

C1 5211

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
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received
MM DO YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 0534

8 13

16 20

(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER

Coleman Michelle

STREET OR RFD

last name Williamfield Drive

first name

TOWN

West Friendship

SUBDIVISION

Coleman Property

SECTION

LOT

2

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	
Overburden	0	30	
Gray Rock	30	200	x

water at 43' & 99'

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 336

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 35 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61

63 64

66 67

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from

to

screen type
or open hole

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN HOLEPL
PLASTICOT
OTHER(insert
appropriate
code
below)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

YES

NO

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
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. M S D 162

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. A W D 766

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

COUNTY

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 49 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.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

(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)

25' 25'

Property Lines

B 1 1 2 3 6 3912	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525577 please type	STATE PERMIT NUMBER HO-95-0534 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Coleman Michelle
 Last Name Owner First Name 34
 36 13104 Williamfield Drive
 Street or RFD 55
 57 Ellicott City MD 21042
 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Michael D. Isom M S D 162
 76 License No. 81
 Firm Name G. Edgar Harr Sons' Corp.
 Address 12047 Falls Road, Cockeysville 21030
 Signature _____ Date 9/27/2006

WELL INFORMATION

1 2
 APPROX. PUMPING RATE
 (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED
 (GAL. PER DAY) 750
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 ☐ I INDUSTRIAL, COMMERCIAL, DEWATERING
☐ P PUBLIC WATER SUPPLY WELL
☐ T TEST, OBSERVATION, MONITORING
☐ G GEO-THERMAL

APPROXIMATE DERTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-0534
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

LOCATION OF WELL

8 COUNTY Howard 21
 23 SUBDIVISION Coleman Property 42
 SECTION 44 LOT 2 50
 52 NEAREST TOWN West Friendship 71
 MILES FROM TOWN (enter 0 if in town) 3 M 1
 73 76 77 78

Williamfield Drive

11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 300 37
 DISTANCE FROM ROAD FL
 ENTER FT OR MI 38 39
 TAX MAP: 22 BLK: 4 PARCEL 571

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A522506
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 9/29/06 CO SIGNATURE Scott B... EXP. DATE 9/29/07
 43 MM DD YY 48
 NORTH GRID 526000 EAST GRID 809000
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2. _____
 3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8X009
 N 52086

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

N

Williamfield DR
TRADEPHIA RD
Cockeysville

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 10-23-06
Address: 13104 Williamfield Dr
Owner Name: Michelle Coleman
Well Depth: 200 Ft

Permit Number: HO - 95-0534
Subdivision: Coleman Property L#2
Election District:
Static Water Level: 20 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0845	20 ft		17 sec	17.64
0900	49		17	17.64
0915	49		17	17.64
0930	49		17	17.64
0945	49		17	17.64
1000	49		17	17.64
1015	49		17	17.64
1030	49		17	17.64
1045	49		17	17.64
1100	49		17	17.64
1115	49		17	17.64
1130	49		17	17.64
1145	49		17	17.64

**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: G. EDGAR HARR SONS Telephone #: 410-252-4580
Address: 12047 Falls Rd
Cockeysville MD 21030

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

Name (Print): Michael Eason License # MSD 1462

*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: Michael Coleman Telephone #: 410-531-1920 Fax: 410-560-
Subdivision: 13102 Williamsfield Dr. Lot #: 2 Well Tag #: HO-95-0534 0484
Site Address: Gilco+City, MD 21042

Submersible Pump Data

Make: Grundfos
Model #: 155QE10-220
Pump Capacity: 15 GPM
Well Yield: 17 GPM

Pitless Adapter

Make: Camball
Model #: PP 220
Depth: 4" (15" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap:
Cap secured to casing:
Conduit min 12" R.G.:
Conduit secured to well cap:

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 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: 1" Black Pvc
PSI: (160 psi min)
Depth of supply line: 40" (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: 4/3/08 KW

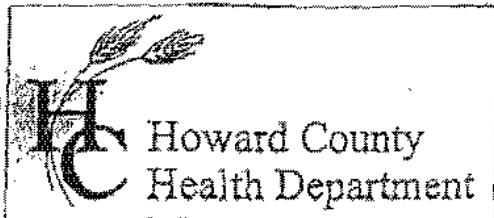
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing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

HD-215 (Rev. 8/00)

1/1 8 6159 ON

G EDGAR HARR SONS CORP

APR 3 2008 10:16AM



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

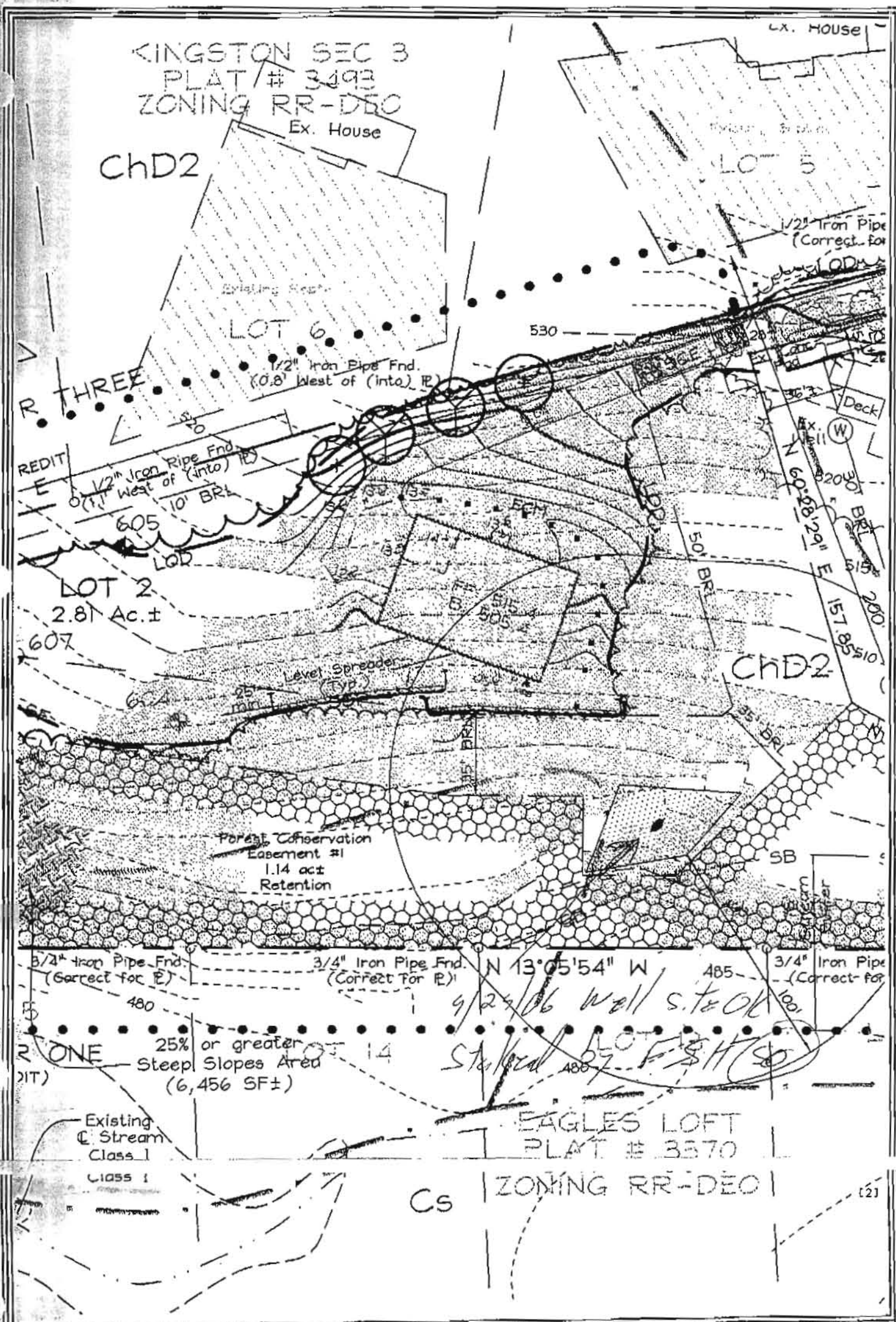
ATTENTION WELL DRILLERS!!!

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

- ☒ The well site has been staked by FSH Assoc
on 9-22-06 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



DESIGN BY: ZYF
 DRAWN BY: HK
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: August 21, 2006
 W.O. No.: 3332
 SHEET No.: 1 OF 1

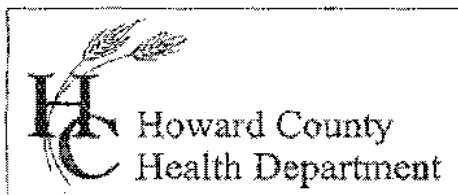
WELL EXHIBIT

COLEMAN PROPERTY

LOT 2

TAX MAP 22 GRID 4
 3RD ELECTION DISTRICT

PARCEL 205
 HOWARD COUNTY, MARYLAND



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

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

July 9, 2008

Ms. Michelle C. Coleman
13104 Williamfield Drive
Ellicott City, MD 21042

RE: Coleman Property, Lot 2
13102 Williamfield Drive
Ellicott City, MD 21042
BP #: B07001636
Well Permit # HO-95-0534

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 05/02/2008.** **Final approval of the well line connection to the dwelling was approved on 04/03/2008.**

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- 95-0534. 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) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Sample(s): 07/03/2008 & 07/07/2008
Date of Well Completion: 10/24/2006

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
A Methode Electronics, Inc. Company
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.trace labs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:
Ms. Michelle Coleman
13102 Williamfield Drive
Ellicott City, Maryland 21042

S/O Number: 68894
Report Date: July 7, 2008

Property Sampled: 13102 Williamfield Drive

County: Howard
Subdivision: Coleman Property
Lot #: 2
Building Permit #: B07001636
Tax Map #: 22
Parcel #: 571

Date/Time Collected: July 3, 2008 at 11:38 am
Date/Time Received: July 3, 2008 at 12:30 pm

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

Well Tag Number: HO-95-0534
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

A handwritten signature in cursive script, reading "Allison R. Milburn".
Allison R. Milburn
Manager-Drinking Water Testing



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Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester:

Ms. Michelle Coleman
13102 Williamfield Drive
Ellicott City, Maryland 21042

S/O Number: 68919**Report Date:** July 8, 2008**Property Sampled:** 13102 Williamfield Drive**County:** Howard**Subdivision:** Coleman Property**Tax Map #:** 22**Lot #:** 2**Parcel #:** 571**Building Permit #:** B07001636**Date/Time Collected:** July 7, 2008 at 2:45 pm**Date/Time Received:** July 7, 2008 at 4:10 pm**Sample Location:** Pressure Tank**Sampler ID:** 5745KC**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-95-0534**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	5.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	1.7 NTU	EPA 180.1	10 NTU	Pass
pH	5.9 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	

Kara Watkins
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.

FAST TRACK PLAN

DataBase No. _____

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land DevelopmentDATE: 1/25/06DPZ File No. F-06-145

Department of Planning and Zoning

☐ Transportation Planning
☐ Historic Preservation
☐ Public Service and Zoning Administration
☐ Research
☐ Address Coordinator

1 Environmental and Community Planning (Ag Pres/Route 1)
4 Development Engineering Division
2 Other
2 File

Agencies

☐ Soil Conservation District
☒ Department of Inspections, Licenses & Permits
☐ Department of Fire and Rescue Services
☐ State Highway Administration
☐ Health Department
☐ Public School System
☐ Recreation and Parks
☐ WSSC
☐ MD Aviation Administration

1 Tax Assessment
1 Verizon
2 BGE
Cable TV
Police
MTA
Finance
DPW, Real Estate Services
DPW, Construction and Inspection
DPW, Bureau of Utilities

RE: COLEMAN PROP., LOTS 1 & 2

ENCLOSED FOR YOUR ☒ Signature Approval
 THE ENCLOSED ☒ Original

☒ Review & Comments
☐ Files
☐ Pre-Packaged Plan Set

Plans # of Sheets

☐ Sketch Plan
☐ Prel Equiv Sketch Plan
☐ Preliminary Plan
22 Final Plat/Plat of Easement/RE Plat
6 Final Constr Plans (RDS)
☐ Final Development Plan
☐ Site Development Plan
☐ Landscape Plan/Supplemental Plan
☐ Grading Plan
☐ House Type Revision/Walk-Thru Red-Line
☐ Water and Sewer Plan

2
1

Applications

☐ Waiver Petition Applic/Exhibit
☐ Planning Board Application
☐ ASDP/CSDP Application
☐ DED Application/Checklist
☐ DED Fee Receipt/Deeds/Cost Estimate

Supplemental Documents

☐ Wetlands Report
☐ Soils/Topo Map/Drain Area Map
☐ FSD/FCP/Worksheet and Application
☐ Declaration of Intent (Forest Cons)
☐ Drainage and/or Computation/Pond Safety Comps
☐ Preliminary Road Profiles
☐ APFO Roads Test/Mitigation Plan/Traffic Study
☐ Noise Study
☐ Sight Distance Analysis/Speed Flow Study
☐ Floodplain Study
☐ Stormwater Management Comps/Geo-Tech Report
☐ Industrial Waste Survey (DPW)
☐ Road Poster Form Letter
☐ Response Letter
☐ Perc Plat
☐ Scenic Road Exhibits
☐ Deeds
☐ Photographs
☐ Retaining Wall Comps/Details
☐ Poster/Community or HDC Meeting Information
☐ Route 1 Details/Summary

WAS: ☒ Received ☐ Tentatively Approved
☐ Received and Revised ☐ Approved

Recorded
 On 1/25/06

COMMENTS: Wells need to be drilled and on file
before final plat approval. See sheet for
additional notes

SRC/Comments Due By: 2/17/06

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

DPZ STAFF INITIALS J