

C1 0538

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A515204

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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 11/15/02 OK BB Ho-94-3268

OWNER Walk Bill STREET OR RFD McKendree Road TOWN Glenwood SUBDIVISION Green Meadows SECTION LOT 4

WELL LOG

Not required for driven wells

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. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns for diameter inch and depth (feet)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

Table for DEPTH (nearest ft.) with columns for depth intervals and corresponding casing/screen types.

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 MSD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

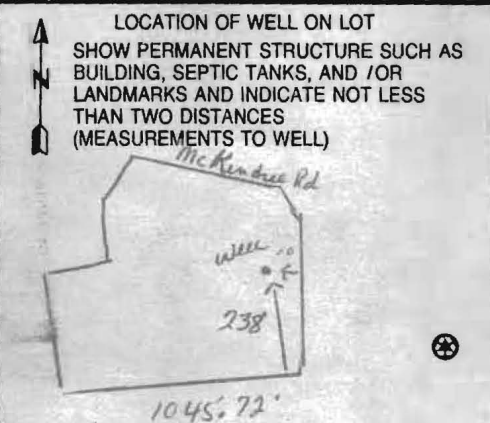
C3

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 17 ft. WHEN PUMPING 22 ft. TYPE OF PUMP USED (for test) 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. 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 (nearest foot) 2



B 1 7257

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3268

W516403 please print or type

fill in this form completely

Date Received (APA)

11/1/2001

OWNER INFORMATION

Walker, Bill, P.O. Box 118, Glenwood Md 21738

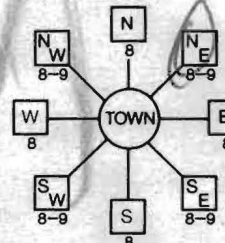
B 3 LOCATION OF WELL

Howard, Green Meadow Subdivision, Glenwood, Howard County

DRILLER INFORMATION

Joseph L. Mayne, MS D 24, Joseph L. Mayne Well Drilling, 5512 Ridge Rd. Mt. Airy Md. 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



McKendree, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 1000 FT, TAX MAP: 14 BLK: 11 PARCEL 217

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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 A515204, Brian Baker 11/30/2002, NORTH GRID 535 000, EAST GRID 795 000

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

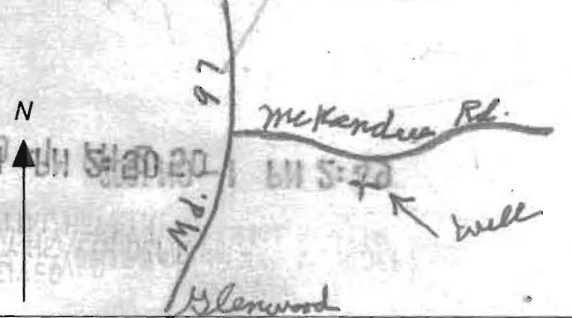
BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

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, 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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE, E 7905, N 5305

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER 54 G A P 63, PERMIT No. HO-94-3268

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: Michael P. Gartland, Inc. Telephone #: 410-549-1755
Address: 6984 Runways Rd, Mt Airy, MD 21771

(Must circle one) Licensed Plumber, Licensed Well Driller, Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Michael Gartland License #: 6353

*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: William Wolk Telephone #: 410-489-4183
Subdivision: GREEN MEADOWS Lot #: 4 Well Tag #: HO-94-3268
Site Address: 2751 MCKENDREE ROAD

Submersible Pump Data: Make: Jack 221, Model #: 7547205 210, Pump Capacity: 7 GPM, Well Yield: GPM
Pitless Adapter: Make: Harwood, Model #: PT 400, Depth: 42 (50 min), NSF approved:
Well Cap and Electric Conduit: Two piece watertight cap: YES, Screened, vented well cap: YES, Cap secured to casing: YES, Conduit min 1 1/2" B.G.: YES, Conduit secured to well cap: YES
Depth of well encountered at time of pump installation: (feet)
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: YES

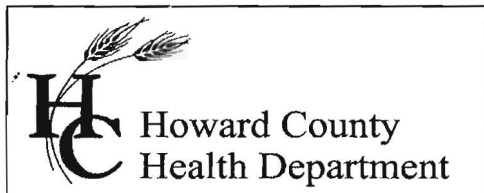
Piping to house: Type: Plastic, PSI: 160 (160 psi min), Depth of supply line: 46 (36" min)
House Connection: PVC sleeved to undisturbed soil at wall penetration: YES, Approximate length of sleeve: 20, Sleeve caulked and sealed properly: YES

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: Michael Gartland date: 4/7/05

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

Date Insp. Approved: 3/1/04 SO BB
Pitless Adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing properly
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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

April 8, 2005

William W. Walk
2525 Route 97, PO Box 118
Glenwood, MD 21738

RE: Green Meadows, Lot 4
2751 McKendree Road
Glenwood, MD 21738
BP #: B00141654
Well Permit # HO-94-3268

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 12/15/2004. Final approval of the well line connection to the dwelling was approved on 03/01/04.**

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-94-3268. 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(s): 12/22/2004 & 12/27/04
Date of Well Completion: 12/28/2001

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

LOT 48

N60°33'05"E

1045.72

1609

PROPERTY OF RICHARD A AND MARY V JONES LIBER 1494, FOLIO 693

GMA CHB2

LIMITS OF EXISTING 100 YEAR FLOOD PLAIN DRAINAGE & UTILITY EASEMENT PLAT NO. 3994

CHB2 GM

EXISTING BARN

Approximate Final Location

Well site to be moved closer to fence

GREEN MEADOWS PLAT NO. 3994

LOT 4 30.54 AC.±

DAN B. AND LIBER

CHB2 EKB2

99C23

CHB2

of way provided for future road in with the 1971 General Plan of Highways

594 592 590 588 586

1588

21 FO

20 FO

15 FO

16 FO

17 FO

18 FO

19 FO

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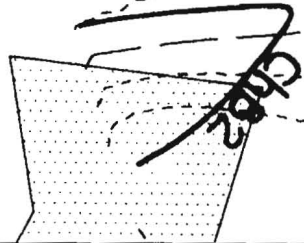
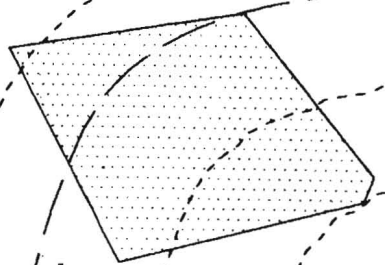
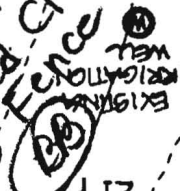
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31 FO

32 FO

33 FO



FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 53413 Account #: 6007
Reference: Bill Walk Company: CASH ACCOUNT
Location: 2751 McKenbree Road Requested By: Bill Walk
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 12/27/04 1204 Site: Holding Tank
Date/Time Rec'd: 12/27/04 1328 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 6176JY Well #: HO-94-3268

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	8.32	NTU	<10	SM2130B 18th Ed

NOTES:

- 1 **Sample collected prior to treatment
- 2 NTU = Nephelometric Turbidity Units
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Use & Occupancy retest 53401
Building Permit # : 520130

Date Reported: 12/28/04

MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 53401 Account #: 6007
Reference: Bill Walk Company: CASH ACCOUNT
Location: 2751 McKenbree Road Requested By: Bill Walk
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 12/22/04 1030 Site: Holding Tank
Date/Time Rec'd: 12/22/04 1155 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 6176JY Well #: HO-94-3268

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.18th Ed
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.18th Ed
Nitrate	1.87	mg/L	10	601
Turbidity	18.8	NTU	<10	SM2130B 18th Ed
Sand	NS	mg/L	5	Visual/Gravimetric

NOTES:

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : 520130

Date Reported: 12/23/04

MD State Certification # 133