

C1 0672

SEQUENCE NO. (MDE 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 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1984

OWNER Main St. Rulcher STREET OR RFD 1540 TOWN Mt. Airy

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Slate, Blue Slate, and Blue Slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (1500), GALLONS OF WATER (30), DEPTH OF GROUT SEAL (46).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (48).

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

SCREEN RECORD: screen type (HO), diameter (46), depth (300).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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 M-D-112, DRILLERS SIGNATURE, LIC. NO. 1 D

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

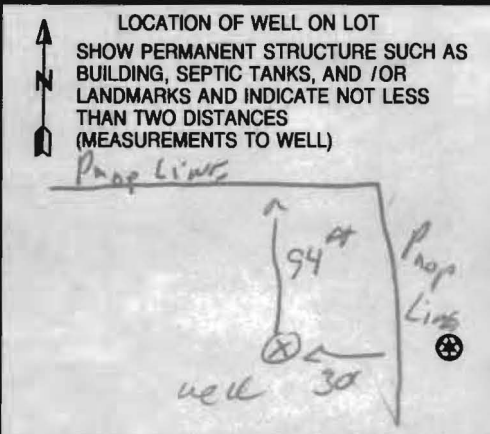
DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, 3, R, E, E, N.

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (58 ft. before, 114 ft. when pumping), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+) above, LAND SURFACE (2) below.



B 1 0870
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

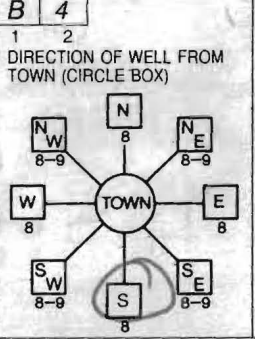
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
532591 please type

STATE PERMIT NUMBER
Ho-95-1884
70 fill in this form completely 79

Date Received (APA)
8 MM DD YY 13
OWNER INFORMATION
Main Street Builders Inc
15 Last Name Owner First Name 34
5205 Candy Rd.
36 Street or RFD 55
ELKRIDGE MD. 21205
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
1540 Long Cornor Rd.
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Mt Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 MI
73 76 77 78

DRILLER INFORMATION
Ralph E. Maywe M SD 117
Driller's Name 76 License No. 81
RAUL E. MAYWE INC
Firm Name
17024 Handy Rd. Mt. Airy MD. 21201
Address
Signature Date 4/5/10



B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
Long Cornor Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 30 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 6 BLK: 10 PARCEL 83

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
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 530253
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/9/10
43 MM DD YY 48 CO SIGNATURE EXP. DATE 4/9/11
NORTH GRID 545 000 EAST GRID 0758 000
50 55 57 63

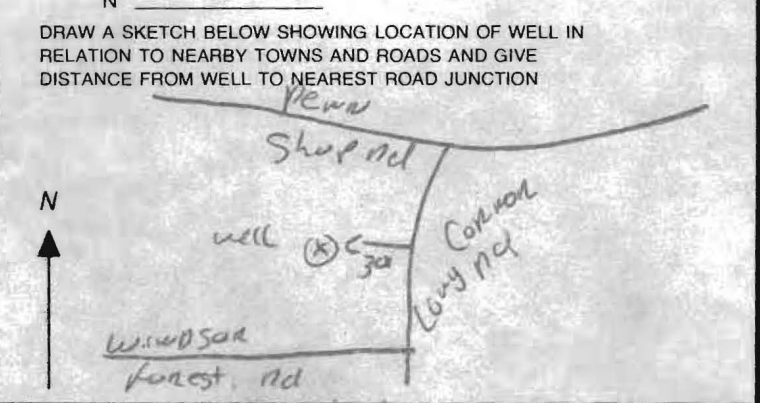
APPROXIMATE DEPTH OF WELL 150 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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
39 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 G
PERMIT No. Ho-95-1884
70 71 72 73 74 75 76 77 78 79

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 2508
N 5405
000
000



SPECIAL CONDITIONS Rep. well sites refer to PC signed 3/11/10.
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 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 #: 443-463-2753
 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 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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1884
 Site Address: 1540 Long Corner Rd, Mt Airy, MD 21771

Submersible Pump Data

Pitless Adapter

Well Cap and Electric Conduit

Make: _____ Make: _____ Two piece watertight cap: _____
 Model #: _____ Model#: _____ Screened, vented well cap: _____
 Pump Capacity _____ GPM Depth: _____ (36" min) Cap secured to casing: _____
 Well Yield: _____ GPM NSF/WSC approved: _____ Conduit min 18" B.G.: _____
 Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: _____
 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 _____

Piping to house

House Connection

Type: _____ PVC sleeve to undisturbed soil at wall penetration: _____
 PSI: _____ (160 psi min) Length of sleeve(5' minimum from foundation): _____
 Depth of supply line: _____ (36" min) Sleeve 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: 2/8/13 Date Insp. Approved: 2/8/13 Inspector: RR
 Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Gaske Plumbing Telephone #: 410-795-1538
Address: P.O. BOX 1247
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): John M Gaske III License# 0381

***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: Main Street Builders, Inc. Telephone #: 410-796-2003
Subdivision: N/A Lot #: PAR3 Well Tag #: HO-95-1884
Site Address: 1540 Long Corner Road
Mount Airy, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Meyers</u>	Make: <u>American Granby</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2ST525</u>	Model#: <u>PT800NL</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>6</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>36"</u>
Depth of well encountered at time of pump installation: _____ (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, 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

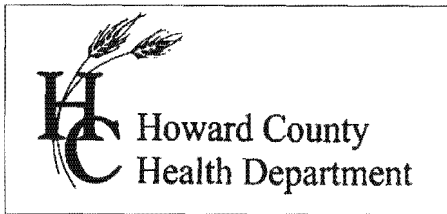
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" IPS</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <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: [Signature] date: 2/24/13

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 _____



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

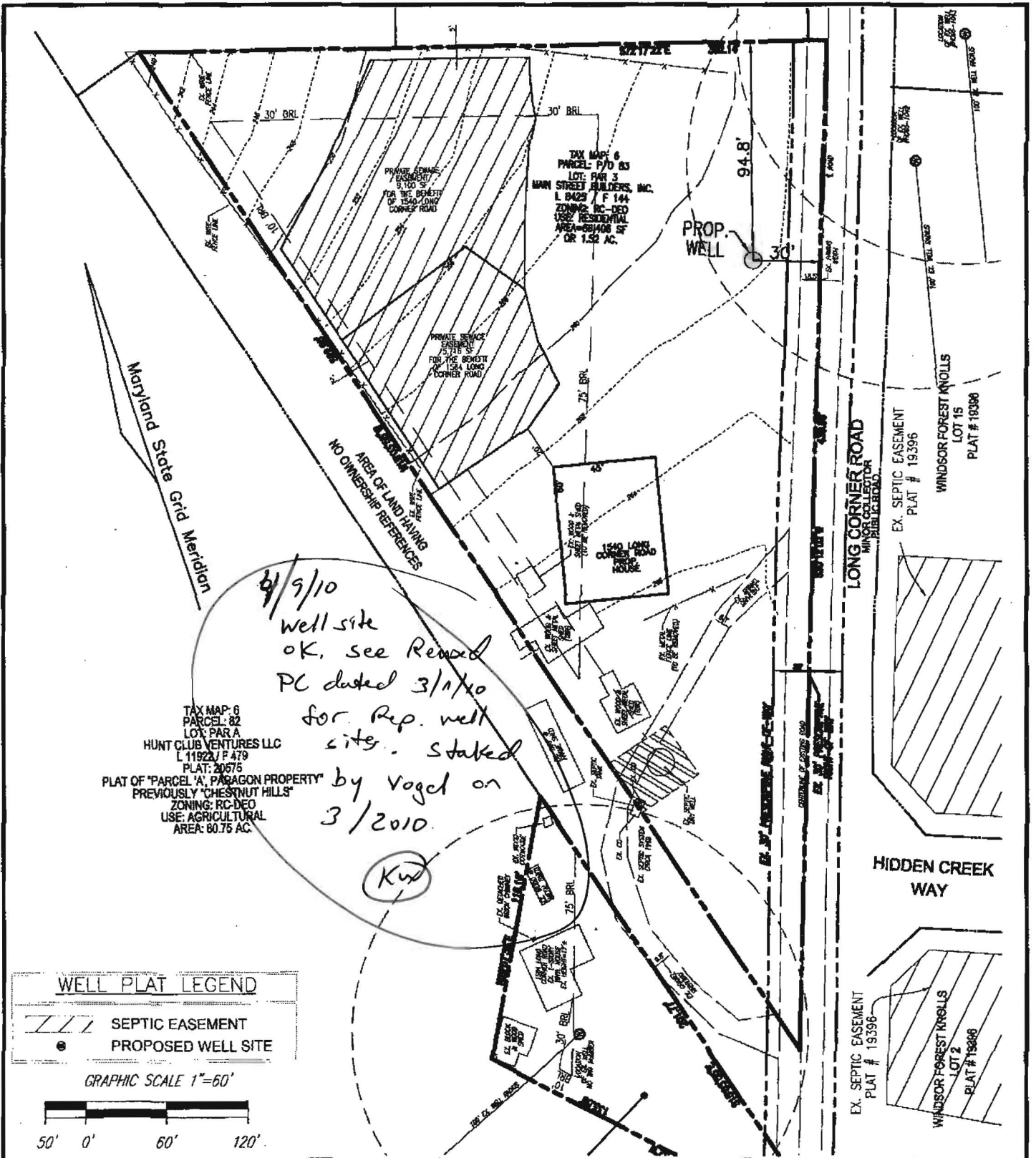
1540 Long Corner Rd.		Long Corner Rd.
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Robert H. Vogel Engineering, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on MARCH 2010 (date) and does not require a site inspection.

- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07 *Owned Main Street BLDG'S INC*
Location 1540 Long Corner Rd.



SCALE 1" = 60'
 DRAWN BY JCO/HS
 CHECKED BY R.H.V.
 DATE MARCH, 2010
 W. O. # 04-33
 SHEET# 1 OF 1

TAX MAP 6 GRID 10
 4TH ELECTION DISTRICT

ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 2407 MAIN STREET
 ELICOTT CITY, MD 21043
 TEL: 410-481-7926
 FAX: 410-481-9667

1540 LONG CORNER ROAD
WELL LOCATION PLAN

PARCEL 83
 HOWARD COUNTY, MARYLAND

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Main Street Builders
5705 Landing Road
Elkridge, Md 21075
Attn: James Snodgrass

Reporting Date: 8/28/2013
Report #: K9927

Submitted Sample Address: 1540 Long Corner Road
Mt. Airy, Md
Submitted Sample Source: Hose bib at Tank in Basement
Date / Time Collected: 8/27/2013 11:03 AM
Sample Type: Drinking Water
Sampler/Company: D. Pitts 4322DP, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-1884

Results OK
9/4/13 HS

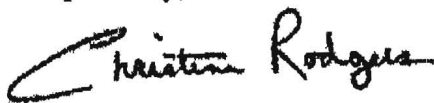
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	6.4	mg/L	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	5.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B


Notes:

- Bacteriological analysis of this sample indicates this water is safe for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- Analyzed by lab 214.
- SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 

Michael J.. Davis

From: Steven Krieg [SKrieg@mde.state.md.us]
Sent: Thursday, July 16, 2009 10:51 AM
To: Robert Bricker
Cc: Michael J.. Davis; Sara Sappington
Subject: Variance Approval 1540 Long Corner Road

Robert,

Stopped by the property this morn, and it appears the predominant flow from the existing pit is not towards the initial proposed well site for 1540, although some flow from the pit may occur that way. Looking at the plat however, I did notice that the well site is not located 15 from the right of way as per 26.04.04, so this should be revised and moved 5 feet further back towards the downgradient borderline.

The variance is approved subject to the following conditions: (Please add the applicable following notes to the perc cert and in the variance letter for my signature)

- 1)The initial well site will be drilled as a test well and must have steel casing set a minimum of 50 feet OR ten feet into the competent bedrock whichever is deeper. (The Well permit must indicate Test Well and be special conditioned for this casing requirement at the bottom of the green form, Normally the well regs only require 2 feet into the competent bedrock with casing install.)
- 2) Following drilling, a licensed MD well pump installer will set a test pump and chlorinate the well in accordance with COMAR 26.04.04.07(N).
- 3) At least 12 hours after chlorination, the pump installer will purge the well and a sample must be collected by a MD certified drinking water sampler to measure baseline chlorine residual. If less than 5 mg/l of chlorine residual remains, the pump installer will repeat the chlorination procedure.
- 4)When the appropriate amount of chlorine residual is detected, the well purge will continue until chlorine residual is no longer detectable, then a sample will be taken by a MD certified drinking water sampler. The sample will be analyzed by either the State Lab or a Private MD State Certified Lab for typical basic domestic wastewater constituents including: nitrates, total coliform and e. coli bacteria, chlorides, MBAS (Methylene Blue Activated Surfactants) and ammonia-N.

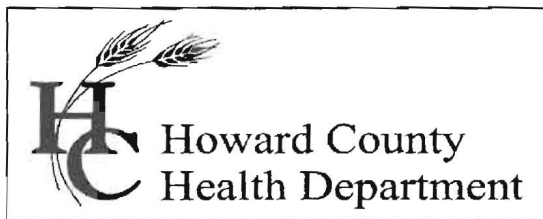
(Ammonia should be sampled according to EPA 365.1 Method (State Lab can test for this as well) (MBAS =Detergents EPA 425.1 Method (State Lab can test for this as well)

Mention in the variance letter draft you send to me what will happen if the well can not be decontaminated.

Any Questions please email. Thanks

If it helps to send me the perc cert notes as a draft prior to Vogel. Thats fine too.

Steven R. Krieg, R.S.
Regional Consultant
On-site Systems Division
Wastewater Permits Program



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

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 – March 4, 2014

September 4, 2013

Homeowner
1540 Long Corner Road
Mount Airy, MD 21771

**RE: Long Corner Rd, Parcel D
1540 Long Corner Rd.
Building Permit: B10003630
Well Permit: HO-95-1884**

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 **6/25/2013**. Final approval of the well line connection to the dwelling was granted on **2/8/2013**. The well construction was completed on **5/7/2010**. Water samples were collected on **8/27/2013**.

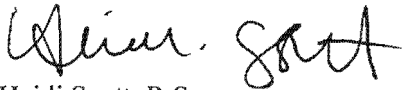
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1884. 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:

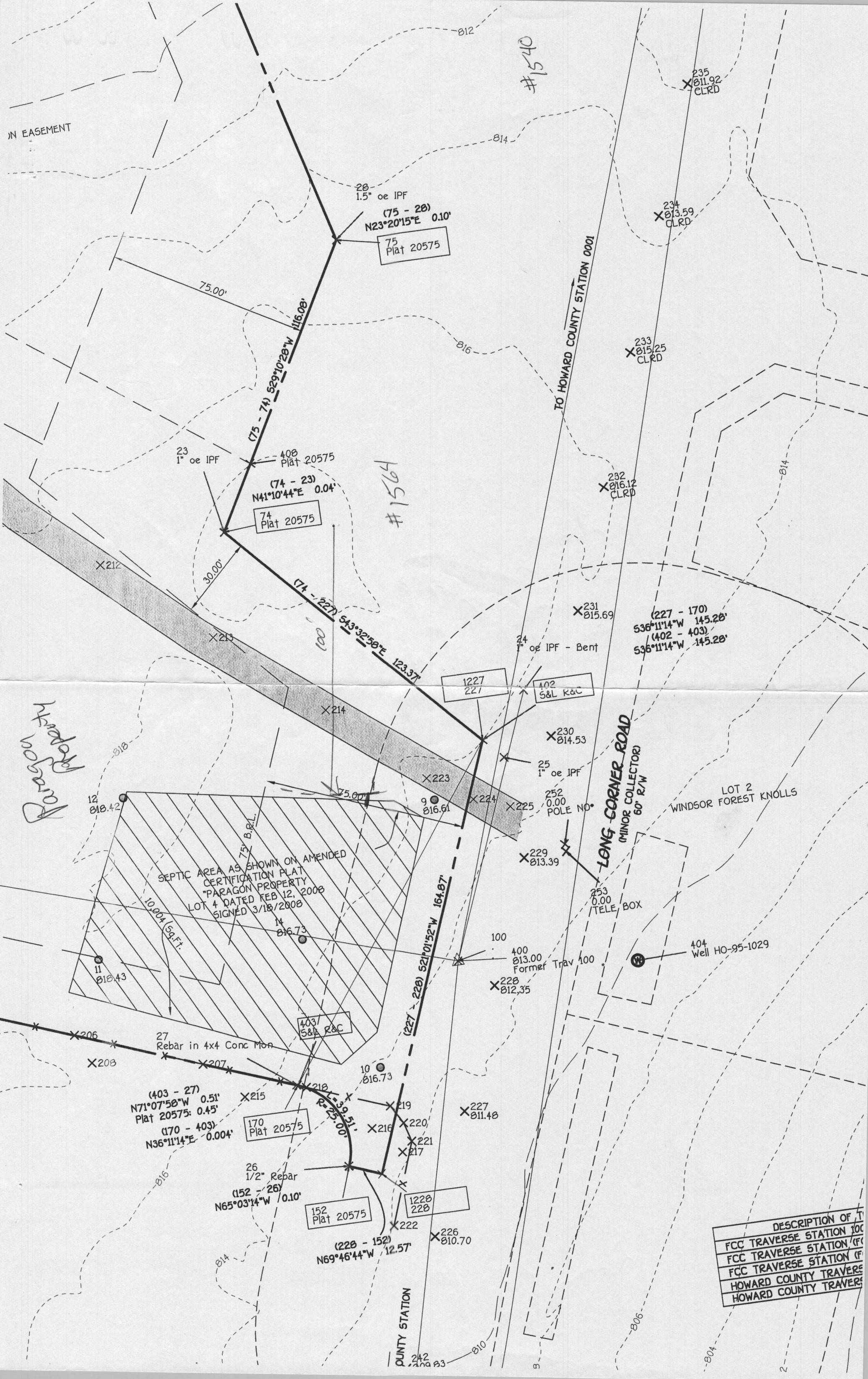
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "Heidi Scott". The signature is written in a cursive, flowing style.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



IN EASEMENT

#1540

#1564

Paragon Highway

TO HOWARD COUNTY STATION 0001

LONG CORNER ROAD
(MINOR COLLECTOR)
60' R/W

LOT 2 WINDSOR FOREST KNOLLS

SEPTIC AREA AS SHOWN ON AMENDED CERTIFICATION PLAT "PARAGON PROPERTY LOT 4 DATED FEB 12, 2008 SIGNED 3/18/2008

DESCRIPTION OF T
FCC TRAVERSE STATION 100
FCC TRAVERSE STATION (F)
FCC TRAVERSE STATION (F)
HOWARD COUNTY TRAVERSE
HOWARD COUNTY TRAVERSE

(403 - 27)
N71°07'58"W 0.51'
Plat 20575: 0.45'

(170 - 403)
N36°11'14"E 0.004'

(152 - 26)
N65°03'14"W 0.10'

(228 - 152)
N69°46'44"W 12.57'

(227 - 170)
S36°11'14"W 145.28'
(402 - 403)
S36°11'14"W 145.28'

27 Rebar in 4x4 Conc Mon

26 1/2" Rebar

253 0.00 TELE BOX

404 Well HO-95-1029

400 813.00 Former Trav 100

24 1" oe IPF - Bent

25 1" oe IPF

252 0.00 POLE NO.

253 0.00 TELE BOX

400 813.00 Former Trav 100

404 Well HO-95-1029

253 0.00 TELE BOX

400 813.00 Former Trav 100

404 Well HO-95-1029

253 0.00 TELE BOX

400 813.00 Former Trav 100

404 Well HO-95-1029

253 0.00 TELE BOX

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404 Well HO-95-1029

253 0.00 TELE BOX

400 813.00 Former Trav 100

404 Well HO-95-1029