

C 1 **1054** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-37498**

ST/CO-USE ONLY
 DATE Received

DATE WELL COMPLETED
09/14/89

Depth of Well
105
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-38-0930

OWNER **TJM INC.**
 STREET OR RFD last name **LONDON CHAPEL RD** first name **CLARKSVILLE** TOWN
 SUBDIVISION **CHAPPEL WOODS II** SECTION **1** LOT **1**

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	
SAND	0	41	
GRAY MUDSTONE	41	105	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box)
 YES **Y** NO **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **346**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **4** ft. to **38** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **49**

OTHER CASING (if used)
 diameter inch depth (feet) from to

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

C 2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	40	44	105
2			
3			

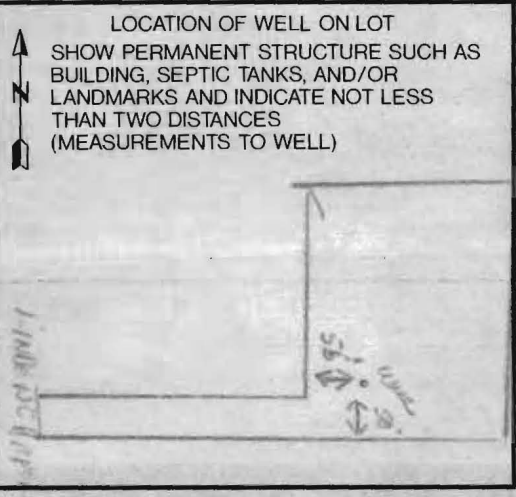
SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) **70** **72** W Q **74** **75** **76**
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **17**
 WHEN PUMPING **38**
 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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **3** (nearest foot)



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 WELL

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 IDENT. NO. **238**
 DRILLERS SIGNATURE _____
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 8707

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-88-0920

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

please print or type

fill in this form completely

Date Received (APA)

06/689

OWNER INFORMATION

J. J. M. INC

5520 STEAKHOUSE PLACE

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

CLARK WOODS

CLARKSVILLE

3 MI

DRILLER INFORMATION

Joseph L. Mayne 238

Joseph L. Mayne Well Drilling

5512 RIDGE RD. MILFORD 21771

Joseph L. Mayne 6/14/89

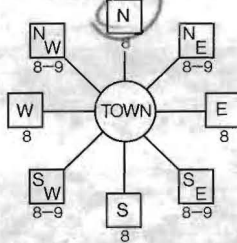
B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LINDEN CHAPEL RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 700

ENTER FT or MI FT

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A. 37498

STATE SIGNATURE DATE ISSUED 07/21/89

CO SIGNATURE EXP. DATE 01-20-90

NORTH GRID 508000 EAST GRID 0822000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

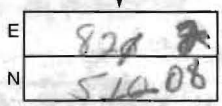
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



9/14/89 GROUT NOT OBS'D
38' OPEN
9 BAGS
47' CASING
3' CASING A.G. MR
1 BAG OK 9/14/89

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
D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

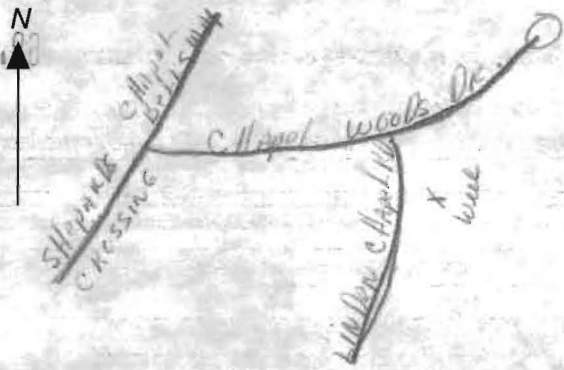
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA PERMIT No. 10-88-0920

SPECIAL CONDITIONS

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

April 9, 1992

Mr. & Mrs. Shubba Ramapriyan
11860 Linden Chapel Road
Clarksville, Maryland
21029

RE: LOT #1 Chapel Woods
11860 Linden Chapel Road
Well tag # 40-88-0920

Dear Ramapriyans,

This is to advise you that the septic system was installed, inspected and approved on November 1, 1991

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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 permit(s) HO-88-0920. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

April 6, 1992

Date Well Approved

September 14, 1989

Charles B. Streaker

Approving Authority R.S.
Charles B. Streaker, Sanitarian
Water and Sewerage Program

Note: Present address is:

10922 Trotting Ridge Way
Columbia, Maryland
21044

CBS:hs

(bond carried)
from office

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Apr 8, 1992

County Howard

Lab Number 92-1351

Sample iced Yes
Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
Laboratory No. 115

REQUESTER: Shubha Ramapriyan
10922 Trotting Ridge Way
Columbia, Maryland 21044

Property Sampled U&O: 11860 Linden Chapel Road

Station Sampled: Kitchen Main tap

Tax Map #:

Date/Time Sampled: Apr 6, 1992 11:35 am

Parcel #:

Owner, Telephone No.: Shubha Ramapriyan 992-4643

Sampler: E. Hause #91-714

Subdivision Name: Chapel Woods

Lot Number: 1

Building Permit No.: 36716

Well Number: HO-88-0920

Observation: Satisfactory (1)

RESULTS OF ANALYSIS:

Nitrate — N (mg/L)

< 0.5 **PASS**

10 mg/L *

Turbidity (NTU)

2.2 **PASS**

10 NTU *

pH (Units)

6.1

6.5 - 8.5 Units

SAND

NEGATIVE

COLIFORM BACTERIA (MPN/100 mL)

< 1.1 Total (0 of 10 tubes +) **PASS**
~~Fecal (of 10 tubes +)~~ ~~NR~~

< 1.1 (0 of 10 tubes +) *

COLIFORMS / 100 mL (MF)

~~PASS~~
~~FAIL~~

< 1 Coliforms / 100 mL *

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was **SAFE** for drinking purposes.

* MCL = Maximum Contamination

NR = Not Requested

Sharon K. Cassell
Sharon K. Cassell

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

(4)

001322

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

 Non-Transient

Private

Check Sample

Special

Source RAMA PRITAN Kitch

Location: 11860 LINDEN CHAPEL RD

Iced: Yes No

Treated Yes No

Time Collected 9:03 am. pm.

Collector # N/A Bottle No. # AY-065

Collector Name C.K. STREAKER County HOWARD

County 13 Plant No. Sampling Station Date Collected 07 21 92

pH 052 Res. Cl: Free 00 Total 00 Card No. +

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.										
Gas. 24 hours	-	-	-	-	-	-	-	-	-	-	-
Gas. 48 hours	-	-	-	-	-	-	-	-	-	-	-

ml. of Sample	10 ml.										No. of Pos.	
Coliforms †	-	-	-	-	-	-	-	-	-	-	-	0
Fecal Coliforms ‡	-	-	-	-	-	-	-	-	-	-	-	

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

** Presumptive Coliforms/ 100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/ 100ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/ 100ml. (Membrane Filter) =

Heterotrophic Plate Count %/ml. =

** using m Endo-Agar LES at 35° C incubation

* using Lauryl Sulfate Trypticase Broth at 35°C incubation

† using Brilliant Green Lactose Bile Broth at 35°C incubation

‡ using EC Broth at 44.5°C incubation

§ using Plate Count Agar at 35°C incubation

Laboratory

Date & Hour			
<u>21 JUL 92 13</u>	<u>43</u>	Recd. <u>D.H.</u>	<input type="checkbox"/> Annapolis <input type="checkbox"/> Cumberland <input type="checkbox"/> Cambridge <input type="checkbox"/> Frederick <input checked="" type="checkbox"/> Central <input type="checkbox"/> Salisbury <input type="checkbox"/> Cheverly <input type="checkbox"/>
<u>21 JUL 92 14</u>	<u>04</u>	Exam <u>D.H.</u>	Remarks _____
<u>23 JUL 92 14</u>	<u>27</u>	Rept. _____	Bacteriologist <u>Corn</u>



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles B. Streaker
313-2640 or 313-2641

August 3, 1992

Mr. and Mrs. Shubha Ramapriyan
11860 Linden Chapel Road
Clarksville, Maryland 21029

RE: Lot 1, Chapel Woods Subdivision
11860 Linden Chapel Road
Well Permit HO-88-0920

Dear Mr. and Mrs. Ramapriyan:

This is to advise you that the septic system was installed, inspected and approved on November 1, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-0920.

July 21, 1992
Date of Final Sampling

August 3, 1992
Date of Acceptance

Charles B. Streaker
Approving Authority ^{R.S.}
Charles B. Streaker, R.S.
Water and Sewerage Program

Water Sample Dates:
April 6, 1992
July 21, 1992

CBS:hs