

SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND  
WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

C1 0800

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

COUNTY NUMBER B A 522009

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

DATE Received  
MM DD YY  
8 13

MM DD YY  
05 07 08

22 260 26  
(TO NEAREST FOOT)

5/19/08  
OK (SD)

HO - 95 - 1610  
28 29 30 31 32 33 34 35 36 37

OWNER Asbury Ronald  
STREET OR RFD 2770 Tennys Chapel TOWN woodbine  
SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT 2

**WELL LOG**

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	55	✓
Brown Slate	55	60	
Blue Slate	60	140	
Flint Rock	140	145	✓
Blue Slate	145	260	

**GROUTING RECORD**

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 19 NO. OF POUNDS 1900  
GALLONS OF WATER 114  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 55 ft. to 55 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE PC Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 26  
60 61 63 64 66 70

**OTHER CASING (if used)**

E A C H C A S I N G	diameter (if used)		depth (feet)	
	inch		from	to

**SCREEN RECORD**

screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

**C 2 DEPTH (nearest ft.)**

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51
SLOT SIZE 1	2	3				
DIAMETER OF SCREEN			(NEAREST INCH)			
	56	60				
	from		to			

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**

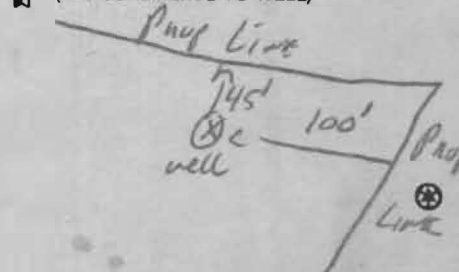
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 10  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 51 ft.  
WHEN PUMPING 60 ft.  
TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**

DRILLER INSTALLED PUMP 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 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 } 2 (nearest foot)  
50 51

**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)



DRILLERS LIC. NO. M S D 112  
DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. Jane D

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

B 1 0816

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528881 please type

STATE PERMIT NUMBER 140-95-1610 fill in this form completely

Date Received (APA) OWNER INFORMATION 8 MM DD YY 13 AS Bury Ronald 15 Last Name Owner First Name 34 2722 Jennings Chapel Rd 36 Street or RFD 55 WOODBINE MD 21297 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL 8 COUNTY Howard 21 ASH Bury Prop 23 SUBDIVISION 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN LEBSON 71 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION RAUL E MAYNE M SD 117 76 License No. 81 RAUL E MAYNE INC Firm Name 17024 Handy Rd Mt Airy MD 21771 Address Signature Date 7/4/08

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD Jennings Chapel Rd 30 34 175 37 DISTANCE FROM ROAD 14 ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 15 PARCEL 272

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

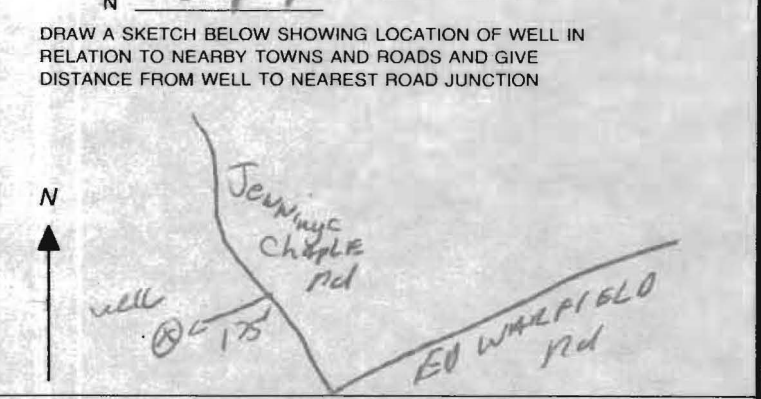
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A 522009 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 4-18-08 Kim Wall 9-18-09 EXP. DATE 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 531 000 EAST GRID 0770 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 64 INCH NEAREST

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 730 N 531

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



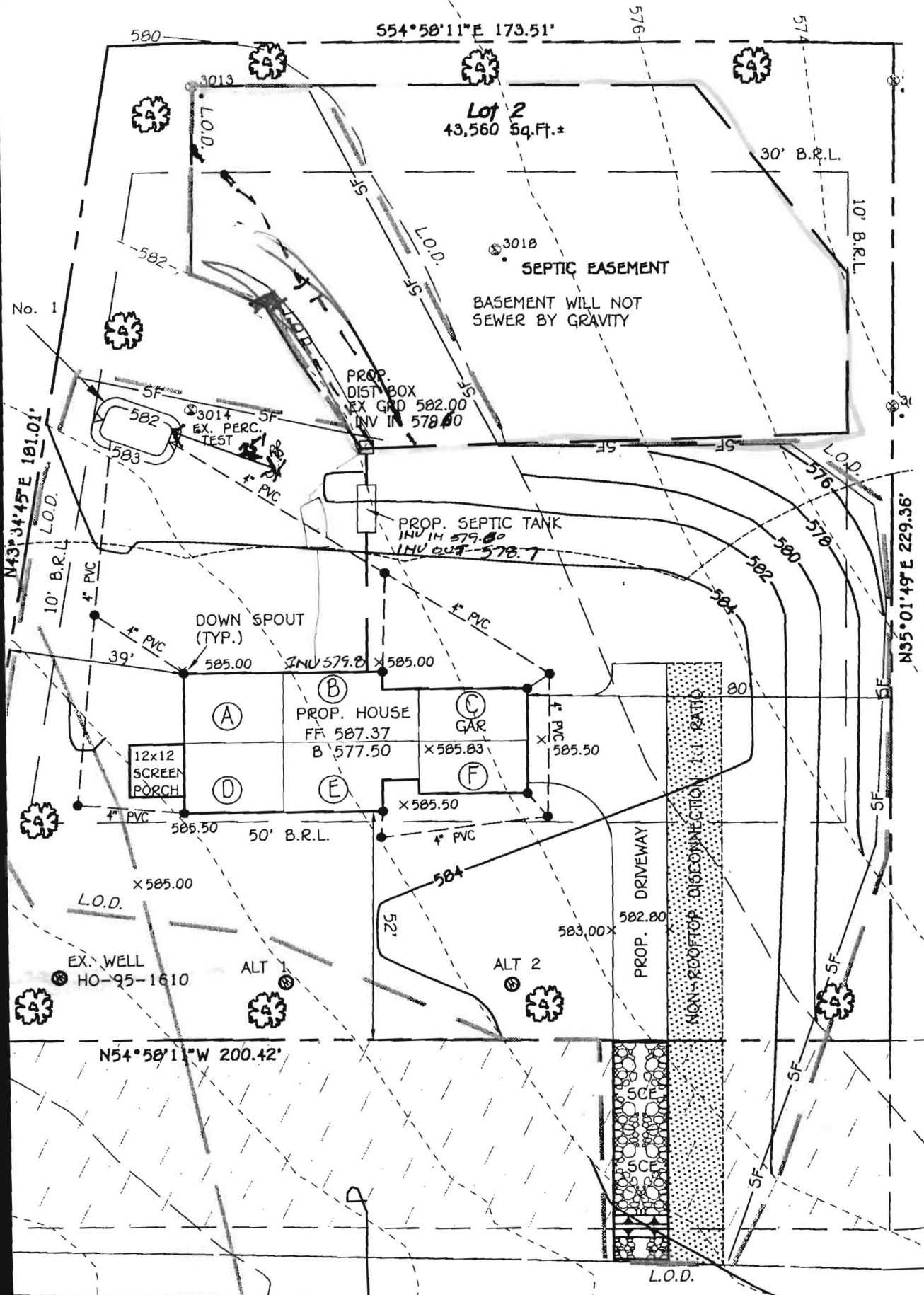
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 140-95-1610 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Grout Depth's need to be measured. NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Signature

Date



Private Use-In-Common Driveway  
 Access Easement For The Use And  
 Benefit Of Lot 2 Ashby Property

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 Fisher-Collins-Cantak on March 28 2008 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.

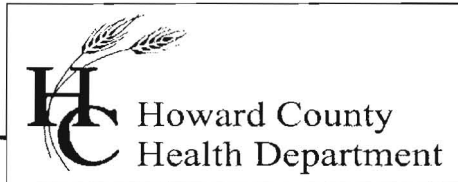
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Lot 2

Sub-Ashbury Prop

owner Ronald Ashbury

located off Jennings Chapel Rd



Bureau of Environmental Health  
7178 Gateway Drive Columbia, MD 21046  
(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)

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*Peter Beilenson, M.D., M.P.H., Health Officer*

February 9, 2011

Homeowner  
2710 Jennings Chapel Road  
Woodbine, MD 21797

RE: Asbury Property, Lot 2  
2710 Jennings Chapel Road  
BP #: B09001647  
Well Tag: HO-95-1610

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 11/01/2010. Final approval of the well line connection to the dwelling was approved on 02/09/2011.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

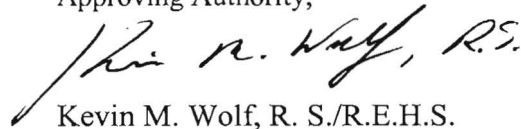
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-1610. 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: 02/02/2011  
Date of Well Completion: 05/07/2008

Approving Authority,



Kevin M. Wolf, R. S./R.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 1413 Old Spentown Rd., Westminster, MD 21157 (410) 843-1013 (410) 876-1554 FAX (410) 848-1238

## REPORT OF ANALYSIS

Laboratory ID #:	78358	Account #:	6479
Reference:	Metro Construction	Company:	Metro Construction
Location:	2710 Jennings Chapel Road Woodbine, MD 21797	Requested By:	John Haynes
Date/ Time Collected:	2/2/2011 1020	Source:	Well Water
Date/Time Rec'd:	2/2/2011 1411	Site:	Bathroom Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.3
		Well #:	HO-95-1610

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/3/2011 / 0915 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/3/2011 / 0915 / CCH
Nitrate	1.39	mg/L	10	601	2/2/2011 / 1725 / CCH
Turbidity	1.71	NTU	<10	SM18 2130B	2/2/2011 / 1520 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	2/2/2011 / 1520 / KME

### 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 pH tested on-site

Reason for Test : Use & Occupancy  
 Building Permit # : 09001647

Date Reported: 2/3/2011