

C 1 6450

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 13 A520012

ST/CO USE ONLY

DATE Received  
MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY  
05 02 05

Depth of Well

22 160 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

H0-94-4142

OWNER Forney Stephen  
STREET OR RFD Cameron Court  
SUBDIVISION Human Property SECTION LOT 12

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	40	
Sand Stone	40	45	
MICKA	45	75	
Sand Stone	75	80	
MICKA	80	160	

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 24 NO. OF POUNDS 2400

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.  
48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

S T

STEEL

C O

CONCRETE

P L

PLASTIC

O T

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)PL 6 50  
60 61 63 64 66 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from to

EACH CASING

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)

S T

STEEL

B R

BRASS

BRONZE

P L

PLASTIC

H O

OPEN

HOLE

O T

OTHER

C 2 DEPTH (nearest ft.)

1 2 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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E A C H S C R E E N

SLOT 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 Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

15

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

35 25 ft.

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other (describe below)

27

J jet

27

S submersible

27

## PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)

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.

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

49

LAND SURFACE

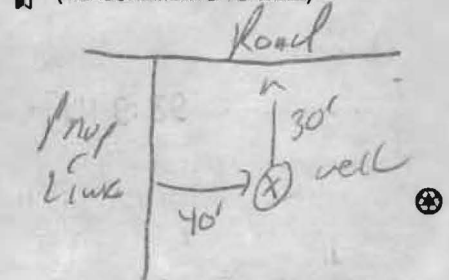
- below

49

50 51

(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

Y

no

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 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.

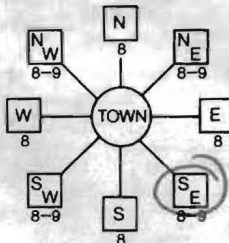
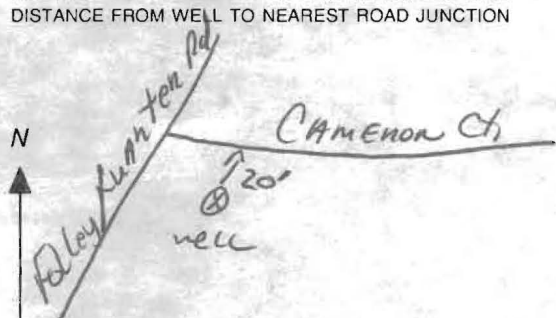
DRILLERS LIC. NO. 1 M S D 112

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	9193	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 521989 please print or type	STATE PERMIT NUMBER <b>H0-94-4142</b> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 15 Last Name <u>Forney</u> Owner First Name <u>STEPHEN</u> 36 <u>3368</u> Street or RFD <u>BRANTLEY Ct.</u> 57 <u>GLENWOOD</u> Town <u>MD.</u> State <u>21738-9525</u> Zip <u>76</u>			B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>HYMAN Property</u> 42 SECTION <u>44</u> 46 LOT <u>2</u> 48 50 <u>West FRIENDSHIP</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Ralph E. Mayne</u> M S D 112 Firm Name <u>Ralph E. Mayne Inc</u> Address <u>17024 Hardy Rd. Mt Airy MD. 21221</u> Signature <u>Ralph E. Mayne</u> Date <u>Feb 11 2005</u>			B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 <u>Cameron Ct.</u> NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> 34 <u>20</u> 37 DISTANCE FROM ROAD 38 39 ENTER FT OR MI <u>FT</u> TAX MAP: <u>23</u> BLK: <u>9</u> PARCEL <u>29</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 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 <u>Howard</u> (13) <u>A520012</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → _____ DATE ISSUED <u>3/23/2005</u> <u>Brian Baker</u> <u>3/23/2006</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>523</u> 0 0 0 EAST GRID <u>825</u> 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH			SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3.	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____			WRITE THE BOX NUMBER FROM THE MAP HERE E <u>825</u> N <u>523</u> 000 000	
REPLACEMENT OR DEEPEINED 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 checked="" 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52			DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-94-4142</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Abandon Septic Before Drilling Well</u>				



Well Permit No. HO - 94-4142  
Location of property (road) Cameron Ct.  
Subdivision Hyman Property Lot 2 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner Forney, Stephen

Depth of well \_\_\_\_\_  
Distance of measuring point (M.P.) above ground \_\_\_\_\_  
Static water level (S.W.L.) below M.P. \_\_\_\_\_

Time pump started \_\_\_\_\_ Pumping rate \_\_\_\_\_  
Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

[illegible]

Depth of well 160  
Distance of measuring point (M.P.) above ground 3 ft  
Static water level (S.W.L.) below M.P. 17

HD-224



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

July 19, 2007

Attention: Steve Forney  
Hamilton Reed  
8000 Main Street  
Ellicott City, MD 21043

RE: Hyman Property - Lot 1  
3600 Cameron Court  
BP # B00159031  
Well Permit #HO-94-4142

Dear Homeowner:

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 July 18, 2007.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for the well to be tested for radium.

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.

Although this well has passed the normal water sampling requirements, it was not tested for radium. Certain parts of Howard County are known to have marginally high radium levels in the groundwater. The water supply must be tested for radium and may require treatment if the radium levels are found to exceed EPA standards. The water supply must have radium levels below the EPA standards before an Interim Certificate of Potability can be issued. These standards must be met within sixty days. It is recommended that bottled water be used for cooking and consumption during this period.

Issuance of this Temporary Deviation is based on information submitted for 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 Sample(s): July 17, 2007

Date of Well Completion: May 2, 2005  
(HO-94-4142)

Approving Authority

*Brian Baker*  
Brian Baker, Sanitarian  
Well and Septic Program

cc: Building Inspector's office,  
File

## CERTIFICATE OF ANALYSIS



Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@comnext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Mr. Stephen Forncy  
Hamilton Reed Builders  
8000 Main Street  
Ellicott City, Maryland 21043

**S/O Number:** 64377  
**Report Date:** July 18, 2007

**Property Sampled:** 3600 Cameron Court, 21043

**County:** Howard  
**Subdivision:** Hyman Prop  
**Lot #:** 1  
**Building Permit #:** B00159031  
**Tax Map #:** 23  
**Parcel #:** 29

**Date/Time Collected:** July 17, 2007 at 11:25 am  
**Date/Time Received:** July 17, 2007 at 1:15 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 6308KW  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-1142  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	2.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.1 NTU	EPA 180.1	10 NTU	Pass
pH	8.0 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

Allison R. Milburn  
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.



**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: CLARKE P+H INC Telephone #: 410-489-4029  
Address: 3510 Ridge Rd  
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Ben Clarke License #: 3808

\*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: Hamilton Reed Telephone #: 410-461-2760  
Subdivision: Human Property Lot #: \_\_\_\_\_ Well Tag #: HO-94-4142  
Site Address: 3600 Cameron Ct

Submersible Pump Data

Make: Myers  
Model #: \_\_\_\_\_  
Pump Capacity: 8 GPM  
Well Yield: 15 GPM

Pitless Adapter

Make: Harvard  
Model #: P-7-800  
Depth: 42 (36" min)  
NSF 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: ☒

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: Plastic  
PSI: ✓ (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒  
Approximate length of sleeve: 15'  
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: Ben Clarke

date: 7-2-07

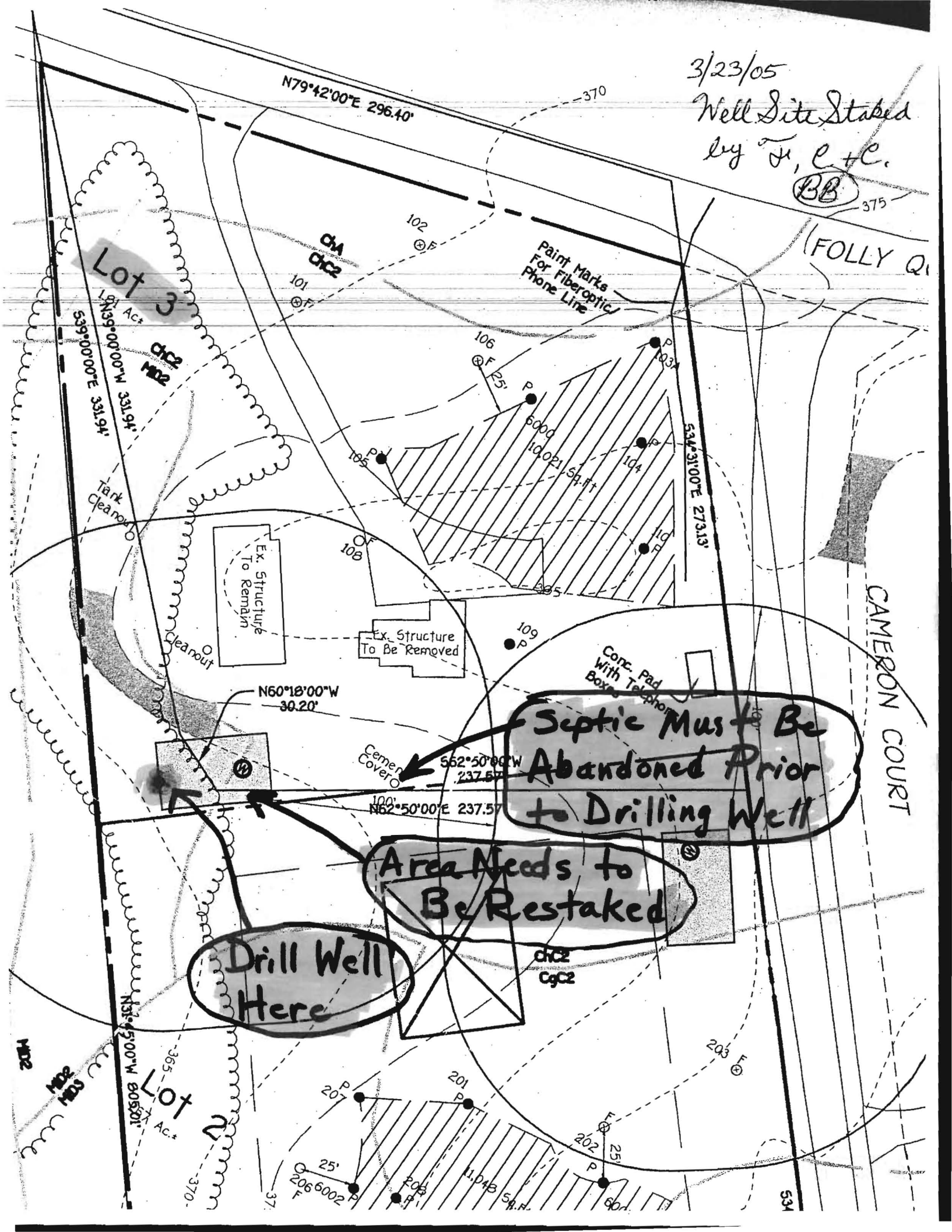
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_

Date Insp. Approved: 5/25/07 BB

Inspection Data: Pitless adapter and 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 installed inside of well 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 ☒

3/23/05  
Well Site Staked  
by J, C + C.  
(BB)





CAMERON COURT

Septic Must Be Abandoned Prior to Drilling Well

Drill Well Here

Ex. Structure To Be Removed

Conc. Pad With Telephone

N60°18'00"W 30.20'

Cement Cover

S62°50'00"W 237.57'

N62°50'00"E 237.57'

chc2  
CgC2

N31°5'00"W 805.01'

Lot 2  
Ac.

Lot 1  
1.31 Ac.

S34°36'00"E 415.00'

S55°24'00"W 313.59'

3/23/05  
Well Site Staked  
by J. L. C.

BB

