

C1 08059

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

PERMIT 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 545059

ST/CO USE ONLY DATE RECEIVED MM 01 DD 20 YY 13

DATE WELL COMPLETED MM 8 DD 9 YY 2013

Depth of Well 22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2567

OWNER Beall last name McKendree Rd first name Charles TOWN West Friendship SUBDIVISION Roman Estates SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica rock, and Water.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (15), NO. OF POUNDS (440), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 57 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (60).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 58, 160.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 SD 024, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 027, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft, WHEN PUMPING 36 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, - below, LAND SURFACE 2 (nearest foot)

LATITUDE 39.31050, LONGITUDE 76.99822, (DEFAULT COORD. WGS 84)

NOTES:

B 1 12109  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
545083 please type

STATE PERMIT NUMBER  
HD - 95 - 2567  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
1824 Woodside Ave  
36 Halethorpe Md 21227 55  
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21  
Howard  
Koman Estates  
23 SUBDIVISION 42  
SECTION 44 46 LOT 2 48 50  
West Friendship  
52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name 76 License No. 81  
Joseph L Mayne M S D 024  
Firm Name  
5512 Ridge Rd Mt. Airy 21774  
Address  
Signature Date  
Joseph L Mayne 6-28-13

B 4

SOURCES OF DRILLING WATER

1. well  
2.  
3.

McKendree Rd  
11 STREET ADDRESS 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH [ ] SOUTH [ ]  
WEST [ ] EAST [ ]  
34 300 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4  
8 500 12  
AVERAGE DAILY QUANTITY NEEDED (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
- OPEN LOOP GEOTHERMAL
- CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 545059 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 07/15/2013 RA 7/15/14  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

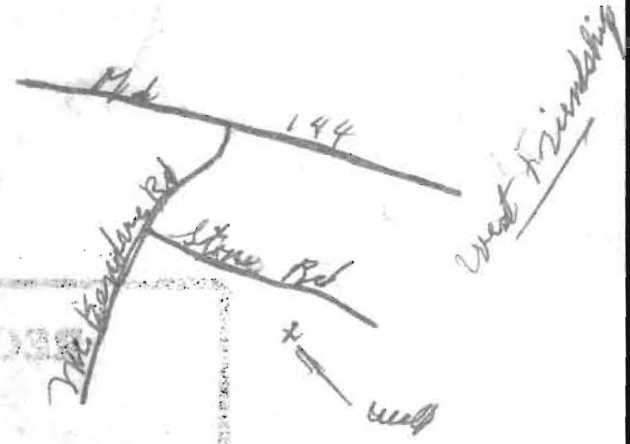
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G  
PERMIT No. HD - 95 - 2567  
70 71 72 73 74 75 76 77 78 79

PROPOSED LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

drill well @ staked location



**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: Compass Pointe Plg Telephone #: 443-790 4312  
Address: 8071 Highway Rd  
Pasadena Md 21122

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

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

Name (Print): Douglas Horton License# 4482

**\*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: Owen Charles Beall Telephone #: 443-756-9941  
Subdivision: Roman Estates Lot #: \_\_\_\_\_ Well Tag #: HO-95-2567  
Site Address: 2165 Mc Kenzie Rd  
West Friendship Md 21794

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Whisper</u>	Make: <u>American</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3000-M4P10507</u>	Model #: <u>P7500 WG</u>	Screened, vented well cap: _____
Pump Capacit: <u>1099</u> GPM <u>305</u>	Depth: <u>140'</u> (36' min)	Cap secured to casing: _____
Well Yield: <u>2091</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>160</u> (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**

Type: 1" Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 140 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: 1"  
Length of sleeve (5' minimum from foundation): 1'  
Sleeve 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.**

Signature of company representative responsible for installation: [Signature] date: 6-3-15

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

Date Insp. Requested: 6/3/15 Date Insp. Approved: 6/8/15 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>6/8/15</u>	X covered in water (rain)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	<u>6/8/15</u>	X loose bolts
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>6/8/15</u>	X < 18"
Safety rope not outside of well cap/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"/>	<u>6/8/15</u>	X not 25"
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	<u>6/8/15</u>	X covered in water (rain)

6/3/15  
SC

# 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 #: 102658 Account #: 21399  
Reference: Charles Beall Company: CASH ACCOUNT  
Location: 2165 McKendree Road Requested By: Charles Beall  
West Friendship, MD 21794 Source: Well Water  
Date/ Time Collected: 8/21/2015 1140 Site: Powder Room Sink  
Date/Time Rec'd: 8/21/2015 1253 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.3  
Collected By: J. Yeager 6176JY Well #: HO-95-2567

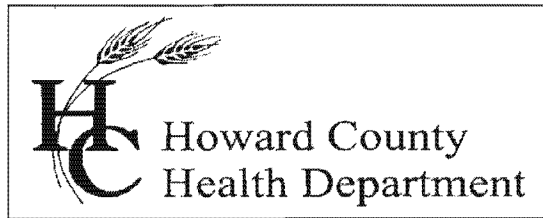
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/22/2015 / 1015 / CWM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	8/22/2015 / 1015 / CWM
Nitrate	1.88	mg/L	10	601	8/21/2015 / 1625 / CRS
Turbidity	1.19	NTU	<10	SM18 2130B	8/21/2015 / 1635 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	8/21/2015 / 1635 / CRS

### NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

**Reason for Test :** Use & Occupancy  
**Building Permit # :** B14001430

Date Reported: 8/24/2015



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-2640 | 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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 26, 2015**

August 26, 2015

Homeowner  
2165 McKendree Road  
West Friendship, MD 21794

**RE: Roman Estates, Lot 2  
2165 McKendree Road  
Building Permit: B14001430  
Well Permit: HO-95-2567**

Dear Homeowner:

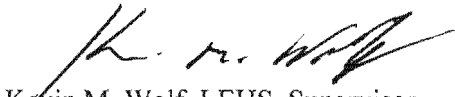
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/9/2015**. Final approval of the well line connection to the dwelling was granted on **6/8/2015**. The well construction was completed on **8/7/2013**. Water samples were collected on **8/21/2015**.

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-95-2567. 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.**

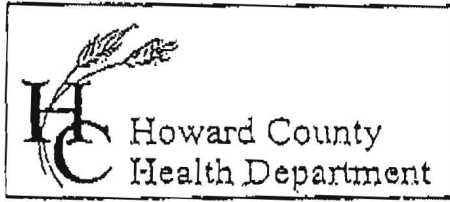
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "K. M. Wolf", written in a cursive style.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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



7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Roman Estates      2      Mc Kendree Rd  
 Subdivision/Property Name      Lot#      Road Name

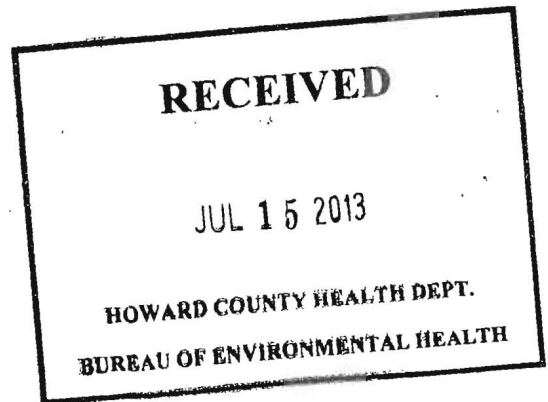
The well site has been staked by John Mellman & Inc  
 (professional land surveyor or company employing professional land surveyors)  
 on June 23-2013 (date) and does not require a site inspection.

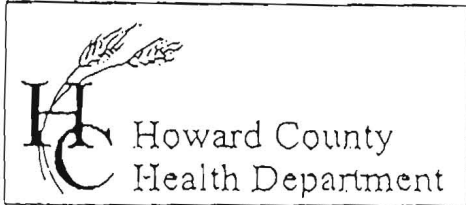
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/05

*Owner 443-756-9941  
 Charles Beall*





7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Roman Estates      2      McKendree Rd  
 Subdivision/Property Name      Lot#      Road Name

The well site has been staked by land surveyor  
 (professional land surveyor or company employing professional land surveyors)  
 on June 2013 (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 3/11/05

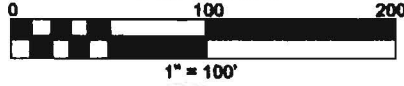
*Charles Beall*

*443-756-9941*










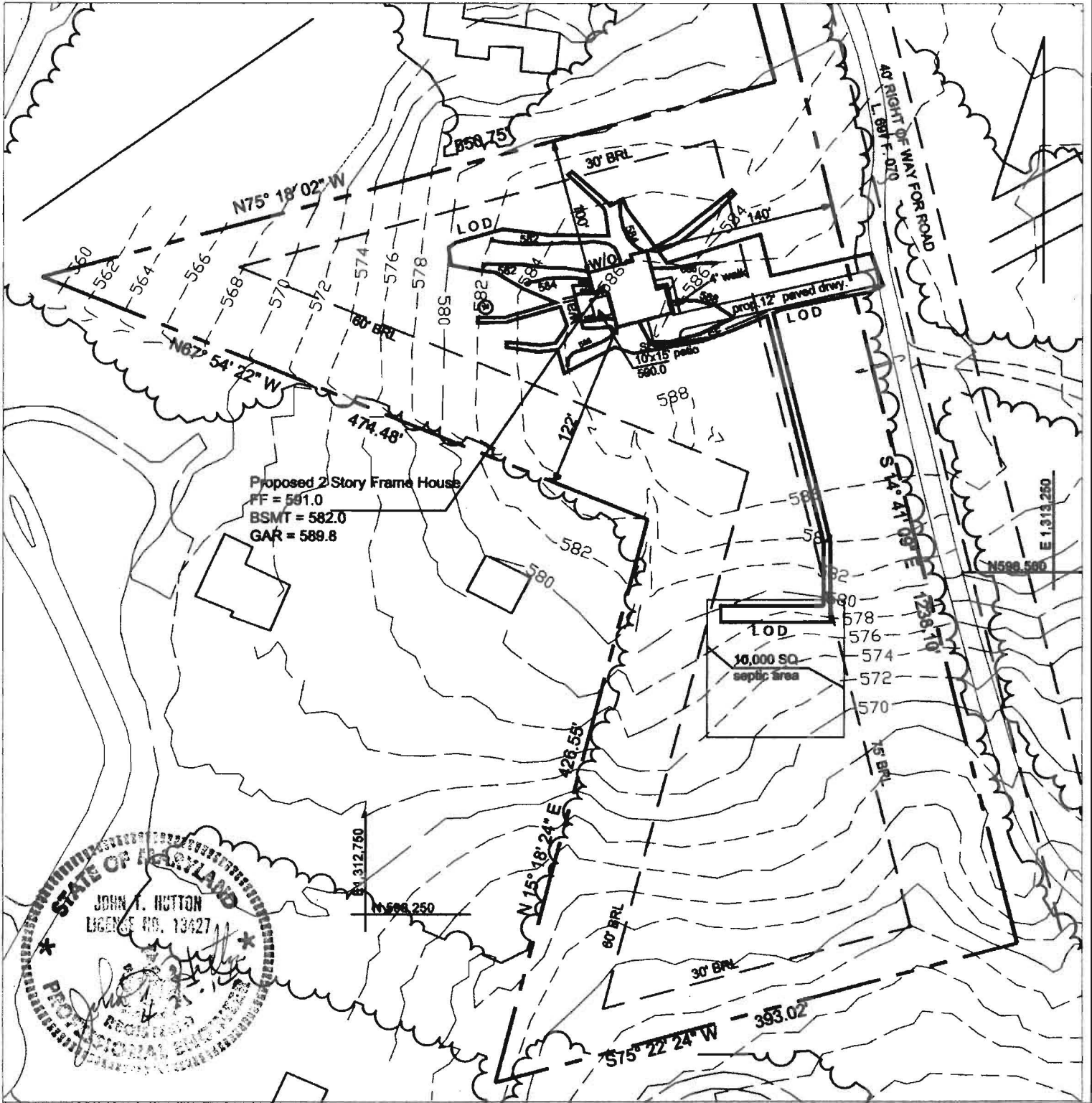
Note: The topography shown on this plan is taken from field run and County topography and accurately represents the relative changes on the subject property.

Graphic Scale

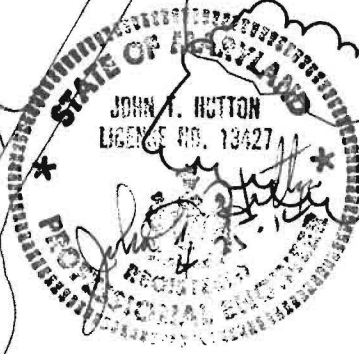


**LEGEND**

- Existing Well 
- Silt Fence  SF SF
- W/O  Walk Out Basement
- Property Line  LOD
- Limit of Disturbance  LOD
- Existing Contours  578
- Proposed Contours  584



Proposed 2 Story Frame House  
 FF = 581.0  
 BSMT = 582.0  
 GAR = 589.8



**BUILDER**  
 Charles G. Beall  
 1824 Woodside Avenue  
 Halethorpe, Maryland 21227  
 Phone 443-756-9941

**OWNER**  
 Charles G. Beall, Patricia H. Beall and  
 Gary G. Beall  
 1824 Woodside Avenue  
 Halethorpe, Maryland 21227  
 Phone: 443-756-9941

**PLOT PLAN**  
 LOT 2 ROVER MILL ROAD  
 2165 McKendree Road  
 West Friendship, MD 21794  
 Tax Map 15 Grid 7 Parcel 199  
 4th Election District Deed Reference 13380/200  
 Tax Account No 03-294331 Scale: 1" = 100' April, 2014