C 1 7731 SEQUENCE NO. (OEP 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. 36 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER A 36513
DATE Received DATE WELL COMPLETE 13 DATE WELL COMPLETE 15 15 15 15 15 15 15 15 15 1	Depth of Well 22 / 5 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER TNC	MATISIDAM	20 49 50 31 52 35 54 55 50
STREET OR RED TRIANS I PHILE SUBDIVISION LAYSIDE MANOR	POTO IIIS name TOWN	WEST FRIENDSHIP
WELL LOG Not required for driven wells	GROUTING RECORD no	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET I water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO bearing	NO. OF BAGS 10 NO. OF POUNDS 940 GALLONS OF WATER 60	PUMPING RATE (gal. per min. 1) 15 to nearest gal.) METHOD USED TO
GRHY Mich 34 165 V	trom tt., to 33 (t.	MEASURE PUMPING RATE LACTOR (MATER LEVEL (distance from land surface)
Com plica 34 165	(enter 0 if from surface)	BEFORE PUMPING
Rock	casing CASING RECORD STYPES Insert CASING RECORD ST CO	WHEN PUMPING 3 8 75
	appropriate code PL OT PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
	MAIN Nominal diameter. Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary Other (describe 27 below)
	55 61 63 64 66 70	J jiet S submersible
	E OTHER CASING (if used) A dlameter depth (feet) C inch from to	Pump Installed
	inch from to	DRILLER WILL INSTALL PUMP YES (NO)
)-zg	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole ST BR HO	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
mut 220 day	appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
filled in with count of dilling on Time to.	below PLASTIC OTHER	(to nearest gallon)
I & drilling materiole.	C 2	PUMP HORSE POWER 17 41 PUMP COLUMN LENGTH 17 17 17
· · · · · · · · · · · · · · · · · · ·	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
		and enter casing height) LAND SURFACE
	S ² 23 24 26 30 32 36	below EAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN 56 60 (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
HEREBY CENTIFY THAT THIS WELL HAS BEEN CONSTRUCTION ACCORDANCE WITH COMAR 10.17.3 "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 from to GRAVEL PACK 15 WELL DRILLED WAS FLOWING WELL INSERT	The Control of the co
DRILLERS IDENT. NO. 238	F IN BOX 68 68 OEP USE ONLY	ORY ORY
DRILLERS SIGNATURE	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q.	2
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	5 /
SITE SUPERVISOR (sign, of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
	** Health	

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

	-/	
New Installation Replacement		Receipt # 44770
Name of Installer 180	mpson's PH	Telephone 465-5818
License Number		
Certified Well Pump Instal	ler Well Driller	Registered Plumber 280/
Name of Property Owner (``````````````````````````````````````	
Subdivision Wayso E	MANUALTO # 4 MI	Telephono
Site Address /275 /	redulphin D	ell Tag # <u>H0 -81 -165/</u>
Pump		
1. Type	Motor	Pitless Adapter
a. Deep well jet	1. Horsepower 3	1. Make
b. Shallow well jet	2. RPM <u>3200</u> 3. Voltage	2. Model # PT 800 -5-7
c. Submersible	a. 110	3. Depth 36° Carlo
2. Make (TOCICI)_S	h 000	
3. Model # 72.44 4. Capacity 7. (2 P/cs GF		
4. Capacity 7. C.P.K. GF	PM /	
5. PHMD exceeds well assess		
o. 11 165, 18 10W pressure	Clitoff owitch imake 11. 10	Yes No.
7. What methods are used to	protect the pump and elect	rical wiring from
vibrations? Torque arr	estors Cable guards	Other
Tank		
1. Capacity 40	Piping	Well data
2. Pressure relief	1. Type	1. Depth /65 ft.
valve? <u>PU 75-</u>	2. 3126	2. Yield 20 GPM
R-1-1-26	3. NSF and/or BOCA	2 Challer
	Code approved	level _50 ft.
WELL LINEY PITLESS MORPTON	4. Depth of supply	4. Will water supply
WELL LINEY PITLESS MORPTON INSTALLED 30" BELLE CLAIG 10/13/88.		
I understand that it is my Department when the installa is null and void).	responsibility to notify ation is ready for inspection	the Howard County Health on (otherwise this permit
All information given above	is true to the best of my k	nowledge
	nature of Applicant:	DID acces
	•	
	Date:	··
Note: A sticker indicating	approval/status of the inst	callation will be placed

on the well casing at the time of the inspection.

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H. COUNTY HEALTH OFFICER



Bureau of Environmental Health 3525 Ellicott Mills Drive Ellicott City, Maryland 21043

Director - 461-9956 Water & Sewerage, Permits - 461-9933 Community Environmental Health - 461-9944 Technical Services - 461-9955

November 29, 1988

Mr. Tom Rosewag 12725 Triadelphia Road Ellicott City, Maryland 21043

Re: Wayside Manor Lot - 4 12755 Triadelphia Road Well Permit #HO-81-2651

Dear Mr. Rosewag:

This is to advise you that the septic system was installed, inspected and approved on October 11, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certificate that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2651. No gaurantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

April 15, 1988 Date Well Approved November 22, 1988 Date of Water Sample

Approving Authority Jane Nadeau, Sanitarian Water and Sewage Program

E. Madeau



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 25, 1991 Reply to:

Charles Streaker, Sanitarian 461-9933 or 461-9934

Mr. Gene Handler 12725 Triadelphia Road Ellicott City, Maryland 21043

> Re: Wayside - Lot 4 12725 Triadelphia Road Well Permit No. HO-81-2651

Dear Mr. Handler:

This is to advise you that the septic system was installed, inspected and approved on October 11, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2651.

February 14, 1991 Date of Final Sampling February 25, 1991 Date of Acceptance

BBOCH. 7-24-89 BBOCH 9-19-89, 4-24-90 (2nd notice) 1cop 5-14-90 BBOCH. 7-17-90, 8-22-90 (2nd notice) 1cop 12-12-90 11-79-88 ICOP

Charles Streaker, Sanitarian Water and Sewerage Program

Water Sample Dates: December 12, 1990 February 14, 1991

Bureau of Environmental Health