THIS REPORT MUST BE SUBMITTED WITHIN MDE USE ONLY) 6113877 45 DAVE AFTER W WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY 1 2 3 8 ITHIS NUMBER IS TO BE PUNCHED COUNTY A46643 NUMBER / IN COLS. 3-6 ON ALL CARDS) **PLEASE TYPE** 104 PERMIT NO.
FROM "PERMIT TO DRILL WELL" ST/CO USE ONLY DATE WELL COMPLETED Depth of Well 1/28 DATE Received 250 40 94 3847 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37 Mercer **OWNER** STREET OR RFD 1728 Underwood Road TOWN roperty SUBDIVISION Pipes LOT SECTION WELL LOG **GROUTING RECORD** 3 N Not required for driven wells WELL HAS BEEN GROUTED (Circle Appropriate Box) **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 C M BENTONITE CLAY BC check DESCRIPTION (Use additional sheets if needed) NO. OF BAGS 45 FROM TO NO. OF POUNDS \_ 55 PUMPING RATE (gal. per min.) Top Soil 2 GALLONS OF WATER\_ 0 METHOD USED TO MEASURE PUMPING RATE Bucker DEPTH OF GROUT SEAL (to nearest foot) 14 TOP 52 ft. to \_\_\_\_\_\_\_ WATER LEVEL (distance from land surface) (enter 0 if from surface) Brown SLAT **BEFORE PUMPING** 14 CASING RECORD 36 casing types insert Blue Slate WHEN PUMPING 36 60 appropriate code OT TYPE OF PUMP USED (for test) Blue Slate 60 below (O) (FIE) P turbine Blue Slate Nominal diameter Total depth MĂIN 61 CASING top (main) casing of main casing other (nearest inch)! (nearest foot) Blue Slate TYPE (describe centrifugal 80 below) Blue Slate 60 61 63 64 Submersible 80 228 OTHER CASING (if used) FLINT depth (feet) 228 diameter 230 from inch Blue Slate **PUMP INSTALLED** DRILLER INSTALLED PUMP NO. 230 250 (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) screen type or open hole SIT BR IN BOX 29. insert BRASS appropriate BRONZE **GALLONS PER MINUTE** code OIT 31 (to nearest gallon) 35 **PUMP HORSE POWER** 41 C 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) WELL HYDROFRACTURED N above LAND SURFACE CIRCLE APPROPRIATE LETTER 24 26 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below foot) 50 51 ELECTRIC LOG OBTAINED 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 STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR DIAMETER (NEAREST INCH) LANDMARKS AND INDICATE NOT LESS OF SCREEN 56 60 THAN TWO DISTANCES (MEASUREMENTS TO WELL) from MSD081 DRILLERS LIC. NO. 1 GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL **GRAVEL PACK** DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO.1 \_\_ D\_ T (E.R.O.S.) 1 74 75 76 SITE SUPERVISOR (sign. of driller or journeyman LOG INDICATOR TELESCOPE responsible for sitework if different from permittee) OTHER DATA COUNTY DENV-CROO

STATE OF MARYLAND

B 1 6151 SEQUENCE NO. (MDE USE ONLY)		MARYLAND ERMIT TO DRILL WELL	STATE PERMIT NUMBER  HO -94 - 3847
	519643 pleas	e type	fill in this form completely 79
Date Received (APA)    2   2   3   OWNER INFO   8   MM   DO   YV   13     15   Last Name   Owner     36   Street or RFD   57   Town   70   State     DRILLER INFORMATION     Driller's Name     Address     Signature   B   2   WELL INFORMATION     1   2   APPROX. PUMPING RATE	First Name 34  55  72 Zip 76  M S D 81  76 License No. 81	B 3  8 COUNTY  23 SUBDIVISION  SECTION 44 46  52 NEAREST TOWN  MILES FROM TOWN (enter  B 4  1 2  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NW 8-9  W TOWN E 8	LOCATION OF WELL  21  42  LOT 48 50  71  0 if in town) 73 76 77 78  11 NEAR WHAT ROAD 30  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 27 37 SOUTH  DISTANCE FROM ROAD  ENTER FT OR MI 38 39
(GAL. PER MIN.)  AVERAGE DAILY QUANTITY NEEDED  (GAL. PER DAY)  14	8 12 5 00 20	S 8−9 8−9	TAX MAP: 9 BLK: 14 PARCEL 341
DOMESTIC POTABLE SUPPLY & RESIDE IRRIGATION  F FARMING (LIVESTOCK WATERING & AGIRGIGATION)  1 INDUSTRIAL, COMMERICIAL, DEWATER P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL	RICULTURAL		BE FILLED IN BY DRILLER DEPARTMENT APPROVAL  COUNTY NO.  INSERT S  CO SIGNATURE  EAST O GRID 57  63
APPROXIMATE DEPTH OF WELL 24  APPROXIMATE DIAMETER OF WELL 6	FEET  28  NEAREST INCH	SHOW MAJOR FEATURES BOX & LOCATE WELL — WITH AN X SOURCES OF DRILLING W 1. 2.	
METHOD OF DRILLING  BORED (or Augered)  AIR-ROTary  AIR-PERCUSSION  TOTAL  REPLACEMENT OR DEEF (CIRCLE APPROPRIAT)  THIS WELL WILL NOT REPLACE AN EXIS  THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED  THIS WELL WILL REPLACE A WELL THAT AS A STANDBY-CONTACT LOCAL APPROFOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL  PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE)  100  METHOD OF DRILLING  REVERSE ON THE PROPORTION OF THE PRO	Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRive-POINT  PENED WELLS E BOX) TING WELL WILL BE WILL BE USED VING AUTHORITY	RELATION TO NEARBY TO	SHOWING LOCATION OF WELL IN DIWNS AND ROADS AND GIVE DINEAREST ROAD JUNCTION
Not to be filled in by driller (MDE OR  APPROP. PERMIT NUMBER  PERMIT NO.	COUNTY USE ONLY)G94 _ 3847	+ M-01 / K	Underwood Rd.
70 71  SPECIAL CONDITIONS  NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	72 73 74 75 76 77 78 79	17.10	●

Page	1	of	1	
Date _	12	13/	03	

Review	

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3847 Location of property (road) 1728 Underwood RA	
Location of property (road) 1728 Underwood Rd. Subdivision Pipes Property Lot 2 Block Plat Sec.	_
Well Driller Stan's Well Drilling owner Mercer Homes	
Depth of well 250' Distance of measuring point (M.P.) above ground  Static water level (S.W.L.) below M.P. 42'	
I. High rate pumping reservoir drawdown  Time pump started 1300  Pumping rate 156.P.M.  Total time 45 min, to reach pumping water level 240 ft. below M.P.	

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 5	(if used)	(gallons per
tervals		gallon bucket		minute)
1345	240'	37.5 sec.		8 G.P.M.
1400	240	37.5		8 G.P.M.
1415	240	37.5 <b>2</b> 7.5		8
1430	240	37.5		8
1445	240	37.5		8
1500	240	37,5		8 8 8
1515	240	37.5 37.5 37.5		8
1530	240	37.5		8
1545	240	37.5		8
1600	240	37.5		8
1615	240	37.5		8
1630	240	37.5		8
1645	240	37.5 37.5		8
		26,000		

Page of	Review	
Date		

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

		HOWARD COUNTY WELL	TIELD TEST		
Location of pro	HO - 94-38	28 Underwood	Rd.		
Subdivision	Pipes Prope	erty Lot	2 Block	Plat	Sec.
Well Driller 5	tan's Well D	rilling Owner	r Mercer Ho	mes	
		0		- 11.70	
Depth of					
Distance	of measuring po	pint (M.P.) above gr	cound		
Static w	ater level (S.W.	.L.) below M.P.			
T Wigh make	numning rose	main duandorm			
I. High rate	pumping reser	.VOIT drawdown			
Time pump	started		Pumping rate _		
Total tim	e to	reach pumping water	level	ft. be.	low M.P.
				100	
II. Recovery p	ump test data -	observations to be	recorded every .	15 minutes	5
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER REA	ADING	CALCULATED FLOW
minute in-	below M.P.	time to fill 5	(if used)		(gallons per

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
tervars		guilon bucket		marra ce y
				V
Taranta de la companya del companya della companya				
3.32				
		h		L

## HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAX: (410)313-2648

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## 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

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: Van Saat 700 Telephone #: 30. 829.0444  Address: 2701 Book face Circle  Nt. Alexy (Di) 2071
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation:  Name (Print):  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: Wang Residence Telephone #: 40.935. aloloy
Subdivision: V. Quo RASSILV Lot #: 2 Well Tag #: HO -94-3847
Site Address: 2728 Underwood Pd
Submersible Pump Data Pitlese Adapter Well Cap and Electric Conduit
Make: Golds Make Congood Two piece watertight cap:
Model #: 76507422 Model #: BIOX Screened, vented well cap:
Pump Capacity GPM Depth: (36" min) Cap secured to casing:
Well Yield: GPM NSF approved: WO Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (feet) 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 arrestore or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bold
Piping to house House Connection
Type: 101 W selected to undisturbed soil at wall penetration;
PSI: (160 psi min) Approximate length of sleeve:
Piping to house Type: 1014 PVC sleeved to undisturbed soil at wall penetration:  PSI: 015 (160 psi min)  Depth of supply line: 0 (36" min)  Approximate length of sleeve:  Sleeve caulked and sealed properly:
PSI. (160 psi min)  Approximate length of sleeve:  Depth of supply line: (36" min)  Approximate length of sleeve:  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
PSI: (100 psi min)  Approximate length of sleeve:  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.
PSI. (160 psi min)  Approximate length of sleeve:  Depth of supply line: (36" min)  Approximate length of sleeve:  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
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Depth of supply line: (36" min)  Approximate length of sleeve:  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  For Health Department Use Only—Not to be completed by Installer
PSI (160 psi min)  Approximate length of sleeve:  Depth of supply line: (36" min)  Approximate length of sleeve:  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  For Health Department Use Only—Not to be completed by Installer  Date Insp. Requested:  Date Insp. Approved:
Depth of supply line:
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Depth of supply line:
Depth of supply line:
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#### 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

## CERTIFICATE OF ANALYSIS

Requester:

Mr. Soon Hwang

3545 Split Rail Lane

Ellicott City, Maryland 21042

**Property Sampled:** 1728 Underwood Road

County:

**Subdivision:** 

Pipes Property

Howard

Tax Map #:

**S/O Number:** 07-1012

Report Date: July 10, 2006

Lot #:

Parcel #:

341

**Building Permit #:** 

B00155504

**Date/Time Collected:** Date/Time Received:

July 7, 2006 at 10:45 am July 7, 2006 at 2:20 pm

Sample Location:

Powder Room Tap & Pressure Tank Tap

Sampler ID:

6724GP

Samples Iced:

Residual Cl<sub>2</sub> < 0.1 mg/L: Yes

Well Tag Number:

HO-94-3847

Well Condition:

2-Piece Cap Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener, Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	<1.0 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH(Raw)	7.4 Units	EPA 150.1	*6.5-8.5 Units	***
pH(Treated)	7.2 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

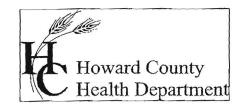
Heather R. Beam

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 TDD (410) 313-2323 Fax (410) 313-2648 Toll Free 1-866-313-6300

website: www.hchealth.org

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

July 13, 2006

Soon Ho & Pauline Hwang 3545 Split Rail Lane Ellicott City, MD 21042

RE: Pipes Property, Lot 2

1728 Underwood Road Sykesville, MD 21784 BP #: B00155504

Well Permit # HO-94-3847

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 07/11/2006. Final approval of the well line connection to the dwelling was approved on 12/21/2005.

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-94-3847. 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:

07/07/2006

Date of Well Completion:

12/13/2003

Approving Authority,

Brian Baker, R. S.

Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

