

C1 0318

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A522847

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Edson David STREET OR RFD 1097 Underwood Road TOWN Sykesville

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Gray Limestone, Broken Gray, and Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) diameter, depth (feet) table.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER (A, E, P), I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04, DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO., SITE SUPERVISOR.

DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN, GRAVEL PACK.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

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). Includes handwritten notes: 37' Garage, 30', Underwood Rd.

B 1 0710

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0268 fill in this form completely

523363 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Edson, DAVID Last Name Owner First Name 34
1097 Underwood Rd Street or RFD 55
Sykesville Md 21784 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

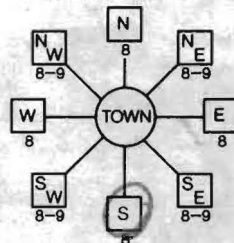
8 COUNTY Howard 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Sykesville 71
MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 Driller's Name 76 License No. 81
Fogles Well Drilling Firm Name
580 Obrecht Rd Address
Signature Date 9-19-05

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1097 Underwood Rd NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 70 ENTER FT OR MI 38 39
TAX MAP: 9 BLK: 2 PARCEL 26

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A522847 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/3/2007 CO SIGNATURE Brian Baker 3/3/2007 EXP. DATE
NORTH GRID 549 000 EAST GRID 804 000
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
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8004
N 5409

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

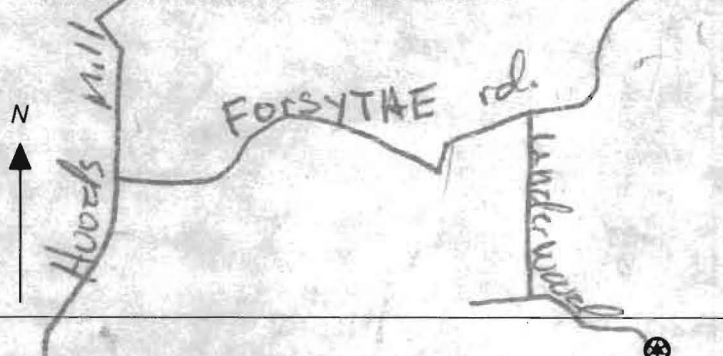
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. 40-95-0268

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

WATER AND SEWERAGE PROGRAM

TEL: (410)313-2640 FAX: (410)313-2648

1771

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: Gartland Plumbing Telephone #: 410-875-5303
Address: 1620 W. Old Liberty Rd
Sykesville MD 21784

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

Name (Print): Joseph Gartland License# 6352

*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: David Edison Telephone #: 410-250-1889
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0268
Site Address: 1097 Underwood Rd
Sykesville MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>34HP</u>	Model#: <u>P-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>2</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 Yes

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 1/2 (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]
Signature of company representative responsible for installation

Aug 22, 2006
date

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

Date Insp. Requested: _____	Date Insp. Approved: <u>8/23/06</u> <u>[Signature]</u>
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

 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: 6-28-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

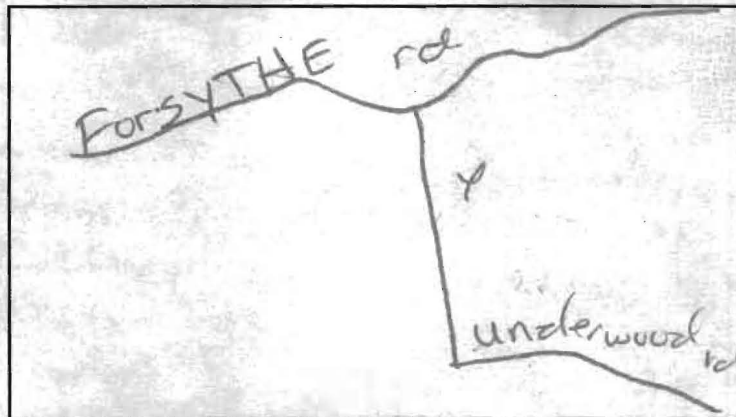
* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: David Edson

SITE LOCATION MAP



* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Sykesville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 1097 Underwood 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: 150' 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
<u>Cement</u>	<u>0</u>	<u>150</u>
VOLUME OF MATERIAL USED		
<u>30 bags</u>		

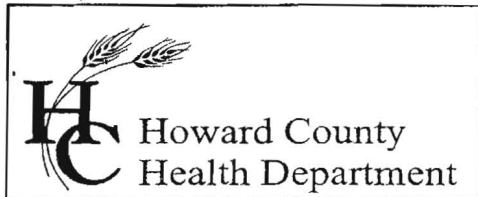
[Signature]
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

009
 LICENSE #

MWD/MSD/MGD
 CIRCLE ONE

6-30-05
 DATE





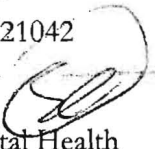
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

July 15, 2005

MEMORANDUM

TO: David Edson
9869 Helmwood Court
Ellicott City, Maryland 21042

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 1097 Underwood Road
Sykesville
1.614 Acre
Map 9, Grid 2, Parcel 26
(Demolition of Existing House)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The well and septic systems, which previously served the existing dwelling, have been properly disconnected and abandoned/sealed and documentation provided. If any other wells or septic systems are found during site work, please notify this office immediately.

Cc: File

07/15/2005 10:45 FAX 410 795 3432

FOGLES SEPTIC AND WELL

002

**FOGLE'S SEPTIC CLEAN, INC.
FOGLE'S EXCAVATING & PAVING, LLC
FOGLE'S WELL DRILLING, LLC**

1000 Obrecht Road
Sykesville, Maryland 21784
(410) 795-5670

July 15, 2005

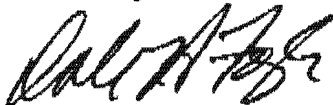
To Whom IT May Concern:

Fogles Septic Clean, Incorporated sent a pump truck to 1097 Underwood Road Sykesville, Maryland to pump out the septic system so it could be abandoned.

We found one tank and pumped out approximately 1500 gallons. On July 14, 2005 we filled the tank in with dirt.

If you have any questions, please contact our office.

Sincerely,



Dale H. Fogle
President

DHF:amw



FOGLE'S SEPTIC CLEAN, INC.
FOGLE'S WELL DRILLING, L.L.C.
FOGLE'S EXCAVATING, L.L.C.
580 OBRECHT ROAD
SYKESVILLE, MD 21784
(410) 795-5670



L
O
C
A
T
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O
N

INVOICE NO. 211890
INVOICE DATE 07/05/2005
ACCOUNT NO. 5753060
GROUP WEL

B ETSON, DAVE
I 9869 HELM WOOD CT
L TO ELLICOTT CITY, MD 21042
L

UNDERWOOD RD> 01097
SYKESVILLE

PLEASE RETURN TOP PORTION WITH REMITTANCE

AMOUNT OF
REMITTANCE

Empty box for remittance amount.

CUSTOMER ORDER NO.	SERVICE PERIOD	**1 1/2% Late charge due on balances outstanding more than 15 days from date of invoice** (18% per annum)	TERMS: NET 30 DAYS
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QUAN.	DATE OF SERVICE	TRANSACTION NUMBER	DESCRIPTION OF SERVICES	UNIT PRICE	TOTAL
1.000	07/01/05		ABANDON WELL ABANDON WELL AND SEND REPORT TO COUNTY AND STATE	500.00	500.00
1.000	07/01/05		PAYMENT - THANK YOU 90	-500.00	0.00
211890	07/01/2005		ATTACHED INVOICE OUTSTANDING INVOICES	0.00	0.00

*WE ARE NOT RESPONSIBLE FOR ACCIDENTAL YARD OR DRIVEWAY DAMAGE CAUSED BY WEIGHT OF TRUCK.
*ANY ACTUAL AND REASONABLE COLLECTION FEES MAY BE ADDED IF DELINQUENT

FOGLE'S SEPTIC CLEAN, INC.
FOGLE'S WELL DRILLING, L.L.C.
FOGLE'S EXCAVATING, L.L.C.
580 OBRECHT ROAD • SYKESVILLE, MD 21784
(410) 795-5670

PLEASE PAY FROM THIS INVOICE • STATEMENT
NO OTHER BILLING WILL BE MADE.

CUSTOMER

PLEASE PAY
THIS AMOUNT ▶

0.00

ACCOUNT BALANCE

CERTIFICATE OF ANALYSIS



TRACE LABORATORIES
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@connext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

Requester:
 Mr. David Edson
 9869 Helmwood Court
 Ellicott City, Maryland 21042

S/O Number: 59960
Report Date: October 6, 2006

Property Sampled: 1097 Underwood Road

County: Howard
Subdivision: Sykesville
Lot #: N/A
Building Permit #: B00158527
Tax Map #: 9
Parcel #: 26


Date/Time Collected: October 5, 2006 at 11:35 am
Date/Time Received: October 5, 2006 at 2:25 pm

Sample Location: Powder Room Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0268
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Neutralizer – Not Installed Yet

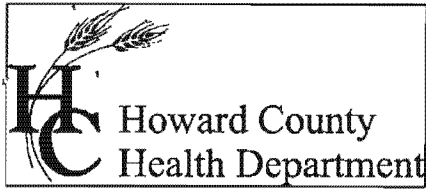
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	8.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.1 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass


 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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 6, 2006

David Edson
1097 Underwood Road
Sykesville, MD 21784

RE: 1097 Underwood Road
Sykesville, MD 21784
BP #: B00158527
Well Permit # HO-95-0268

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 08/31/2006. Final approval of the well line connection to the dwelling was approved on 08/23/2006.**

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-95-0268. 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: 03/14/2006

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File