

STATE OF MARYLAND WELL COMPLETION REPORT

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

DATE RECEIVED DATE RECEIVED DATE RECEIVED

DATE WELL COMPLETED

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	14	
Brown Slate	14	36	
Blue Slate	36	60	
Blue Slate	60	61	✓
Blue Slate	61	79	
Blue Slate	79	80	✓
Blue Slate	80	228	
FLINT	228	230	✓
Blue Slate	230	250	

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE

Nominal diameter top (main) casing

Total depth of main casing

OTHER CASING (if used)

diameter depth (feet)

SCREEN RECORD

screen type or open hole

insert appropriate code below

DEPTH (nearest ft.)

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

CAPACITY: GALLONS PER MINUTE

PUMP HORSE POWER

PUMP COLUMN LENGTH

CASING HEIGHT

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)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

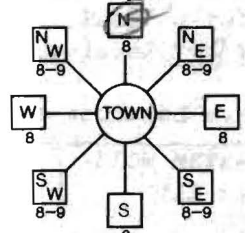
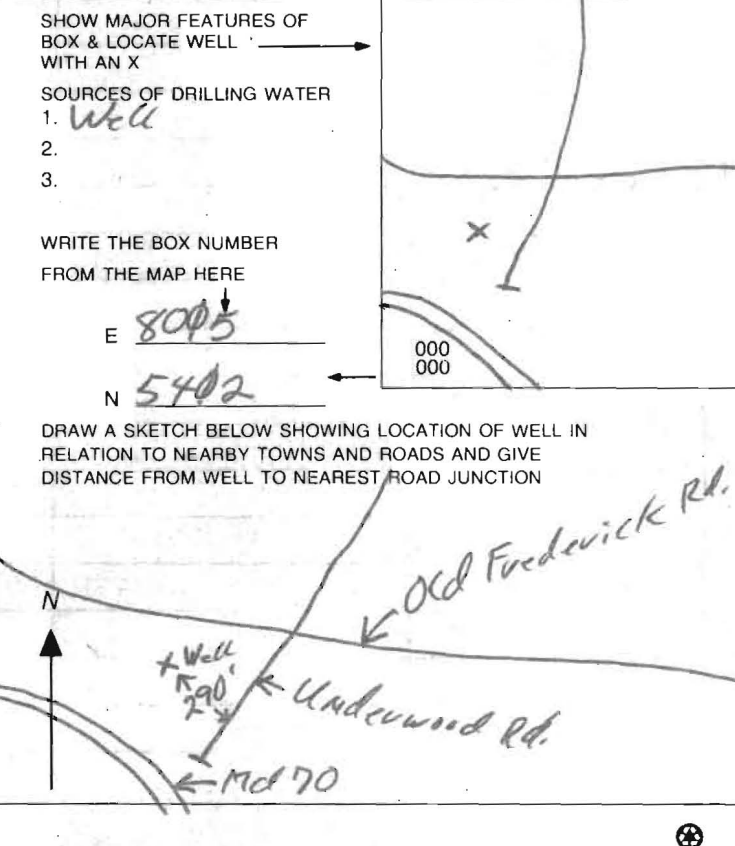
CIRCLE APPROPRIATE LETTER

DRILLERS LIC. NO.

DRILLERS SIGNATURE

LIC. NO.

SITE SUPERVISOR

B 1 1 2 3 6 6151	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519643	STATE PERMIT NUMBER HO - 94 - 3847 fill in this form completely
Date Received (APA) 10/29/2003 8 MM DO YY 13		B 3 Howard 8 COUNTY 21 Fred & Hattie Pipes Prop. 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
OWNER INFORMATION Marcel Homes 15 Last Name Owner First Name 34 13787 Rover Mill Rd. 36 Street or RFD 55 West Friendship, Md. 21794 57 Town 70 State 72 Zip 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Underwood 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="radio"/> EAST SOUTH 34 290 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 9 BLK: 14 PARCEL 341	
DRILLER INFORMATION Stanley Bollinger M S D O B I Driller's Name 76 License No. 81 Stan's Well Drilling Firm Name PO Box 2035, Westminster, Md. 21157 Address Stanley Bollinger 10/29/03 Signature Date		B 2 1 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) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A46643 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 11/12/03 Brian Baker 11/12/04 43 MM DO YY 48 CO SIGNATURE EXP. DATE NORTH GRID 542 0 0 0 EAST GRID 805 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL 165 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8005 N 5402 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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 <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER _____ G _____ PERMIT NO. HO - 94 - 3847 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Depth of well 250'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 42'

HD-224

Well Permit No. HO - 94-3847
Location of property (road) 1728 Underwood Rd.
Subdivision Pipes Property Lot 2 Block Plat Sec.
Well Driller Stan's Well Drilling Owner Morcer Homes

I. High rate pumping -- reservoir drawdown

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

[illegible]

✓
✓
✓
✓
✓
✓
✓

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. Soon Hwang
3545 Split Rail Lane
Ellicott City, Maryland 21042

S/O Number: 07-1012
Report Date: July 10, 2006

Property Sampled: 1728 Underwood Road

County: Howard
Subdivision: Pipes Property
Lot #: 2
Building Permit #: B00155504
Tax Map #: 9
Parcel #: 341

Date/Time Collected: July 7, 2006 at 10:45 am
Date/Time Received: July 7, 2006 at 2:20 pm

Sample Location: Powder Room Tap & Pressure Tank Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-94-3847
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Neutralizer, Softener, Sediment Filter

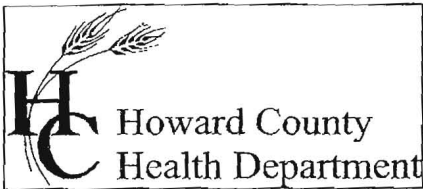
PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity(Raw)	<1.0 NTU	EPA 180.1	10 NTU	Pass
Turbidity(Treated)	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH(Raw)	7.4 Units	EPA 150.1	*6.5-8.5 Units	***
pH(Treated)	7.2 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative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

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

SRC PLATE FILE 70
#42653, 42481

