

C 1 6679

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A52130

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
10 6 05

Depth of Well

22 180' 26
(TO NEAREST FOOT)OK
10/25/05
GACPERMIT NO.
FROM "PERMIT TO DRILL WELL"10 - 95 - 0119
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

check
if water
bearing

Brown Shale

0 43

Blue Rock

43 180

Dry well 400' back-filled
400 - 40 drilling materials
40 - 0 cement

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 1504

GALLONS OF WATER 96

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

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

47

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 40 45 180

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 3 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E SLOTT SIZE 1 2 3

N DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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)

3

PUMPING RATE (gal. per min.)

10

METHOD USED TO

MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 23 ft.

WHEN PUMPING 90 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } (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 attached
locations

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED

yes no
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
WELLI 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 S D 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1	8103	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HD-95-0119</u> <small>fill in this form completely</small>
523399				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>Date Received (APA) 8 MM DD YY 13</p> <p>15 Last Name <u>Schroyer</u> Owner First Name <u>Charles</u> 34</p> <p>36 <u>1225 Emmaus Rd</u> Street or RFD 55</p> <p>57 <u>Woodbine Md 21797</u> Town 70 State 72 Zip 76</p> </div> <div style="width:50%;"> <p style="text-align: center; font-weight: bold;">OWNER INFORMATION</p> <p>8 COUNTY <u>Howard</u> 21</p> <p>23 SUBDIVISION <u>Furr Property</u> 42</p> <p>SECTION <u>44</u> 46 LOT <u>48</u> 50</p> <p>52 NEAREST TOWN <u>Mt. Airy</u> 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center; font-weight: bold;">DRILLER INFORMATION</p> <p>Driller's Name <u>Joseph E. Mayne</u> 76 License No. <u>MS D024</u> 81</p> <p>Firm Name <u>Joseph E. Mayne Bore Drilling</u></p> <p>Address <u>5512 Ridge Rd Mt Airy, Md 21771</u></p> <p>Signature <u>Joseph E. Mayne</u> Date <u>9/28/05</u></p> </div> <div style="width:50%;"> <p style="text-align: center; font-weight: bold;">LOCATION OF WELL</p> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <div style="text-align: center;"> </div> <p>11 NEAR WHAT ROAD <u>West Waterville Rd</u> 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <div style="text-align: center;"> </div> <p>34 <u>525</u> 37 DISTANCE FROM ROAD <u>FT</u> 38 39</p> <p>ENTER FT OR MI</p> <p>TAX MAP: <u>2</u> BLK: <u>14</u> PARCEL <u>55</u></p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center; font-weight: bold;">WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>4</u> 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20</p> </div> <div style="width:50%;"> <p style="text-align: center; font-weight: bold;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>COUNTY NAME <u>Howard</u> COUNTY NO. <u>152130</u></p> <p>STATE SIGNATURE _____ INSERT S →</p> <p>DATE ISSUED <u>10/3/05</u> 41</p> <p>43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> 10/3/06 EXP. DATE</p> <p>NORTH GRID <u>556</u> 000 EAST GRID <u>767</u> 000</p> <p>50 55 57 63</p> </div> </div>				
<p style="text-align: center; font-weight: bold;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p>				
<p>APPROXIMATE DEPTH OF WELL <u>200</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH</p> <p style="text-align: center; font-weight: bold;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT</p> <p>other _____</p>				
<p style="text-align: center; font-weight: bold;">REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p> <p style="text-align: center; font-weight: bold;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. <u>HD-95-0119</u> 70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center; font-weight: bold;">SPECIAL CONDITIONS</p> <p><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small></p>				
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>well</u></p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>76x7</u></p> <p>N <u>55x6</u></p> <p>000 000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <div style="text-align: center;"> </div> </div> <div style="width:50%; text-align: center;"> <p>000 000</p> </div> </div>				

Well Permit No. HO - 95-0119
Location of property (road) West Watersville Rd
Subdivision FMR Property Lot Block Plat Sec. Parcel 55
Well Driller Joseph Maigne Owner Charles Schroyer

Depth of well 180'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 23'

Time pump started 7:15 Pumping rate 20 gpm
Total time 15 min to reach pumping water level 90 ft. below M.P.

[illegible]

Well Permit No. HO - 95-0119
Location of property (road) W. Watersville Rd
Subdivision _____ Lot _____ Block 14 Plat 2 Sec. Per 5.5
Well Driller Joe Payne Owner Charles Schroyer

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

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: J.C. Harris Plumbing Telephone #: 301 371-7574
Address: 3120A Old National Pike
Middleton, Md. 21769

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

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

Name (Print): J.C. Harris License# 8744

*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: Charles W. Schroyer Telephone #: 410 489-4722
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-0119
Site Address: 580 W. Watersville Rd
Mt. Airy, Md 21771

Submersible Pump Data

Make: Jacuzzi
Model #: 9248-1175
Pump Capacity 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: B10X
Depth: 42" (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: X yes
Screened, vented well cap: _____
Cap secured to casing: X
Conduit min 18" B.G.: X
Conduit secured to well cap: X

Depth of well encountered at time of pump installation: 180 (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 X

Piping to house

Type: Plastic
PSI: 160 (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve (5 foot minimum): 10'

Depth of supply line: 42" (36" min)

Sleeve caulked and sealed properly: yes

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.

Charles W. Schroyer
Signature of company representative responsible for installation

Sept. 15, 2006
date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/14/06 KW
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB

Two piece cap installed and attached to casing securely ✓

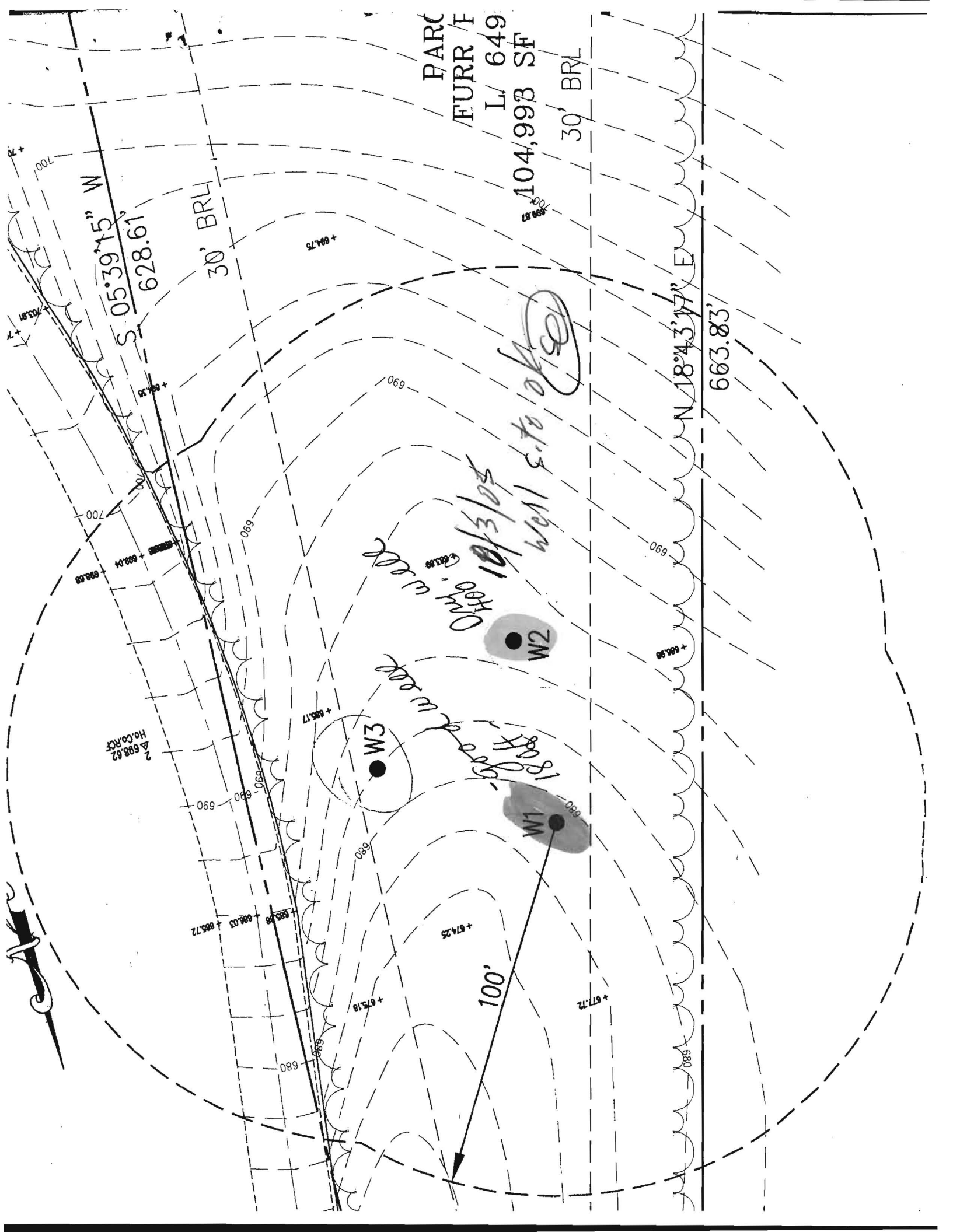
Elec. conduit extends at least 18" below grade/attached to cap properly ✓

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 ✓



PARC
FURR L/ 649
104,993 SF
30' BRL

S 05°39'15" W
628.61'

30' BRL

N 18°43'17" E

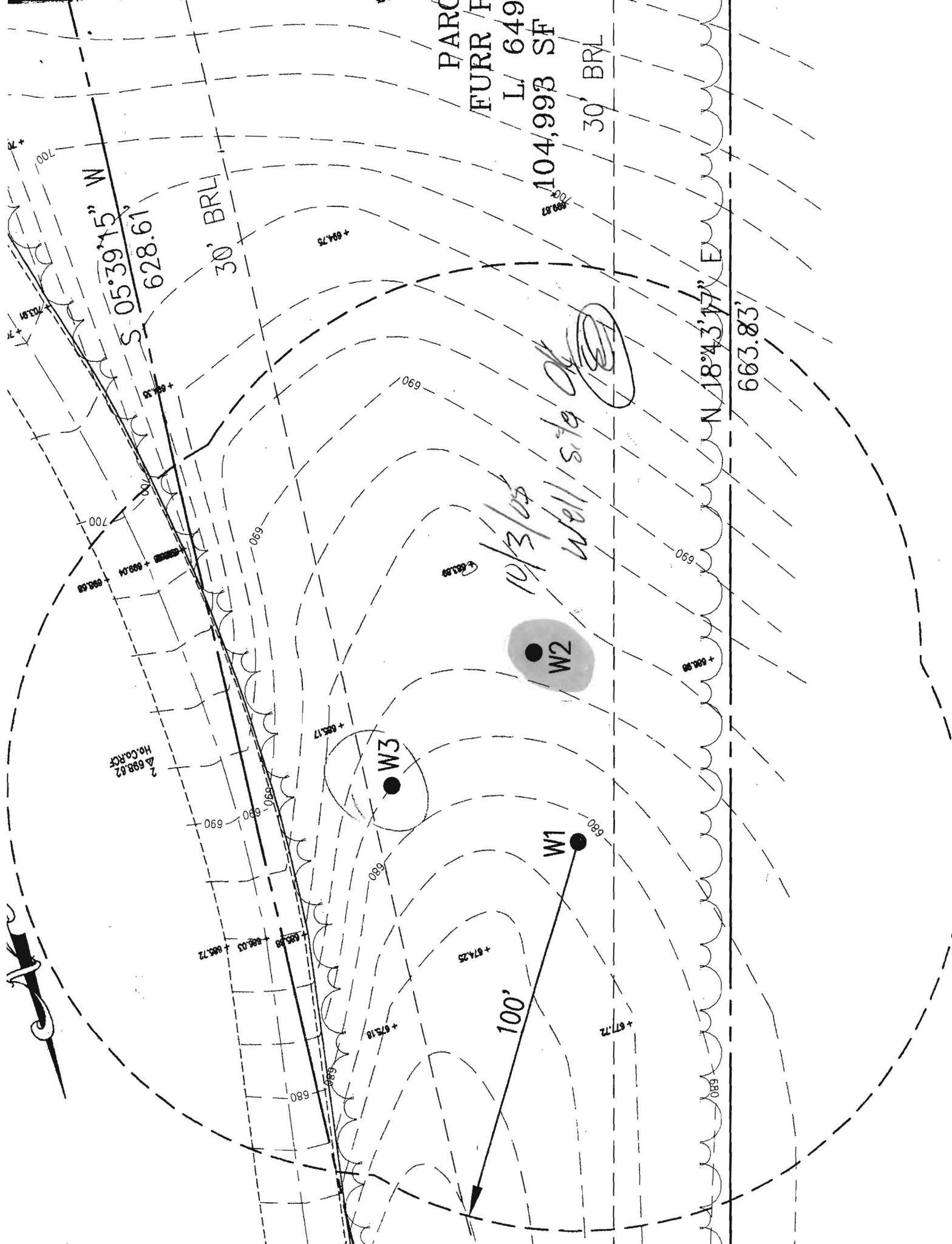
663.83'

10/3/05
well s-to of

18 ft

100'

2
698.62
H.O. Co. R.C.



S 05°39'15" W
628.61'

30' BRL

PARC
FURR / F
L/ 649
104,993 SF
30' BRL

N 18°43'17" E
663.83'

10/3/07
Well site

2
H.C. 698.82
H.C. 698.82

W1

W2

W3

100'



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

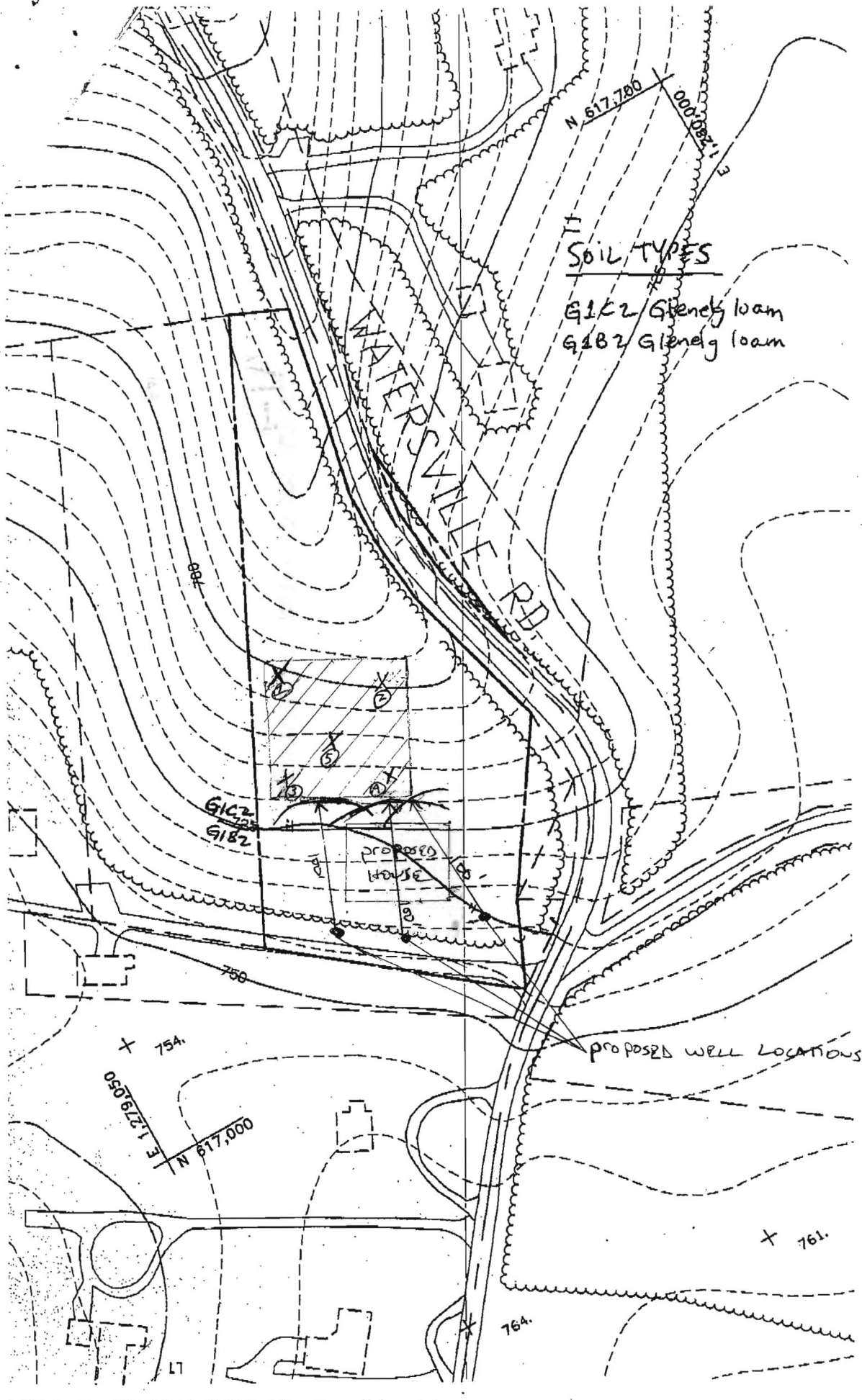
- ☒ The well site has been staked by KCE Engineering on 9-27-05 and is ready for site inspection.
- ☐ _____ will call the Health Department for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

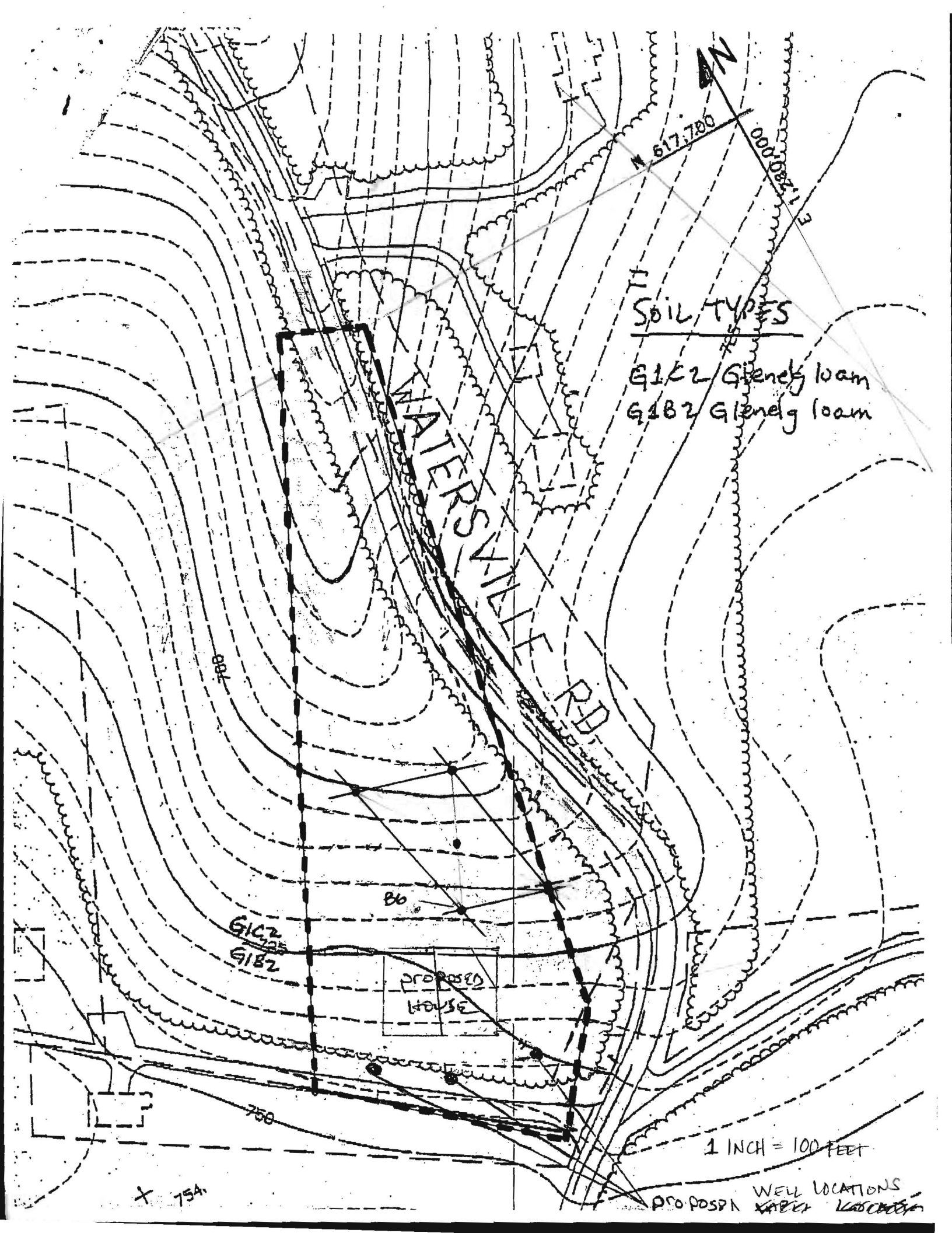
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

SOIL TYPES

G1C2 Glenelg loam
G1B2 Glenelg loam





SOIL TYPES

- G1C2 Glenelg loam
- G1B2 Glenelg loam

X 754

PROPOSED WELL LOCATIONS



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

September 21, 2006

Charles W. Schroyer
1225 Emmaus Road
Woodbine, MD 21797

RE: 580 W. Watersville Road
Mt. Airy, MD 21771
BP #: B00156407
Well Permit # HO-95-0119

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 09/14/2006. Final approval of the well line connection to the dwelling was approved on 09/14/2006.**

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-95-0119. 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: 09/05/2006
Date of Well Completion: 10/06/2005

Approving Authority,

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

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	60473	Account #:	8387
Reference:	Chuck Schroyer	Company:	CASH ACCOUNT
Location:	580 West Watersville Road	Requested By:	Chuck Schroyer
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	9/5/2006 1145	Site:	Kitchen Sink Tap
Date/Time Rec'd:	9/5/2006 1245	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.3
Collected By:	J.Yeager 6176JY	Well #:	HO-95-0119

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/6/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	9/6/2006 / 0830 / AMD/BCD
Nitrate	4.13	mg/L	10	601	9/6/2006 / 1230 / GN
Turbidity	1.00	NTU	<10	SM18 2130B	9/6/2006 / 0950 / Gn
Sand	NS	mg/L	5	Visual/Gravimetric	9/6/2006 / 0945 / GN

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 # : B00156407

Date Reported: 9/6/2006