

C1 7067

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER AS 26 251

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) PL 4 4 to 80 PL 4 100 160

SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.) 80 100 150 210 260 320 380 440 500 560 620

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft.

WHEN PUMPING 44 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

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 36

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

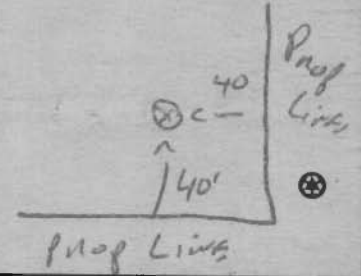
CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

below 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

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.

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 0588 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HD-95-1124 fill in this form completely

526682 please type

OWNER INFORMATION MAISEL Jeffrey & Jacqueline 4367 MAISEL FARM LA ELlicott City MD 21042

LOCATION OF WELL Howard County Map 14 Parcel 53 SECTION 44 LOT 2 Cooksboro W Friendship

DRILLER INFORMATION Ralph E. MAYNE M S D 117 RALPH E. MAYNE INC 17024 Handy Rd Mt Airy MD 21051

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) MCKEN-DRIVE Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 14 BLK: 6 PARCEL 53

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS26251 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/15/07 CO SIGNATURE EXP. DATE 5/15/08 NORTH GRID 537 000 EAST GRID 798 000

APPROXIMATE DEPTH OF WELL 150 FEET 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 798 E 537 798 N 240 537

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVEN Drive-POINT

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER PERMIT No. HD-95-1124

SPECIAL CONDITIONS If dry hole, call Health Dept immediately

**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: ERW Homos Inc Telephone #: 301-253-1012
Address: 26710 Howard Chapel Dr
Damascus, Md. 20872

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Charles W. Small Jr License# 68716
***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: Joffrey Maisei Telephone #: 443-766-6095
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1124
Site Address: 2340 McRendree Rd.
West Friendship Md. 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Jacuzzi</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: <u>B</u>	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>9</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: _____ (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>Polyethylene</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>7</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

Charles W. Small Jr Signature of company representative responsible for installation
12/21/07 date

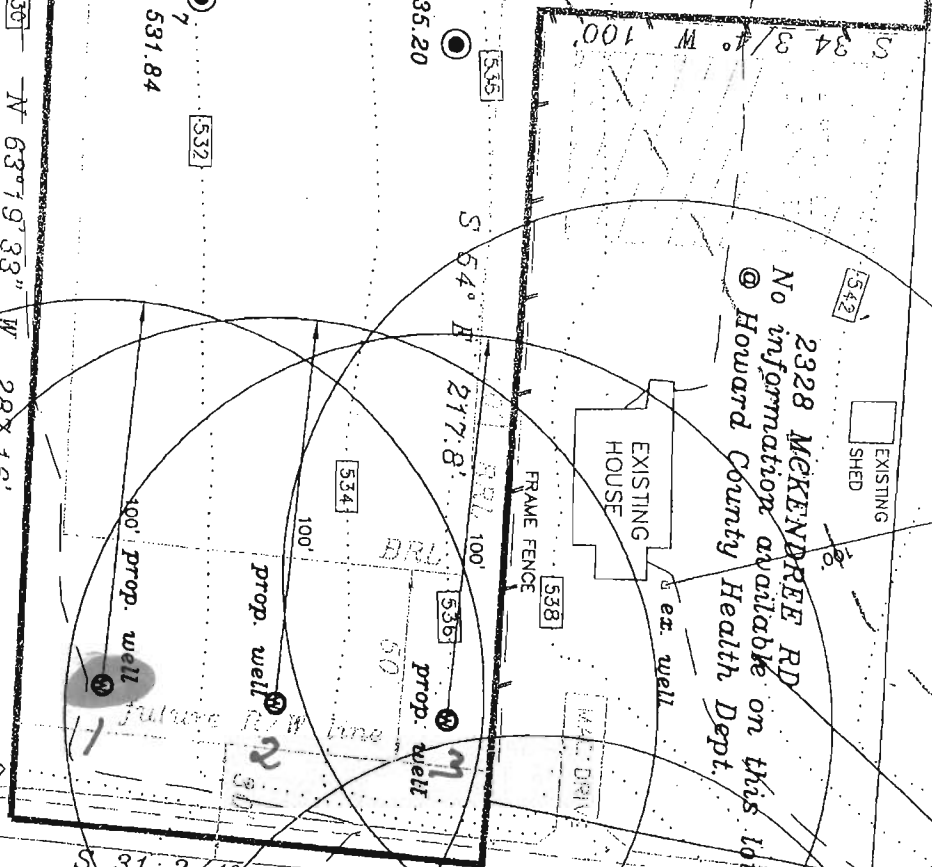
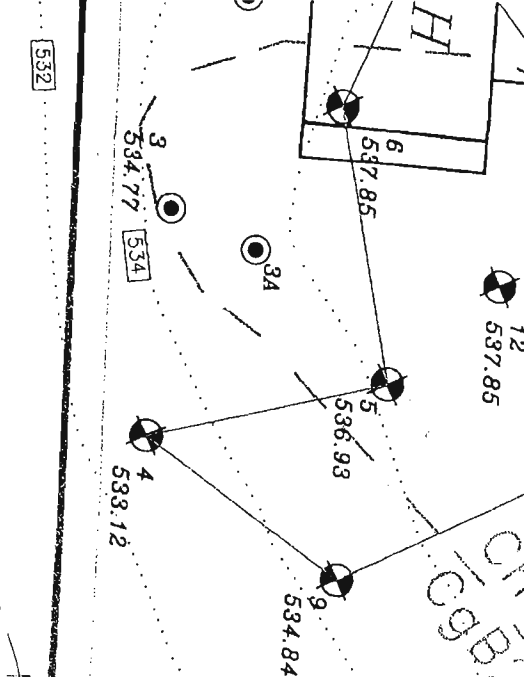
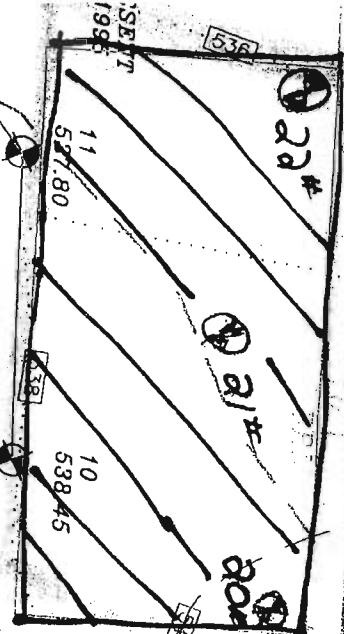
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 1/8/08 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

SDH PLANS

NEW WELLS

- LEAH SWITH: 10/
- PAUL CRANDALL: 5/
- MILFRED ALBAUGH: 9/
- CHARLES ALBAUGH: 10/



MCKENDREE ROAD

REE RD

L 53

X RINGBY

ALBAUGH PROPERTY
 MAP 14 PARCEL
 LOT 2

5/14/07

Only well site #1

OK

(B)

EXISTING WELL #

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN NOVEMBER 2006
2. THIS AREA DESIGNATES A PROPOSED PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO ENCROACHMENTS INTO THE PRIVATE SEWAGE DISPOSAL AREA.
3.
 - DESIGNATES EX. or PROP. WELL LOCATION
 - DESIGNATES SUCCESSFUL PERC TEST
 - DESIGNATES FAILED PERC TEST
 - H DESIGNATES PROPOSED HOUSE LOCATION
 - DESIGNATES SOIL TYPE BOUNDARY
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP AND LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
5. ALL VISIBLE EXISTING WELLS & SEPTIC AREAS WITHIN 100' OF THE PROPERTY LINES HAVE BEEN SHOWN.
6. SOIL TYPES: CHESTER SILT LOAM
CHESTER GRAVELLY SILT LOAM
7. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM AVAILABLE DEEDS OF RECORD. ACREAGE SHOWN HEREON IS APPROXIMATE.

2240 MCKENDREE RD
L.7803/F.591
MAP 14 PARCEL 128
OWNERSHIP HISTORY
MCKENDREE ASSOC.: 10/2003-PRESENT
J. ALVIN SMITH: 5/1997-10/2003
J. ALVIN & LEAH SMITH: 4/1969-5/1997
HARLAN & EVELYN RANDALL: 7/1963-5/1969
CLARENCE & ADA BARNETT: 9/1962-7/1963
WALTER & IRENE EANES: 5/1961-9/1962
DONALD & LOLA VINCENT: 6/1950-5/1961
No information available on this lot
© Howard County Health Dept.

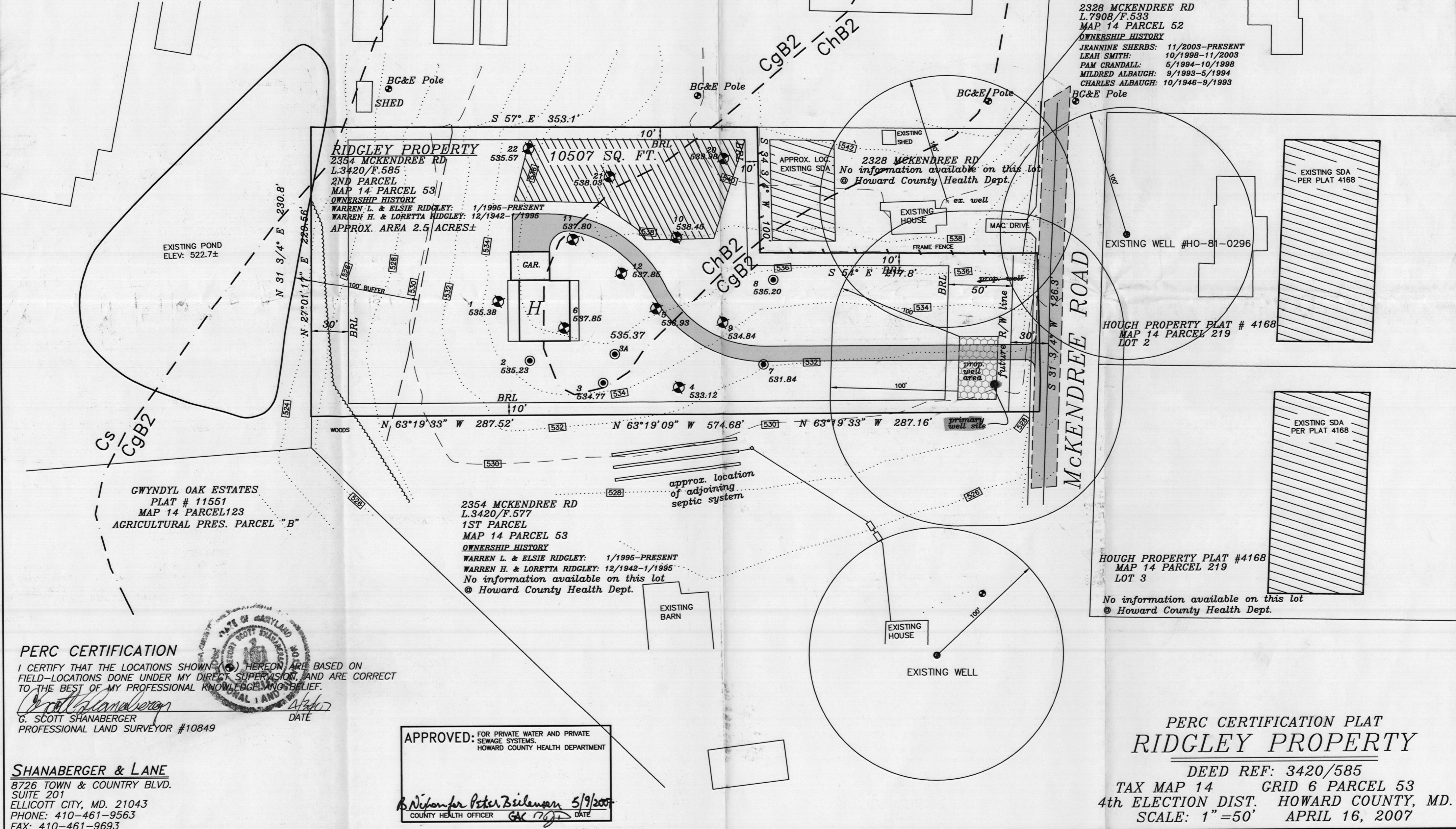
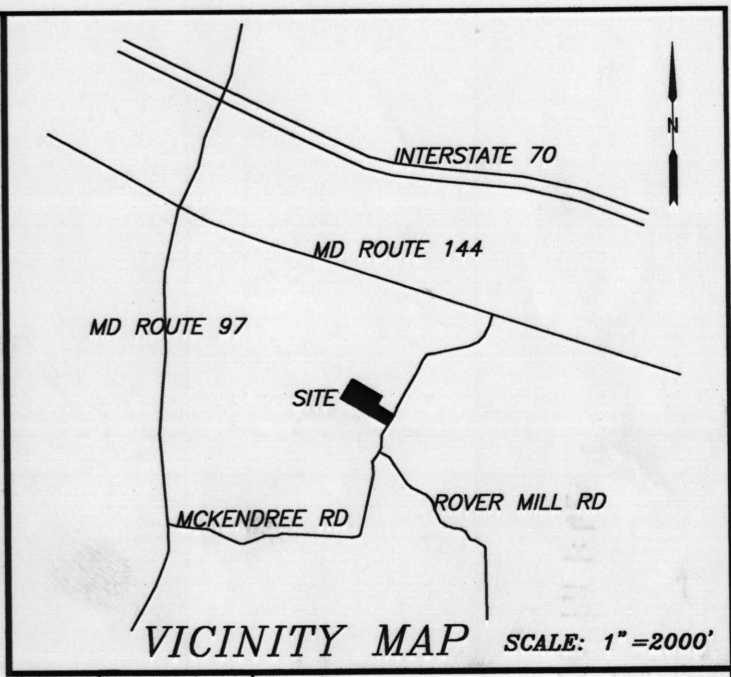
2328 MCKENDREE RD
L.7908/F.533
MAP 14 PARCEL 52
OWNERSHIP HISTORY
JEANNINE SHERBS: 11/2003-PRESENT
LEAH SMITH: 10/1998-11/2003
PAM CRANDALL: 5/1994-10/1998
MILDRED ALBAUGH: 9/1993-5/1994
CHARLES ALBAUGH: 10/1946-9/1993

RIDGLEY PROPERTY
2354 MCKENDREE RD
L.3420/F.585
2ND PARCEL
MAP 14 PARCEL 53
OWNERSHIP HISTORY
WARREN L. & ELSIE RIDGLEY: 1/1995-PRESENT
WARREN H. & LORETTA RIDGLEY: 12/1942-1/1995
APPROX. AREA 2.5 ACRES±

2328 MCKENDREE RD
No information available on this lot
© Howard County Health Dept.

2354 MCKENDREE RD
L.3420/F.577
1ST PARCEL
MAP 14 PARCEL 53
OWNERSHIP HISTORY
WARREN L. & ELSIE RIDGLEY: 1/1995-PRESENT
WARREN H. & LORETTA RIDGLEY: 12/1942-1/1995
No information available on this lot
© Howard County Health Dept.

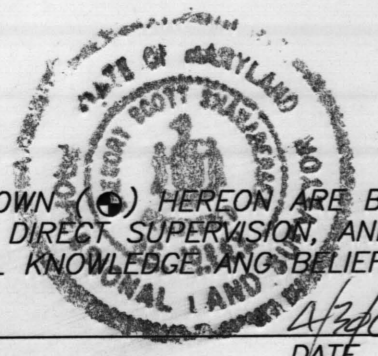
HOUGH PROPERTY PLAT #4168
MAP 14 PARCEL 219
LOT 3
No information available on this lot
© Howard County Health Dept.



PERC CERTIFICATION

I CERTIFY THAT THE LOCATIONS SHOWN (●) HEREON ARE BASED ON FIELD-LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

G. SCOTT SHANABERGER
PROFESSIONAL LAND SURVEYOR #10849
DATE 4/16/07



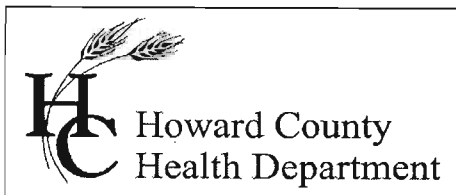
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

B. Nijman for Peter Bieleman 5/9/2007
COUNTY HEALTH OFFICER GAC DATE

PERC CERTIFICATION PLAT
RIDGLEY PROPERTY

DEED REF: 3420/585
TAX MAP 14 GRID 6 PARCEL 53
4th ELECTION DIST. HOWARD COUNTY, MD.
SCALE: 1"=50' APRIL 16, 2007

Signed



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

June 13, 2008

Jeffrey Maisel
2340 McKendree Road
West Friendship, MD 21794

SENT VIA FACSIMILE 410-531-6819
RE: 2340 Mckendree Road
West Friendship, MD 21794
BP #: B07002694
Well Permit # HO-95-1124

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 04/10/2008.**
Final approval of the well line connection to the dwelling was approved on 01/08/2008.

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- 95-1124. 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): 06/12/2008
Date of Well Completion: 06/01/2007

Approving Authority

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	67757	Account #:	10411
Reference:	Jeff Maisel	Company:	CASH ACCOUNT
Location:	2340 McKendree Road West Friendship, MD 21794	Requested By:	Jeff Maisel
Date/ Time Collected:	6/12/2008 1223	Source:	Well Water
Date/Time Rec'd:	6/12/2008 1348	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.9
		Well #:	HO-95-1124

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
Nitrate	9.61	mg/L	10	601	6/12/2008 / 1510 / AD/BD
Turbidity	1.12	NTU	<10	SM18 2130B	6/12/2008 / 1515 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	6/12/2008 / 1515 / AD/BD

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: Scaled, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B07002694

Date Reported: 6/13/2008

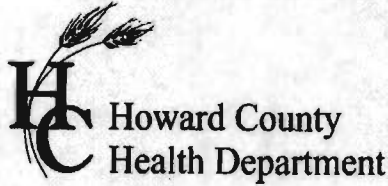
MD State Certification # 133

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
5/10/2007	Attention:

It is extremely important that the well permit for this property is issued for the site shown as "primary well site" on the approved perc cert. If this site should yield a dry hole, Future drilling attempts/locations must be first approved by Mike Davis due to concerns involving adjacent repair area. - GABE

IMPORTANT



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

Penny E. Borenstein, 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:

<u>Map 14, Parcel 53</u>	<u>2</u>	<u>2354 McKendree Rd. West Friendship</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Shanaberger & Lane,
(professional land surveyor or company employing professional land surveyors)
on 4/6/07 (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