>2</u> BLK: <u>18</u> PARCEL <u>227</u>
DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>A522028</u> COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED <u>11/23/05</u> CO SIGNATURE <u>11/23/05</u> EXP. DATE NORTH GRID <u>556</u> 000 EAST GRID <u>782</u> 000 50 55 57 63		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>780</u> 2 550 6 N 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 <u>376</u> 		



1-3-06

8:00

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0171  
Location of property (road) 245 Weller Rd  
Subdivision Phelps Park Lot 50 Block 18 Plat 2 Sec. 227  
Well Driller E. S. Indigo Owner James Parker

Depth of well 500 - 2 gpm  
Distance of measuring point (M.P.) above ground 2 ft  
Static water level (S.W.L.) below M.P. 42 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 Pumping rate 15 gpm  
Total time 30 min to reach pumping water level \_\_\_\_\_ ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 4 gallon bucket	FLOW METER READING (if used) Pump set 380'	CALCULATED FLOW (gallons per minute)
9:15	46 ft	4 sec		15 gpm
9:30	46 ft	4 sec		15 gpm
9:45	46 ft	4 sec		15 gpm
10:00	54 ft	4 sec		15 gpm
10:15	140 ft	6 sec		15 gpm
10:30	190 ft	7 sec		15 gpm
10:45	213	8 sec		7 gpm
11:00	222	12 sec		5 gpm
11:15	222	12 sec		5 gpm
11:30	225	17 sec		3.5 gpm
11:45	225	17 sec		3.5 gpm
12:00	225	17 sec		3.5 gpm
12:15	225	17 sec		3.5 gpm
12:30	225	17 sec		3.5 gpm
12:45	225	17 sec		3.5 gpm
1:00	225	17 sec		3.5 gpm
1:15	225	17 sec		3.5 gpm
1:30	225	17 sec		3.5 gpm
1:45	225	17 sec		3.5 gpm
2:00	225	17 sec		3.5 gpm
2:15	225	17 sec		3.5 gpm
2:30	225	17 sec		3.5 gpm
2:45	225	17 sec		3.5 gpm
3:00	225	17 sec		3.5 gpm
HD-2243:05	225	17 sec		3.5 gpm
3:30	225	17 sec		3.5 gpm
	225	17 sec		3.5 gpm

[illegible]

Atten Mary Lou

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: Blubaugh Plumbing Telephone #: 410-857-5144  
Address: 150 E. Deep Run Rd.  
Westminster Md

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

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

Name (Print): Galen Blubaugh License# MD 3016

\*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: Jim Parker Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 50 Well Tag #: HO-45-6171  
Site Address: 747 Weller Dr.

Submersible Pump Data

Make: Shurflo  
Model #: 784002JL  
Pump Capacity: 7 GPM  
Well Yield: 7 GPM

Pitless Adapter

Make: Campbell  
Model#: 710  
Depth: 48 (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: 420 (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: HD 160  
PSI: 160 (160 psi min)  
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓  
Approximate length of sleeve: 5'  
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: Galen Blubaugh

date: 9-29-06

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

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 9/29/06 KW

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

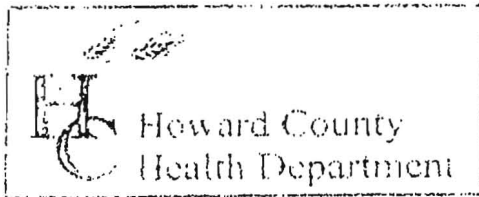
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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](http://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 FSH Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 11-8-05 (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





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

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

October 11, 2006

James & Norene Parker  
795 Weller Drive  
Mount Airy, MD 21771

**SENT VIA FACSIMILE 410-795-3771**

RE: Patapsco Overlook, Lot 50  
747 Weller Drive  
Mount Airy, MD 21771  
BP #: B00159026  
Well Permit # HO-95-0171

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 07/21/2006. Final approval of the well line connection to the dwelling was approved on 09/28/2006.**

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.

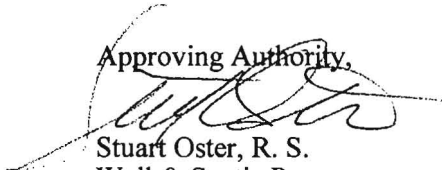
**INTERIM CERTIFICATE OF POTABILITY**

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-95-0171. 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: 10/05/2006  
Date of Well Completion: 01/22/2005

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

410 489 5378

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	60833	Account #:	8518
Reference:	Norene Parker	Company:	CASH ACCOUNT
Location:	747 Weller Drive	Requested By:	Norene Parker
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	10/5/2006 1110	Site:	Kitchen Sink Tap
Date/Time Rec'd:	10/5/2006 1300	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.6
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0171

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/6/2006 / 0805 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	10/6/2006 / 0805 / AMD/BCD
Nitrate	6.96	mg/L	10	601	10/6/2006 / 1200 / BCD
Turbidity	0.84	NTU	<10	SM18 2130B	10/6/2006 / 1000 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	10/6/2006 / 1000 / AMD/BCD

**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00159026

Date Reported: 10/6/2006