

C1 0195

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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 **(13) A44741**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
15 27 06

Depth of Well
300
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-95-0211

OWNER Shoffeiff Paul
STREET OR RFD Jennings Chapel Road TOWN Woodbine
SUBDIVISION Chapel View Farm SECTION _____ LOT 1A

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	
Brown Shale	0	102	
Blue Rock	102	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 25 NO. OF POUNDS 2350
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 98 ft.
(enter 0 if from surface)

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 227 ft.

TYPE OF PUMP USED (for test)

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

CASING RECORD
casing types insert appropriate code below

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) 105

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

SCREEN RECORD
screen type or open hole (insert appropriate code below)

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

DEPTH (nearest ft.)

104 300

E A C H S C R E E N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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)

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

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.

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

DRILLERS LIC. NO.: MSD117
Ralph Wayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

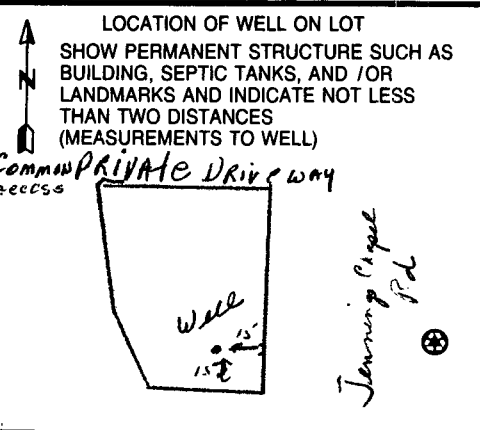
LIC. NO.: MSD024
Joseph Wayne

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T _____ W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA



Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 Trinity Builders Owner First Name 34
 36 3625 PARK AVE Street or RFD 55
 57 ELlicott City MD. 21043 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION CHAPLE VIEW FARM 42
 SECTION EX LOT IA
 44 46 48 50
FLORENCE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) I M I
 73 76 77 78

DRILLER INFORMATION
RAH E. MAYNE M SD 117
 Driller's Name 76 License No. 81
RALPH E. MAYNE INC
 Firm Name
17024 Handy Rd Mt Airy MD. 21771
 Address
R E Mayne 11-1-05
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Jennings Chaple Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 250 37
 DISTANCE FROM ROAD #1
 ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 14 PARCEL 339

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

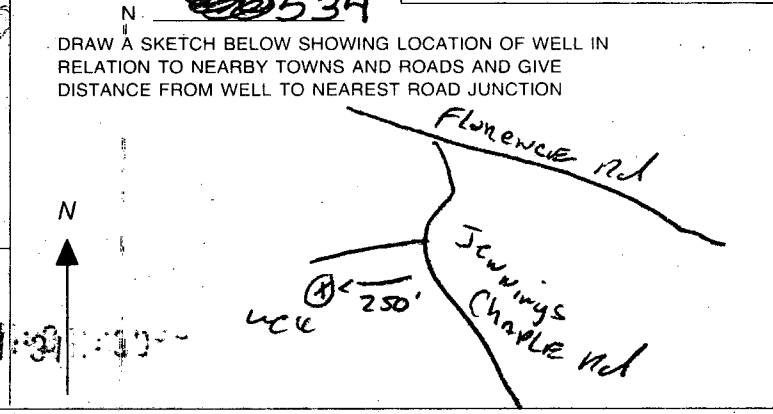
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A44741
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 1/5/2006 Brian Baber 1/5/2007
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 534 0 0 0 EAST GRID 771 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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
771
 E 771
 N 534
 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
 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 _____
 PERMIT No. HO-95-0211
 70 71 72 73 74 75 76 77 78 79

**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: D.R. Thompson Plbg + Htg. Inc. Telephone #: 410 876-0149
Address: 3307 Eckhart Rd
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David Thompson License # 5772

*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: Paul G. Shoppert Telephone #: 410 489-6112
Subdivision: Chapel View Farms Lot #: 1 Well Tag #: HO-95-0211
Site Address: 2656 Jennings Chapel Rd
Woodbridge, MD 21797

Submersible Pump Data

Make: Meyers
Model #: 2ST52-5
Pump Capacity: 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Harvard
Model #: PT 800
Depth: 42 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 30' (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Charge arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: PVC Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (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.

David Thompson
Signature of company representative responsible for installation

11/17/09
date

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

Date Insp. Requested: 9/10/09

Date Insp. Approved: 9/10/09 alc

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

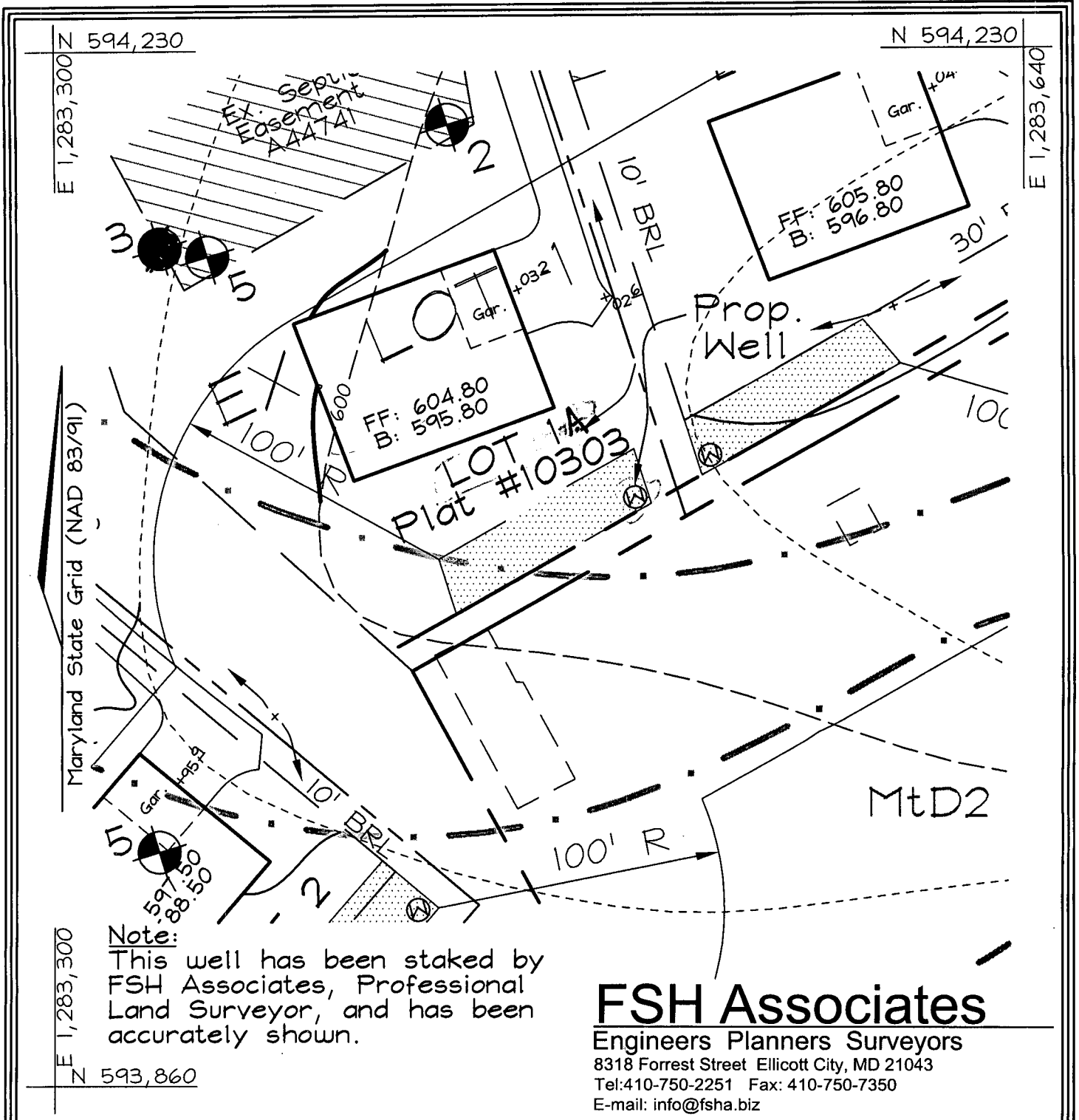
Safety rope installed inside of well casing

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

HD-215 (Rev. 8/00)



Note:
 This well has been staked by
 FSH Associates, Professional
 Land Surveyor, and has been
 accurately shown.

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 06, 2006
 W.O. No.: 3235
 SHEET No.: 1 OF 1

WELL PERMIT PLAN
CHAPEL VIEW FARM
 (LOT 1A)
 Plat #10303

TAX MAP 13 GRID 14
 4TH ELECTION DISTRICT

PARCEL 339
 HOWARD COUNTY, MARYLAND



Howard County
Health Department

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

November 17, 2009

Homeowner
2656 Jennings Chapel Road
Woodbine, MD 21797

RE: Chapel View Farm, Lot 1-A
2656 Jennings Chapel Road
BP #: B09001497
Well Permit # HO-95-0211

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 10/26/2009. Final approval of the well line connection to the dwelling was approved on 09/10/2009.**

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0211. 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 Samples: 11/12/2009
Date of Well Completion: 01/27/2006

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin Wolf', with a long horizontal flourish extending to the right.

Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1415 Old Lane Row 1 Rd. Westminster, MD (410) 548-1034 (410) 876-1554 FAX (410) 548-0208

REPORT OF ANALYSIS

Laboratory ID #: 73505 Account #: 6321
 Reference: Wendell Bly Company: Cash Account
 Location: 2656 Jennings Chapel Road Requested By: Wendell Bly
 Woodbine, MD 21797 Source: Well Water
 Date/ Time Collected: 11/12/2009 1230 Site: Pressure Tank
 Date/Time Rec'd: 11/12/2009 1323 Treatment: Sediment Filter**
 Chlorine ppm: Free: ND Total: ND pH: 6.3
 Collected By: J.Yeager 6176JY Well #: HO-95-0211

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/REMARKS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/13/2009 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/13/2009 / 0830 / CCH
Nitrate	4.56	mg/L	10	601	11/13/2009 / 0830 / CCH
Turbidity	0.61	NTU	<10	SM18 2130B	11/13/2009 / 1030 / CCH
Sand	NS	mg/L	5	Visual/Gravimct	11/13/2009 / 1100 / CCH

OK


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 # : B09001497

Date Reported: 11/13/2009