

C1 16699

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

A21307

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  
06 11 19

DATE WELL COMPLETED

MM DD YY  
15 10 12

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

H0 95 - 2202

OWNER O'Kane Bonnie + Bryant

WELL SITE ADDRESS 4831 Wharff Lane

TOWN Columbia

SUBDIVISION O'Kane Property

SECTION

LOT Parcel 634

## 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

FROM

TO

check  
if water  
bearingred to  
orange  
Loamy  
Gneiss

0 - 90

90 300 ✓

## GROUTING RECORD

YES NO

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 30 NO. OF POUNDS 2820

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

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 60 61

6 63 64

98 66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 HO 98 300

E 1 8 9 11 15 17 21

A 2 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 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

56 60

from to

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

1 2

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

5.4  
11 15METHOD USED TO  
MEASURE PUMPING RATE

1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 92 ft.

WHEN PUMPING 119 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 29.CAPACITY:  
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 } 02 (nearest foot)

LATITUDE 3 9 142225

LONGITUDE 7 6 463188

(DEFAULT COORD. WGS 84)

NOTES:

DRILLERS LIC. NO. M SD 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type 536766	STATE PERMIT NUMBER 140-95-2272 fill in this form completely
Date Received (APA) 03 15 12 8 MM DD YY 13		OWNER INFORMATION 15 Last Name: O'Kane, Bonnie & Bryant 34 Owner: First Name 36 Street or RFD: 6319 Arbor Way 55 57 Town: Elkridge Md. 21075 70 State: 72 Zip: 76	
DRILLER INFORMATION 76 Driller's Name: Allen Compton 81 License No.: M SD 009 Firm Name: Eagles Well Drilling, LLC Address: P.O. Box 202 Woodbine 21791 Signature: Allen Compton Date: 3-14-12		LOCATION OF WELL 8 COUNTY: Howard 21 23 SUBDIVISION: O'Kane Property 42 SECTION: 44 46 LOT: 48 50 52 NEAREST TOWN: Columbia 71	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20		B 4 SOURCES OF DRILLING WATER 11 4831 Wharf Lane 30 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 40 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 31 BLK: PARCEL 634	
USE FOR WATER (CIRCLE APPROPRIATE BOX) 22 <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: 13 STATE SIGNATURE: A21307 DATE ISSUED: 4/2/12 43 MM DD YY 48 CO SIGNATURE: EXP. DATE: 4/2/13	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) 39 <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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) APPROP. PERMIT NUMBER: G PERMIT No.: 140-95-2272 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS: Please call and let Health Dept know start date of Drilling.			

Well Permit No. HO - 95-2272  
Location of property (road) 4831 Wharf St Lane  
Subdivision O'Kane Property Lot Block Plat Sec.  
Well Driller Foghts Allen City Owner O'Kane Bonnie & Bryant

Depth of well 300'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 92

Time pump started 11:00 Pumping rate 12  
Total time 15 MIN to reach pumping water level 119 ft. below M.P.

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-2272  
Site Address: 4831 Wharff Lane

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
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 arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

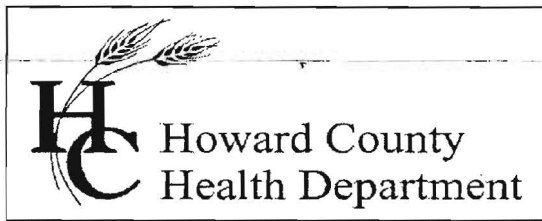
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/20/2012 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ☒



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – August 5, 2013**

March 5, 2013

Homeowner  
4831 Wharff Lane  
Ellicott City, Maryland 21043

**RE: Parcel 1  
4831 Wharff Lane  
Building Permit: B12001926  
Well Permit: HO-95-2272**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **10/25/12**. Final approval of the well line connection to the dwelling was granted on **11/20/12**. The well construction was completed on **12/15/12**. Water samples were collected on **2/26/13**.

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. 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-95-2272. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

*Dana Bernard*

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Monrovia Realty Group  
12350 Weller Road  
Monrovia, MD 21770

Reporting Date: 2/28/2013  
Report #: K9300

Submitted Sample Address: 4831 Wharff Lane  
Ellicott City, MD 21043  
Submitted Sample Source: Holding tank  
Date / Time Collected: 2/26/2013 10:16 AM  
Sample Type: Drinking Water  
Sampler/Company: D. Pitts 4322DP, WTL of MD  
Field Record: Chlorine residual: Absent ✓ Clear when drawn  
Well #: HO-95-2272

OK up 3/4/13

## Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	ND	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	7.6	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

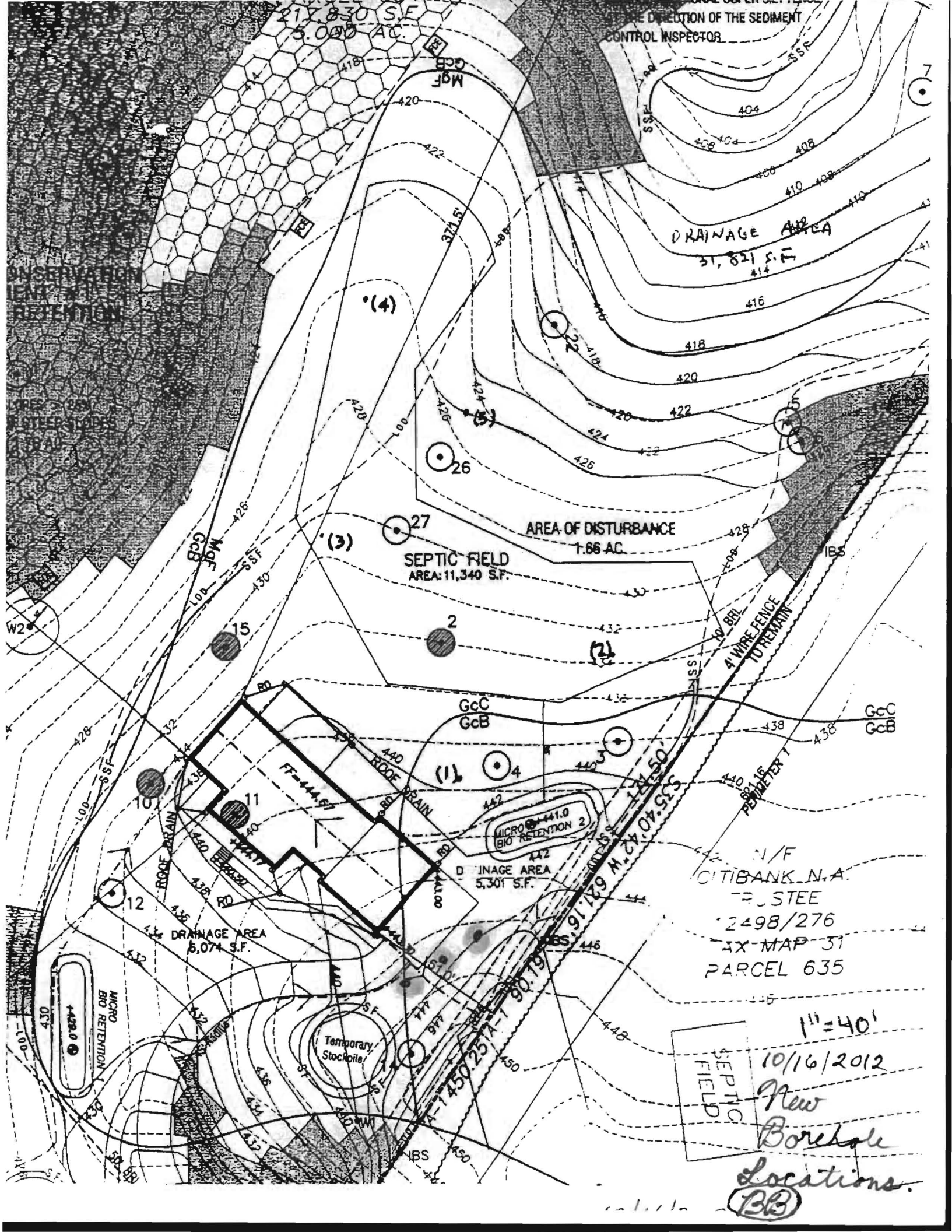
- Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by Lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*Christine Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: *SMB*



CONSERVATION  
EAST & WEST  
RETENTION

STEEP SLOPES  
TO ROAD

THE DIRECTION OF THE SEDIMENT  
CONTROL INSPECTOR

DRAINAGE AREA  
31,821 S.F.

AREA OF DISTURBANCE  
1.66 AC.

SEPTIC FIELD  
AREA: 11,340 S.F.

DRAINAGE AREA  
5,074 S.F.

DRAINAGE AREA  
5,301 S.F.

N/F  
CITIBANK N.A.  
TRUSTEE  
2498/276  
EX-MAP 31  
PARCEL 635

SEPTIC  
FIELD

10/16/2012

New  
Borehole  
Locations.

(BB)