

C1 2934

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)

COUNTY NUMBER A 522526

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 280 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 95-0531

OWNER Dadd William STREET OR RFD Hardy Rd TOWN Mt. Airy md SUBDIVISION Woodcamp SECTION LOT 3

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 20, NO. OF POUNDS 1880, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 0 ft.

CASING RECORD: casing types (ST), MAIN CASING TYPE (ST), Nominal diameter 6 inch, Total depth 92 feet.

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

SCREEN RECORD: screen type or open hole (ST), BRASS BRONZE (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT)

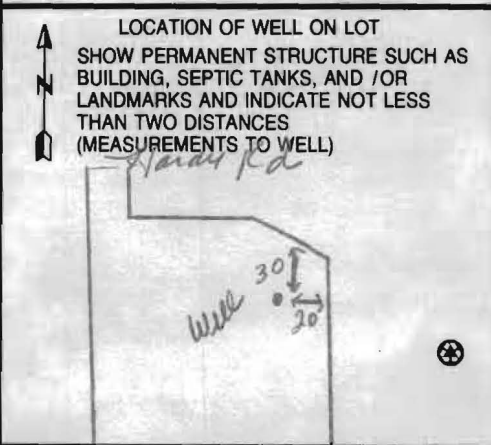
DEPTH (nearest ft.) table with rows for A, C, H, S, R, E, N and columns for slot size and diameter of screen.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10 gal. per min., METHOD USED TO MEASURE BUCKET, WATER LEVEL 40 ft. before, 150 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP SUBMERSIBLE (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, CASING HEIGHT 49 ft. above land surface.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

DRILLERS LIC. NO. M SD 024, DRILLERS SIGNATURE Joseph K. Mayne, LIC. NO. D

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

B 1 1405

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-95-0521

525249 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

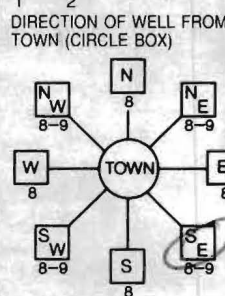
B 3 LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 1/2 M 73 76 77 78

DRILLER INFORMATION

Driller's Name License No. 81
Firm Name
Address
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 6 BLK: 6 PARCEL 485

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

COUNTY NAME COUNTY NO.
STATE SIGNATURE
DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET
APPROXIMATE DIAMETER OF WELL INCH NEAREST

METHOD OF DRILLING (circle one)

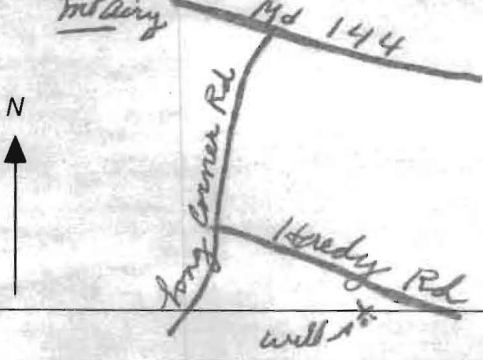
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

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

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

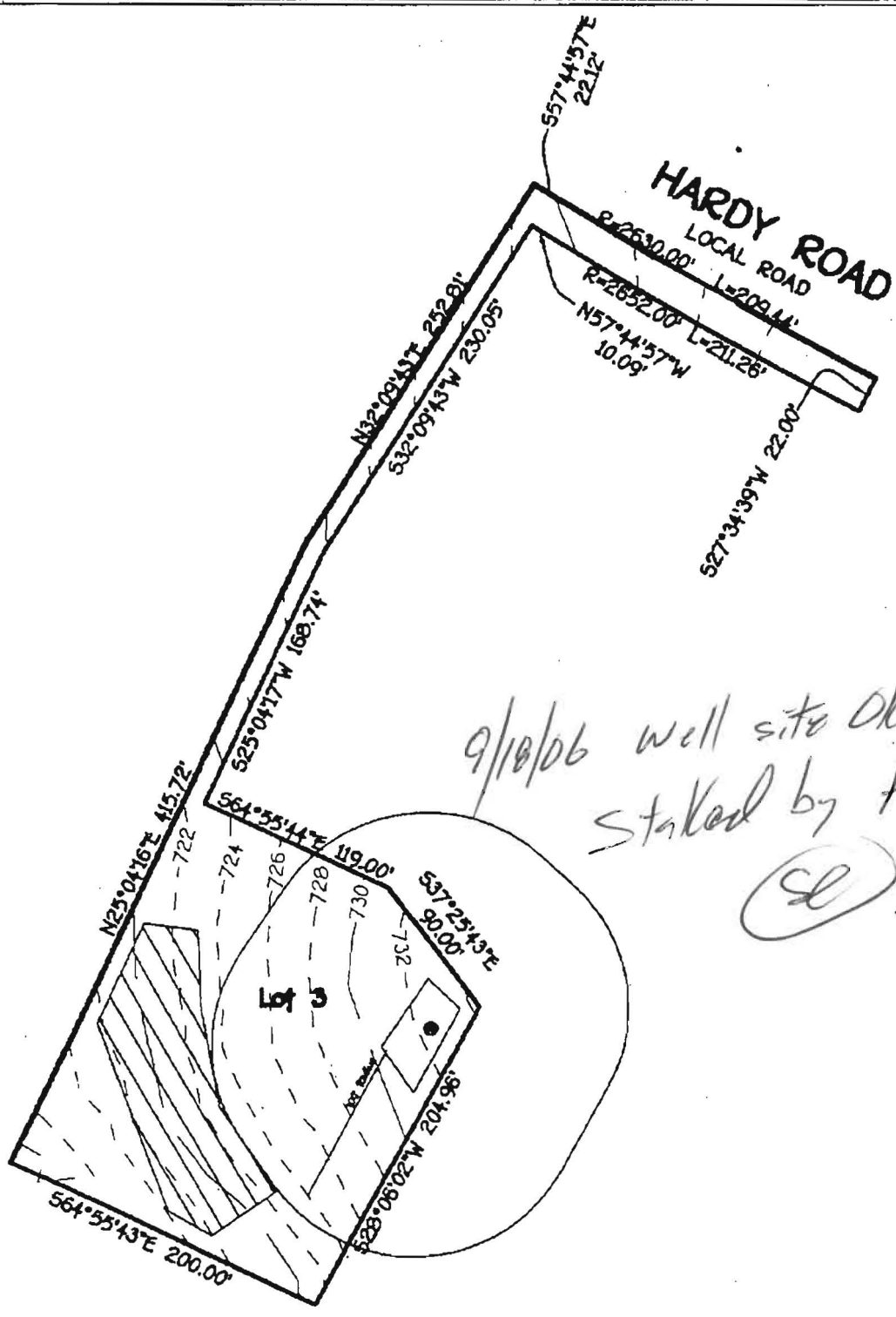
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER
PERMIT No.

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

K:\Drawings 3130748 Woodcamp Farms\30748 Well Exhibit.dwg, 9/7/2006 9:32:51 AM, 1:100



9/18/06 well site OK
 Staked by FCC
 (SC)



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2955

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 3
 WOODCAMP
 TAX MAP 6 GRID 6 PARCEL 405
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE SEPTEMBER 7, 2006

**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: _____ 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-95-0521

Site Address: 17555 Hardy 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: 2/29/08 **BB**

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

Aug 26 2008 11:10AM HP LASERJET FAX

p. 2

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Company Name: Hunt Plumbing & Heating Telephone #: 301-370-2701
Address: 4317 Bartholomew Rd.
Mt. Airy Md. 21771

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

Name (Print): Vance Hunt License# 64490

*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: Bill Dudd Telephone #: 240-674-6955
Subdivision: William & Susan Dudd's property Lot #: 3 Well Tag #: HO-95-0521
Site Address: 17555 Hardy Rd.
Mt. Airy Md. 21771

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Vacor Ace Make: Martinson Two piece watertight cap:
Model #: 2202A Model #: 10 BT Screened, vented well cap:
Pump Capacity 10 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 1 1/2" B.G.:

Depth of well encountered at time of pump installation: 290 (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 **House Connection**
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 4' (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.

Vance B. Hunt Aug 27 2008
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: _____
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 _____



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
 OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Bill Dodd
 17545 Hardy Road
 Mt. Airy, MD 21771

Sample Ident. No.:	807-3982
Type of Water:	Drinking Water
Date (Time) Collected:	09-03-08 (0930)
Date (Time) Received:	09-03-08 (1030)
Date (Time) Examined:	09-03-08 (1315)

Nature of Submission:	Routine	Sample Preservation Method:	Refrigeration
Name of Sample Source:	Powder Room Sink	Source Type:	Well
Mun.,Inst.,Co.,Owner:	Bill Dodd	pH (pH Units)(Field) =	7.1
Address:	17555 Hardy Road	Chlorine Residual:	0.0 mg/L
City,County:	Mt. Airy	Turbidity (NTU's) =	18 <i>High</i>
State,Zip Code:	MD 21771	Disinfection:	None
		Sand (as mg TSS/L) =	9

Well Tag # H0-95-0521

Collector's Name:	J.S. Moulton (1059-JM)	Affiliation:	Kappe Associates, Inc.
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RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		0.2 mg/L
EXAMINATION METHOD USED	Collert	Collert	SM 9215	SM4500NO3-E
THIOSULFATE IN SAMPLE:	Present	SAMPLE HOLDING TIME:		Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE TEST *	24HR						
	48HR						
COLIFORM CONFIRMED TEST	Total						
	48HR #						
	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: **** This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter.**

BACTERIOLOGIST'S SIGNATURE	BACTERIOLOGIST'S NAME	DATE
<i>Julia M. Patel</i>	Julia M. Patel	09/15/08



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DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE TEST *	24HR						
	48HR						
COLIFORM CONFIRMED TEST	Total						
	48HR #						
	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: ** This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter.

BACTERIOLOGIST'S SIGNATURE: *Julia M. Patel* BACTERIOLOGIST'S NAME: Julia M. Patel DATE: 09/15/08



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher Collins Carter on Sept 2006 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

William Dodd

301-829-5937-240-674-6955