

C1 1299

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Crowell Kevin, STREET OR RFD: 14022 Philadelphia Mill, TOWN: Dayton, SUBDIVISION: Philadelphia Mill Farm, SECTION: , LOT: 16

WELL LOG

GROUTING RECORD

C 3

PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entries: Brown shale (0-63), Gray Limestone (63-410).

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 14, NO. OF POUNDS: 1316

HOURS PUMPED: 03, PUMPING RATE: 7.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE: 19 gal., WATER LEVEL BEFORE PUMPING: 35 ft., WHEN PUMPING: 109 ft., TYPE OF PUMP USED: submersible (S)

CASING RECORD: MAIN CASING TYPE: PL (PLASTIC), Nominal diameter: 06, Total depth: 68

PUMP INSTALLED

DRILLER INSTALLED PUMP: YES (NO), TYPE OF PUMP INSTALLED: 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon): 31-35, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH (nearest ft.): 43-47, CASING HEIGHT: + above, LAND SURFACE: 01 (nearest foot)

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

SCREEN RECORD: screen type or open hole: HO (OPEN HOLE), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

Table with columns: DEPTH (nearest ft.), rows for casing sections 1-3, slot size, diameter of screen.

WELL HYDROFRACTURED: YES (Y), NO (N)

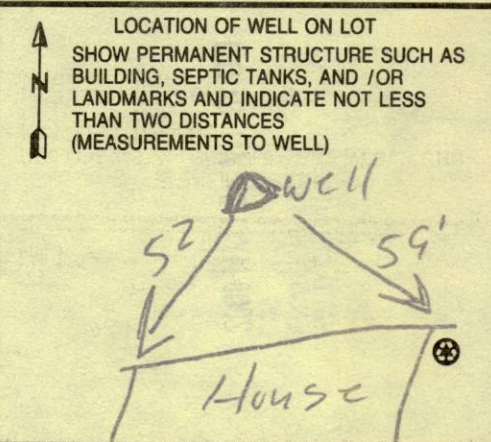
CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED)

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...

DRILLERS LIC. NO.: M SD 009, DRILLERS SIGNATURE: [Signature], LIC. NO.: D

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA



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

B 1 5670

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1594

52854 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Crowell Kevin
15 Last Name Owner First Name 34
36 14022 Triadelphia Mill
57 Dayton MD 21036 1238

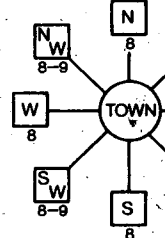
LOCATION OF WELL

B 3
Howard
8 COUNTY 21
Triadelphia Mill Farms
23 SUBDIVISION 42
SECTION 44 46 LOT 16 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 MI 73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fugles Well Drilling
Address 10043 Woodbine rd. 21797
Signature Date 3-17-08

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Triadelphia mill rd.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
420' 34 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 27 BLK: 24 PARCEL 128

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20

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

Howard (13) A528471
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/24/2008 Brian Baker 4/24/2009
CO SIGNATURE EXP. DATE
NORTH GRID 505 000 EAST GRID 800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

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

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-73-3761

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

APPROX. PERMIT NUMBER GAP
PERMIT No HO-95-1594

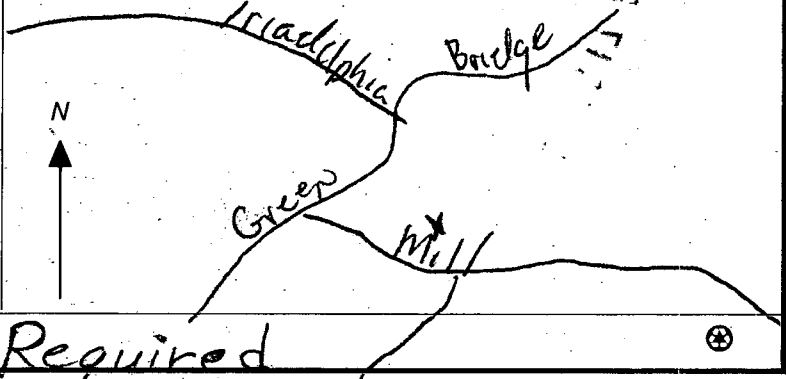
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 290-800
N 5045

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Required

Yield Test Data Sheet

County File # _____
District _____

MD Well Permit # H0-95-1594

Date of Test: 4-29-08

Subdivision Name: Tridelphia Mill Farm

Section _____ Lot # 16

Street Address: 14622 Tridelphia Mill

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 400' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>1:00</u>	Static Water level: <u>35</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute): <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	<u>1:00</u>	<u>35</u> ft.	<u>3</u> <u>20</u> GPM
2	<u>1:15</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
3	<u>1:30</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
4	<u>1:45</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
5	<u>2:00</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
6	<u>2:15</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
7	<u>2:30</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
8	<u>2:45</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
9	<u>3:00</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
10	<u>3:15</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
11	<u>3:30</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
12	<u>3:45</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
13	<u>4:00</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
14	<u>4:15</u>	<u>109</u> ft.	<u>8</u> <u>7.5</u> GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

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 BPR
on 4-16-08 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

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: Fogles Well Drilling Telephone #: 443-609-4195
Address: 6003 Woodbine Rd
Woodbine, Md. 21797

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

Name (Print): Allen Compton License # MSD009

*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: Winfield + Lang Telephone #: 301-370-4279 (child)
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1574

Site Address: 14022 Tridelphia Mill Rd
Denton, Md 21036

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Cawoods Make: Cornwall Two piece watertight cap: yes
Model #: 1550E1370 Model #: N/A Screened, vented well cap: yes
Pump Capacity 15 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 7.5 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: yes
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: N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

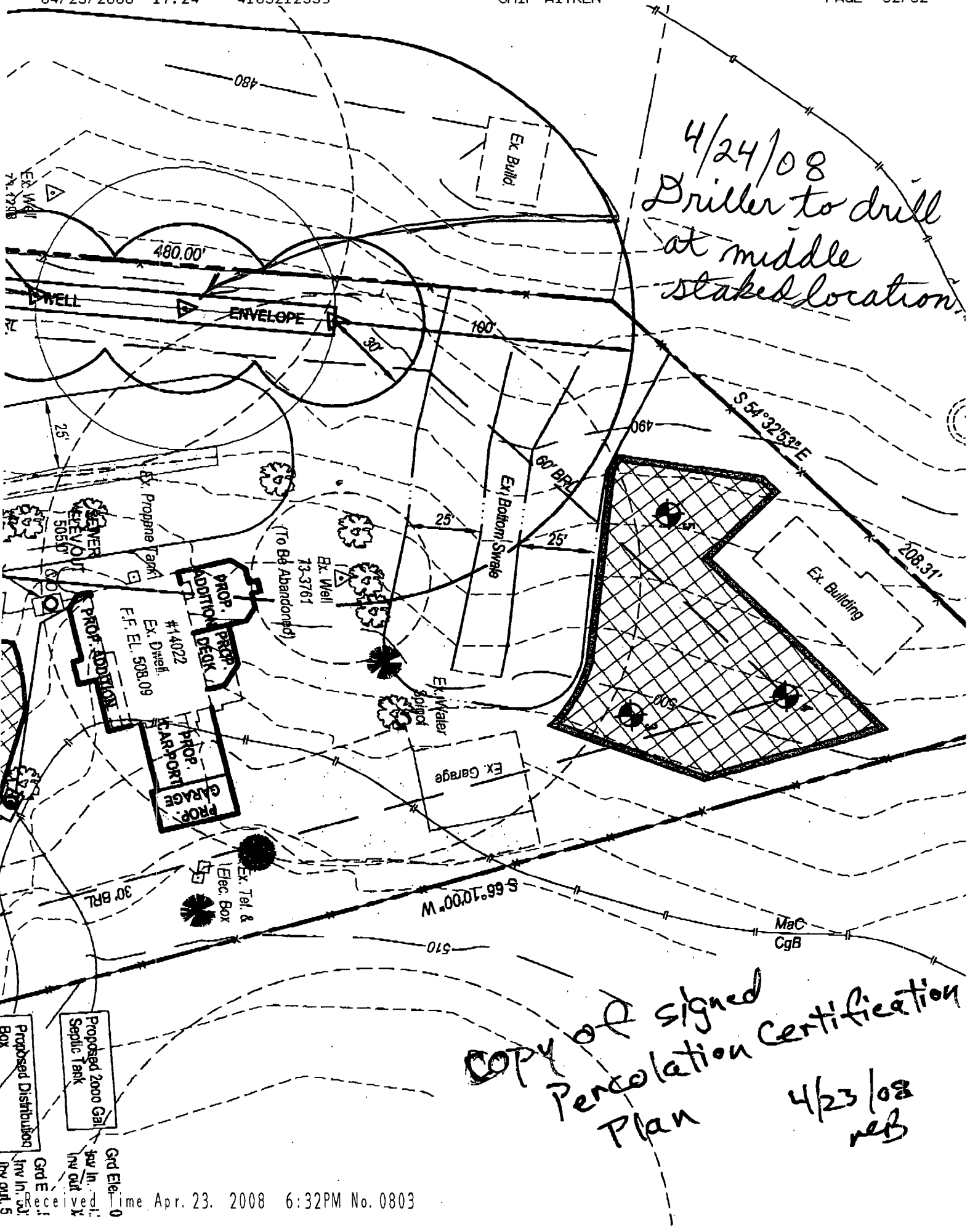
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

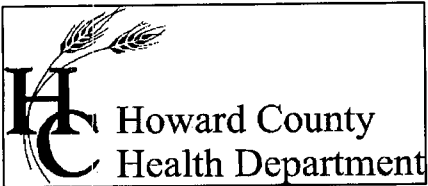
Signature of company representative responsible for installation: Allen Compton date: 7/31/08

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

Date Insp. Requested: _____ Date Insp. Approved: 7/31/08 BB

- 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 Connected to existing line
Adequate grout observed below pitless adapter ✓





Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

October 8, 2008

Mr. & Mrs. Kevin Crowell
14022 Triadelphia Mill Road
Dayton, MD 21036

SENT VIA FACSIMILE 410-337-5336

RE: Triadelphia Mill Farms, Lot 16
14022 Triadelphia Mill Road
Dayton, MD 21036
BP#: B08000956
Well Tag #: HO-95-1594

Dear Mr. & Mrs. Crowell:

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 07/28/2008. Final approval of the well line connection to the dwelling was approved on 07/31/2008.**

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-95-1594. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 09/22/2008 & 10/03/2008
Date of Well Completion: 04/09/2008

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	68980	Account #:	1930
Reference:	Winfield & Lang	Company:	Fogle's Well Drilling
Location:	14022 Triadelphia Mill Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	10/3/2008 1400	Source:	Well Water
Date/Time Rec'd:	10/3/2008 1522	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener Bypassed
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/4/2008 / 1000 / AMD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/4/2008 / 1000 / AMD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 3 ND = None Detected; N/A: Not Available
 - 4 Sample collected by client, analyzed as received
 - 5 pH and Chlorine level tested in lab
- Reason for Test Real Estate

Date Reported: 10/4/2008

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1013 Old Taneytown Rd., Westminster, MD 21157 (410) 848-1014 (410) 878-4654 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	68793	Account #:	1930
Reference:	Winfield & Lang	Company:	Fogle's Well Drilling
Location:	14022 Triadelphia Mill Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	9/22/2008 0800	Source:	Well Water
Date/Time Rec'd:	9/22/2008 1154	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer/Softener Bypassed
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	N/A

PARAMETER	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	9/23/2008 / 0800 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/23/2008 / 0800 / BCD
Nitrate	4.80	mg/L	10	601	9/23/2008 / 1410 / AMD
Turbidity	1.48	NTU	<10	SM18 2130B	9/23/2008 / 1100 / AMD
Sand	NS	mg/l.	5	Visual/Gravimetr	9/23/2008 / 1100 / AMD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Real Estate

Date Reported: 9/23/2008

MD State Certification # 133

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-29-08 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 73 - 3761

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1594

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/~~MGD~~

* OWNER'S NAME: Kevin Crowell

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Dayton

TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: Triadelphia Mill Farm

SECTION: _____ LOT: 16

NEAREST ROAD: 14022 Triadelphia Mill

MARYLAND GRID COORDINATES

E 800

BOX NUMBER

N 505

	X
000	
000	

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 380 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>380</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 009

MWD/~~MSD~~/MGD
 CIRCLE ONE

DATE 4-29-08