

C1 | 3888

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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)

COUNTY NUMBER A 50516

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
MM DD YY  
12 3 03

Depth of Well  
22 265 26  
(TO NEAREST FOOT)  
12/8/03  
OK (BB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
40-94-3858  
28 29 30 31 32 33 34 35 36 37

OWNER Palmer  
STREET OR RFD Route 144 Victoria  
SUBDIVISION Palmer Prop SECTION Woodbine LOT Map 8 P. 284

**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	
<u>Yellow Clay</u>	<u>0</u>	<u>15</u>	
<u>Brown Shale</u>	<u>15</u>	<u>80</u>	
<u>Blue Rock</u>	<u>80</u>	<u>265</u>	<input checked="" type="checkbox"/>

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 25 NO. OF POUNDS 2350  
GALLONS OF WATER 150  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 80 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 85  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) from to

**SCREEN RECORD**  
screen type or open hole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

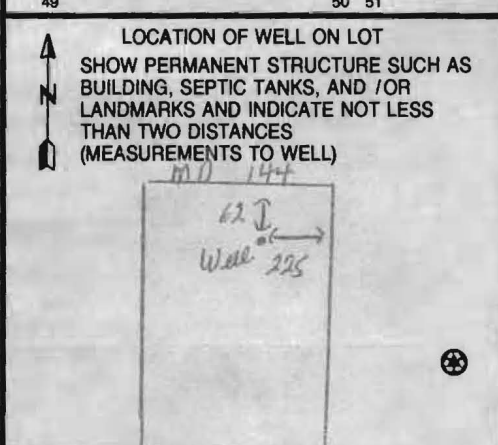
**DEPTH (nearest ft.)**  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
80 83 265

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.) 10  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 19 ft.  
WHEN PUMPING 78 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 (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 } LAND SURFACE  
 - below } 2 (nearest foot)  
50 51



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 MSD 024  
DRILLERS SIGNATURE Michael M. Payne  
(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 2231

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-94-3858 fill in this form completely

519631 please type

Date Received (APA)

10 21 03

OWNER INFORMATION

Palmer Victoria 11661 Frederick Rd Elliott City Md 21042-1029

B 3

LOCATION OF WELL

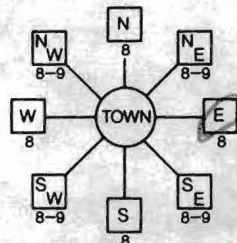
Howard 21 Palmer Property 4 48 50 Fish 1 1/2 M I

DRILLER INFORMATION

Joseph L. Wagner M S D 24 5512 Ridge Rd Mt. Airy Md 21771 10/20/03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 8 BLK: 14 PARCEL 284

WELL INFORMATION APPROX. PUMPING RATE 4 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A50516 COUNTY NAME COUNTY NO. DATE ISSUED 11 24 03 Mark R. Kim 11/24/04

APPROXIMATE DEPTH OF WELL 280 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

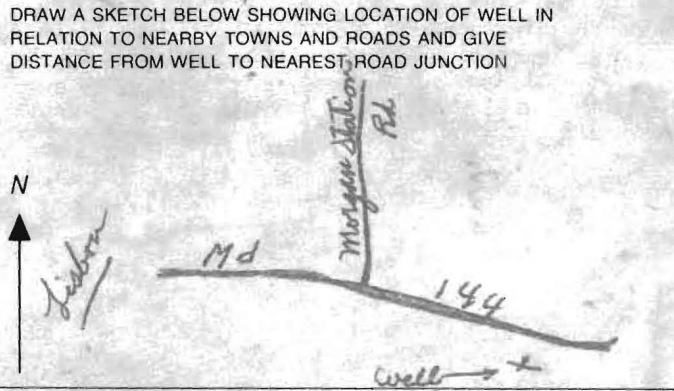
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G PERMIT No. 40-94-3858

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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: J. Joseph Gartland, Inc Telephone #: 410-875-2400  
Address: 1835 W. Old Liberty 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): JAMES J. GARTLAND, Jr. License# 1713

\*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: VICTORIA LYNN PALMER Telephone #: 410-292-7782  
Subdivision: \_\_\_\_\_ Lot #: 4 Well Tag #: HO 94-3858  
Site Address: 15217 Frederick Rd.  
Woodbine, Md. 21797

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Goilds Make: Harvard Two piece watertight cap:   
Model #: 10SB05422 Model #: PT300 Screened, vented well cap: \_\_\_\_\_  
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM NSF 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 of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection  
Type: P/1/2" x 1/2" PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 6 FT  
Depth of supply line: 42" (36" min) 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 6/19/07

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

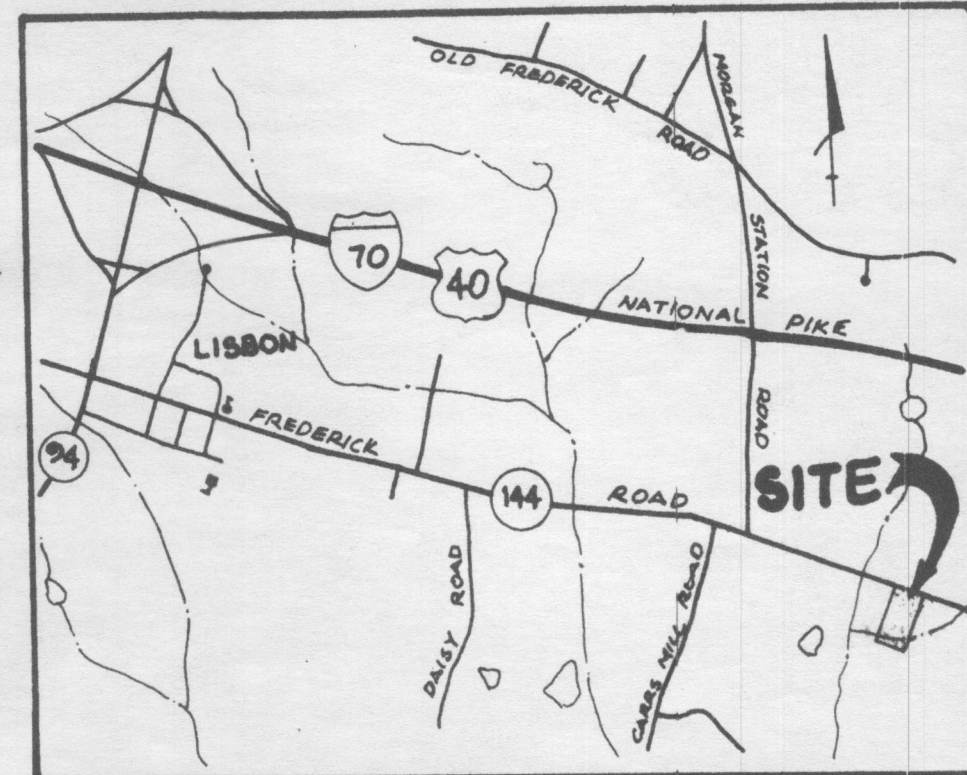
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/20/07 (KW)  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope installed 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

Perc Tests:

- 3-24-95
  - 1. Failed
  - 2. Failed
  - 3. Failed
  - 4. Failed
  - 5. Passed
- 2-26-96
  - 1. Passed
  - 2. Failed
  - 3. Failed
  - 4. Failed
  - 5. Failed
  - 6. Passed
- 5-31-96
  - A. Passed
  - B. Passed
  - C. Passed
  - D. Passed
  - E. Passed

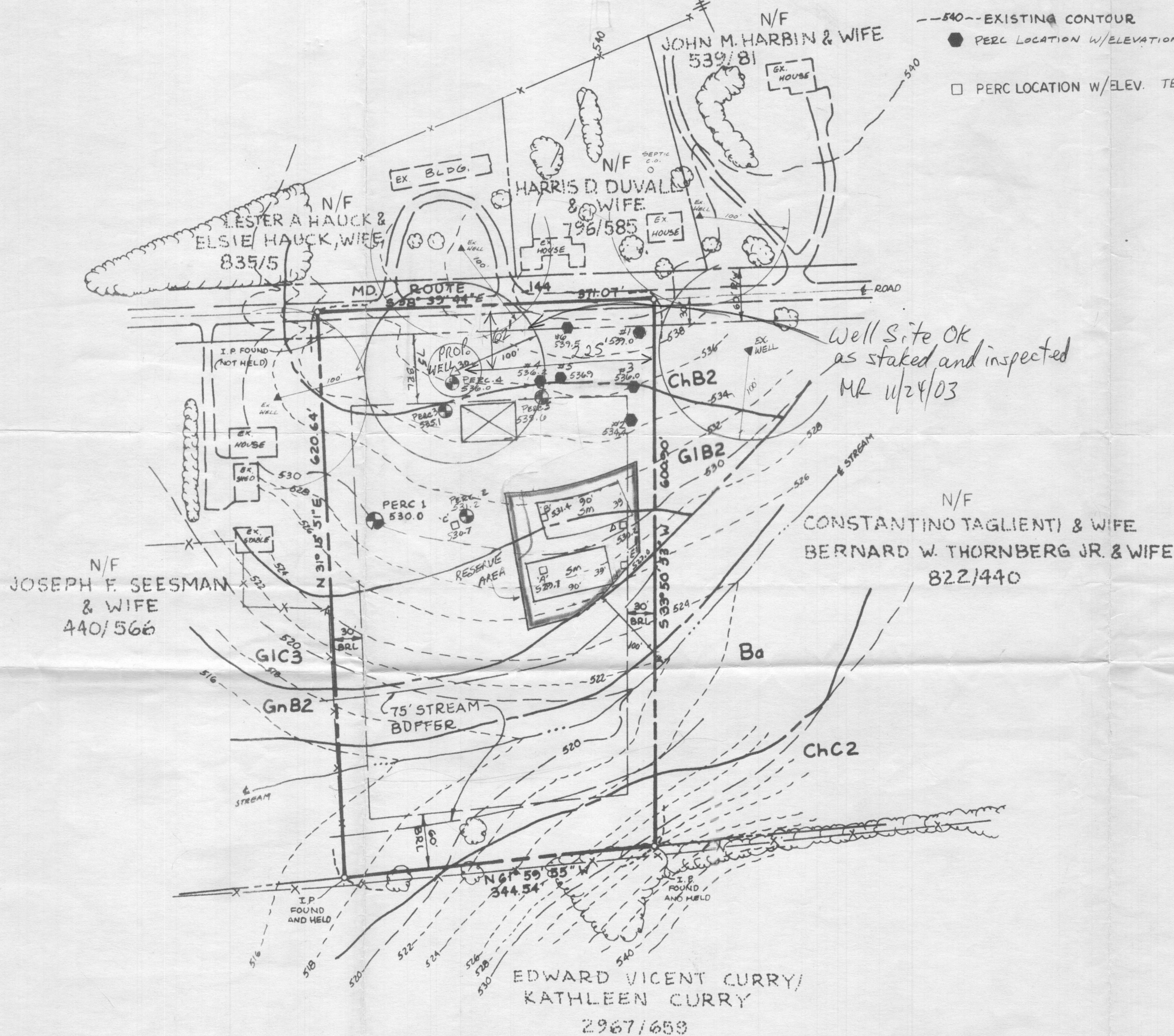
LEGEND

- PERC LOCATION W/ELEVATION TESTED 3/24/95
- SOIL GROUP BOUNDARY
- ChB2 SOIL GROUP
- 540- EXISTING CONTOUR
- PERC LOCATION W/ELEVATION TESTED 2/26/96
- PERC LOCATION W/ELEV. TESTED 5-31-96



VICINITY MAP

SCALE: 1" = 2000'



Well Site OK as staked and inspected MR 11/24/03

NOTES:

1. THE PARCEL SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE RESERVE AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS RESERVE AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE RESERVE AREA.
- 2A. THIS RESERVE AREA IS SUITABLE FOR SAND MOUNDS ONLY.
3. UNLESS OTHERWISE SHOWN NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM HOWARD COUNTY 200 SCALE AERIAL TOPOGRAPHICAL MAP WITH FIELD VERIFICATION BY THE ENGINEER.
5. HOUSE LIMITED TO 4BR.

SOILS DESCRIPTION

- ChB2 - Chester Silt Loam, 3 to 8 percent slopes, moderately eroded. 'B' soil
- ChC2 - Chester Silt Loam, 8 to 15 percent slopes, moderately eroded. 'B' soil
- GnB2 - Glenville Silt Loam, 3 to 8 percent slopes, moderately eroded. 'C' soil
- GIB2 - Glenelg Loam, 3 to 8 percent slopes, moderately eroded. 'B' soil
- GIC3 - Glenelg Loam, 8 to 15 percent slopes, severely eroded. 'B' soil
- Ba - Baile Silt Loam, 'D' soil (Hydric Soil)

SCALE: 1" = 100'

WALLER PROPERTY  
FORMERLY  
PALMER PROPERTY  
PERCOLATION CERTIFICATION PLAN

TAX MAP NO. 8 PARCEL 284  
DEED REF 2959/66 TAX ACCT. #04-319958  
4TH ELECTION DISTRICT OF HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' DATE: 11/9/95  
REVISED: 10/16/2003  
PERC TESTS: SAND MOUNDS

PC 50516

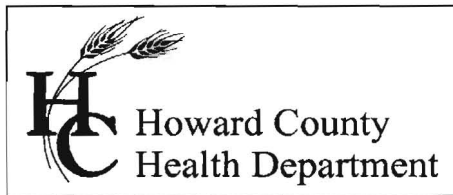
#150-95-22

A.L.S. INC.  
194 EAST MAIN STREET  
WESTMINSTER, MD. 21157  
(410) 857-0822



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

*Perry Brewster* M.D. 11/9/03  
HOWARD COUNTY HEALTH OFFICER MR DATE



Bureau of Environmental Health  
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

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

08/27/2007

Homeowner  
15217 Frederick Road  
Woodbine, MD 21797

**SENT VIA FACISIMILE 410-489-9661**

RE: Palmer Property - Lot 4  
15217 Frederick Road  
Woodbine, MD 21797  
BP # B07000727  
Well Permit # HO-94-3858

Dear Sir/Madam:

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 8/24/2007. Final approval of the well line connection to the dwelling was approved on 6/20/2007.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3858. 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.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 8/10/2007 & 8/20/2007  
Date of Well Completion: 12/03/2003

Approving Authority,

Brian Baker, R.S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
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@connex.net](mailto:tracelab@connex.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Kerrigan Homes  
Attn: Owen Kelly  
9812 Caitlins Court  
Ellicott City, Maryland 21042

**S/O Number:** 64809  
**Report Date:** August 13, 2007

**Property Sampled:** 15217 Frederick Road

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** Not Provided

**Tax Map #:** 8  
**Parcel #:** 55

**Date/Time Collected:** August 10, 2007 at 11:07 am  
**Date/Time Received:** August 10, 2007 at 2:00 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:** Unable to locate well  
**Well Condition:** Well Condition Undetermined

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	3.1 NTU	EPA 180.1	10 NTU	Pass
pH	6.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	FAIL
E.coli	Absent	SM 9223B	Absent	

*Allison R. Milburn*

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



**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](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

**Requester:**  
Kerrigan Homes  
Attn: Owen Kelly  
9812 Caitlins Court  
Ellicott City, Maryland 21042

**S/O Number:** 64906  
**Report Date:** August 21, 2007

**Property Sampled:** 15217 Frederick Road, Retest #1

**County:** Howard  
**Subdivision:** N/A  
**Lot #:** N/A  
**Building Permit #:** Not Provided

**Tax Map #:** 8  
**Parcel #:** 55

**Date/Time Collected:** August 20, 2007 at 9:00 am  
**Date/Time Received:** August 20, 2007 at 2:00 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 3175BH  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3858  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
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

April 30, 1996

MEMORANDUM

TO: CW

FROM: MR 

RE: Waller Property  
Well Site Evaluation with Dave Kerr

On April 23, 1996, Dave Kerr and I went to the Waller Property on Frederick Road to allow Dave the opportunity to see the lot and examine the potential for well contamination from the septic system across the street at 15218 Frederick Road.

In Dave's opinion, the topography was sufficiently sloped toward the west to minimize or eliminate the potential for contamination for a well drilled on the Waller Property (as long as the well met the standard 100' setback).