

C1 16635 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 10 DD 24 YY 12

DATE WELL COMPLETED MM 09 DD 12 YY 12

Depth of Well 22 600 26 11/2/2012

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 - 2326

OWNER last name first name SHAW Rebecca WELL SITE ADDRESS 1845 LONG CORNER TOWN MOUNT AIRY SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE Nominal diameter Total depth

OTHER CASING (if used) diameter depth (feet) inch from to

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) 1 2 HO 63 600 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

PUMPING TEST HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE 1906 WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 575 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (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 WELL

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.

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 3 LONGITUDE 7 (DEFAULT COORD. WGS 84) NOTES:

B 1 09328

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2326 fill in this form completely

537334 please type

Date Received (APA) 06/11/12

OWNER INFORMATION

Shaw, Rebecca 1845 Long Corner Rd Mt. Airy md 21771

B 3 LOCATION OF WELL

Howard County Penny Acres SECTION 44 46 LOT 48 50 mt. Airy

DRILLER INFORMATION

Allen Compton MS D009 Eagles Well Drilling P.O. Box 202 Woodbine, md. Allen Compton 6-10-12

B 4 SOURCES OF DRILLING WATER

1845 Long Corner Rd ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 6 BLK: 16 PARCEL 245

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

Howard 13 A19784 STATE SIGNATURE DATE ISSUED 8/2/2012 CO SIGNATURE EXP. DATE 8/2/2013

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

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

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

APPROX. PERMIT NUMBER G

PERMIT No. 40-95-2326

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing Well May Have to Be Sealed

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



**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 - 2326 +
Site Address: 1845 Long Corner Rd HO - 73 - 0841

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 9/24/12 Date Insp. Approved: 9/24/12 Inspector: RR
 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 not observed
 Adequate grout observed below pitless adapter

9/24/12 *connection to existing water line not observed*
RR

1720104#
5-11-08

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION

201 W. Preston Street
P.O. Box 2355, Baltimore, MD 21203

John M. DeBoy, Dr. P.H., Director 015089

Category Code 4G

Lab. No. _____

Bacteriological Drinking Water Report

Field Record

Sample Type:

Community

Non-Community

Non-Transient

Private

Check Sample

C.O.P

Source 10000 Road Middleburg

Location 1845 Long Road

Iced: Yes No

Treated: Yes No Time Collected 11:00 a.m. p.m.

Collector# 99001 Bottle No. HW 18415-6

Collector Name J. DeBoy County Hagerston

Test Requested:

Quantitative

P/A

MTF

SPC

County 13 Plant No. --- Sampling Station --- Date Collected 5 6 08

pH 7.2 Res. Cl: Free 00 Total 00 Card# ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST*

ml of Sample	10 ml.	100 ml.
Gas, 24 hours		
Gas, 48 hours		

CONFIRMED • P/A TEST

ml of Sample	10 ml.	100 ml.	No. of +
Coliforms +			
Fecal Coliforms +			

P/A TEST (CONFIRMED) ***

ml. of Sample	100 ml.
Total Coliforms	
E. coli	

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	0	<1
E. coli	0	<1

SPC Plate: A B

24.48.72 hrs/Heterotrophic Plate Count (HPC/ml)§ =

Temp. Control 2.5 °C

- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MCG at 35° C incubation

Remarks _____ Date & Hour _____ Laboratory _____

DATE MAY 12 2008

DATE MAY 12 2008

DATE MAY 12 2008

Rec.d LMP
Exam LMP
Rept. LMP

E. SHORE REG.
CENTRAL W. MD REG.

Bacteriologist A. Player

SEND REPORT TO:

Howard County Health Department
 Bureau of Environmental Health
 7178 Columbia Gateway Drive
 Columbia, Maryland 21046

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203

Order # 5-10038
WATER ANALYSIS



E09003055001

Received: 05/06/2009

Inorganic

hw18456

SAMPLE ID

Bottle Number HW-1845-6 Name Albion Stream County Howard County Code 13

Source 1845 Long Corner Road main sink Data Category Code 46

Collected: Date 5/14/09 Time 1:05 Collector & Phone Dr. [unclear] 410374757 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Federal Project <u>5</u>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>	
Stream <input type="checkbox"/>	Private <input type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

FIELD

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄

pH 7.2 Chlorine: Free 0.0 Total 0.0 Specific Conductance

Notes to Lab/Remarks: _____

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N		<u>< 0.2</u>
	Sulfate		
<input checked="" type="checkbox"/>	Total Solids		
<input checked="" type="checkbox"/>	Turbidity*		<u>0.8</u>
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRON HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E09003055 Date Coll. 05/06/2009 Date Received: 05/06/2009 Submitted By: staniewicy

Field ID: hw18456
Lab No.: E09003055001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	<0.2	mg N/L	05/07/2009
Turbidity	EPA 180.1	0.8	NTU	05/07/2009

Comments:

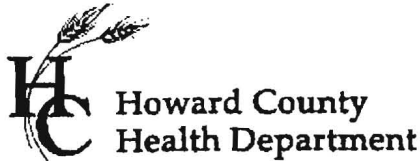
Approved by:

Approval date: 05/08/2009

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-5034 and arrange for return or destruction.

Telephone: (410) 767 - 5034

Fax: (410) 333 - 5327



Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 15, 2009

REBECCA SHAW
1845 LONG CORNER RD
MOUNT AIRY, MD 21771

RE: Water Sample Results
1845 LONG CORNER ROAD
Invoice #: 5-14038

Dear REBECCA SHAW,

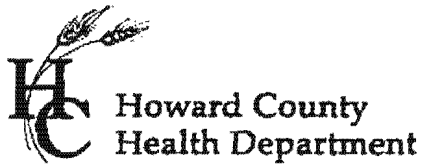
We have received the results from the testing of the water sample(s) taken from the above referenced property on May 06, 2009. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

A sample was collected to determine the **Nitrate** level in your water supply. The nitrate level was <0.2 parts per million. The MCL for nitrate is 10.0 parts per million.

A **Turbidity** sample was collected to determine the amount of suspended particulates in your water supply. The turbidity level was 0.8 nephelometric turbidity units (NTU's). The MCL for turbidity is 10.0 NTU's.

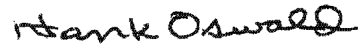
Please contact the Health Department at (410) 313-1792 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.



Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

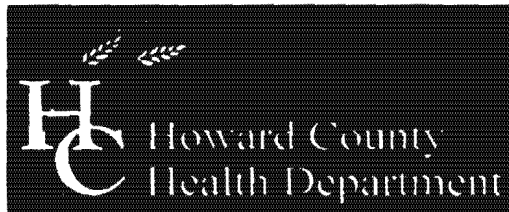
Peter L. Beilenson, M.D., M.P.H., Health Officer

Sincerely,



Hank Oswald, R.S.
Community Hygiene Program

Enclosures



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 26th, 2012

Rebecca Shaw
1845 Long Corner Road
Mt. Airy, MD. 21771

RE: Replacement Well
1845 Long Corner Road
Well Permit # HO-95-2326

Dear Ms. Shaw,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, VOC, p-cresol and sand. There is currently no charge for the sampling and it is to your benefit to have it tested. Your existing well (HO-73-0841) will remain in use in conjunction with your newly drilled well. Both of these wells must remain current to Maryland Well Construction Standards (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

If you have any questions or need further assistance please feel free to contact me at 410-313-1781 or rrappaport@howardcountymd.gov. Otherwise, please contact our Community Hygiene program at 410-313-1773 to schedule a water sampling appointment.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Rappaport', is written over a white background.

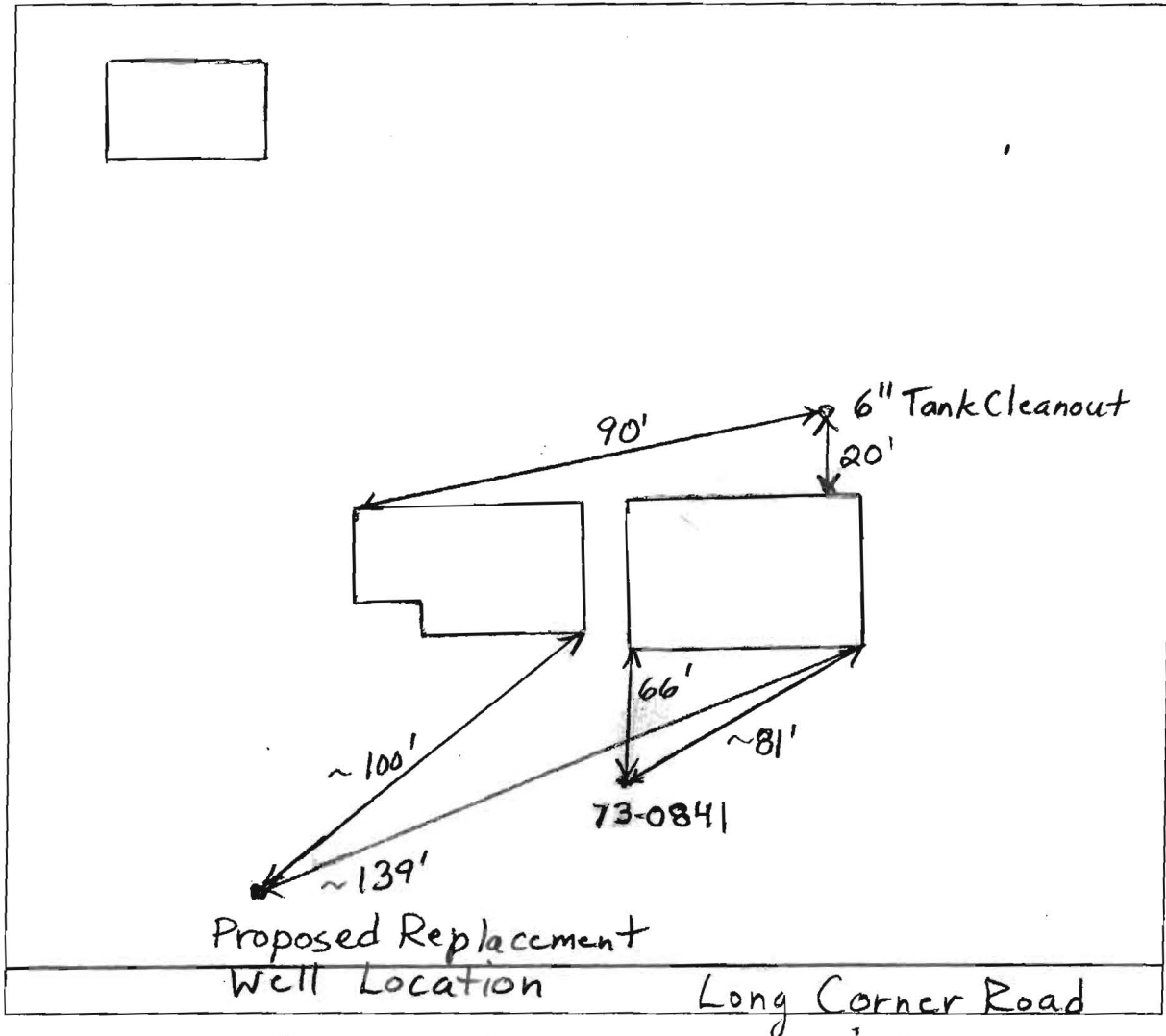
Ryan Rappaport
Howard County Health Department
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program

SITE INSPECTION SHEET

OWNER: Rebecca Shaw PHONE #: _____
ADDRESS: 1845 Long Corner Rd CONTRACTOR: _____
WELL TAG #: H0-95-2326
SUBDIVISION: _____ LOT: _____ COUNTY #: A19784
PROPOSAL: Existing Well Has Low Yield.

LOCATION DIAGRAM



COMMENTS: Existing well to be sealed or kept depending on yield of new well.

DATE: 8/2/2012 INSPECTOR: B. Baber