

19638

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAYLOR STATE OFFICE IN BALTIMORE, MD. 21201
WELL COMPLETION REPORT

FILL IN THE FORM COMPLETELY
COUNTY WIZARD

DATE RECEIVED (MMA USE ONLY)
OCTOBER 15, 1973
DATE WELL COMPLETED
10 15 73

DEPTH OF WELL
203

WELL IDENTIFICATION NO. 36

OWNER Antonia Nicholas
STREET OR RFD 1215 Locustwood Nicholas
POST OFFICE Baltimore, Maryland 21227

DESCRIPTION OF FORMATION PENETRATED, THICKNESS, DEPTH, THICKNESS AND # OF WATER BEINGS	FEET	THICKNESS	WATER BEINGS
Gravel	0	9	
Brn. Mica	9	9	
Blue Mica	8	14	
Brn. Mica	14	16	
Hard Blue Schist	16	32	
Brn. Schist	32	39	
Blk. Sandstone	39	66	
Brn. Sandstone	66	68	X
Blk. & Brn. Sandstone	68	150	
Brn. & Wht. Sandstone	150	165	X
Blk. & Blk. & Wht. Brn. Sandstone	165	203	

SCREEN RECORD

WELL HAS BEEN DRILLED TO NEARLY APPROPRIATE DEPT.

TYPE OF SCREENING MATERIAL: STEEL C M
CONCRETE BC
NO. OF SLOTS 7
NO. OF POUNDS 658

DEPTH OF SCREEN 19

CASING RECORD

TYPE OF CASING: STEEL C C
CONCRETE CC
PLASTIC PL
OTHER OT

WELL CASING TYPE: S T
Diameter: 6 3/4

SCREEN RECORD

TYPE OF SCREENING MATERIAL: STEEL C T
CONCRETE C C
PLASTIC P L
OTHER O T

WELL LOG

DEPTH (NEAREST FEET): 203

DIAMETER OF BOREHOLE (NEAREST INCH):

PUMPING TEST

WAS PUMPED TO NEAREST POINT: 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 11

WATER LEVEL (DISTANCE FROM SURFACE TO WATER LEVEL): 68

WELL IDENTIFICATION NO. 36

PUMP RECORD

TYPE OF PUMP USED (CIRCLE APPROPRIATE ONE):

WELL IDENTIFICATION NO. 36

LOCATION OF WELL ON LOT

DRIVER

CIRCLE APPROPRIATE BOXES

WELL WAS DRILLED AND SEALED WHEN THIS REPORT WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

TO THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE: 10/15/73

NAME: Dana Ryker

SIGNATURE: Dana Ryker

GRANULAR FILL

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE ONE: YES NO

TELESCOPE CASING LOG INDICATED



Bureau Of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-6300 Fax (410) 313-6303
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

Temporary Radium Agreement

A review of records indicates that required sampling for Gross Alpha & Gross Beta was not performed during the well yield test for Lot 7, Clarksville Overlook, AKA Benedict Farm (12840 Macbeth Farm Lane).

Properties not tested or initially found to have an elevated Gross Alpha and/or Gross Beta, are required to have appropriate treatment installed and additional testing performed.

No radium testing has been done to date. Water must be sampled, and treatment device will have to be installed if radium levels are above the EPA standards.

Since all other sampling, construction and inspection requirements have been satisfied, an Initial Certificate of Potability (ICOP) will be issued with the following addendum and agreement:

If the results for the initial Gross Alpha, Gross Beta and Radium are all within established standards, then the ICOP remains valid and only testing for standard potability parameter(s) will be needed to secure the Final Certificate of Potability (FCOP).

If any of these parameters are found to exceed existing standards, then further measures including the possible need for additional treatment and/or further testing shall occur until the Gross Alpha, Gross Beta and Radium results are within established standards. At that time, the ICOP will be deemed valid and only testing for standard potability parameter(s) will be needed to secure the FCOP.

The undersigned have read and agreed with the provisions as established above.

_____	_____
Owner	Date
_____	_____
Owner	Date
_____	_____
Builder/Representative	Date
_____	_____
Health Department Representative	Date

**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: N.W.S.C. Telephone #: 301-854-1333
Address: P.O. Box 138
Ashton, MD 20861

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

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

Name (Print): DAVID RYCKE License# PI - 0145

*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: SLEEDGE HOMES Telephone #: 410-531-8730
Subdivision: MARLBOROUGH OVERLOOK Lot #: 5 Well Tag #: HO-73-1192
Site Address: 874 DRIVEN RD
MARLBOROUGH, MD 21104

Submersible Pump Data

Make: GRUNDFOS
Model #: ISSDE-07-180
Pump Capacity 15 GPM
Well Yield: 2.4 GPM

Pitless Adapter

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

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 200 (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 — QUIT IN
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Poly
PSI: 160 (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5'
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.

Signature of company representative responsible for installation _____ date 9/24/07

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

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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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO -73-1192
Site Address: 874 Driver Road

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 7/19/07 9/7/07

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

Top of Casing
Bcht

CERTIFICATE OF ANALYSIS



Requester:
Mr. Doug Waddell
James H. Selfridge Builders, Inc
4781 Ten Oaks Road
Dayton, Maryland 21036

S/O Number: 65505
Report Date: October 5, 2007

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@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

Property Sampled: 874 Driver Road

County: Howard
Subdivision: Marriottsville Overlook **Tax Map #:** 15
Lot #: 5 **Parcel #:** 271
Building Permit #: B07001420

Date/Time Collected: October 4, 2007 at 12:00 pm
Date/Time Received: October 4, 2007 at 3:00 pm

Sample Location: Pressure Tank
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-1192
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: Sediment Filter

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 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.

CERTIFICATE OF ANALYSIS

Requester:
Mr. Doug Waddell
James H. Selfridge Builders, Inc
4781 Ten Oaks Road
Dayton, Maryland 21036

S/O Number: 65505
Report Date: October 5, 2007



**Trace Laboratories, Inc.
Maryland**

5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
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Fax: 410/584-9117
Email: tracelab@connext.net
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Property Sampled: 874 Driver Road

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PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.3 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 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.

Maryland State Certified
Water Quality Laboratory
No. 318

ISO 9001:2000



Cert No. C2005-01504

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	65920	Account #:	3123
Reference:	Selfridge Builders	Company:	National Water Servicing
Location:	874 Driver Road Marriottsville, MD 21104	Requested By:	Dave Rycke
Date/ Time Collected:	11/21/2007 1145	Source:	Well Water
Date/Time Rec'd:	11/21/2007 1345	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/Neutralizer/Softener
Collected By:	J.Yeager 6176JY	pH:	6.7
		Well #:	HO-73-1192

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.07	pCi/L	****	Georgia Tech	12/18/2007 / -- / GPL
Radium-228	1.49	pCi/L	****	Georgia Tech	12/18/2007 / -- / GPL

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 MDA= Minimum Detection Activity
- 3 pCi/L = picocuries per liter
- 4 Radium 226: MDA 1.5 pCi/L
- 5 Radium 228: MDA 1.5 pCi/L
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 Sub-contracted to Lab # 110
- 8 These compounds were analyzed for but not detected at or above the reporting limit.
- 9 ND:None Detected
- 10 Visual well check: Sealed, vented cap
- 11 pH tested on-site

Reason for Test : Client's Information

Date Reported: 12/18/2007



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7178 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

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

November 15, 2007

Selfridge Builders
4781 Ten Oaks Road
Dayton, MD 21036

RE: Marriottsville Overlook, Lot 5
874 Driver Road
Marriottsville, MD 21104
BP #: B07001420
Well Permit # HO-73-1192

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 09/19/2007.** **Final approval of the well line connection to the dwelling was approved on 09/19/2007.**

TEMPORARY DEVIATION

This is a **Temporary Deviation** to allow additional time for radium testing and installation of a water treatment device if the radium levels exceed the EPA recommendations. **Until the water sample results are obtained or a treatment device is installed it is recommended that all water that is used for cooking or drinking be bottled.** If the water sample indicates that the radium levels are above the EPA standards then a treatment device will have to be installed and an additional water sample will have to be collected to make sure the treatment device is working properly.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria; the water is bacteriologically safe for drinking. The nitrate, turbidity and sand levels are all acceptable. The water sample results were found to be in compliance with COMAR water quality standards.

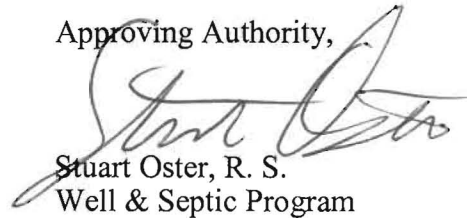
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-73-1192. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. 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.

Date of Water Samples: 10/04/2007

PENDING RADIUM TESTING FOR GROSS ALPHA AND GROSS BETA

Date of Well Completion: 10/15/1975

Approving Authority,

A handwritten signature in cursive script, appearing to read "Stuart Oster", is written over the printed name and title.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File