

C1 2936

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A520087

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-0557

OWNER Blouin R. Joseph STREET OR RFD Ivory Rd TOWN Glenelder SUBDIVISION Crystal Glen Sub - Blouin SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-15) and Gray Mica Rock (15-320).

GROUTING RECORD form with fields for material (CM, BC), bags (7), pounds (658), and gallons of water (42.627).

CASING RECORD form with fields for casing type (ST), nominal diameter (6), and total depth (20).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (HO) and slot size.

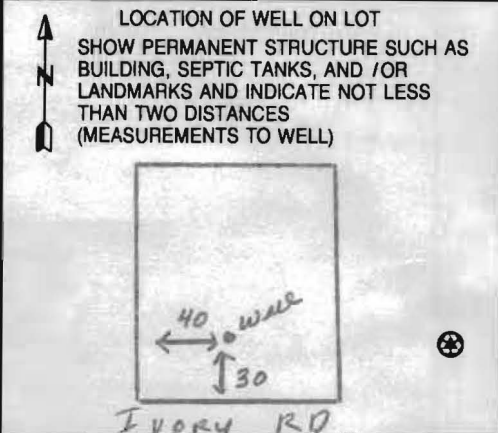
DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 30-32, 38-41, 45-47, 51).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, 70, 72, 74, 75, 76.

PUMPING TEST form with fields for hours pumped (3), pumping rate (15), and pump type (S).

PUMP INSTALLED form with fields for pump type (S), capacity (31), and pump horse power (37).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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 MSD024 DRILLERS SIGNATURE (Joseph & Magne)

LIC. NO. 1 MSD027

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 1078

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER 40-95-0557

OWNER INFORMATION: Date Received (APA) 10/11/06, Blouin R. Joseph, 13800 Kennard Dr., Glenelg Md 21737

LOCATION OF WELL: Howard County, Crystal Clear Sub - Blouin Property, SECTION 44, LOT 4, NEAREST TOWN Glenelg

DRILLER INFORMATION: Joseph L. Mayne M SD 024, Joseph L. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771, Signature Date 10-5-06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) diagram showing North, South, East, West, NE, SE, SW, NW directions. NEAR WHAT ROAD Ivory Rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) diagram showing North, South, East, West directions. DISTANCE FROM ROAD 475 FT. TAX MAP: 22 BLK: 7 PARCEL 533

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

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

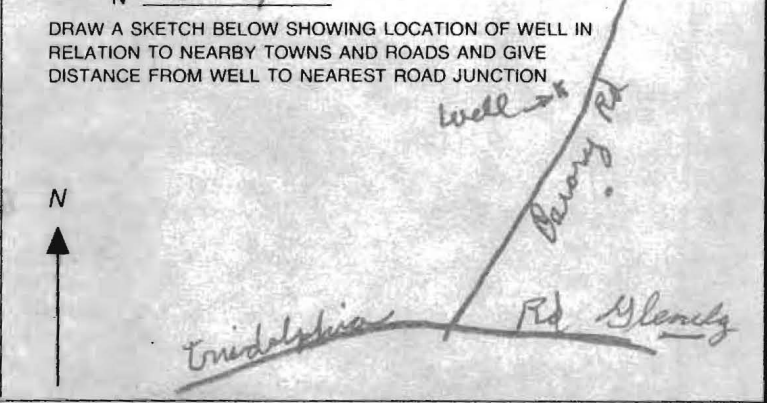
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard (13) A520087, COUNTY NAME COUNTY NO., STATE SIGNATURE INSERT S, DATE ISSUED 11/17/06, CO SIGNATURE EXP. DATE 11/17/07, NORTH GRID 522 000, EAST GRID 802 000

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 800z, N 520z

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, [D] THIS WELL WILL DEEPEAN AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. 40-95-0557

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: _____ Telephone #: _____
 Address: _____

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

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

Name (Print): _____ ; License# _____

***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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-0557
 Site Address: 3730 Ivory Road

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____ GPM
 Well Yield: _____ GPM

Pitless Adapter

Make: _____
 Model#: _____
 Depth: _____ (36" min)
 NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
 Screened, vented well cap: _____
 Cap secured to casing: _____
 Conduit min 18" B.G.: _____
 Conduit secured to well cap: _____

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 _____

Piping to house

Type: _____
 PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
 Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

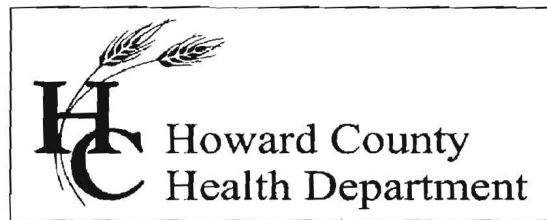
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 9/17/2014 **BB**

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



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 1, 2015

October 1, 2014

Homeowner
3730 Ivory Road
Glenelg, MD, 21737

**RE: Blouin Property, Lot #4
3730 Ivory Road
Building Permit: B13003568
Well Permit: HO-95-0557**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/17/2014**. Final approval of the well line connection to the dwelling was granted on **9/17/2014**. The well construction was completed on **11/29/2006**. Water samples were collected on **8/18/2014**.

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. 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-95-0557. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Hank Oswald

Hank Oswald, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventric Court * P.O. Box 245 * Myersville, MD 21773 * 301-293-3340 * Fax 301-293-2366
www.fredericktownelabs.com * info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 7248 - 20-1

Field Record

Site visit performed on: Monday, August 18, 2014 11:45 AM
by: Ronald Demory State ID No. 8072RD
Affiliation: Fredericktowne Labs, Inc.
Property Owner: Spaay
Property Address: 3730 Ivory Road
Glenelg, MD
Sample Source: Bathroom Sink
Well No.: HO-95-0557
Field pH: 6.5
Total Res. Cl.: <0.1 mg/l

Temp: 16.3° C

Laboratory Report

Sample Received at laboratory: 8/18/2014 2:27 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli.(/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	08/18/14	15:25	08/19/14	15:35	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	0.8	mg/l	10	8/18/2014	300.0	PH
Sand	<2	mg/l	5	8/18/2014	0.065mmFilter	JD
Turbidity	1.3	NTU'	10	8/18/2014	180.1	KB

*Samples
OK - H.O. 10/1/14*

Reported by: Ellen Mellott 8/22/14
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-158



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Ct., P. O. Box 245, Myersville, MD 21773 (301) 293-3340 FAX (301) 293-2366

INVOICE

Invoice#: 7248-20

To:
 Classic Homes of Maryland
 Attn: Ken Knode
 50 West Edmonston Drive, Suite 405
 Rockville, MD. 20852

Project:
 Spaay
 3730 Ivory Road
 Glenelg, MD.

Re: Acct. No. 7248-20-1

Invoice Date: Friday, August 22, 2014

Job Received: 8/18/14 - 8/18/14

<u>Quantity</u>	<u>Description</u>	<u>Unit price</u>	<u>Price</u>
1	Bacteria - Colilert 200	\$45.00	\$45.00
1	Nitrate-Nitrogen	\$25.00	\$25.00
1	Sand	\$20.00	\$20.00
1	Turbidity	\$10.00	\$10.00
1	Site Visit Charge	\$67.00	\$67.00
Total Due			\$167.00

-----><-----
 Please Return With Payment

Check No. _____

Amt. \$ _____

Acct. No. 7248-20-1

Please remit to:
Fredericktowne Labs, Inc.
P.O. Box 245
Myersville, MD 21773

Due in 30 days - 1.5% per month thereafter

Acct. No.: 7248 - 20-1	Chain of Custody	Fredericktowne Labs, Inc. 3020 Ventrie Ct. P. O. Box 245 Myersville, MD 21773- www.Fredericktownelabs.com (301) 293-3340 / FAX (301) 293-2366
Project: Spaay 3730 Ivory Road Glenelg, MD	Collected by: <i>R. Demory</i> Affiliation: FREDERICKTOWNE LABS, INC.	

Sample Number	Source	Matrix	Grab/Composite	Collection		Field Observation			Analysis Requested	Preservation	Verify By:
				Date	Time	pH	Cl	Temp			
7248 - 20-1 - 1	1. BATH SINK	DW	Grab	8-18-14	11:45	6.5	20.1	16.3	Bacteria - Colilert 200	Na2S2O3	
7248 - 20-1 - 2	1. "	DW	Grab	/	/	/	/	/	Nitrate-Nitrogen Turbidity	4 degrees C	
7248 - 20-1 - 3	1. "	DW	Grab	/	/	/	/	/	Sand	4 degrees c	

If lead or copper are sample collection forms attached? Yes No Water last used: _____ (Date) _____ (Time)

For Potability testing? Yes No Well Number: _____ Verified Water System: Yes

Water treatment systems present? None UV RO Water Softener Other _____ Treatment:

Comments/Treatment Info. etc.

Relinquished by: <i>Demory</i> 8-18-14 14:27	Received by: <i>[Signature]</i> 8/18/14 (1427)	Iced: Yes <input type="checkbox"/> No <input type="checkbox"/> Temp <input type="text"/>
Relinquished by:	Received by:	Method of Shipment:
Relinquished by:	Received by:	Lab Comments:

Note: HCHD U&O
Ken Knode/301-461-7395
Call Ken 30 minutes out, he'll meet you at the property.
** - be sure to do pH & chlorine field tests
Get well tag number

HO-95-0557



AB CONSULTANTS, INC.
9450 Annapolis Road
Lanham, Maryland 20708

Ph: 301-306-3091
Fax: 301-306-3092
www.abconsultantsinc.com

ENGINEERING

PLANNING

SURVEYING

GEOTECHNICAL
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CONSTRUCTION
MANAGEMENT

DESIGN BUILD
SERVICES

MATERIALS
TESTING

November 08, 2006

Stewart
Howard County Health Department
Well Inspection Division
Fax #. 410.313.2648
RE: Blouin Subdivision

Dear Mr. Stewart:

AB Consultants Survey department staked the well sites and their boxes on October 23, 2006 for the Blouin Subdivision.

If you have further questions or need further information, please call this office.

Sincerely,

AB CONSULTANTS, INC.

C. V. Kelly *Vernon*
C. V. Kelly, PLS
Vice President

CC: Mr. Joe Blouin



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by AB Consultants on 10-10-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

Joseph Blouin

300
E1314900

60' BRL

LOT 4
3.24 AC.

60' BRL

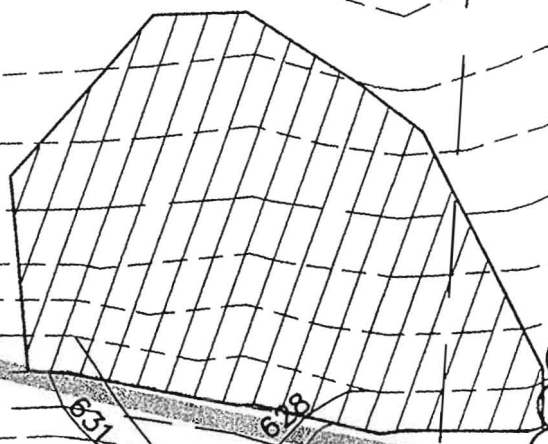
509.99'

FRANK
TAX
PAR
W. FR

GRASS

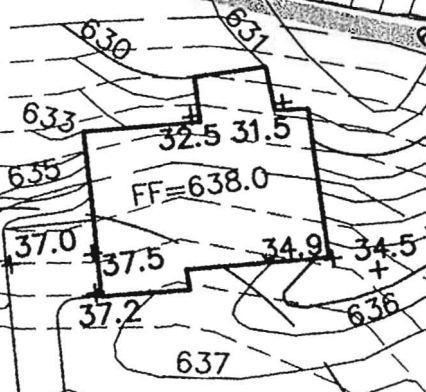
30' BRL

RL



S61°01'42"E

30' BRL



staked
by
ATB

75' BRL

640

well site

PROP.
WELL

489.26'

S19°32'24"W

100'R

640

639

638

3.24 AC.

GRASS

60' BRL

30' BRL

60' BRL

S 01° 14' 42" E

622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640

630

632

30' BRL

633

635

FF=638.0

37.0

37.5

34.9

34.5

37.2

637

75' BRL

640

PROP. WELL

489.26'

S 19° 32' 24" W

100'R

RICHARD D. & C
TAX M
PARCE

*well centers
well loc
cont lines*

EX. WELL

EX. WELL

ELL

