

C1 0102

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.1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A522072

ST/CO USE ONLY

DATE Received

MM 10 DD 11 YY 05

DATE WELL COMPLETED

MM 4 DD 5 YY 05

Depth of Well

22 280' 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-95-0118

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingSand 0 44  
Gray Micaceous 44 280

## 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 14 NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.

(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

St

6

48

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

## SCREEN RECORD

screen type  
or open hole(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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  
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. 1 M S D 0 2 4

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

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

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

12

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 15 20 ft.

WHEN PUMPING

22 50 25 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)

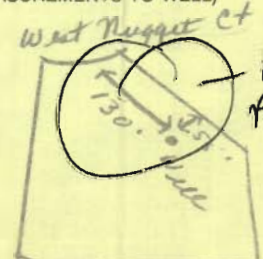
+ above

LAND SURFACE

- below

(nearest  
foot)

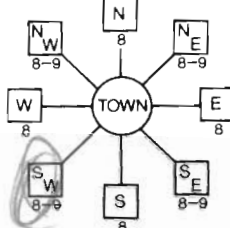
## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)NOT  
Accurate

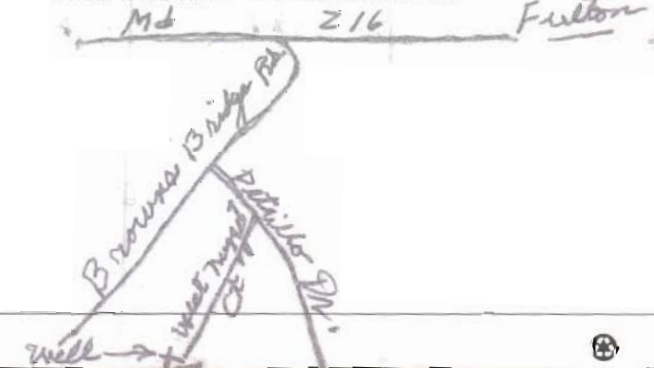


B 1	<b>9841</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 523372 please type	STATE PERMIT NUMBER <b>40-95-0118</b> fill in this form completely
Date Received (APA) 9/23/2005 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <u>Bilohlavch</u>		Owner <u>Mark</u>		34 First Name
36 Street or RFD <u>P.O. Box 159</u>		55		
57 Town <u>Highland</u>		70 State <u>md</u>	72 Zip <u>20777</u>	76
DRILLER INFORMATION				
Driller's Name <u>Joseph L. Mayne</u>		MS D024 76 License No. 81		
Firm Name <u>Joseph L. Mayne Well Drilling</u>				
Address <u>5512 Ridge Rd. Mt Airy Md 21771</u>				
Signature <u>Joseph L. Mayne</u>		Date <u>9/23/05</u>		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20 500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>260</u> FEET 24 28				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> <u>Jettied &amp; DRIVEN</u> 30 <u>AIR-ROTARY</u> <u>AIR-PERCussion</u> <u>ROTARY (Hydraulic Rotary)</u> 37 <u>CABLE</u> <u>REVerse-ROTary</u> <u>DRive-POINT</u> other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D 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)				
APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>40-95-0118</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				

B 3 LOCATION OF WELL  
 8 COUNTY Howard  
 23 SUBDIVISION Highland Acres  
 SECTION 44 LOT 16  
 52 NEAREST TOWN Fulton  
 MILES FROM TOWN (enter 0 if in town) 2 1/2 M I  
 73 76 77 78

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 30 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 45 37  
 DISTANCE FROM ROAD 45 FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 40 BLK: 18 PARCEL 241

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
Howard (13) A522072  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED 9/27/2005 Brian Baker 9/27/2005  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 482 000 EAST GRID 815 000  
 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 8195  
 N 4892  
 000 000  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
MD 216 Fulton  






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: WILLOUGHBY PLUMB Telephone #: 410-781-7051  
Address: 1203 PATRICK DR  
SEAFORD, 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): CHRIS WILLOUGHBY License #: 6992

\*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: MARK & SHARON BILORIA Telephone #: 301-370-1805  
Subdivision: HIGHLAND ACRES Lot #: 16 Well Tag #: HO 95-0118  
Site Address: 10411 WEST NUGGET CT  
HIGHLAND, MD 21777

Submersible Pump Data

Make: TACU ZZ-1

Model #:

Pump Capacity: 19 GPM GPM Depth: 48" (36" min)

Well Yield: 6 GPM

Depth of well encountered at time of pump installation: 350 (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 ☐

Pitless Adapter

Make: HARVARD

Model #:

Depth: 48" (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: ☒

Piping to house

Type: CRESTLINE

PSI: 1" (160 psi min)

Depth of supply line: 1" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 6'

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: Chris Willoughby

date: 5-10-06

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

Date Insp. Requested:

Date Insp. Approved: 5/2/06 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 ☒

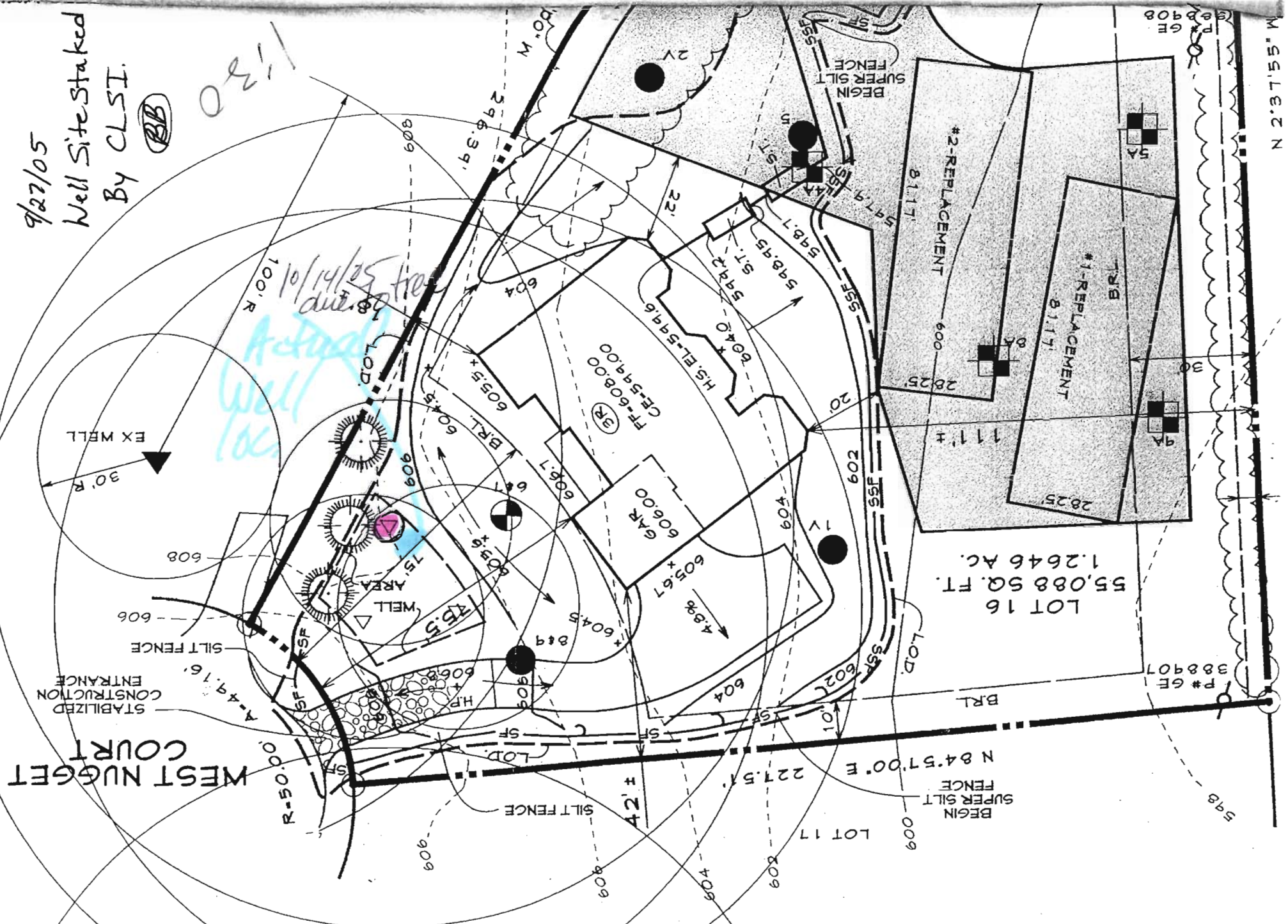
Correct well tag attached properly and casing 8" above finished grade ☒

Water supply line sleeved adequately at house connection ☒

Adequate grout observed below pitless adapter ☒



ZED AND PERMISSION IS GRANTED FROM  
 INSPECTOR, REMOVE SEDIMENT CONTROLS  
 INING DISTURBED AREAS. (2 DAYS)



9/27/05  
 Well Site Staked  
 By CLSI.  
 BB

1/30

10/14/05  
 dirt. 80' tree  
 Actual Well 100' R

WEST NUGGET COURT

LOT 16  
 55,088 SQ. FT.  
 1.2646 AC.

#2-REPLACEMENT

#1-REPLACEMENT

EX WELL

STABILIZED  
 CONSTRUCTION  
 ENTRANCE

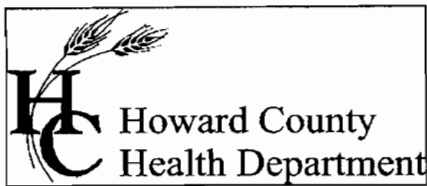
SILT FENCE

SILT FENCE

BEGIN  
 SUPER SILT  
 FENCE

BEGIN  
 SUPER SILT  
 FENCE

M. 55.1 E. 2 N



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

June 27, 2006

Mark & Sharon Bilohlavek  
6917 Timber Creek Court  
Clarksville, MD 21029

**SENT VIA FACSIMILE 410-442-8221**

RE: Highland Acres, Lot 16  
12497 West Nugget Court  
Highland, MD 20777  
BP #: B00156307  
Well Permit # HO-95-0118

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 06/20/2006. Final approval of the well line connection to the dwelling was approved on 05/02/2006.**

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-95-0118. 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: 06/06/2006  
Date of Well Completion: 09/05/2005

Approving Authority

*Brian Baker*

Brian Baker, 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 #:	59349	Account #:	1715
Reference:	Dorsey Builders	Company:	Dorsey Bldrs/Nantucket Homes
Location:	12497 West Nugget Court Highland, MD 20777	Requested By:	Jay Fulmer
Date/ Time Collected:	6/6/2006 1140	Source:	Well Water
Date/Time Rec'd:	6/6/2006 1248	Site:	Holding Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.8
		Well #:	HO-95-0118

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/7/2006 / 0845 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/7/2006 / 0845 / AD/CM
Nitrate	4.86	mg/L	10	601	6/6/2006 / 1500 / BCD
Turbidity	9.67	NTU	<10	SM18 2130B	6/6/2006 / 1505 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	6/6/2006 / 1505 / AMD/BCD

**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
- 7 Visual well check: Sealed, vented cap
- 8 pHI tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : B00156307

Date Reported: 6/7/2006



Howard County  
Health Department

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](http://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 CLS I  
(professional land surveyor or company employing professional land surveyors)  
on 9-22-05 (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

*Mark Bilohlavak*

*Cell - 301-370-1805*

*301-854-0536*

*410-531-6694*