

C 1 14283

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A515227-0

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: GST TRUST + 3 BTEKS TRUST
STREET OR RFD: LORAIN DR
SUBDIVISION: WATERFORD FARMS
TOWN: GLENWOOD
SECTION:
LOT: 16

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale and Gray Granite.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (C), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL.

CASING RECORD section including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (88).

OTHER CASING (if used) section with columns for diameter and depth.

SCREEN RECORD section including: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

Administrative section: NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

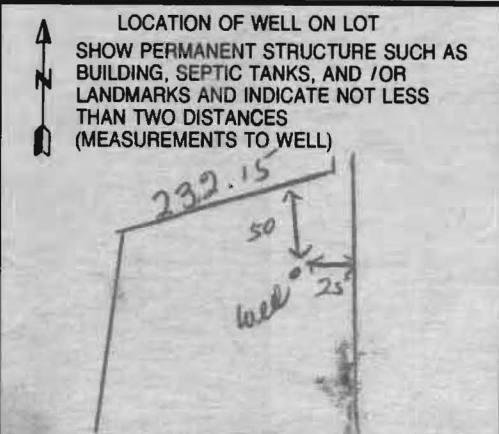
DEPTH (nearest ft.) table with columns 1-11 and rows A, C, S, R, E, N. Includes slot size and diameter of screen information.

DRILLERS LIC. NO. 1 M SD 024, DRILLERS SIGNATURE (Joseph L. Mayne), LIC. NO. 1 D, SITE SUPERVISOR information.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section including: GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section including: HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (67 ft. before, 98 ft. when pumping).

PUMP INSTALLED section including: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43).



B 1 **6753**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

517434 please type

STATE PERMIT NUMBER
HO-94-3540

fill in this form completely

Date Received (APA) **08/22/02**

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

GST Trust, Sister Trust
3 Wyndam Ct
Lutherville Md 21093

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Watford Farms** 42

SECTION **44** 46 LOT **16** 48 50

52 NEAREST TOWN **Helenwood** 71

MILES FROM TOWN (enter 0 if in town) **4 1/2** M I 73 76 77 78

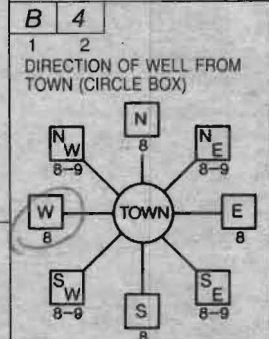
DRILLER INFORMATION

Driller's Name **Joseph L Mayne** M SD 024 76 License No. 81

Firm Name **Joseph L Mayne Well Drilling**

Address **5512 Ridge Rd Mt. Airy 21771**

Signature **Joseph L Mayne** Date **8-23-02**



11 NEAR WHAT ROAD **Road B** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **120** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **13** BLK: **24** PARCEL **13**

B 2 WELL INFORMATION

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)

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

COUNTY NAME **HOWARD** COUNTY NO. **A515227-0**

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **10-17-02** CO SIGNATURE **Steven R. King** EXP. DATE **10/17/03**

43 MM DD YY 48 NORTH GRID **520** 000 EAST GRID **780** 000

50 55 57 63

APPROXIMATE DEPTH OF WELL **260** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **11/8/03**

SOURCES OF DRILLING WATER

1. **Well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **780** 000

N **520** 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)

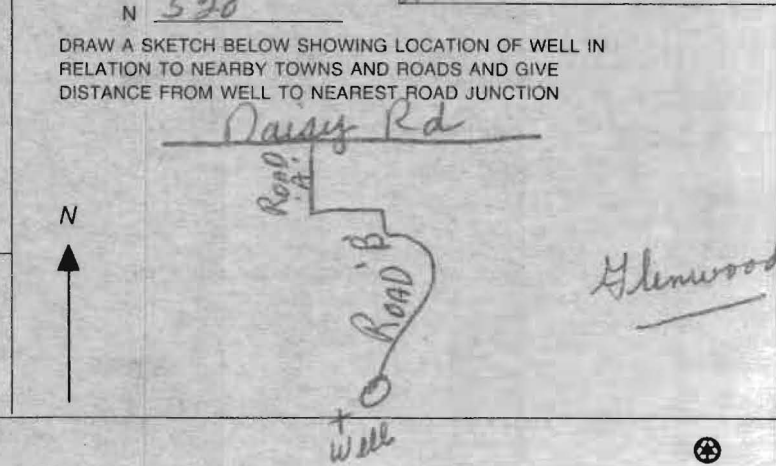
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. **HO-94-3540**

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylkesville, 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): Allen Compton License# MSD 009

*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: Tall Brothers Telephone #: _____
Subdivision: Co-Hail Trace Lot #: 16 Well Tag #: HO-94-3540
Site Address: 3198 Lorenz Lane

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Cannell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>FT75B07422</u>	Model#: <u>N/A</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: <u>15</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>245</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>N/A</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</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.

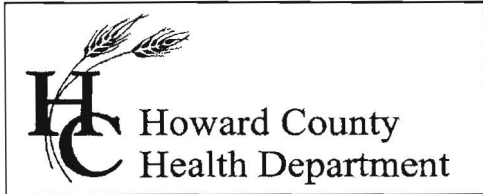
Signature of company representative responsible for installation: Allen Compton date: 9-16-04

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

Date Insp. Requested: _____ Date Insp. Approved: 8/26/04 (50)

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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

September 24, 2004

Toll MD II
7164 Columbia Gateway Drive, #230
Columbia, MD 21046

SENT VIA FACSIMILE 443-535-9297

RE: Waterford Farms, Lot # 16
3198 Lorenzo Lane
Woodbine, MD 21797
BP # B00145599
Well Permit # HO-94-3540

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 07/15/2004. Final approval of the well line connection to the dwelling was approved on 08/26/2004.**

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-94-3540. 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: 09/21/2004
Date of Well Completion: 01/08/2003

Respectfully,

Brian Baker
Brian Baker, R. S.
Well and Septic Program

BB/mlb
cc: Building Inspector's Office
Community Services Program
File