

C 1 14521 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 A515281-10C1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received
MM DO YY
8 13

DATE WELL COMPLETED

MM DO YY
7 71 02

Depth of Well

22 280 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"
7-18-02 KN HO-94-3409OWNER SASLOW HOMES
STREET OR RFD BARTWOODS ROAD first name TOWN GLENEELG
SUBDIVISION CRIST PROPERTY SECTION LOT 4

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)

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	80	
Gray Mica Rock	80	280	✓

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 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 75 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below
ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 84OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1 2 80 82 280
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3 38 39 41 45 47 51
S
R
E
NSLOT SIZE 1 2 3
DIAMETER OF SCREEN (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 Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 143 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) 31 35

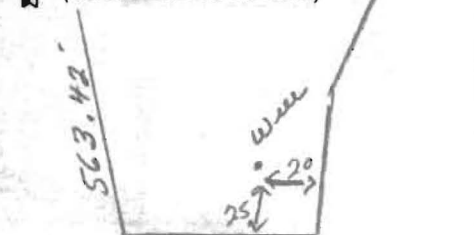
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above
- below
LAND SURFACE 2 (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)

NUMBER OF UNSUCCESSFUL WELLS: 0

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 28.04.04 "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 0 24

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

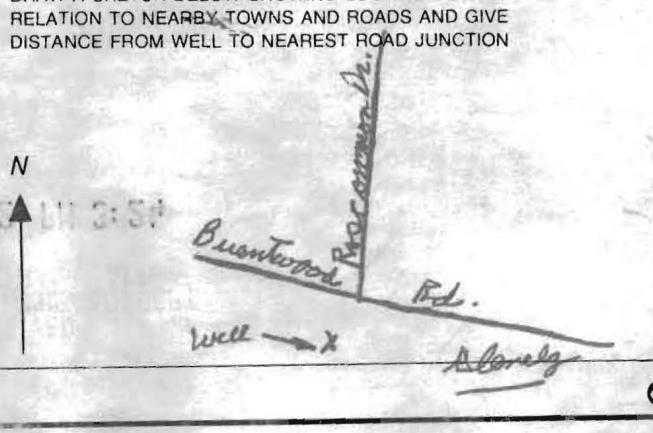
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

B 1 1 2 3 6 7761	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type W516904	STATE PERMIT NUMBER HO-94-3409 fill in this form completely
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OWNER INFORMATION Date Received (APA) 04-02-02 8 MM DD YY 13 15 <u>Saslow</u> Last Name Owner <u>James</u> First Name 34 36 <u>7241 Norris Ave</u> Street or RFD 55 57 <u>Sykesville Md 21784</u> Town 70 State 72 Zip 76	LOCATION OF WELL B 3 8 <u>Howard</u> COUNTY 21 23 <u>Crist Property</u> SUBDIVISION 42 SECTION <u>44</u> LOT <u>4</u> 44 46 48 50 52 <u>Glendale</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1 1/2</u> M I 73 76 77 78
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DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> MS D 24 License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. King Md. 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>4/1/2002</u>	WELL INFORMATION B 2 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20
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USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>A515281-B</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>05-09-02</u> Mark Robin 5/9/03 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>525</u> 000 EAST GRID <u>0801</u> 000 50 55 57 63
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APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>80X1</u> N <u>52A5</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
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REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <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 39 <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-94-3409</u> 70 71 72 73 74 75 76 77 78 79	SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
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**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: Associated Plumbing Services Inc Telephone #: 410-242-2600
Address: 3916 VERO RD #D
BARTON, MD 21227

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

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

Name (Print): DANIEL P. KAPFER License #: 11539

*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: MAULEY (SASLOW HOMES) Telephone #: 410-781-4844
Subdivision: 4 Lot #: 4 Well Tag #: HO-94-3409
Site Address: 13965 BURNWOODS RD

Submersible Pump Data

Make: GOULDS
Model #: 5G505422
Pump Capacity 5 GPM
Well Yield: 5.5 GPM

Depth of well encountered at time of pump installation: 240 (feet)

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

Pitless Adapter

Make: WATER SYSTEMS
Model #: PAS-97 Coupling
Depth: 42 (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.: ✓
Conduit secured to well cap: ✓

Piping to house

Type: POLY
PSI: 200 (160 psi min)
Depth of supply line: 10 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 10'
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.

Daniel P. Kapfer
Signature of company representative responsible for installation

8-11-2005
date

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

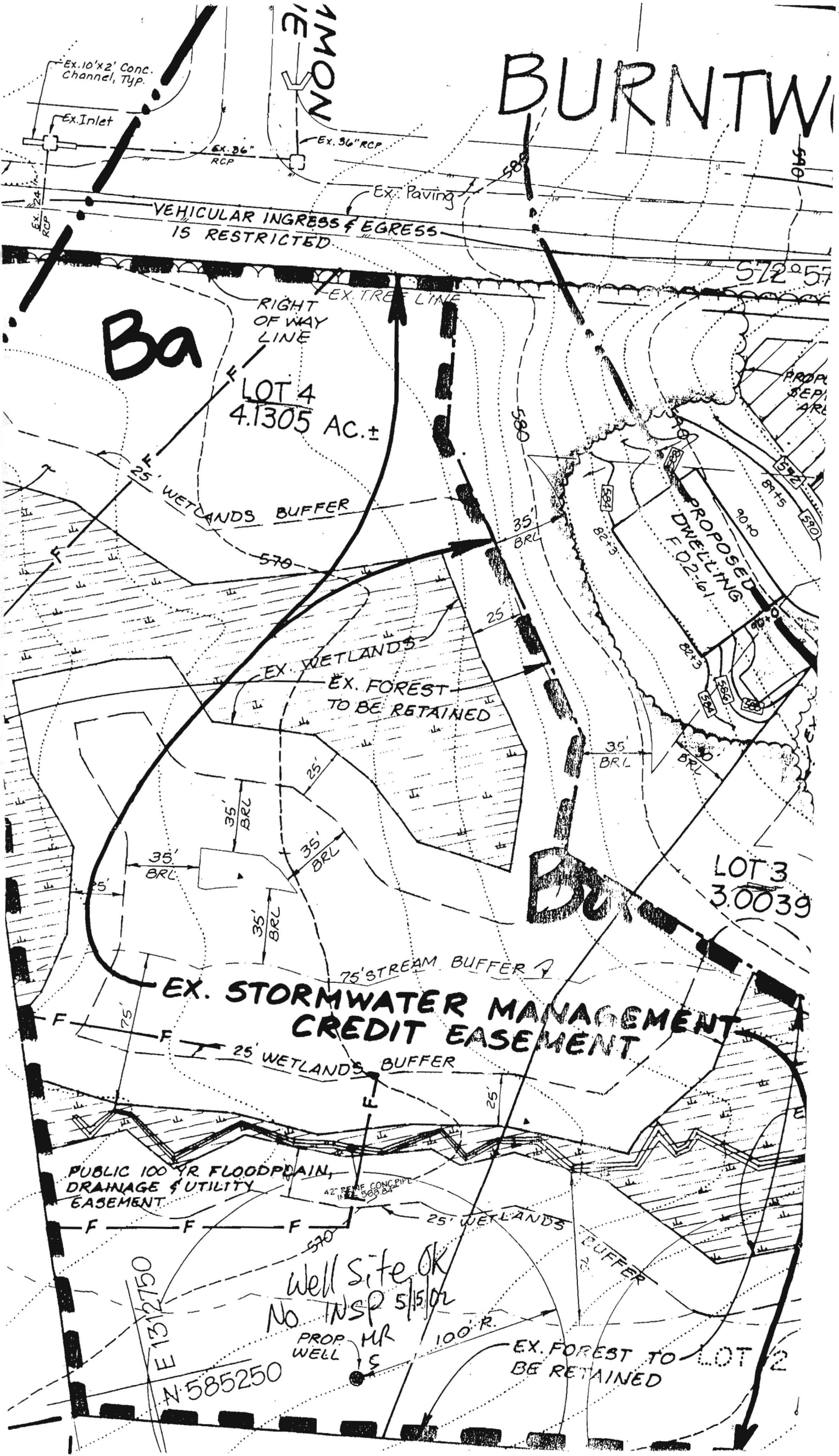
Date Insp. Requested: Date Insp. Approved: 8/12/05 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope not seen 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 ✓

BURNTW

1 MON

Ba

Bu



EX. STORMWATER MANAGEMENT
CREDIT EASEMENT

LOT 4
4.1305 AC.±

LOT 3
3.0039

PROPOSED
DWELLING
FOOT-61

75' STREAM BUFFER

EX. FOREST
TO BE RETAINED

EX. FOREST TO
BE RETAINED

PUBLIC 100 YR FLOODPLAIN,
DRAINAGE & UTILITY
EASEMENT

Well site OK
No INSP 5/5/02

PROP WELL

E 1312750
N 585250

25' WETLANDS BUFFER

25' WETLANDS

25' WETLANDS

100' R.

LOT 2

VEHICULAR INGRESS & EGRESS
IS RESTRICTED

RIGHT
OF WAY
LINE

EX. TREE LINE

25' WETLANDS BUFFER

EX. WETLANDS

35' BRL

35' BRL

35' BRL

35' BRL

35' BRL

82'±3'

35' BRL

30' BRL

590

572°57'

PROPOSED
SEPA
AREA

572°57'

590

572°57'

590

572°57'

590

572°57'

590

572°57'

590



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/6/05 WELL PERMIT #: HO - 94 - 3409

PROPERTY OWNER: Jason L. Mackey

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 13965 Burntwoods Rd
Glenn Md 21737

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

shock the system twice followed by water sampling.
Dates of sampling are; 9/25 and 10/13/05

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

we will continue to shock the system as necessary
and have it tested.

CONDITIONS:

94-3409

- 1) Within fifteen (15) days, the well installed under permit # HO ~~81-0985~~ 94-3409 will meet the bacteria standard resulting from approved disinfection procedures.

2) If condition #1 is not met through disinfection techniques, then either:

- a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

- b) An order to abandon and seal the well will be issued

94-3409

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO - ~~84-0985~~. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [**Person(s) who intend to live in the dwelling**]



Prospective Owner's Day Time Phone Number(s)

(240) 882-7244



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

October 6, 2005

Jason Mackey
13965 Burntwoods Road
Glenelg, MD 21737

RE: 13965 Burntwoods Road
BP # B00151878
Well Permit #HO-94-3409

Dear Sirs:

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 10/06/2005.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations. This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Fifteen Day Temporary Deviation for Bacteria

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.

Date of Water Samples: 09/28/2005 & 10/04/2005
Date of Well Completion: 07/11/2002
(HO-94-3409)

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.
Well and Septic Program

mlb

cc: Building Inspector's office,
File

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 5, 2005

County Howard

Lab Number 06-393

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Saslow Homes

Attn: Howard Saslow

7241 Norris Avenue

Sykesville, Maryland 21784

Property Sampled: U&D: 13965 Burntwoods Road, Retest #1

Station Sampled: Bar sink tap

Tax Map #: 22

Date/Time Sampled: Oct 4, 2005 12:15 pm

Parcel #: 115

Owner, Telephone No.: Mackey

Sampler: 6724GP

Subdivision Name: Crist Property

Lot Number: 4

Building Permit No.: B00151878

Well Number: HD-94-3409

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Turbidity	2.6 NTU	EPA 180.1	*10 NTU	Pass
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli	Absent			
(18 Hour Test)				

Treatment/Conditioning: None

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Sep 29, 2005

County Howard

Lab Number 06-199

Sample iced Yes

Residual Cl_2 <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Saslow Homes
Attn: Howard Saslow
7241 Norris Avenue
Sykesville, Maryland 21784

Property Sampled: U&O: 13965 Burntwoods Road

Station Sampled: Bar sink tap

Tax Map #: 22

Date/Time Sampled: Sep 28, 2005 12:45 pm

Parcel #: 115

Owner, Telephone No.: Mackey

Sampler: 5226SB

Subdivision Name: Crist Property

Lot Number: 4

Building Permit No.: B00151878

Well Number: HQ-94-3409

Observation: 2-Piece Cap
Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	13.0 NTU	EPA 180.1	*10 NTU	HIGH
pH	6.4 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: None

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level