

C1 7424  
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.

COUNTY NUMBER 13 P37338

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
07 20 07

Depth of Well

22 440 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0 - 95 - 1244  
26 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD 13780 Philadelphia Mill Road TOWN Dayton  
SUBDIVISION Sabine 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	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	35	
MICKA	35	90	
Sand Stone	90	95	
MICKA	95	380	
White Sand Stone	380	385	
MICKA	385	440	

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 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 46 TOP 52 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  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 42  
60 61 63 64 66 70

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

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

DEPTH (nearest ft.)  
H0 40 440

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8 9 5.5

METHOD USED TO MEASURE PUMPING RATE Buck

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 140 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 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 below 2 (nearest foot)

LAND SURFACE

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)

50 51

56 60

58

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NUMBER OF UNSUCCESSFUL WELLS: 0

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 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. M SD 117

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1

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

B 1	<b>0803</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-95-1244</b> <small>fill in this form completely</small>
Date Received (APA) <b>8/30/2007</b>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name <b>ORNDORFF</b> Owner <b>Robert. JR.</b> First Name		
36 Street or RFD <b>PO BOX 57</b>		55		
57 Town <b>Dayton MD.</b> 70 State <b>210</b> 72 Zip <b>36</b> 76				
DRILLER INFORMATION				
Driller's Name <b>Ralph E. MAYNE</b> M SD 117		76 License No. 81		
Firm Name <b>Ralph E MAYNE INC</b>				
Address <b>17024 Hardy Rd. Mt Airy MD. 21771</b>				
Signature <b>[Signature]</b> Date <b>8-30-07</b>				
B 2 WELL INFORMATION				
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		8 500 12		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered)      JETTED      Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY      AIR-PERCussion      ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE      REVERSE-ROTARY      DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN 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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <b>HO-95-1244</b>				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

B 3	LOCATION OF WELL
8 COUNTY	<b>Howard</b>
23 SUBDIVISION	<b>SABINE Property</b>
SECTION 44 46	LOT 2 48 50
52 NEAREST TOWN	<b>Dayton</b>
MILES FROM TOWN (enter 0 if in town) <u>2</u> M I	
B 4	
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	<b>Tridelphia Mill Rd.</b>
	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
	34 900 37 DISTANCE FROM ROAD
	ENTER FT OR MI 38 39
	TAX MAP: <b>28</b> BLK: <b>19</b> PARCEL <b>300</b>

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
<b>Howard (13) P37338</b>	
COUNTY NAME	COUNTY NO.
STATE SIGNATURE	INSERT S →
DATE ISSUED	EXP. DATE
<b>8/30/2007 Brian Baker 8/30/2008</b>	
43 MM DD YY 48	CO SIGNATURE
NORTH GRID <b>506 000</b>	EAST GRID <b>801 000</b>
50 55	57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3.	
WRITE THE BOX NUMBER FROM THE MAP HERE	
E <b>506 801</b>	000 000
N <b>801 506</b>	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

**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: AVS Plumbing + Heating Telephone #: 410-442-2221  
Address: 12630 Frederick Rd  
West Friendship MD 21794

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

Name (Print): Craig Kastner License# 7080

\*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: Orndorff Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 13780 Triadelphia Mill Rd  
Clarksville MD 21029

**Submersible Pump Data**

Make: Goulds  
Model #: 56910418  
Pump Capacity 5 GPM  
Well Yield: 7 GPM

**Pitless Adapter**

Make: BZ  
Model#: Stainless Steel  
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: 250 (160 psi min)  
Depth of supply line: 36" (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: 10/4/07 (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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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: Bluebeam Service Inc Telephone #: 410 363 0022  
Address: 8298 Tim Kohler Rd  
Elkridge MD 21784

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

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

Name (Print): GARY SKOVAN License# 5563

\*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: ROBERT DANDRIS Telephone #: \_\_\_\_\_  
Subdivision: Sabine Property Lot #: 2 Well Tag #: HO-95-1244  
Site Address: 13780 Tanadelpha Rd

Submersible Pump Data

Make: Goulds  
Model #: 106RS20  
Pump Capacity: 10 GPM  
Well Yield: 7.5 GPM

Pitless Adapter

Make: Boshart  
Model#: P-10033  
Depth: 39" (36" min)  
NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 440 (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: Polyethylene  
PSI: 100 (160 psi min)  
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 10 ft  
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.

GARY SKOVAN 12/4/18  
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: \_\_\_\_\_ 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 \_\_\_\_\_

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

**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: BLUE STREAM 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): DANNY License# MP 3171A (2)

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1244  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_ Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM Depth: \_\_\_\_\_ (36" min)  
Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: \_\_\_\_\_  
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

**Pitless Adapter**

Make: \_\_\_\_\_ +  
Model#: \_\_\_\_\_  
GPM Depth: \_\_\_\_\_ (36" min)

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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve 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: 11/08/2018 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 ☒

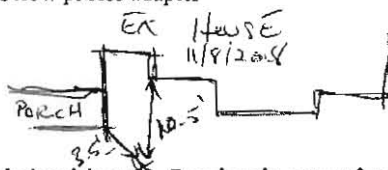
Safety rope not outside of well cap/casing ☒

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 ☒

(Revised form 10/24/2018)



40" x 18/2018 @  
✓ - 4'5" total 11/8/2018 @  
✓ - 27" 11/8/2018 @  
✓  
Under footer 11/8/2018 @  
\* 11/9/2018 - RE-INSPECT WELL CAP. @

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

## 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: BLUE STREAM 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): DANNY License# MP 3171A (2)

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1244  
Site Address: 13780 Trudolphs Mill Rd.

### Submersible Pump Data

Make: \_\_\_\_\_ Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM Depth: \_\_\_\_\_ (36" min)  
Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: \_\_\_\_\_  
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

### Pitless Adapter

Make: \_\_\_\_\_ +  
Model #: \_\_\_\_\_  
GPM Depth: \_\_\_\_\_ (36" min)

### 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: \_\_\_\_\_

### Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

### House Connection

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5' minimum from foundation): \_\_\_\_\_  
Sleeve 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: 11/08/2018 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 ☒

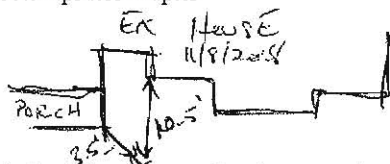
Safety rope not outside of well cap/casing ☒

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 ☒

(Revised form 10/24/2018)



\* 11/9/2018 - REINSPECT WELL CAP. @

12/7/18 - all bolts are missing from well cap @

11/8/2018 @  
X (as of 12/7/18)  
- 4' 5" total 11/8/2018 @  
✓ as of 12/7/2018 @  
✓ 27 11/8/2018 @  
✓

Under footer 11/8/2018 @

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 7, 2019**

December 7, 2018

Homeowner  
13780 Triadelphia Mill Road  
Clarksville, MD 21029

**RE: Ordonff Property, Lot 2**  
**13780 Triadelphia Mill Road**  
**Building Permit: B17004205**  
**Well Permit: HO-95-1244**

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 **8/14/2018**. Final approval of the well line connection to the dwelling was granted on **12/7/2018**. The well construction was completed on **9/20/2007**. Water samples were collected on **11/28/2018**.

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-95-1244. 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>



Bureau of Environmental Health  
8930 Stanford Blvd | Columbia, MD 21045  
410.313.2640 - Voice/Relay  
410.313.2648 - Fax  
1.866.313.6300 - Toll Free

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

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,

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

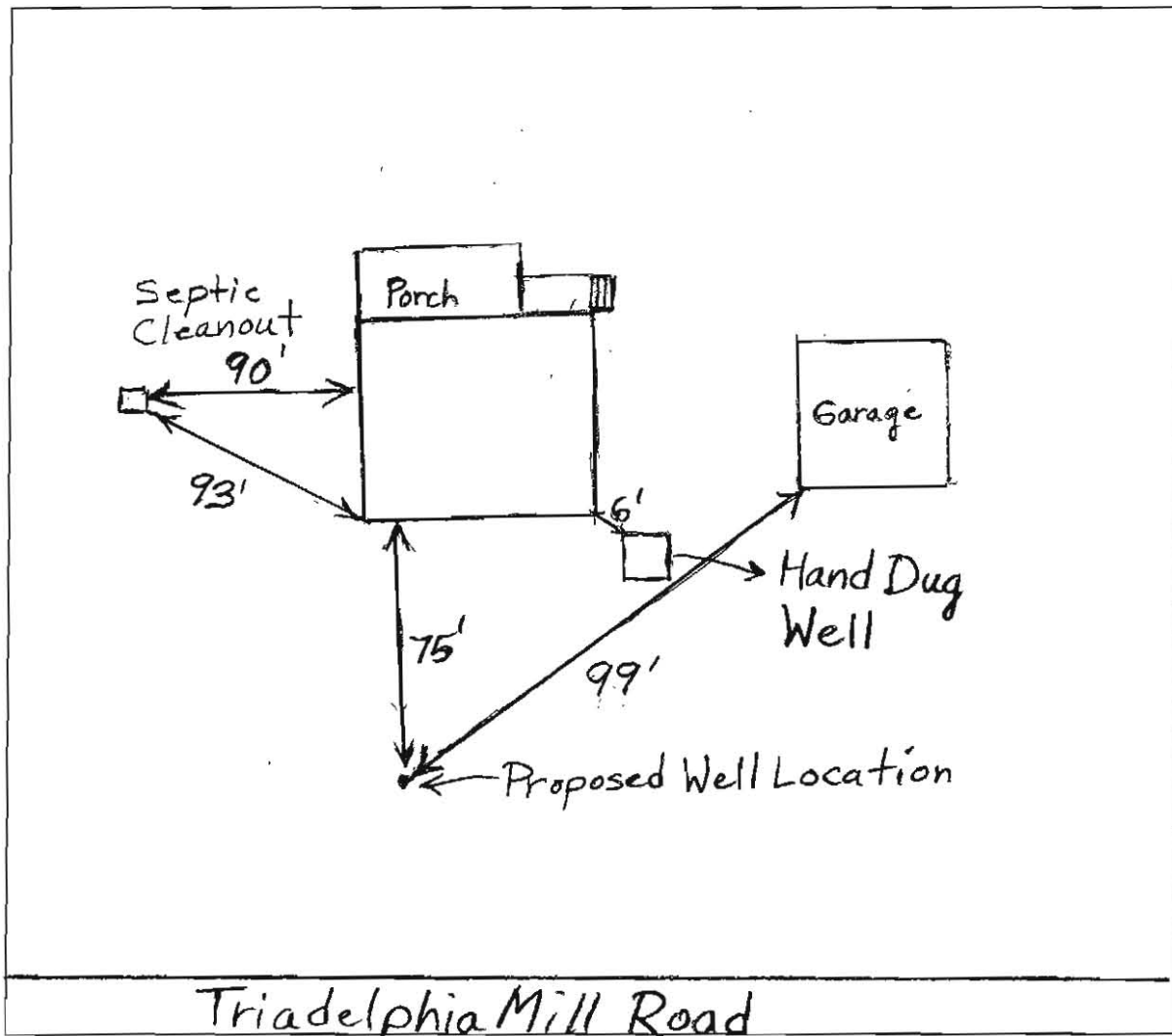
cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File



SITE INSPECTION SHEET

OWNER: Robert Orndorff PHONE #: \_\_\_\_\_  
ADDRESS: 13780 Triadelphia CONTRACTOR: \_\_\_\_\_  
Mill Road WELL TAG #: \_\_\_\_\_  
SUBDIVISION: Sabine Prop. LOT: 2 COUNTY #: \_\_\_\_\_  
PROPOSAL: Seal Hand Dug Well and Drill New Well

LOCATION DIAGRAM



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

DATE: 8/30/07 INSPECTOR: B. Baker



Howard County  
Health Department

3525 H Ellcott Rd, Suite 100, Gaithersburg, MD 20878  
(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

WELL STAKE FORM

## 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 Robert L. Orndorff on 8/23/07 and is ready for site inspection.
- ☐ Robin Pollatos 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 OWNER NAME Robert L. Orndorff 410 531-2288 x620  
Lot # 2  
Sub-NAME Sabine Property 410-977-8990 cell

Permit Application # 400 Approve Site.  
410-313-2643 Brian Baker

\* Abandon Existing hand dug well.  
/ Rco Jr 8/27/07

05-379237

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX

7/8/84

approved  
S. Abel

P 3733P

A REPAIR

ELLICOTT CITY

DISTRICT

DATE

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL

ALTER X

ADDRESS PHONE 988-9270

SUBDIVISION ROAD 13780 Triadelphia Mill LOT

PROPERTY OWNER Sabine

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY GALLONS NUMBER OF BEDROOMS

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 7/08/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

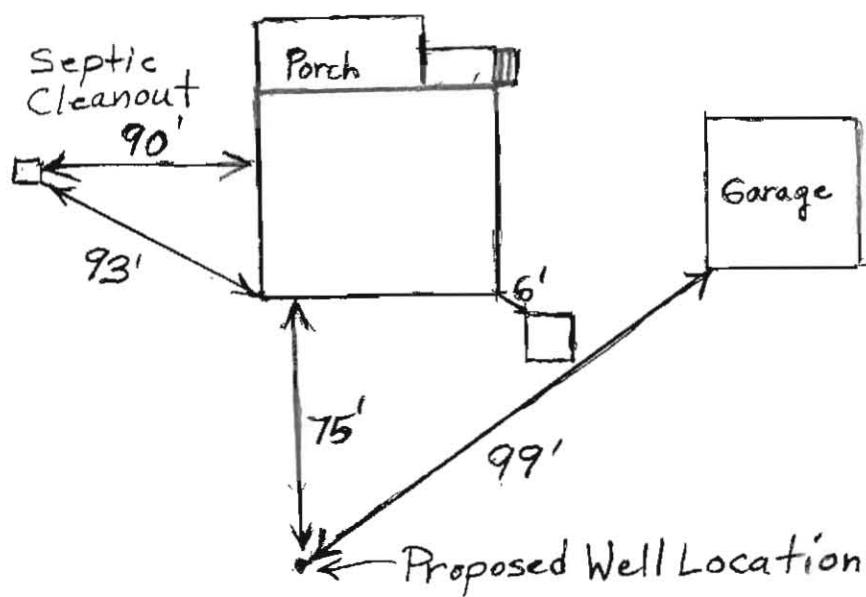
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

3733P  
A REPAIR





STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: 149695 Name: R. ORNDORFF County: HOWARD

Source of Sample: SABINE PROP LOT 3 Collector: HODGES  
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: TRIDELPHIA MILL RD  
H0811445

County: 13 Plant No.      Sampling Station      Date Collected 050886 Time 10 AM Acid ☐ Iced ☒  
Field Data: pH\*      Chlorine Residual      Free      Total      Specific Conductance     

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273	
	Alkalinity (CO <sub>3</sub> )	060			Chromium	283	
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302	
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
	Nitrate-Nitrite N	162	<u>0.7</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

\* Results reported in units, all others in milligrams per liter (ppm)

Date Received      Date Reported      Chemist Bruce E. Solnto E. PH.D. Lab No. 14388

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5715</div>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-1445</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
<b>Date Received</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div>		<b>B 3</b> <b>LOCATION OF WELL</b>	
<b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></div> </div>	
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5/8/85

- ① Location OK
- ② Well already Grouted  
drilled late 1000 AM for 930 p.m.
- ③ 60 FT casing
- ④ over 50 FT open Hole
- ⑤ 13 Bags
- ⑥ Well OK

B. Hodges

Well Permit No. HO - 81-1445  
Location of property (road) TRIADAZPHIA Mill Rd.  
Subdivision SABINE PROPERTY Lot 3 Block      Plat      Sec.       
Well Driller RALPH MAYNE Owner ROBERT ORNDORFF

Depth of well 245  
Distance of measuring point (M.P.) above ground 377  
Static water level (S.W.L.) below M.P. 35

Time pump started 820 Pumping rate 9 GPM  
Total time 25 to reach pumping water level 70 ft. below M.P.

[illegible]

Sample Taken 10/5

18 9/15



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Robert L. Oansorff Jr.  
(Name)

ROBERT L. OANSORFF JR.  
7469 FARMWOOD DRIVE  
CLARKSVILLE, MD 21029.  
(Address)

PH H- 490-0551  
W- 596-9790

\_\_\_\_\_  
(OEP Well Permit Number)

4/9/86  
(Date)

# SABINE PROPERTY

A 37853

SUBDIVISION: TRIADOLPHIA MILL R.D.

LOT NUMBER: 3

## DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

## TRENCHES

180

sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

BLDG. PERMIT SIGNED  
AND RETURNED 7/2/86

S. J. J.

BP# 71822

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 155' FROM

THE REAR (618.7') LOT LINE AND 395' FROM THE

RIGHT (722.1') LOT LINE AS SEEN WHEN FACING THE

PROPERTY FROM TRIADOLPHIA MILL ROAD. RUN TRENCH(S)

ALONG CONTOUR IN BOTH DIRECTIONS.

7/15/86 CWL

PG&C RECORDS NOT AVAILABLE. RECENTLY TESTED BY R. HODGES.

ONVEASATION W/PROPERTY OWNER INDICATES CLAY TO 4', LOAM TO 14'.

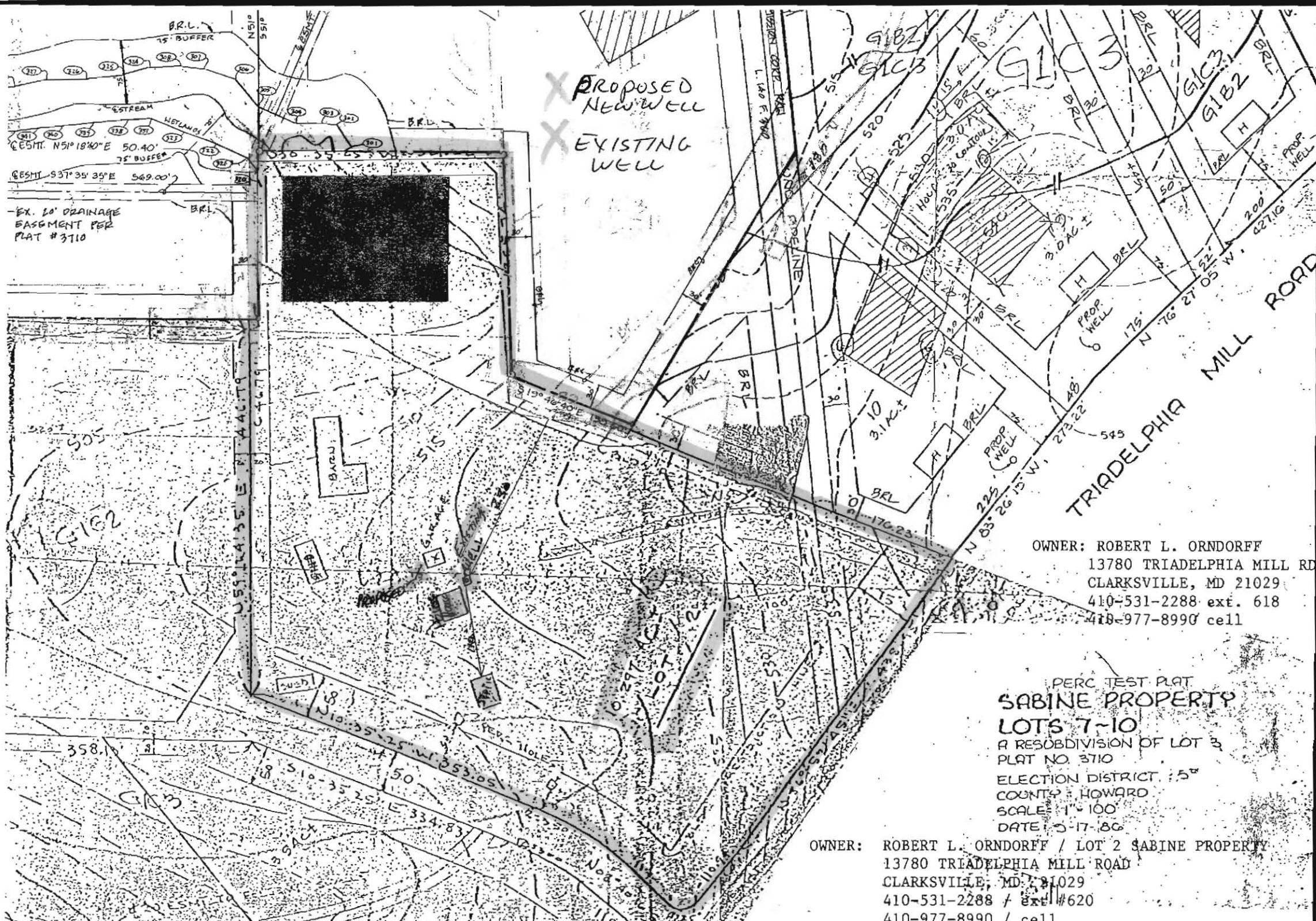
OK  
5.00  
7/2/80  
RFF

Robert ORWOOD

Height of Measuring Point Above Ground 2 ft

9 GPM FOR 25 m. W TO 50% WATER LEVEL

Signature of Well Driller



B.R.L.  
15' BUFFER  
EST. N51°18'40"E 50.40'  
75' BUFFER  
EST. S37°35'35"E 549.00'  
EX. 20' DRAINAGE  
EASEMENT PER  
PLAT #3710

X PROPOSED  
NEW WELL  
X EXISTING  
WELL

OWNER: ROBERT L. ORNDORFF  
13780 TRIADDELPHIA MILL RD  
CLARKSVILLE, MD 21029  
410-531-2288 ext. 618  
410-977-8990 cell

PERC TEST PLAT  
**SABINE PROPERTY**  
**LOTS 7-10**  
A RESUBDIVISION OF LOT 3  
PLAT NO. 3710  
ELECTION DISTRICT: 5<sup>th</sup>  
COUNTY: HOWARD  
SCALE: 1"=100'  
DATE: 5-17-80

OWNER: ROBERT L. ORNDORFF / LOT 2 SABINE PROPERTY  
13780 TRIADDELPHIA MILL ROAD  
CLARKSVILLE, MD 21029  
410-531-2288 / ext. #620  
410-977-8990 / cell



C1 00507	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR 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	

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	15 20	22 26	FROM "PERMIT TO DRILL WELL"
	050886	(TO NEAREST FOOT)	70-81-1445
			28 29 30 31 32 33 34 35 36 37

OWNER	last name	first name	TOWN
STREET OR RFD			
SUBDIVISION	SECTION	LOT	
ORNDORFF	ROBERT	DAYTON	
TRIANGLE PHILLY RD		3	
SABINE PROPERTY			

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	
Top Soil	0 2	
Sandy	2 50	✓
Sand Stone	50 55	
Micka	55 70	
Sand Stone	70 75	✓
Micka	75 245	

GROUTING RECORD	
WELL HAS BEEN GROUTED	
(Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS	NO. OF POUNDS
13	1500
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL CONCRETE	
PLASTIC OTHER	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
PL 6 60 61 63 64 66 65 70	
OTHER CASING (if used)	
diameter inch depth (feet) from to	
EACH CASING	
SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
STEEL BRASS OPEN HOLE	
BRONZE PLASTIC OTHER	
C2	
DEPTH (nearest ft.)	
EACH SCREEN	
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	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	
GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
68	

PUMPING TEST	
HOURS PUMPED (nearest hour)	
8 9	
PUMPING RATE (gal. per min. to nearest gal.)	
5 11 15	
METHOD USED TO MEASURE PUMPING RATE	
Bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
35 17 20	
WHEN PUMPING	
70 22 25	
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 WILL INSTALL PUMP YES NO	
(CIRCLE) (YES or NO)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
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	
49 50 51 (nearest foot)	

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 10.17.13 "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 IDENT. NO.	223
DRILLERS SIGNATURE	Ralph E. Mayne
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	WQ
70 72	74 75 76
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

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)	
300'	
300'	
WELL	