C 1 3842 SEQUENC		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	411-	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER			
ST/CO USE ONLY DATE Received MM DO YY DATE WEL	L COMPL	ETED Depth of Well  22 E C 26 26	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"			
8 13 15	1-77	20 (TO NEAREST FOOT)	22 20 28 29 30 31 32 33 34 35 36 37			
OWNER STEUE NS Bu	lolers	first name TOTAL	1			
STREET OR RFD / 1/2/50 T	140	SECTION	LOT			
WELL LOG		GROUTING RECORD YES NO	C 3			
Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED	THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST			
COLOR, DEPTH, THICKNESS AND IF WATER BE	RING	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY B C	HOURS PUMPED (nearest hour)			
DESCRIPTION (Use additional sheets if needed) FROM TO	if water bearing	NO. OF BAGS NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)			
Topsoil 02		GALLONS OF WATER 324	METHOD USED TO			
Brown mica 2 48	1	DEPTH OF GROUT SEAL (to nearest foot) from ft. to #9 ft.	MEASURE PUMPING RATE			
Grey mica 48 200	~	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)			
Brown Mica 200 240		casing CASING RECORD	BEFORE PUMPING 17 20 ft.			
Grev mica 210 500		insert appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.			
0.4		code below PL OT	TYPE OF PUMP USED (for test)			
		MAIN Nominal diameter Total depth	A air P piston T turbine			
		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe			
		ST 6" 60'	27 below)			
		60 61 63 64 66 70  E OTHER CASING (if used)	J jet S submersible			
		diameter depth (feet) inch from to				
		C 57 10" 0 74	DRILLER INSTALLED PUMP YES NO			
		N	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION			
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.			
		or open hole CTT DD HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.			
		insert STEEL BRASS OPEN BRONZE HOLE	CAPACITY:			
		code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35			
		PLASTIC OTHER	PUMP HORSE POWER  37 41			
NUMBER OF UNSUCCESSFUL WELLS:		DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)			
WELL HYDROFRACTURED yes	no	E 1 H 0 58 500	CASING HEIGHT (circle appropriate box			
	N	C 2	and enter casing height)  LAND SURFACE			
A WELL WAS ABANDONED AND SEALED		H 23 24 26 30 32 36 S	(riearest)			
E ELECTRIC LOG OBTAINED		C 3 R 38 39 41 45 47 51	49 50 51			
P TEST WELL CONVERTED TO PRODUCTION WELL	_	E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS			
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONST ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION OF CONFORMANCE WITH ALL CONDITIONS STATED IN THE CONDITIONS STATED IN THE CONDITIONS STATED IN THE CONDITIONS STATED IN T	TION" AND	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS			
CAPTIONED PERMIT, AND THAT THE INFORMATION P HEREIN IS ACCURATE AND COMPLETE TO THE BE KNOWLEDGE.	RESENTED	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
DRILLERS LIC. NO.1 M D 040	)	GRAVEL PACK				
Glare, 7 tholen	len	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 68				
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	0	MDE USE ONLY				
LIC. NO.1 4 1 D 24	81	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	90' 3			
h 1		70 72				
SITE SUPERVISOR (sign. of driller or journey responsible for sitework if different from permit		TELESCOPE LOG 74 75 76				
responsible for sitement if different from permit		CASING INDICATOR OTHER DATA				

В	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER			
2	(MDE OSE ONLY)		ERMIT TO DRILL WELL	40 Dr DE13			
1	2 3 6			110-95-0362			
		525624 pleas	se type	70 fill in this form completely 79			
	Date Received (APA)		B 3	LOCATION OF WELL			
	8 MM DD YY 13	RMATION	HOWARd				
	Stevens Buildiers		8 COUNTY	21			
	15 Last Name Owner	Circl Name 24					
	, 3905 National Pike	First Name 34	23 SUBDIVISION	42			
			SECTION L	LOT L			
	36 Street or RFD Burtonsville, Md. 20866	55	44 46	48 50			
	57 Town 70 State	70 7in 70	DayTON				
	DRILLER INFORMATION	72 Zip 76	52 NEAREST TOWN	71			
	Coorgo P. Fratandas	7.7	MILES FROM TOWN (enter				
	- 4	M D 6 License No. 81	B 4	73 76 77 78			
	L. Franklin Easterday, Inc.		1 2	Made as a second			
	Firm Name	•	DIRECTION OF WELL FROM	19050 TRIADELPHIA MILL			
	9265 Bown Church Rd, Mt. A	Name Ma Others	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30			
	Address,	Ally, Ma. 21//	NW 8 NE	ON WHICH SIDE OF ROAD			
	78, 40	11/1/06	8-9   E   8-9	(CIRCLE APPROPRIATE BOX)			
	Signature T. Charlester	11/1/06 Date		WEST			
В	2 WELL INFORMATION	5	TOWN E	34 37 SOUTH DISTANCE FROM ROAD			
1	2 APPROX. PUMPING RATE · -			ENTER FT OR MI 38 39			
	\	8 12	(Sw) SE	2.7			
	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	5000	8-9 S 8-9	TAX MAP: BLK: PARCEL			
_	USE FOR WATER (CIRCLE AP		NOT TO	BE FILLED IN BY DRILLER			
			HEALTH	DEPARTMENT APPROVAL			
	D DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	Houses	A			
	- FARMING (LIMESTOCK MATERIALS & ACC	ICULTURAL	COUNTY NAME	COUNTY NO.			
	F IRRIGATION	TOOL OT IT LE	STATE				
22	I INDUSTRIAL, COMMERICIAL, DEWATERIN	IG	SIGNATURE	INSERT S			
	P PUBLIC WATER SUPPLY WELL		DATE ISSUED	( test to 1/30/2			
			43 MM DD YY 48	CO SIGNATURE EXP. DATE			
	T TEST, OBSERVATION, MONITORING		NORTH COL O	0 0 GRID 799 000			
	G GEO-THERMAL		GRID 50	0 0 GRID 0 0 0 63			
			SHOW MAJOR FEATURES	OF.			
	APPROXIMATE DEPTH OF WELL 400	FEET	BOX & LOCATE WELL				
	24	28	WITH AN X	×			
	APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILLING W	ATER			
	ALTHORNATE DIAMETER OF WELL	———— INCH	Wells	Y., 1			
	METHOD OF DRILLING	(circle one)	3.				
	BORED (or Augered) JETTED	Jetted & DRIVEN	0.	1 341			
30	AIR-ROTary AIR-F'ERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER				
37	CABLE REVerse-ROTary	DRIVE-POINT	FROM THE MAP HERE				
	other		1				
8-	REPLACEMENT OR DEEPE	NED WELLS	E 7909	000			
5.	(CIRCLE APPROPRIATE		'	000			
(	N THIS WELL WILL NOT REPLACE AN EXIST	NG WELL	N 2086				
	THIS WELL WILL REPLACE A WELL THAT	MILL BE	DRAW A SKETCH BELOW	SHOWING LOCATION OF WELL IN 13-F-5			
	ABANDONED AND SEALED			WNS AND ROADS AND GIVE			
39	S THIS WELL WILL REPLACE A WELL THAT WAS A STANDBY-CONTACT LOCAL APPROVE		DISTANCE FROM WELL TO	NEAREST ROAD JUNCTION			
00	FOR POLICY ON STANDBY WELLS	NG AOTHORITE					
	THIS WELL WILL DEEPEN AN EXISTING WE	ELL					
	PERMIT NUMBER OF WELL TO BE REPLACED OF		N	3/			
18	(IF AVAILABLE) 41	52					
	Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)	A				
			157				
	APPROP. PERMIT NUMBER	G	Char				
	41	96 0517	. "/	TRIBUTIO			
	PERMIT No. 70 71 7	2 73 74 75 76 77 78 79		TRIADELPHIA MILL			
	SPECIAL CONDITIONS						
	NOTE - RPPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			₩			

Page		of	
Date	12-	18-0	6

Review	

# FIELD DATA SHEET HYDROGEOLOGIC AREA (3) WELL YIELD TEST

HYDROGEOLOGIC AREA (3) WELL YIEL	D TEST	
Maryland Well Permit No. H0-95-0562 Elect:	ion District _	
Location of Property (road) 14050 TRIADELPHIA N	1/LL Rd	
Subdivision Lot Block		Sec
Well Driller <u>FASTERDay</u> Owner <u>STeve</u>	ms Built	EKS
Depth of Well 500 - 5gpm Distance of Measuring Point (M.P.) above ground Static Water Level (S.W.L.) below M.P. 55	1 / 84	· · · · · · · · · · · · · · · · · · ·
I. High Rate Pumping reservoir drawdown		
Time pump started /2/30 Pumping ra Total time 30 to reach pumping water level /	te <u>20 S/M</u> 52 ft. below	M.P.
II Pagovany numb test data - obsenyations to be naconde	d evenu 15 mir	111+00

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

	1		Pump Sand	1
	WATER LEVEL	PUMPING RATE	DENTE MEMOR DIPATTALO	CALCULATED FLOW
TIME	Below M.P.	Time to fill	PLOW MEETR -RETURNS (************************************	(gallons per min.)
TIME	Below M.F.	enc gal. bucket	(-Communication)	
100	150 FT	75-4	480 M	8.5
115	153 Fr	1 Su		7.5
130	150 AT	754		9.5
145	150M	7 8-01		8,5
200	150 FG	7 8-00		8.5
215	151 FI	7800		8.5
230	151 FT	75m		8.5
245	151 KT	75-		8,5
300	157 Fet .	720		815
315	15/ CT	750		8,5
330	151 FT	7 Se		8-5
345	151 Kg	7 Suse		8.5
400	151 17	752		8.5
	,			•
,				
<u>.</u> :		Testob By	Prokie	
			-	

## 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: Focks Well Drilling Telephone #: 443-609-4195 Address: Po Box 202 Long Woodbure Rd Lamondbure and 21:27
(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# M50009
*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: Stevens R. idee Telephone #:
Subdivision: Lot #: Well Tag #: HO - 95- 0562
Site Address: 14050 Triadalphia MilleD
Dayson
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: (Carcobel) Two piece watertight cap: 462
Model #: 1050c.15330 Model #: MA Screened, vented well cap: ues
Pump Capacity 10 GPM Depth: 36 (36" mm) Cap secured to casing: 105
Well Yield: 3:5 GPM NSF approved: 4:5 Conduit min 18" B.G.: 465
Depth of well encountered at time of pump installation: 500(feet) Conduit secured to well cap: 45
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 NA
The state of the s
Piping to house House Connection
Type: 1" Plocy Plastic PVC Sleeved to undisturbed soil at wall penetration: 465
PSI: 160 (160 psi min)  Approximate length of sleeve: 5
Depth of supply line: 42(36" min) Sleeve canked and sealed properly: 4 × 5
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.
The Contract of the state of th
alla Compton 11-26-07,
Signature of company representative responsible for installation date
For Househ Dance and Tree Oaks, Making he completed by Lystollar
For Health Department Use Only - Not to be completed by hastaller
Date Insp. Requested: Date Insp. Approved: 11/108_
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
I we breef eab mistance and anached in casing secture.

Elec. conduit extends at least 18" below grade/attached to cap properly

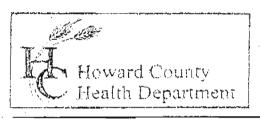
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Safety rope installed inside of well casing

Adequate grout observed below pitless adapter

HD-215(Rev. 8/00)



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

# TO ALL INTERESTED PARTIES

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

- The well site has been staked by Fisher Coche Coute, (professional land surveyor or company employing professional land surveyors) on 10/13/04 (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 6/10/03

## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC

1413 Old Toneylown Riu Westminster, WID (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

## REPORT OF ANALYSIS

Laboratory ID #:

66330

Stevens Builders

Account #:

Reference:

Company:

Fogle's Well Drilling

Location:

14050 Triadelphia Mill Road

Requested By:

Dave Fogle

Dayton, MD 21036 Date/ Time Collected: 1/10/2008

0900

Well Water

Date/Time Rec'd:

1525

Source: Site:

Kitchen Sink Tap

1/10/2008

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND 6804VF-FS

:Ha

6.1

Collected By:

V.M. Fadoul

Well #:

HO-95-0562

PARAMETERS	RESULTS	units Ri	FERENC	METHOD	DATE TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/11/2008 / 0935 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/11/2008 / 0935 / AD/BD
Nitrate	1.64	mg/L	10	601	[/10/2008 / 1540 / AD/BD
Turbidity	1.62	NTU	<10	SM18 2130B	1/10/2008 / 1540 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/10/2008 / 1540 / AD/BD

#### NOTES

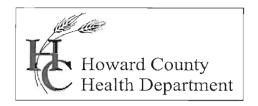
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = Nonc Seen (NS indicates less than 5 mg/L) 3
- NTU = Nephelometric Turbidity Units 4
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of 5 sampling.
- 6 ND:None Detected
- Sample collected by client, analyzed as received 7
- pH tested on-site

Reason for Test:

HOHD/Replacement Well

Date Reported:

1/11/2008



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

website www hehealth ara

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

January 15, 2008

Mr. & Mrs. Gary Beall 5401 Greenbridge Road Dayton, MD 21036

## **FACSIMILE SENT 301-421-9051**

RE: 14050 Triadelphia Mill Road

Dayton, MD 21036

BP #: B07000295

Well Permit #: HO-95-0562

Dear Mr. & Mrs. Gary Beall:

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 01/11/2008. Final approval of the well line connection to the dwelling was approved on 01/11/2008.

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-95-0562. 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 Sample:

01/10/2008

Date of Well Completion:

12/14/2006

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc:

Building Inspector's Office

Community Health Services

File