

C1 08804

SEQUENCE NO. (OEP 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

DATE Received

DATE WELL COMPLETED 11/10/87

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-87-2394

OWNER: Pakla Harbinder; STREET OR RFD: last name first name; TOWN: SECTION; LOT: 5

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Topsoil, Br. Mica, Tan Mica, Gray Mica, Flat, Granite.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 14, NO. OF POUNDS: 1400

CASING RECORD: casing types insert appropriate code below; MAIN CASING TYPE: ST, Nominal diameter: 6, Total depth: 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

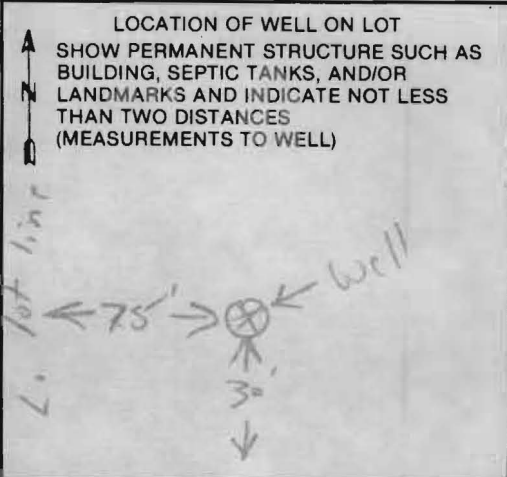
DEPTH (nearest ft.) table with columns for depth intervals and screen diameter of screen

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, LOG INDICATOR, WQ, OTHER DATA

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (32) BEFORE PUMPING, (75) WHEN PUMPING

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO; TYPE OF PUMP INSTALLED: S (submersible); CAPACITY: GALLONS PER MINUTE



CIRCLE APPROPRIATE LETTER WAS ABANDONED AND SEALED; E ELECTRIC LOGS OBTAINED; P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: Henry F. Eustaway; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

RECEIVED HOWARD COUNTY HEALTH DEPT. 9 07 AM '87

5357

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

46-81-2394

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

Date Received

8 13

OWNER INFORMATION

HOWARD EST DEVELOP
15 Last Name Owner First Name 34
POB 11018
36 Street or RFD 55
COLUMBIA MD 21044
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

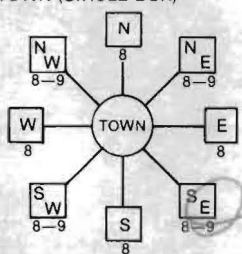
1 2
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 75 76 77 78

DRILLER INFORMATION

George F. Easterday
Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
Firm Name
9265 Br. Ch. Rd., Mt. Afry, Md. 21771
Address
George F. Easterday 8/19/87
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT or MI

B 2

WELL INFORMATION

1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A 36991
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S 41
DATE ISSUED
110487 B. Nijon 05/05/88
43 NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 24 28 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

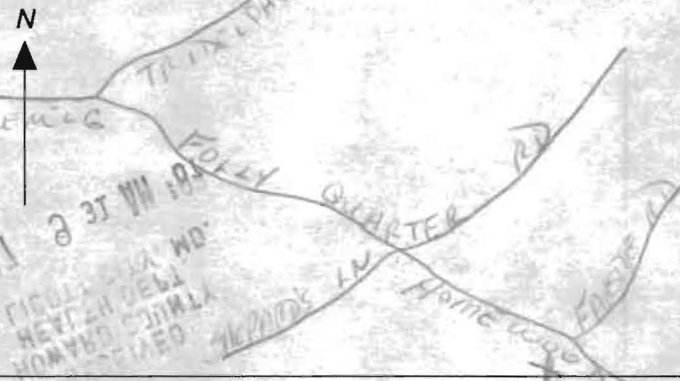
- 1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 828 4
N 511 2

11/10/87 11:30 AM 10:45 AM
35 ft open hole
44 ft casing
14 bags cement
2 ft well above ground
location OK
SE Nadeau

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 (OEP USE ONLY)

APPROX. PERMIT NUMBER 54 63
FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 46-81-2394 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

of

2 mes 8:00 11-10-87

Review 516188 RH

FIELD DATA SHEET
MONTGOMERY COUNTY WELL YIELD TEST

1. Permit No. XXXXXX 740-81-2394 Election District _____
Location of property (road) Masters Run
Division The Chase Lot 15 Block _____ Plat _____ Sec. _____
Driller George F. Easterday Owner PABA HARAWDER

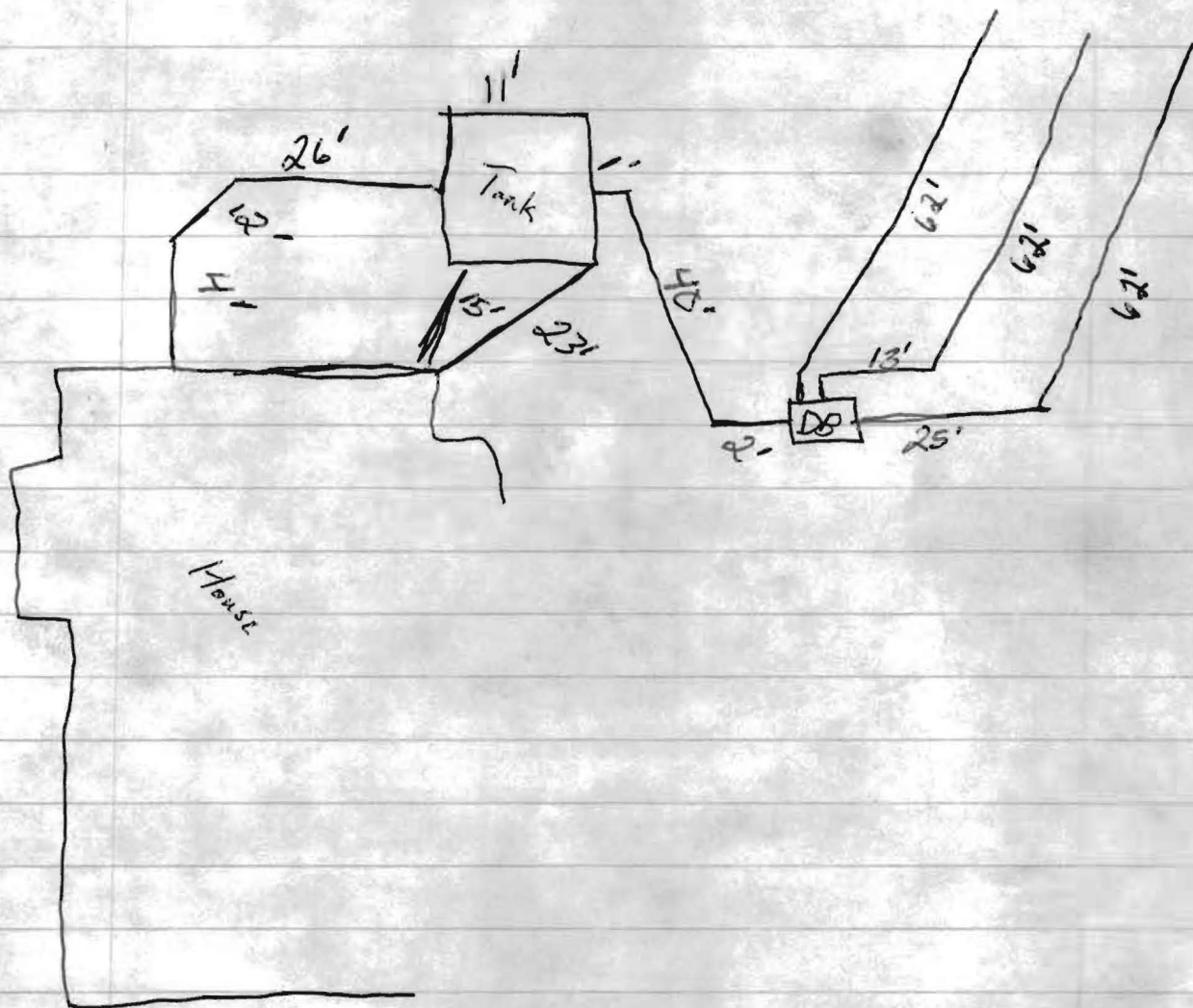
Depth of well 200 15 GPM
Distance of measuring point (M.P.) above ground 2 ft.
Static water level (S.W.L.) below M.P. 32 ft.

High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 12 gpm
Total time 15 mins to reach pumping water level 57 ft. below M.P.

Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	51'	5 Sec	N/A	12 gpm
8:15	61'	5	pump at 150'	12
8:30	61'	5	R. Hanan	12
8:45	62'	5		12
9:00	64'	5		12
9:15	65'	5		12
9:30	65'	5		12
9:45	67'	5		12
10:00	69'	5		12
10:15	69'	5		12
10:30	71'	5		12
10:45	73'	5		12
11:00	75'	5		12





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: Tri-County Pump Service Telephone #: 301-432-0330
Address: 6711 Old Cardinal Pike
Ronsara MD 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Wright License# 20135

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: TOM MORAN Telephone #: 240-876-7031
Subdivision: The Chase Lot #: 15 Well Tag #: HO-81-2394
Site Address: 11637 Masters Run Elliff City Md. 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GULLDS Make: CAMPBELL Two piece watertight cap: [checked]
Model #: 10GS07 Model #: 670X Screened, vented well cap: [checked]
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing: [checked]
Well Yield: 12 GPM NSF/WSC approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 125 (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, (Cable guards) or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing none

Piping to house House Connection
Type: Polyethylene PVC sleeve in undisturbed soil at wall penetration: [checked]
PSI: 200 (160 psi min) Approximate length of sleeve: 20
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: [checked]

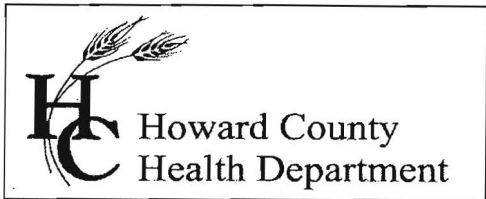
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11-18-05

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

Date Insp. Requested: Date Insp. Approved: Inspector: 6/30/05 (BB)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

May have been installed by septic contractor license?



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

December 12, 2005

Thomas M. Moran
1154 Manorstone Lane
Columbia, MD 21044

RE: The Chase, Lot 15
11637 Masters Run
Ellicott City, MD 21042
BP #: B00151501
Well Permit # HO-81-2394

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 07/06/2005. Final approval of the well line connection to the dwelling was approved on 06/30/2005.**

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-81-2394. 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.

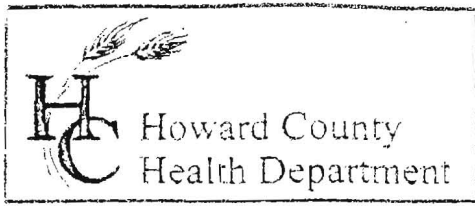
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 11/16/2005 & 11/28/2005
Date of Well Completion: 11/10/1987

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

FACSIMILE TRANSMITTAL SHEET

TO: Denise Swatzbaugh FROM: Brian Baker
 COMPANY: MDE DATE: 7/14/04
 FAX NUMBER: (410) 537-3163 TOTAL NO. OF PAGES INCLUDING COVER: 3
 PHONE NUMBER: SENDER'S REFERENCE NUMBER:
 RE: Replacement Well Tags CC: File

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

Hi Denise,
 Could you please mail me replacement well tags with the following numbers. I've included copies of the permits.

HO-81-2394
 HO-94-3980

Received both
 7/16/04

Thank you.



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
 OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Amonica
 Tri-County Pump Service
 6711 Old National Pike
 Boonsboro MD 21713

Sample Ident. No.: 511-6258
 Type of Water: Drinking Water
 Date (Time) Collected: 11-28-05 (1430)
 Date (Time) Received: 11-28-05 (1550)
 Date (Time) Examined: 11-28-05 (1700)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: First Floor Powder Room Source Type: Well
 Mun., Inst., Co., Owner: **Turbidity (NTU's) = 4.1**
 Address: 11637 Masters Run Chlorine Residual: 0.0 mg/L
 City, County: Ellicott City Disinfection: None
 State, Zip Code: MD 21042

Well Tag #HO-81-2394

Collector's Name: Don Thomas (8765-DT) Affiliation: Tri-County Pump Service

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	

THIOSULFATE IN SAMPLE: Present SAMPLE HOLDING TIME: Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE TEST *	24HR						
	48HR						
COLIFORM CONFIRMED TEST	Total						
	48HR #						
	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: **This sample meets the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE BACTERIOLOGIST'S NAME DATE

Christine M. Trumpower Christine M. Trumpower 12/02/05



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0808

**REPORT OF EXAMINATION
OF A WATER SAMPLE**

MD Cert. #102

VA Cert. #00080 PA Cert. #68-189

TO: Tri County Pump
6711 Old National Pike
Boonsboro, MD 21713

Sample Ident. No.: 510-6118
Type of Water: Drinking Water
Date (Time) Collected: 11-16-05 (1000)
Date (Time) Received: 11-16-05 (1525)
Date (Time) Examined: 11-16-05 (1545)

Nature of Submission: Routine Sample Preservation Method: Refrigeration

Name of Sample Source: First Floor Powder Room Source Type: Well
Mun.,Inst.,Co.,Owner: Not Reported
Address: 11637 Master Run Chlorine Residual: 0.0 mg/L
City,County: Ellicott City Turbidity (NTU's) = 18.6
State,Zip Code: MD 21042 Disinfection: None
Sand (as mg TSS/L) = 1

Well Tag# HO-81-2394

Collector's Name: Don Thomas 8765-DT Affiliation: Tri County Pump

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Present**	Absent		0.1 mg/L
EXAMINATION METHOD USED	Colilert	Colilert	SM 9215	

THIOSULFATE IN SAMPLE: Present SAMPLE HOLDING TIME: Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE							
TEST *							
COLIFORM							
CONFIRMED							
TEST							
	24HR						
	48HR						
	Total						
	48HR #						
	FECAL						
	24HR ##						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: **This sample does not meet the federal/state Safe Drinking Water Act standard of no coliform bacteria per 100 milliliters but does meet the nitrate standard of less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE: *Julia M. Patel* BACTERIOLOGIST'S NAME: Julia M. Patel DATE: 11/22/05