

C1 8982

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.

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

COUNTY NUMBER A# 520087

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 440' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0551

OWNER Blouin, R. Joseph STREET OR RFD 3800 Kennard Dr. TOWN Glenely SUBDIVISION Crystal Clear-Blouin Prop. SECTION LOT 2

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 (0-82) and Gray mica Rock (82-440).

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2330 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 84 ft.

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) 85

OTHER CASING (if used) 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 yes no Y N

CIRCLE APPROPRIATE LETTER 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.

DRILLERS LIC. NO. MS D024 Joseph L. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D029 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) Ho 84. 440

Table with columns: E A C H S R E N, 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24 ft. WHEN PUMPING 399 ft. TYPE OF PUMP USED (for test) S submersible

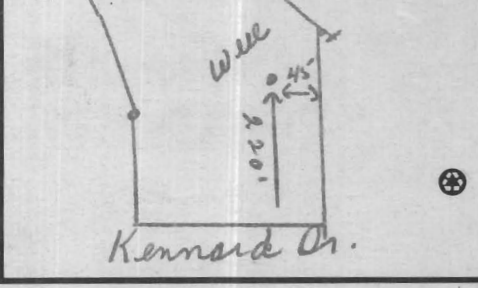
PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

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) 1

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 1079

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525595 please type

STATE PERMIT NUMBER 40-95-0551 fill in this form completely

Date Received (APA) 10/11/06

OWNER INFORMATION

Blouin R. Joseph 13800 Kennard Dr. Glenelg md 21737

Howard Crystal Clear Sub - Blouin Prop. Blenelg

DRILLER INFORMATION

Joseph L. Mayne M SD 024 Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771

Kennard Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 225 FT TAX MAP: 22 BLK: 7 PARCEL 533

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard County 13 A520087

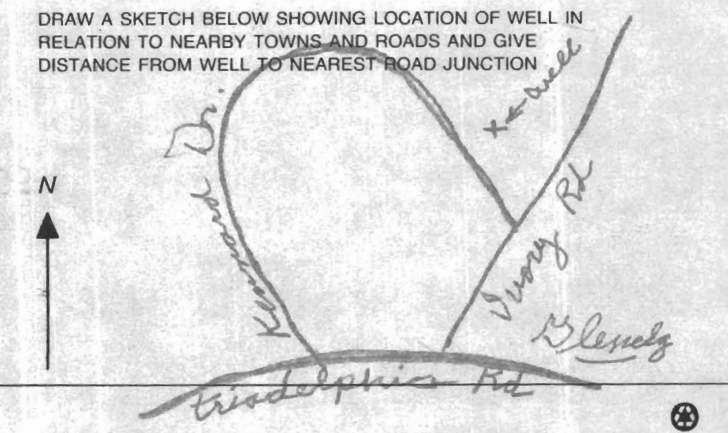
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-95-0551



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0551
 Location of property (road) Kennard Dr.
 Subdivision Crystal Clear Sub- Blount Prop Lot 2 Block 7 Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Joseph Blount

Depth of well 440'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 24'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 gpm
 Total time 45 min to reach pumping water level 379 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5' gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	152	4		15 gpm
7:30	268	4		15 "
7:45	379	5		12 "
8:00	376	40		1.5 "
8:15	375	40		1.5 "
8:30	375	40		1.5 "
8:45	375	40		1.5 "
9:00	375	40		1.5 "
9:15	375	40		1.5 "
9:30	375	40		1.5 "
9:45	375	40		1.5 "
10:00	375	40		1.5 "
10:15	375	40		1.5 "
10:30	375	40		1.5 "
10:45	375	40		1.5 "
11:00	375	40		1.5 "
11:15	375	40		1.5 "
11:30	375	40		1.5 "
11:45	375	40		1.5 "
12:00	375	40		1.5 "
12:15	375	40		1.5 "
12:30	375	40		1.5 "
12:45	375	40		1.5 "
1:00	375	40		1.5 "
HD-24:15	375	40		1.5 "
1:30	375	40		1.5 "
1:45	375	40		1.5 "

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: ROBERT L FEEZER CO INC Telephone #: 410-795-1405
Address: 6321 BRADLEY AVENUE
SYKESVILLE, MD 21784

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

License # and name of individual responsible for the field installation:
Name (Print): ROBERT L FEEZER CO INC License# 2122

*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: THOMAS TWIGG Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 95-0651
Site Address: 1304 KENNARD DRIVE
GLENSIDE, MD 21737

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDOS</u>	Make: <u>PABDD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSQD7-320</u>	Model #: <u>CAMPBELL</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>405</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>100'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Feezer date: 3/13/08

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

Date Insp. Requested: <u>3/13/08</u>	Date Insp. Approved: <u>3/13/08</u> (RW)
Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

KeB2

H R. PICKENS & SHERALYN R. BROWN
TAX MAP 22 PARCEL 533
LOT 28
RYSTAL CLEAR SUBDIVISION

FOREST CONSERVATION
EASEMENT
13,975 SF (0.32±AC)

QP
3

LOT 2
3.69 AC.

EX.
6.7

INV=600.20'

INV=599.80'

INV=599.80'

INV=606.10

INV=606.30

INV=606.30

INV=606.30

614

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N57°15'46"E

30' BRL

WOOD FENCE

35' BRL

GRASS

60' BRL

30' BRL

100'R

staked
by AB

PROP.
WELL

well s&e
OK KW

FF=611.2

10.4

10.7

10.2

30'

10.5

10.5

10.5

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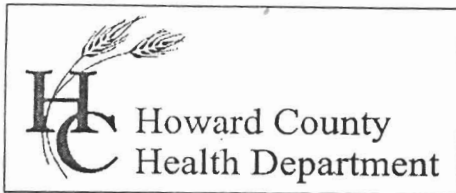
10.5

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(2) 6" PINE

(2) 6" PINE



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

July 17, 2008

Mr. & Mrs. Thomas Twigg
3000 Sobus Drive
West Friendship, MD 21794

SENT VIA FACSIMILE 410-799-7123

RE: Blouin Property, Lot 2
13804 Kennard Drive
Glenelg, MD 21737
BP #: B007001624
Well Permit # HO-95-0551

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 04/04/2008. Final approval of the well line connection to the dwelling was approved on 03/13/2008.**

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- 95-0551. 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) 313-1792 to schedule a final water sample appointment. Currently there is no charge for this final sampling.**

Date of Water Sample(s): 06/03/2008 & 06/11/2008
Date of Well Completion: 11/30/2006

Approving Authority,

Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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



AB CONSULTANTS, INC.
9450 Annapolis Road
Lanham, Maryland 20706

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

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DESIGN BUILD
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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 Suidivision.

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	67744	Account #:	10399
Reference:	Tom Twigg	Company:	CASH ACCOUNT
Location:	13804 Kennard Drive Glenelg, MD 21737	Requested By:	Tom Twigg
Date/ Time Collected:	6/11/2008 1130	Source:	Well Water
Date/Time Rec'd:	6/12/2008 0800	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Neutralizer**
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-95-0551

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/13/2008 / 0830 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/13/2008 / 0830 / AD/BD

NOTES

- 1 **Sample collected prior to treatment
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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
 Building Permit # : B07001624

Date Reported: 6/13/2008

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 #:	67657	Account #:	10399
Reference:	Tom Twigg	Company:	CASH ACCOUNT
Location:	13804 Kennard Drive Glenelg, MD 21737	Requested By:	Tom Twigg
Date/ Time Collected:	6/3/2008 1050	Source:	Well Water
Date/Time Rec'd:	6/3/2008 1307	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener/Neutralizer**
Collected By:	J.Yeager 6176JY	pH:	6.8
		Well #:	HO-95-0551

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME	ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/4/2008 / 0830	AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	6/4/2008 / 0830	AD/BD
Nitrate	<1.0	mg/L	10	601	6/3/2008 / 1610	AD/BD
Turbidity	3.25	NTU	<10	SM18 2130B	6/3/2008 / 1515	AD/BD
Sand	NS	mg/L	5	Visual/Gravimct	6/3/2008 / 1515	AD/BD

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 # : B07001624

Date Reported: 6/4/2008