SEQUENCE NO. THIS REPORT MUST BE SUBMITTED AFTER STATE OF MARYLAND (MDE USE ONLY) WELL IS COMPLETED. OUSRU 1/7/01 WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY A 33799 NUMBER PLEASE TYPE ST/CO USE ONLY PERMIT NO DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" DATE Received 200 HO 2763 28 29 30 31 32 33 34 35 36 37 (TO NEAREST FOOT) WILLIAMS ASSOCIATES OWNER first name UNDERWOOD RD WEST FRIENDSHIP STREET OR RFD TOWN PADPEAT) OBINS SUBDIVISION SECTION LOT GROUTING RECORD WELL LOG C 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) CEMENT CM BENTONITE CLAY BC check if water FEET DESCRIPTION (Use additional sheets if needed) FROM TO NO. OF POUNDS 1900 NO. OF BAGS PUMPING RATE (gal. per min.) TOP SOLL 15 2 GALLONS OF WATER METHOD USED TO DEPTH OF GROUT SEAL (to nearest foot) MEASURE PUMPING RATE I 2 rod clay 52 ft. to _____ WATER LEVEL (distance from land surface) 19 brown Shate (enter 0 if from surface) BEFORE PUMPING CASING RECORD 3 casing types CONCRETE 42 insert WHEN PUMPING appropriate code OIT TYPE OF PUMP USED (for test) below turbine piston A Sand Stone MAIN Nominal diameter Total deoth top (main) casing of main casing CASING other (nearest inch)! (nearest foot) TYPE R 0 (describe centrifugal rotary 30 below) 60 61 63 64 **j** jet submersible OTHER CASING (if used) depth (feet) inch **PUMP INSTALLED** DRILLER INSTALLED PUMP NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. 200 SCREEN RECORD TYPE OF PUMP INSTALLED screen type or open hole PLACE (A,C,J,P,R,S,T,O) H O OPEN BR IN BOX 29. insert RRASS CAPACITY appropriate **BRONZE** HOLE GALLONS PER MINUTE code OIT 35 (to nearest gallon) below PUMP HORSE POWER 41 DEPTH (nearest ft.) 2 PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) CASING HEIGHT (circle appropriate box WELL HYDROFRACTURED 15 17 21 and enter casing height) Y N + above LAND SURFACE CIRCLE APPROPRIATE LETTER 23 24 26 30 32 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED S (nearest) below C foot) **ELECTRIC LOG OBTAINED** 38 39 41 45 47 51 50 51 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1 _ 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. SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN DIAMETER (NEAREST OF SCREEN TWO DISTANCES INCH) 56 (MEASUREMENTS TO WELL) from 30 DRILLERS LIC. NO. 1 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO. 1 // WO T (E.R.O.S.) 72 SITE SUPERVISOR (sign. of driller or journeyman 75 LOG INDICATOR TELESCOPE responsible for sitework if different from permittee) OTHER DATA 2 COUNTY DENV-CR97

nge of ____

Review	OhSRN	
	17/01	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2763	
Location of property (road) UNDER WEE	O RD
Subdivision ROBIUS PROPERTY	Lot / Block Plat Sec.
Well Driller EASTENDAY	Owner KADY WILLIAMS ASSIC,
Depth of well 208 200 (M.P.) above Static water level (S.W.L.) below M.P.	re ground 2 fact
I. High rate pumping reservoir drawdown	
Time pump started 9° Total time to reach pumping w	Pumping rate 15 G-PM ft. below M.P.

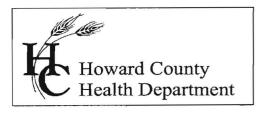
II. Recovery pump test data - observations to be recorded every 15 minutes Pump SeT 170

TIME (in 15 minute in-	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/	FLOW METER READING (if used)	(gallons per
tervals	 	gallon bucket		minute)
910	40'	4 Sec,	~	15
912	54'	4 Sec.		15
9 19	70	tsec.		15
945	83'	4 Sec.		15
1000	92'	4 Sec.		15
10 5	100	4 Sec.		15
10 30	105'	Asec.		15
10 45	110'	4 Sec.		15
10 45	115'	4 Sec. 4 Sec. 4 Sec. 4 Sec. 4 Sec.		15
11 2	120'	4Sec.		15
11 32	123	45ec. 45ec. 45ec.		1.5
11 42	125'	4Sec.		15
1200	126'	4 Sec.	,	15
	. [1
	!			3
				1
		, , , , , , , , , , , , , , , , , , ,		
				
	ļ			

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 comp	
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 approve	<u>d.</u>
1/2 5 1 700 300 MILL	
Company Name: Van Sont Trelephone #: 301. 839.0444	
Address: 2701 Back Alive Univ	
Ill dion midni	
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer	
License # and name of individual responsible for the field installation:	
Name (Print): Alou d. VAN SANT License# 6436	
*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: View Mount Telephone #: 443. 271.0325	_/
Subdivision: Wobins Property Lot #: Well Tag #: HO-94-27103	
Site Address: 11101 Lindon CCC RO	
West trienden a. Mil 21794	
Submersible Pump Data Pitles Adapter Well Cap and Electric Conduit	
Make: Grupbol Two piece watertight cap:	
Model #: 16301422 Model#: 13107 Screened, vented well cap:	
Pump Capacity GPM Depth: LO (36" min) Cap secured to casing:	
Well Yield: GPM NSF approved: Conduit min 18" B.G.:	
Depth of well encountered at time of pump installation: Conduit secured to well cap:	
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 0	
Dinis Oto house	
Piping to house Type: Type: PVC sleeved to undisturbed soil at wall penetration:	
Depth of supply line: (36" min) Sleeve caulked and sealed properly:	
The western married line is recognized to be at least too fact from the could start a surrent should be seen as	
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.)r
approvaryorius (i) instanation	
11905	
Signature of company representative responsible for installation date	*
organism of company representative responsible for histaliation	
For Health Department Use Only - Not to be completed by Installer	
20. Medica Department ose Only - Not to be completed by instance	
Date Insp. Requested: Date Insp. Approved:	
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) 313-1771 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

November 9, 2005

Kenneth Brown 9020 Bruno Road Randallstown, MD 21133

> RE: Robins Property, Lot 1 1761 SE Underwood Road West Friendship, MD 21794 BP #: B00144289 Well Permit # HO-94-2763

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 08/16/2004. Final approval of the well line connection to the dwelling was approved on 08/19/04.

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-94-2763. 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(s):

09/26/2005

Date of Well Completion:

10/27/2000

Stuart Oster, R. S.

Well & Septic Program

Approving Authority

cc:

Building Inspector's Office Community Health Services

File

Roun: Kinawad Payanatau Boat Haboraharayang

1413 Old Tanextown Rd. Westminsfer, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0208

REPORT OF ANALYSIS

Laboratory ID #:

56480

Account #:

Reference:

Ken Brown

Company:

7112

5.8

Location:

1761 Underwood Road

Requested By: Ken Brown

CASH ACCOUNT

Sykesville, MD 21784

Source:

Date/ Time Collected: 09/26/05

Site:

Well Water Pressure Tank

Date/Time Rec'd:

09/26/05

1530

Treatment:

Neutralizer**

Chlorine ppm: Collected By:

Free: ND C. Mooshian Total: ND 7268CM

pH: Well #:

HO-94-2763

 PARAMETERS	RESULTION	UNIPS RE	FERENCE	MINITED	TENETRING ANALYSIS	
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/27/05 / 1020 / B. Dutterer	
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	09/27/05 / 1020 / B. Dutterer	
Nitrate	4.51	mg/L	10	601	09/27/05 / 0930 / B. Dutterer	
Turbidity	7.31	NTU	<10	SM18 2130B	09/27/05 / 0950 / B. Dutterer	
Sund	NS	mg/L	5	Visual/Gravimetric	09/27/05 / 0950 / B. Dutterer	

NOTES:

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 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
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- Visual well check: Sealed, vented cap 8
- pH tested on-site

Reason for Test:

Use & Occupancy

Building Permit #:

B00144289

Date Reported:

09/27/05

