

<b>C 1</b> <b>36439</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED MM DD YY 08 09 16		DATE WELL COMPLETED MM DD YY 8 4 2016		Depth of Well 22 400' 26 (TO NEAREST FOOT)	
ST/CO USE ONLY		DATE RECEIVED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		COUNTY NUMBER 13	
OWNER Palmer		WELL SITE ADDRESS 5650 Glen Oak Rd		TOWN Clarksville		LOT	
SUBDIVISION		SECTION		LOT			
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle Appropriate Box) 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 80 ft. (enter 0 if from surface)		<b>C 3</b> 1 2 <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft. WHEN PUMPING 271 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Sand 0 80 Mica Rock 80 400 Water at 50, 90, 350		<b>CASING RECORD</b> 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) 84			
				<b>OTHER CASING (if used)</b> EACH CASING diameter inch depth (feet) from to			
				<b>SCREEN RECORD</b> screen type or open hole ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER DEPTH (nearest ft.) 80 82 400			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED Y N		<b>C 2</b> 1 2 DEPTH (nearest ft.) 80 82 400			
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				SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60			
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.				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
DRILLERS LIC. NO. M S D 117		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			
LIC. NO. M S D 027				70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							
						LATITUDE 39.21501 LONGITUDE 76.96522 (DEFAULT COORD. WGS 84)	
						Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.	

<b>B 1</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER
42849		558761	140-15-0270 fill in this form completely
1 2 3 6	<b>OWNER INFORMATION</b> Date Received (APA) <u>06/17/16</u> 8 MM DD YY 13 <u>PALVER</u> <u>JOSEPH</u> 15 Last Name Owner First Name 34 <u>6215 Stanford Ct.</u> 36 Street or RFD 55 <u>ELKRIDGE MD, 21075</u> 57 Town 70 State 72 Zip 76		<b>LOCATION OF WELL</b> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>n/a</u> 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>CLARKSVILLE</u> 52 NEAREST TOWN 71
<b>DRILLER INFORMATION</b> <u>RAUL MAYNE</u> <u>M S D 119</u> Driller's Name 76 License No. 81 <u>RAUL MAYNE WELL DRILLING</u> Firm Name <u>25700 Ridge Manor Dr. Damascus MD 20822</u> Address <u>RAUL E. Mayne</u> <u>6/17/16</u> Signature Date		<b>SOURCES OF DRILLING WATER</b> 1. <u>well</u> 2. 3. <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>550</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>38</u> 39 TAX MAP: <u>34</u> BLK: <u>4</u> PARCEL <u>10</u>	
<b>B 2</b>	<b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>(13)</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>6/28/16</u> <u>6/28/16</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL			
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other _____			
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52			
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>140-15-0270</u> 70 71 72 73 74 75 76 77 78 79			
<b>SPECIAL CONDITIONS</b> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

Page 1 of 1  
Date 8-4-2016

Review \_\_\_\_\_

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-0270  
Location of property (road) 5650 Ten Oaks Rd  
Subdivision \_\_\_\_\_ Loc \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller Joseph Marquis Owner Joseph Palves  
Depth of well 400'  
Distance of measuring point (H.P.) above ground 2'  
Static water level (S.W.L.) below H.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 209 gpm  
Total time 35 min to reach pumping water level 27' ft. below H.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below H.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FL (gallons per minute)
7:45	179'	3 sec		209 gpm
8:00	271'	4 sec		15
8:15	271'	26 sec		2.3
8:30	271'	26 sec		2.3
8:45	270'	26 sec		2.3
9:00	270'	26 sec		2.3
9:15	270'	26 sec		2.3
9:30	269'	26 sec		2.3
9:45	269'	26 sec		2.3
10:00	269'	26 sec		2.3
10:15	268'	26 sec		2.3
10:30	268'	26 sec		2.3
10:45	268'	26 sec		2.3
11:00	268'	26 sec		2.3
11:15	268'	26 sec		2.3
11:30	268'	26 sec		2.3
11:45	268'	26 sec		2.3
12:00	268'	26 sec		2.3
12:15	268'	26 sec		2.3
12:30	268'	26 sec		2.3
12:45	268'	26 sec		2.3
1:00	268'	26 sec		2.3
1:15	268'	26 sec		2.3
1:30	268'	26 sec		2.3
1:45	268'	26 sec		2.3
2:00	268'	26 sec		2.3



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Reed and Son Services Telephone #: 240-315-6023  
Address: 1070 Long Corn 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): Thomas Patrick Reed License# 19513

\*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: Mike Butten Telephone #: 240-876-4295  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0270  
Site Address: 5656 TOW OAKS RD Clarksville  
MD 21024

**Submersible Pump Data**

Make: Goulds  
Model #: 7C5104226  
Pump Capacity: 7 GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: RT  
Model#: P-100-55  
Depth: Yes (36" min)  
NSF/WSC approved: Yes

**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: \_\_\_\_\_ (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

**Piping to house**

Type: 1" well pipe  
PSI: 200 (160 psi min)  
Depth of supply line: Yes (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve (5' minimum from foundation): Yes  
Sleeve sealed properly: Yes

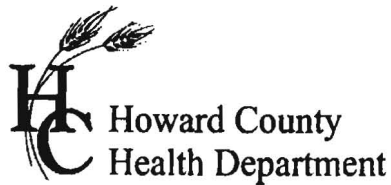
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

3/29/17  
date

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

Date Insp. Requested: 3/30/17 Date Insp. Approved: 3/30/17 Inspector: SC  
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 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 ✓



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>BUTLER PROP.</u>	<u>                    </u>	<u>5650 TEN OAKS Rd.</u>
Subdivision/Property Name	Lot #	Road Name

- ☒ The well site has been staked by B P R INC.,  
(professional land surveyor or company employing professional land surveyors)  
on MAY 27 2016 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

Tax Map 34, Parcel 148  
Robert M. Brenner  
730/264

Deed North 3550/329

Existing 8'± Pave Driveway

Part of P.10  
Second Described Parcel  
L. 3550, F. 329  
Michael A. Butler &  
Barbara S. Klien  
1.160 Ac.

6/28/16  
Well Box Approved.  
Signed by BPR

Nail Set

30' MBSL

N 19° 03' 00" W

100.00'

100' R

20' R

Prop. Well

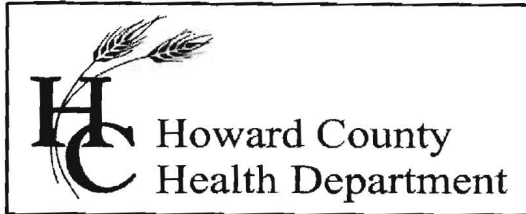
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-15-0270

INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND. 21230

LINE (MBSL)

73° 41' 30" W



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### **INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - January 26, 2018

**July 26, 2017**

Homeowner  
5656 Ten Oaks Road  
Clarksville, MD 21029

**RE:** Pulver Property, P. 10  
5656 Ten Oaks Road  
**Building Permit: B16004076**  
**Well Permit: HO-15-0270**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/26/2017**. Final approval of the well line connection to the dwelling was granted on **3/30/2017**. The well construction was completed on **8/4/2016**. Water samples were collected on **7/13/2017**.

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.

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-15-0270**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over a horizontal line.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File





Fredericktowne  
ENVIRONMENTAL TESTING

Labs Inc.

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366  
www.fredericktownelabs.com • info@fredericktownelabs.com

## Certificate of Analysis

Acct. No. 11112 - 1-1

### Field Record

Site visit performed on: Thursday, July 13, 2017 9:45 AM  
by: Richard Snyder State ID No. 0043RS  
Affiliation: Fredericktowne Labs, Inc.  
Property Owner: Joseph & Caitlin Pulver  
Property Address: 5656 Ten Oaks Rd ✓  
Clarksville, MD 21029  
Sample Source: Bathroom Sink  
Treatment Devices Noted: No Treatment Devices ✓  
Well No.: HO-15-0270  
Field pH: 7.9  
Free Res. Cl.: <0.1 mg/l  
Temp: 18.1° C

### Laboratory Report

Sample Received at laboratory: 7/13/2017 2:34 PM

#### Bacteriological results:

<u>Total Colif. (/100ml)</u>		<u>E.coli.(/100ml)</u>		<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	✓	<1	✓	07/13/17	15:15	07/14/17	09:37	9223B	JD

**Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods**

#### Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen ✓	<0.2	mg/l	10	7/13/2017	300.0	PH
Sand ✓	<2	mg/l	5	7/13/2017	0.065mmFilter	JD
Turbidity ✓	3.9	NTU'	10	7/13/2017	180.1	JD

Reported by:

Eden Mellott 7/14/17  
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 116 Virginia Cert. No. 00444

MDOT WBE Cert. No.: 91-158

5650 Ten Oaks Rd.

## FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
7/7/11 P. B.	<p>As the property owner had submitted a proposal to construct a covered porch (9' x 34'), I discussed with him that the proposal could not be approved until the well is upgraded. The requirement is to (1) remove the 'shed' or 'lean-to' structure that is over the well pit (2) extend the well casing to at least 8 inches above soil surface (3) install a Pitless adapter on the well casing, and (4) install a submersible pump in the well.</p>
	<p>The owner responded that the pump is inside the well casing. In further discussion he states that the well pit is as large as the (conference) room, and that the pressure tank is inside the well pit. The owner also states that the cost of upgrading the well is too much.</p>
	<p>I explain that he can claim hardship and request an exception from the regulation, but at the very least would be required to have an analysis of the water.</p>

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

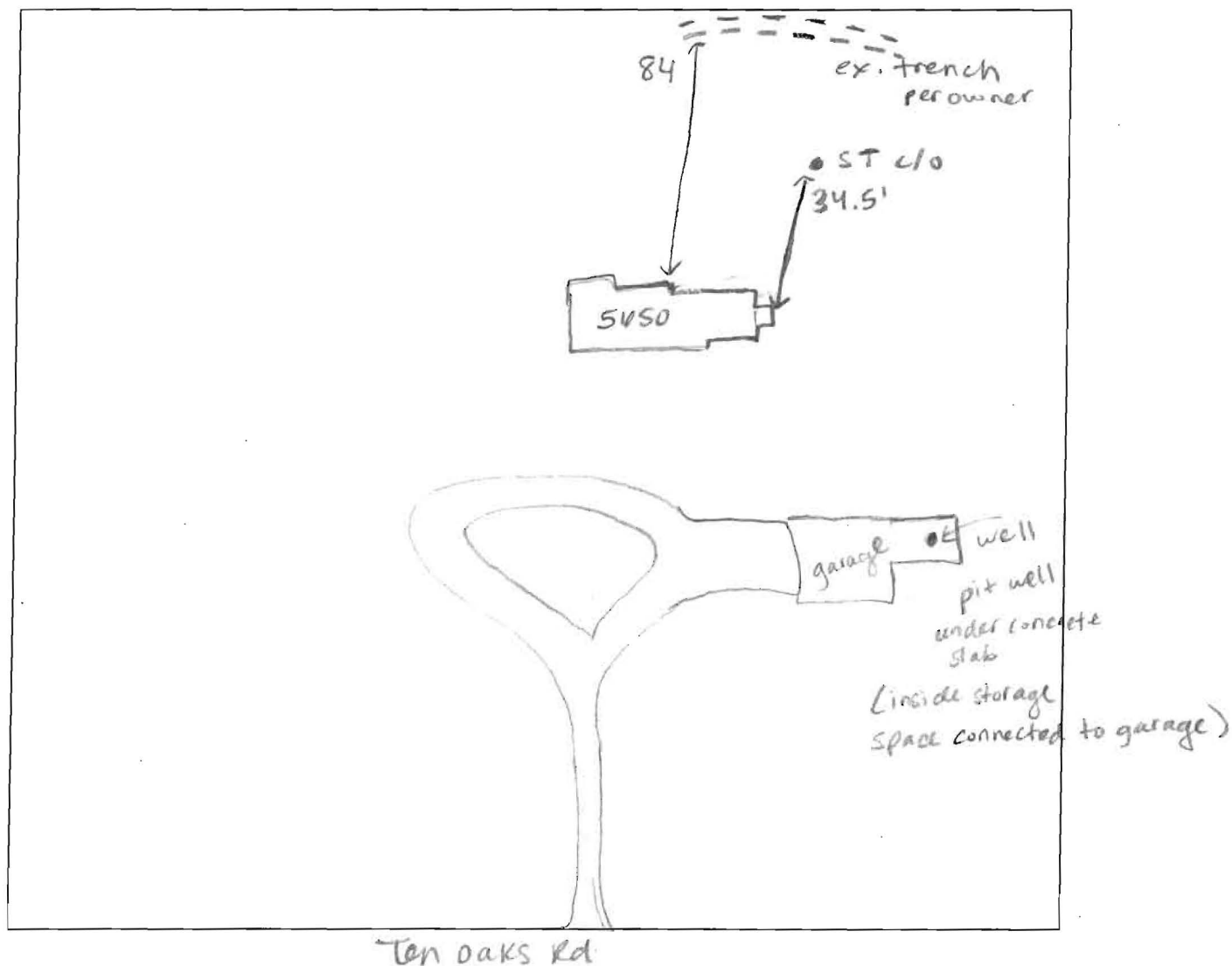
ADDRESS: 51050 Ten Oaks CONTRACTOR: \_\_\_\_\_

WELL TAG #: none

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Covered porch

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

walk-thru for covered porch

no evidence of system failure

DATE: 7-4-11

INSPECTOR: MS