

C1 4385

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 29819

ST/CO-USE ONLY DATE Received

DATE WELL COMPLETED 7 28 98

Depth of Well 380 (TO NEAREST FOOT)

OK MR 8/3/98

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-94-1640

OWNER La Mendola Christine + Joseph STREET OR RFD Wood Camp Road TOWN Mt Airy SUBDIVISION Wood Camp Farm SECTION LOT 11

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 ft. WHEN PUMPING 307 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale 0-75, Blue Rock 75-380.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 80 OTHER CASING (if used)

SCREEN RECORD ST BR HO PL OT

DEPTH (nearest ft.) 78 380

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. 1 MSD024 DRILLERS SIGNATURE Joseph + Marjorie

LIC. NO. 1 MSD027

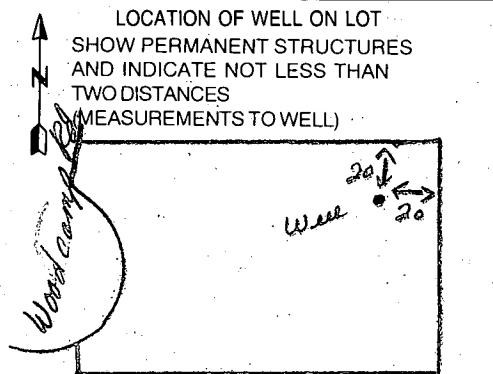
SITE SUPERVISOR (Sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMP INSTALLED DRILLER INSTALLED PUMP (YES or 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)



B 1	6798	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1640 <small>70 fill in this form completely 79</small>
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Date Received (APA) **7.9.98**

OWNER INFORMATION

8 MM DD YY 13
LA Mendola **Christine & Joseph**
 15 Last Name Owner First Name 34
1402 Conestoga Ct.
 36 Street or RFD 55
Mt. Airy Md 21771
 57 Town 70 State 72 Zip 76

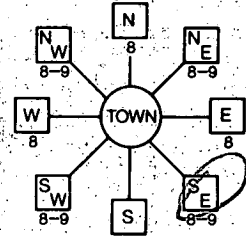

LOCATION OF WELL

B 3
 8 COUNTY **Howard** 21
Woodcamp Farm
 23 SUBDIVISION 42
 SECTION **11**
 44 46 LOT 48 50
Mt. Airy
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4** M I
 73 76 77 78

DRILLER INFORMATION

Joseph E. Mayne **ME D 24**
 76 Driller's Name License No. 81
Joseph E. Mayne well Drilling
 Firm Name
5512 Ridge Rd Mt. Airy, Md. 21771
 Address
Joseph E. Mayne 7/8/98
 Signature Date

WELL INFORMATION

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

Woodcamp Rd.
 11 NEAR WHAT ROAD 30
610
 34 37 DISTANCE FROM ROAD FT 38 39
 ENTER FT OR MI
 TAX MAP: **7** BLK: _____ PARCEL **2**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 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 **A 29819**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **7/21/98** **7/21/99**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **549** 000 EAST GRID **0763** 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST

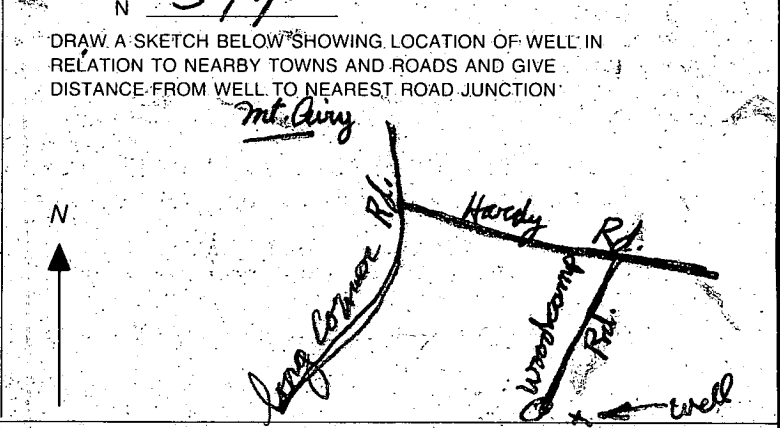
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
7/28/98
 SOURCES OF DRILLING WATER
 1. **WELL**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7623**
 N **549**
 000
 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary Drive-POINT
 other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



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

APPROX. PERMIT NUMBER **54** G A P **63**
 PERMIT No. **HO-94-1640**
 70 71 72 73 74 75 76 77 78 79

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: Tri County Pump Services Inc 301-834-5007
Address: PO Box 282
Buckeystown MD 21717

(Must circle one) (Licensed Plumber) Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Griffith License# 20135
*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: Woodcamp Farm Lot #: 11 Well Tag # 99-1640
Site Address: 17593 Woodcamp Road

Submersible Pump Data: Make SFA-151FC Pitless Adapter: Make Cambut Well Cap and Electric Conduit: Two piece watertight cap no flex change
Model #: SP42044C Model#: Ball Screened, vented well cap no
Pump Capacity: 7 GPM Depth: 4' (36" min) Cap secured to casing yes
Well Yield: 2 GPM NSF/WSC approved: _____ Conduit min 18" B.G. yes
Depth of well encountered at time of pump installation: 352 (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 17.4
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

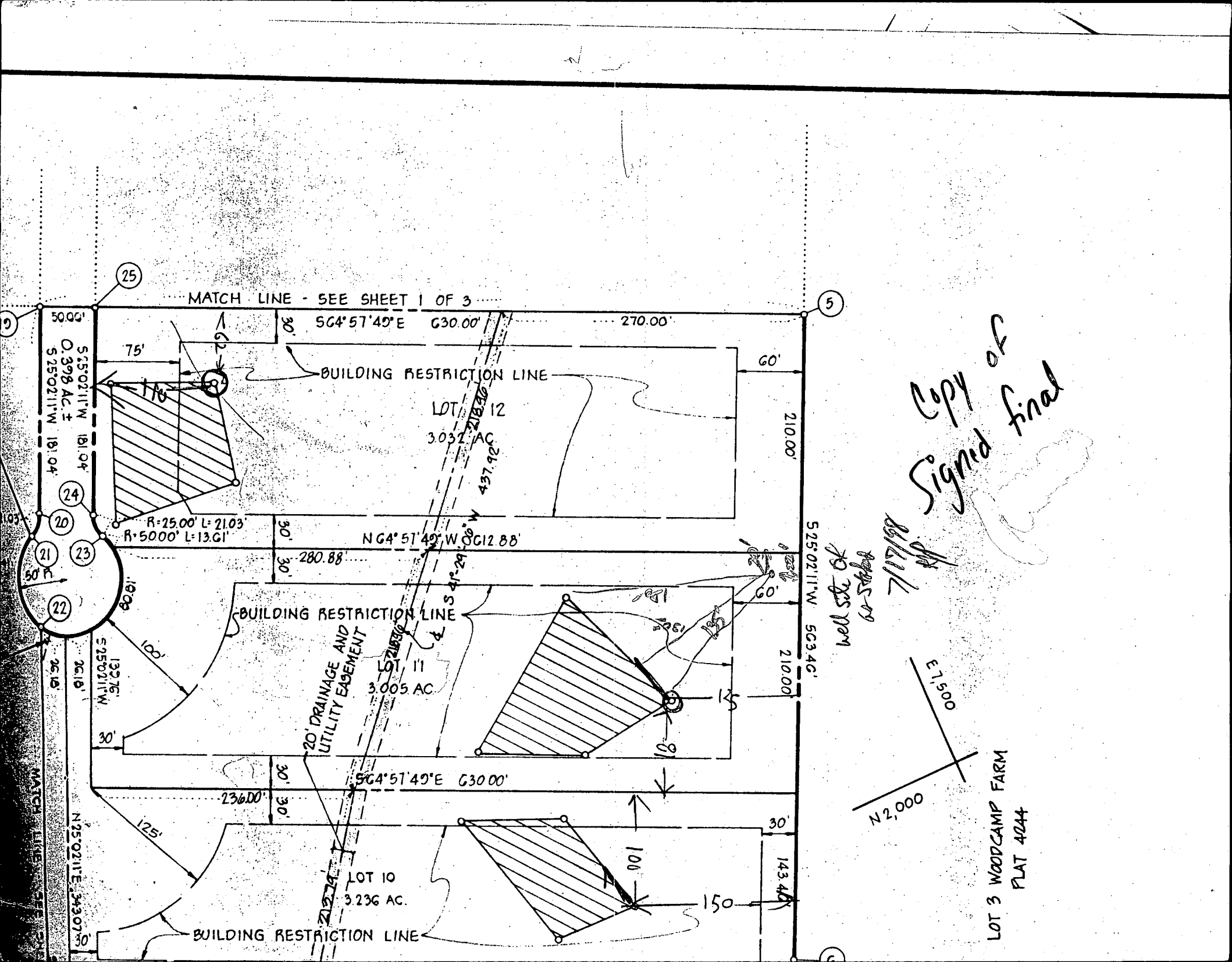
Piping to house: Type _____ House Connection: _____
PSI: 160 (160 psi min) PVC sleeve to undisturbed soil at wall penetration: yes sch 40
Depth of supply line: 4' (36" min) Approximate length of sleeve: 8'
Sleeve caulked and sealed properly: yes

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.

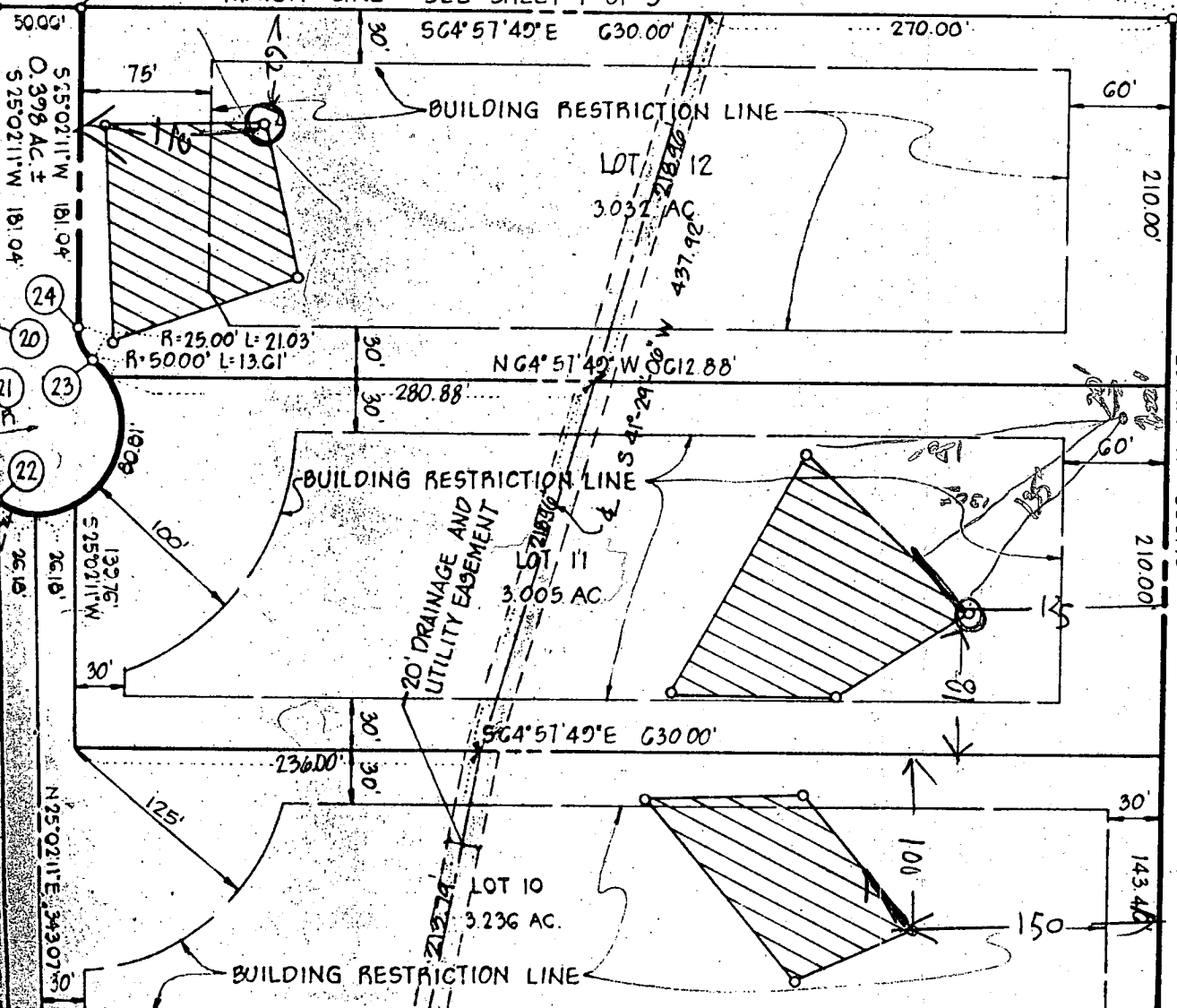
Signature of company representative responsible for installation: William E. Griffith date: 6-13-01

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

Date Insp. Requested: None Date Insp. Approved: 6/13/01 Inspector: SRM Builder: re-excavated
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 3" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓ NOT OBSERVED



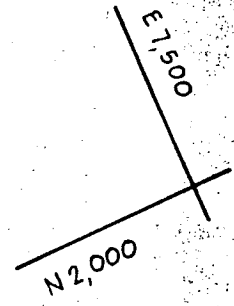
MATCH LINE - SEE SHEET 1 OF 3



Copy of Signed final

well site OK
6-25-20

8/6/11



LOT 3 WOODCAMP FARM
PLAT 4044

File never 4/29/02
got ICOP or (SRV)
(permanent dev. for
bacteria)
Repeated attempts to
call homeowner & builder
unsuccessful.
UV light installed?
NO TIME FOR FOLLOW UP.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

June 14, 2001

JK & Associates
24801 Silver Crest Drive
Laytonsville, MD 20882

RE: Woodcamp, Lot- 11
17593 Woodcamp Road
BP # B00125609
Well Permit #HO-94-1640

Dear Sirs:

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 June 1, 2001.

This is a **Temporary Deviation** to the Code of Maryland Regulations (COMAR 26.04.04) to allow additional time for a well failing certificate of potability requirements to be brought into compliance with these regulations.

This deviation requests that bottled water shall be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N. **Documentation of a bacteria level below the limit shall be submitted to this office by a state certified lab within fifteen days of the date of this letter.**

By the end of the interim period (**fifteen days**), a determination shall be made by the Health Department whether to:

- a) accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a and issue a standard Interim Certificate of Potability or
- b) issue a Permanent Deviation under the condition that prior health department approval has been granted in order to install an ultraviolet light or other suitable disinfection system or
- c) issue an order that the well is abandoned and sealed

Issuance of this Temporary Deviation is based on information submitted by the potential occupant of the dwelling. By issuance of this letter, the Health Department recommends release of the Use and Occupancy permit for the above referenced property.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

Date of Water Sample: May 3 and June 1, 2001
Date of Well Completion: July 28, 1998
(HO-94-1640)

Respectfully,

Steven R. Krieg

Steven R. Krieg
Registered Environmental Sanitarian
Approving Authority
Well and Septic Program

SRK

cc: Building Inspector's office,
File



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

**REQUEST FOR TEMPORARY DEVIATION TO
BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: 6/12/01 WELL PERMIT #: HO - 94 - 1640

PROPERTY OWNER: J.K. Associates
SUBDIVISION & LOT #: Woodcamp Farms Lot 11
PROPERTY ADDRESS: 17593 Woodcamp Rd

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

Chlorine was add to well Two Times

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

will Rechlorine well with 15 day period
and will Re Test for Bacteria 3 sand.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO 94 1640 will meet the bacteria standard resulting from approved disinfection procedures.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

2) If condition #1 is not met through disinfection techniques, then either:

a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)**

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO -94 -1640 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

Diane Lamondola

Christy Lamondola

Prospective Owner's Day Time Phone Number(s)

301-607-3924 Home

301-214-4149 work



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-646-0210 • FAX 301-646-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Certificate #102 PA Certificate #68-189

To: Easterday Well & Pump
9265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.: 1082782

Type of Water: DRINKING WATER

Date(Time) Collected: 08/10/01 (1310)

Date(Time) Received: 08/10/01 (1510)

Date(Time) Examined: 08/10/01 (1600)

Sample Preservation Method: REFRIGERATION

Nature of submission: ROUTINE

Name of Sample Source: 2nd Floor Hall Bath Tub
Mun., Inat., Co., Owner: J.K. Associates
Address: Lot 11, Wood Camp Road
City, County: Mt. Airy
State, Zip code: MD

Source Type: Well

Chlorine Residual:

Disinfection: NONE

Well Tag# HO-94-1640

Collector's Name: L. Simmons Sr. 2602-LS

Affiliation:

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	FECAL COLIFORM	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	1.1** MPN/100ml	<1.1 MPN/100ml		
EXAMINATION METHOD USED	MPN	MPN		

*After 3rd unsuccessful cl. attempts
OK to install UV light*

THIOSULFATE IN SAMPLE: Present

SAMPLE HOLDING TIME: NOT EXCEEDED

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR STANDARD PORTION (ml)	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
	10	1	1	1	1	1	1
PRESUMPTIVE TEST*	24HR	0/10					
	48HR	10/10					
COLIFORM CONFIRMED TEST	TOTAL 48HR #	1/10					
	FECAL 24HR ##	0/10					

* LAURYL SULFATE @ 35°C # BGB BROTH @ 35°C ## EC MEDIUM @ 44.5°C

REMARKS and OTHER INFORMATION

**This sample does not meet the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

Julia M. Patel

BACTERIOLOGIST'S NAME

Julia M. Patel

DATE

08/16/01



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Certificate #102 PA Certificate #68-189

To: Easterday Well & Pump
9265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.: 1051619

Type of Water: **DRINKING WATER**

Date(Time) Collected: 06/01/01 (1500)

Date(Time) Received: 06/01/01 (1540)

Date(Time) Examined: 06/01/01 (1545)

Sample Preservation Method: **REFRIGERATION**

Nature of submission: **ROUTINE**

Name of Sample Source: 2nd Floor Master Bath Tub
Mun., Inst., Co., Owner: JKI Associates, Inc.
Address: Lot 11 Wood Camp Road
City, County:
State, Zip code:

Source Type: Well

Chlorine Residual:

Disinfection: None

Collector's Name:

Affiliation:

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	FECAL COLIFORM	TOTAL BACTERIA	NITRATE(as N)
DRINKING WATER	>23.0** MPN/100ml	<1.1 MPN/100ml		
EXAMINATION METHOD USED	MPN	MPN		

THIOSULFATE IN SAMPLE: Present

SAMPLE HOLDING TIME: NOT EXCEEDED

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INOCULATED AT EACH DILUTION

DILUTION FACTOR		10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (ml)		10	1	1	1	1	1	1
PRESUMPTIVE TEST*	24HR	0/10						
	48HR	10/10						
COLIFORM CONFIRMED TEST	TOTAL 48HR #	10/10						
	FECAL 24HR ##	0/10						

* LAURYL SULFATE @ 35°C # BGB BROTH @ 35°C ## EC MEDIUM @ 44.5°C

REMARKS and OTHER INFORMATION

**This sample does not meet the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

Julia M. Patel

BACTERIOLOGIST'S NAME

Julia M. Patel

DATE

06/06/01



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-848-0210 • FAX 301-848-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Certificate #102 PA Certificate #68-189

To: Easterday Well & Pump
9265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.: 1031114

Type of Water: DRINKING WATER

Date(Time) Collected: 05/03/01 (1200)

Date(Time) Received: 05/03/01 (1335)

Date(Time) Examined: 05/03/01 (1545)

Sample Preservation Method: REFRIGERATION

Nature of submission: ROUTINE

Name of Sample Source: 2nd Floor Hall Bath Tub
Mun., Inst., Co., Owner: J.K. Associates
Address: Lot 11 Wood Camp Road
City, County: Mt. Airy
State, Zip code: MD

Source Type: Well
pH (pH Units)(Lab) = 7.3
Chlorine Residual:
Turbidity (NTU's) = 9.1
Disinfection: None
Sand (as mg TSS/L) = 6

Collector's Name: F. Easterday 0010-00461

Affiliation: Easterday Well & Pump

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE(as N)
DRINKING WATER	Present**	Absent		0.1 mg/L
EXAMINATION METHOD USED	COLILERT	COLILERT		

THIOSULFATE IN SAMPLE: PRESENT

SAMPLE HOLDING TIME: NOT EXCEEDED

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INOCULATED AT EACH DILUTION

DILUTION FACTOR STANDARD PORTION (ml)	10 ¹ 10	10 ⁰ 1	10 ⁻¹ 1	10 ⁻² 1	10 ⁻³ 1	10 ⁻⁴ 1	10 ⁻⁵ 1
PRESUMPTIVE TEST*	24HR						
	48HR						
COLIFORM CONFIRMED TEST	TOTAL 48HR #						
	FECAL 24HR ##						

* LAURYL SULFATE @ 35°C

BGB BROTH @ 35°C

EC MEDIUM @ 44.5°C

REMARKS
and OTHER
INFORMATION

**This sample does not meet the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters but does meet the nitrate standard of less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE

Julia M. Patel

BACTERIOLOGIST'S NAME

Julia M. Patel

DATE

05/15/01