

C 1 6015

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS 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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-45-1769

OWNER Rittleman-yeatts LAURA STREET OR RFD Fox Valley Dr TOWN WEST FRIENDSHIP SUBDIVISION Rittleman Prop SECTION LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 40 NO. OF POUNDS 4000

GALLONS OF WATER 240

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 79 ft. (enter 0 if from surface)

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 90

OTHER CASING (if used)

ACASING diameter depth (feet) from to

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 80 300

SCREEN RECORD table with columns 1-3 and rows 1-3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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.) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 53 ft.

WHEN PUMPING 67 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [] NO [X]

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

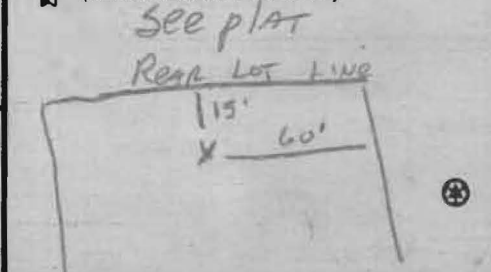
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [-] below LAND SURFACE 2 (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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MW D 040 1 Signature: George F. Stebbins

LIC. NO. 1 JS D 038 1 Signature: Bruce Thompson

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

B-1 2666
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

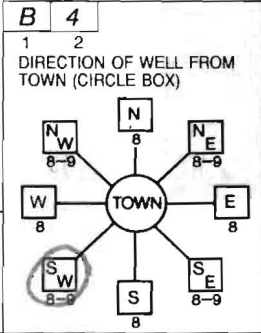
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
531020 please type

STATE PERMIT NUMBER
HO-95-1769
fill in this form completely

Date Received (APA) 11116
OWNER INFORMATION
8 MM DD YY 13
KITTLEMAN YEATTS, LAURA
15 Last Name Owner First Name 34
3106 FOX VALLEY DRIVE
36 Street or RFD 55
WEST FRIENDSHIP, MD 21794
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Kittleman Property
23 SUBDIVISION 42
SECTION 44 46 LOT 3 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION
George F. Easterday M WD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 5/27/2009
Signature Date



B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Fox Valley Dr
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 2000 37
DISTANCE FROM ROAD FT. ET
ENTER FT OR MI 38 39
TAX MAP: 15 BLK: 15 PARCEL 117

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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

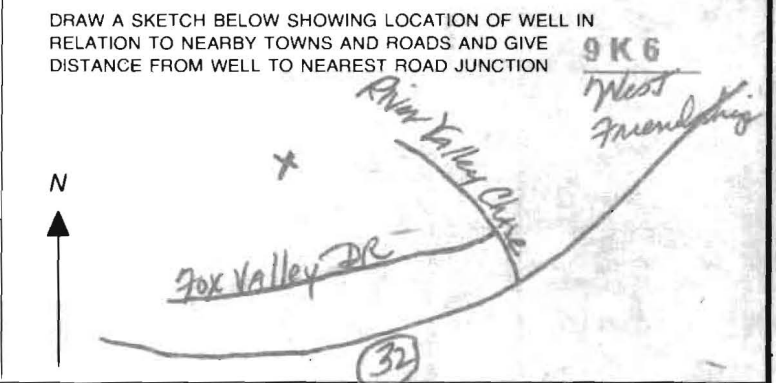
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A525567
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 6/10/2009 Brian Baber 6/10/2010
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 0 0 0 EAST GRID 806 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800'6
N 500 530
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 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
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 DEEPEM 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. HO-95-1769
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Van Sant Inc. Telephone #: 301.829.0444
Address: 2701 Boer Ave. Ct.
MD Aiey MD 21121

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): LARRY A. VAN SANT License# 10936

*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: Yvatts Kittleman Telephone #: 301.785.5889
Subdivision: _____ Lot #: 3 Well Tag #: HO - -
Site Address: 3018 Kittleman Lane
West Friendship, MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>76507422</u>	Model#: <u>B 10X</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" PE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

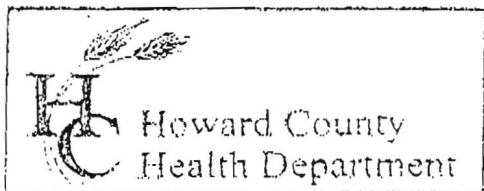
Signature of company representative responsible for installation _____ date 5.17.11

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

Date Insp. Requested: _____ Date Insp. Approved: 5/25/2011 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

Well Line
< 10' From
Septic
Easement/
Trenches



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

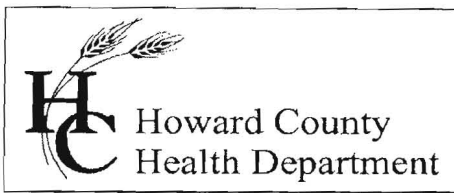
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by G Scott Shawaberger,
(professional land surveyor or company employing professional land surveyors)
on 5-22-09 (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

LOT 3 Kitterman Prop



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

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

August 9, 2011

Homeowner
3018 Kittleman Lane
West Friendship, MD 21794

RE: Kittleman Property, Lot 3
3018 Kittleman Lane
BP #: B09003279
Well Tag: HO-95-1769

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 07/28/2011. Final approval of the well line connection to the dwelling was approved on 05/25/2011.**

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 raw nitrate sample results were previously documented to be 11.6ppm. **A nitrate removal device (Reverse Osmosis) has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on 08/03/2011 which indicates a nitrate level of <0.2 ppm.**

Permanent Deviation for Nitrates

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

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-95-1769 **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.

Further more under COMAR 26.04.04.09 E. *Disclosure*, any and all special conditions to this interim certificate of potability shall be disclosed to any purchaser of the property served by the well HO-~~94-4138~~ before entering into a contract of sale or lease. A person who fails to make this disclosure is subject to the penalties set out in Regulation .12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.

95-1769
This certificate may become final upon completion of the second bacteriological and nitrate tests, which may be taken by the health department within six months of the date 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: 07/29/2011, 08/03/2011
Date of Well Completion: 06/26/2009

Respectfully,



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

cc: Building Inspector's office
Community Health Services
File

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

Tom Yeatts
3018 Kittleman Lane
West Friendship, MD

REPORT DATE: 04-Aug-11
Use & Occupancy
Bldg Permit # B09003279

LAB#- ECL023196-001 SAMPLE ID- 3018 Kittleman Lane
LOCATION- Powder Room
TREATMENT SYSTEM- Whole House Nitrate Reducer WELL # HO 95-1769
DATE SAMPLED- 8/3/2011 TIME SAMPLED- 11:45 SAMPLER- S. Shelley #5510SS
DATE RECEIVED- 8/3/2011 TIME RECEIVED- 13:30
DELIVERED BY- S. Shelley RECEIVED BY- VPS

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	
Nitrate (as N)	EPA 300.0	8/3/2011 19:06	JMC	< 0.2	mg/L PASS

Sheridan D. Shelley
LABORATORY DIRECTOR

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

Tom Yeatts
3018 Kittleman Lane
West Friendship, MD

REPORT DATE: 31-Jul-11
Use & Occupancy
Bldg Permit # B09003279

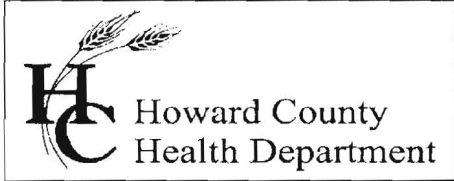
LAB#- ECL023163-001 SAMPLE ID- 3018 Kittleman Lane
LOCATION- Powder Room WELL # HO 95-1769
DATE SAMPLED- 7/29/2011 TIME SAMPLED- 10:25 SAMPLER- S. Shelley #5510SS
DATE RECEIVED- 7/29/2011 TIME RECEIVED- 11:30
DELIVERED BY- S. Shelley RECEIVED BY- VPS

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	
E. Coli	SM 9223	7/29/2011 17:50	SES	Absent	PASS
Total Coliform	SM 9223	7/29/2011 17:50	SES	Absent	PASS
pH, Field	Meter	7/29/2011 10:25	SES	5.4 S.U.	
Nitrate (as N)	EPA 300.0	7/29/2011 18:05	SES	11.6 mg/L	FAIL
Turbidity	EPA 180.1	7/29/2011 17:30	SES	0.6 NTU	
Sand				Not Detected	

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes. The USEPA has set a Maximum Contaminant Level for Nitrate in drinking water at 10 mg/L as N. The above sample exceeds the regulatory limit for Nitrate.

S. Shelley
LABORATORY DIRECTOR



Bureau of Environmental Health
 7178 Columbia 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

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

**REQUEST FOR PERMANENT DEVIATION TO
 NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY**

DATE: August 10, 2011 WELL PERMIT #: HO - 95 - 1769

PROPERTY OWNER: Laura Kittleman Yeatts, Randy Thomas Yeatts, Jr.

SUBDIVISION & LOT #:

PROPERTY ADDRESS: 3018 Kittleman Ln, West Friendship, MD 21794

CONDITIONS:

1) The well installed under permit # HO - 95-1769 has been documented to have a nitrate level of 11.6 ppm which exceeds the MCL of 10 ppm. As a result of installation and operation of a nitrate filtration system, this nitrate contamination has been reduced to 6.2 ppm at all drinking taps.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95-1769. I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

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

Laura Kittleman Yeatts Randy Thomas Yeatts, Jr.

Prospective Owner's Day Time Phone Number(s)

301-785-5889 301-704-7973