

C1 8662

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

A 38444

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM DD YY

MM DD YY

22 440 26

10-95-0096

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

check if water bearing

Brown Shale 0 55
Gray Granite 55 440

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

MD. USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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)

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.

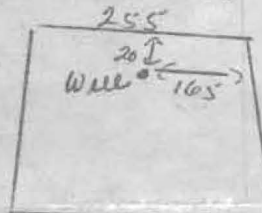
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE

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:

WELL HYDROFRACTURED

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.:

DRILLERS SIGNATURE

LIC. NO.:

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

B 1 8130

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-95-0086 fill in this form completely

523004 please type

Date Received (APA) 07/25/05

OWNER INFORMATION

C. Knudson Builders, 8455 Baltimore National Pike, Ellicott City Md 21043

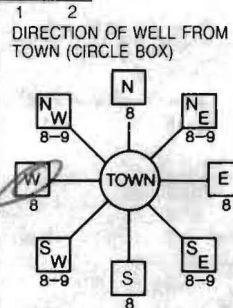
LOCATION OF WELL

Howard County, Swift Property Sub, Woodstock, 3 miles from town

DRILLER INFORMATION

Joseph L Mayne, MS D024, Joseph L Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771

DIRECTION OF WELL FROM TOWN



Marriottsville Rd, Old Frederick Rd Md 99

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 500 FT, TAX MAP: 10 BLK: 18 PARCEL 255

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 (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, A3B444, STATE SIGNATURE, DATE ISSUED 8/6/05, CO SIGNATURE, EXP. DATE

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEM AN EXISTING WELL

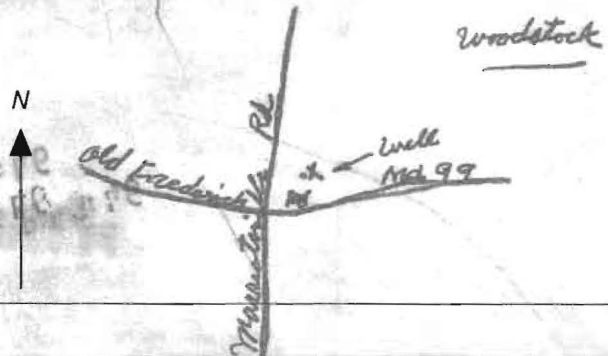
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 829, N 540

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

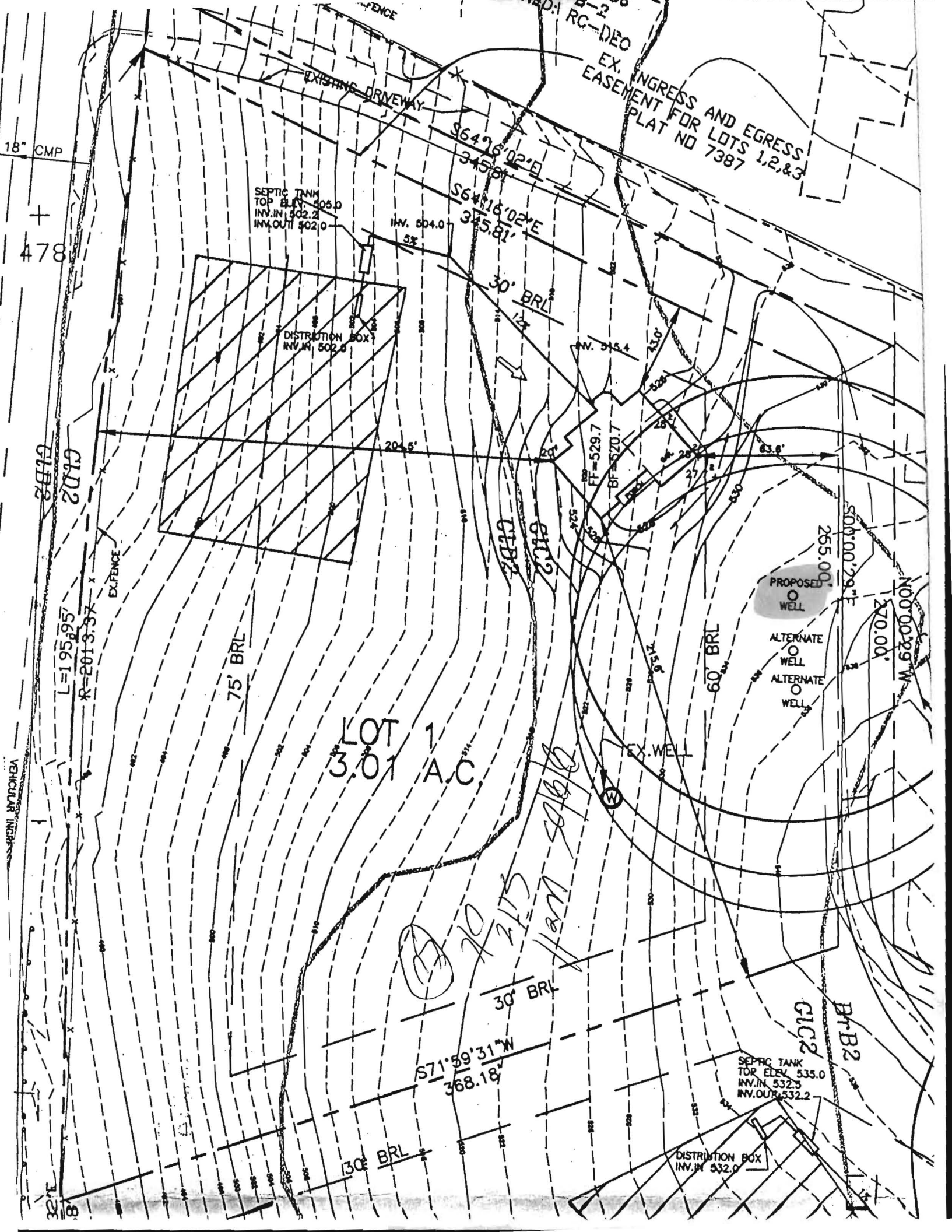
APPROX. PERMIT NUMBER, PERMIT No. HD-95-0086

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED







18" CMP

478

CLB2  
CLD2

L=195.95'  
R=2013.37'

VEHICULAR INGRESS

32' 8"

SEPTIC TANK  
TOP ELEV. 505.0  
INV. IN 502.2  
INV. OUT 502.0

DISTRIBUTION BOX  
INV. IN 502.0

LOT 1  
3.01 A.C.

PROPOSED WELL  
ALTERNATE WELL  
ALTERNATE WELL

SEPTIC TANK  
FOR ELEV. 535.0  
INV. IN 532.5  
INV. OUT 532.2

DISTRIBUTION BOX  
INV. IN 532.0

INGRESS AND EGRESS  
EX. EASEMENT FOR LOTS 1,2,&3  
PLAT NO 7387

EXISTING DRIVEWAY

EX. FENCE

EX. WELL

S71°59'31"W  
368.18'

S64°16'02"E  
345.81'

S64°16'02"E  
345.81'

30' BRL

75' BRL

60' BRL

30' BRL

30' BRL

CLC2  
BFB2

N00°00'29"W  
270.00'

FT=529.7  
BR=520.7

INV. 504.0  
5%

204.5'

265.00'

500.00'±

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

270.00'

Jul 13 04 11:23a

HO CO ENV HEALTH

14103132548

P. 1



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 (N D Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Shelton P & H Telephone #: 410 775-2127  
Address: 1713 Green Valley Rd  
Union Bridge, MD 21791

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): George Shelton, Jr. License # 110965

\*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: Mrs Kibria Telephone #: \_\_\_\_\_  
Subdivision: Sunset Lot #: 1 Well Tag #: HO-95-0086  
Site Address: 1945 Macombsville Rd  
Macombsville, MD 21054

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Grundfos Make: Lampbell Two piece watertight cap:   
Model #: 2000 Model #: W700 Screened, vented well cap:   
Pump Capacity 5 GPM Depth: 36" (36" min) Cap secured to casing:   
Well Yield 5 GPM NSF 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 B.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

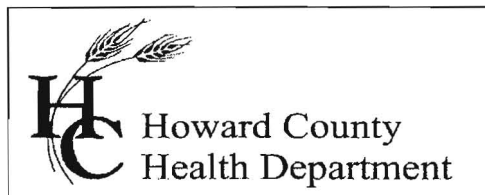
Piping to house House Connection  
Type: PVC PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: \_\_\_\_\_  
Depth of supply line 36" (36" min) Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewer 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: George Shelton, Jr. date: 5-30-06

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/28/06 (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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Pennv E. Borenstein, M.D., M.P.H., Health Officer**

May 31, 2006

C. Knudsen Development LLC  
8455 Baltimore National Pike  
Ellicott City, MD 21043

**SENT VIA FACSIMILE 410-465-2231**

RE: Swift Property, Lot 1  
1945 Marriottsville Road  
Marriottsville, MD 21104  
BP #: B00156425  
Well Permit # HO-95-0086

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 05/19/2006. Final approval of the well line connection to the dwelling was approved on 04/28/2006.**

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-95-0086. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 05/22/2006 & 05/26/2006  
Date of Well Completion: 08/17/2005

Approving Authority  
  
Gabriel Creighton, R.S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**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 #:	59203	Account #:	2647
Reference:	Knudsen Builders	Company:	Knudsen & Sons
Location:	1945 Marriottsville Road Marriottsville, MD 21104	Requested By:	Dianne Zell
Date/ Time Collected:	5/22/2006 1000	Source:	Well Water
Date/Time Rec'd:	5/22/2006 1152	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND ✓ Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	7.2
		Well #:	HO-95-0086

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223 B.	5/23/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/23/2006 / 0830 / AMD/BCD
Nitrate	<1.0	mg/L	10	601	5/23/2006 / 1230 / GN
Turbidity	2.32	NTU	<10	SM18 2130B	5/23/2006 / 0945 / GN
Sand	NS	mg/L	5	Visual/Gravimetric	5/23/2006 / 0915 / GN

*Bacteria Fail  
9/9/15 ref*

**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 tested on-site

Reason for Test : Use &amp; Occupancy

Building Permit # : B00156425

Date Reported: 5/24/2006



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

### TO ALL INTERESTED PARTIES

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

- Lot 1 and 3*
- The well site has been staked by *Benchmark Engineering*,  
(professional land surveyor or company employing professional land surveyors)  
on *7-05* (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 6/10/03

**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 #:	59256	Account #:	2647
Reference:	Knudsen Builders	Company:	Knudsen & Sons
Location:	1945 Marriottsville Road Marriottsville, MD 21104	Requested By:	Dianne Zell
Date/ Time Collected:	5/26/2006 1057	Source:	Well Water
Date/Time Rec'd:	5/26/2006 1310	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	7.1
		Well #:	HO-95-0086

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/27/2006 / 1000 / AD/CM
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	5/27/2006 / 1000 / AD/CM

**NOTES**

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- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy retest 59203  
 Building Permit # : B00156425

Date Reported: 5/30/2006

*Brad 5/25/06 Afternoon*

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
1413 Old Canterbury Rd. Westminster, MD (410) 848-1014 (410) 876-4354 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	59203	Account #:	2647
Reference:	Knudsen Builders	Company:	Knudsen & Sons
Location:	1945 Marriottsville Road Marriottsville, MD 21104	Requested By:	Dianne Zell
Date/Time Collected:	5/22/2006 1000	Source:	Well Water
Date/Time Rec'd:	5/22/2006 1152	Site:	Kitchen Sink Tap
Chlorine ppm:	Frc: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	7.2
		Well #:	HO-95-0086

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223 B.	5/23/2006 / 0830 / AMD/BCD
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Reason for Test : Use & Occupancy  
Building Permit # : B00156425

Date Reported: 5/24/2006