

C 1 08182

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-57611-6

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE RECEIVED MM DD YY

MM DD YY

22 220 26

11/2/2012 O.K. (EB)

FROM "PERMIT TO DRILL WELL" 40-95-2382

OWNER: Heritage Realty & Land Development. WELL SITE ADDRESS: HARBOY ROAD TOWN: LISBON MD. SUBDIVISION: Spring Hollow SECTION: LOT 29

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL (CM, BC). NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 75.

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT). insert appropriate code below.

DEPTH (nearest ft.)

Table for depth measurements with columns 1-21 and slot size/diameter of screen.

NUMBER OF UNSUCCESSFUL WELLS: I. WELL HYDROFRACTURED (Y/N).

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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. M S D 117. DRILLERS SIGNATURE. LIC. NO. D.

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 88

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) 3. PUMPING RATE (gal. per min.) 85. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft., WHEN PUMPING 65 ft. TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO). 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 3. LONGITUDE 7. (DEFAULT COORD. WGS 84). NOTES:

B 1 14962

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2382 fill in this form completely

538054-B please type

Date Received (APA) 070412

OWNER INFORMATION

Land Marketing Consultants, PO Box 482, LisBow MD 21765

B 3

LOCATION OF WELL

Howard COUNTY, Spring Hollow SUBDIVISION, LisBow MD, NEAREST TOWN

DRILLER INFORMATION

Ralph E. Mayne M S D 117, RALPH MAYNE well DRILLING, 17024 Handy Rd Mt. Airy MD 21771, 8/30/12

B 4

SOURCES OF DRILLING WATER

- 1. well (17024) Handy Rd

STREET ADDRESS, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX MAP: 7 BLK: 8 PARCEL 528

B 2

WELL INFORMATION

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

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, O OPEN LOOP GEOTHERMAL, C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A5764G, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 9/17/2012, CO SIGNATURE Brian Baker, EXP. DATE 9/17/2013

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

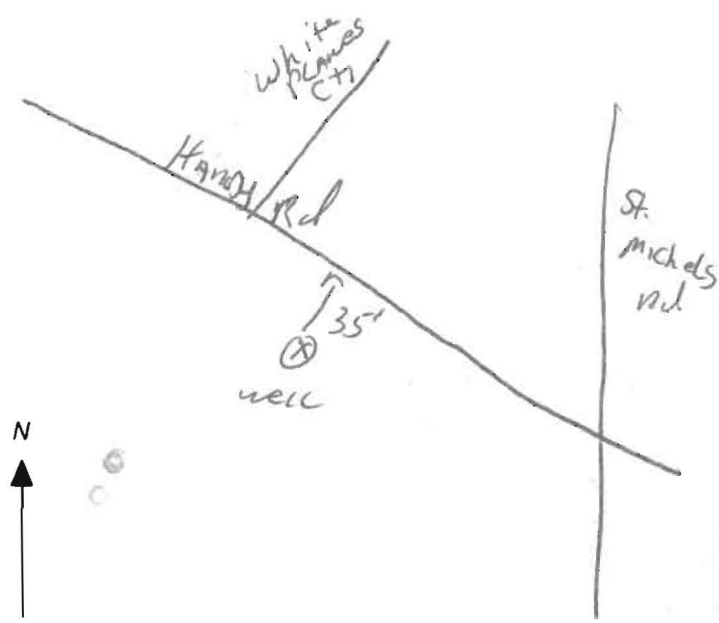
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D THIS WELL WILL DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



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

APPROP. PERMIT NUMBER H01997G015, PERMIT No. HO-95-2382

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2382
 Location of property (road) HARDY ROAD
 Subdivision SPRING HOLLOW Lot 29 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Wayne Owner Land Marketing & Consultants

Depth of well ~~220~~ 220
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 46

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 65 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)
7:30	46 ft.	4 Sec		15 GPM
			TEST STARTED	
7:45	65 ft	12 Sec		5 GPM
8:00	65 ft	12 Sec		5 GPM
8:15	65 ft	12 Sec		5 GPM
8:30	65 "	12 "		5 "
8:45	65 "	12 "		5 "
9:00	65 "	12 "		5 "
9:15	65 ft	12 Sec		5 GPM
9:30	65 ft	12 Sec		5 GPM
9:45	65 ft	12 Sec		5 GPM
10:00	65 "	12 "		5 "
10:15	65 "	12 "		5 "
10:30	65 ft	12 Sec		5 GPM
10:45	65 ft	12 Sec		5 GPM
	ft	Sec		GPM
	"	"		"
	"	"		"
	"	"		"
	ft	Sec		GPM
	ft	Sec		GPM
	ft	Sec		GPM
	"	"		"
	"	"		"
HD-224	ft	Sec		GPM
	ft	Sec		GPM

**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 #: _____
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 #: 29 Well Tag #: HO-95-2882
Site Address: 17267 Hardy Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

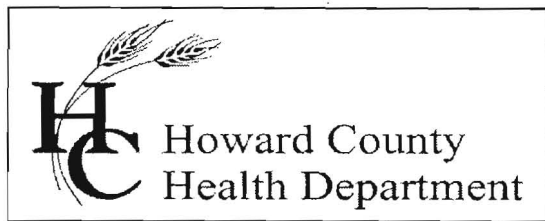
PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve(5' minimum from foundation): _____
Sleeve sealed properly: _____

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: _____ Date Insp. Approved: 11/22/13 Inspector: KW
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 ✓



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-1771 | 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 27, 2014

February 27, 2014

Homeowner
17267 Hardy Road
Woodbine, MD 21797

**RE: Spring Hollow, Lot 29
17267 Hardy Road
Building Permit: B13003156
Well Permit: HO-95-2382**

Dear Homeowner:

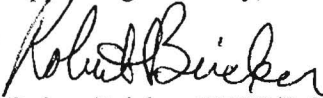
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **11/22/2013**. Final approval of the well line connection to the dwelling was granted on **11/22/2013**. The well construction was completed on **10/12/2012**. Water samples were collected on **2/25/2014**.

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-95-2382. 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.**

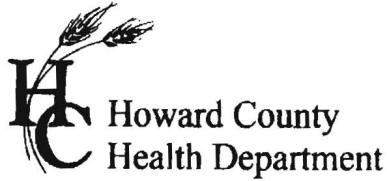
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



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:

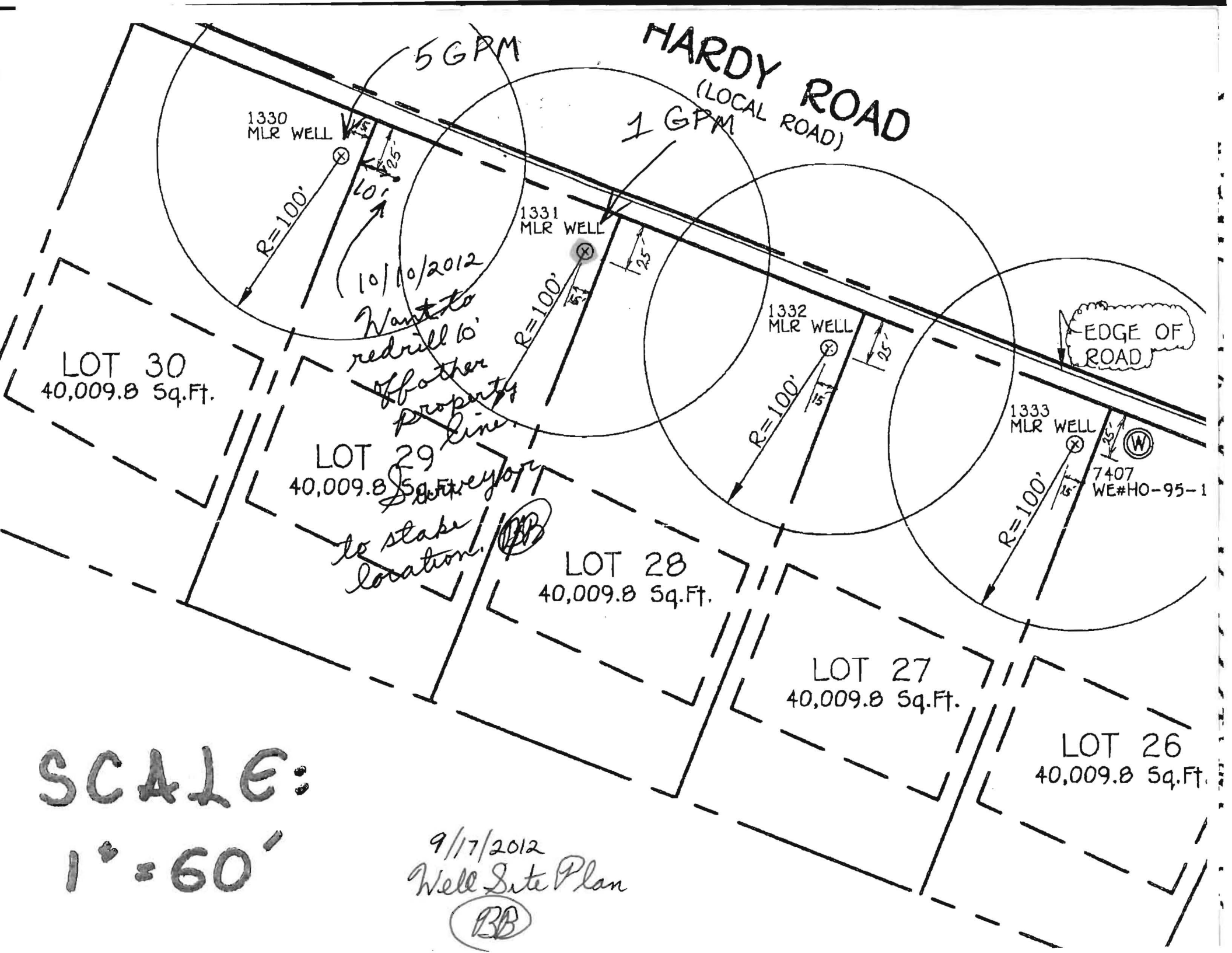
Well Site Location:

<u>Spring Hollow</u>	<u>29</u>	<u>Hardy Road</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins, and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on 08/01/12 (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



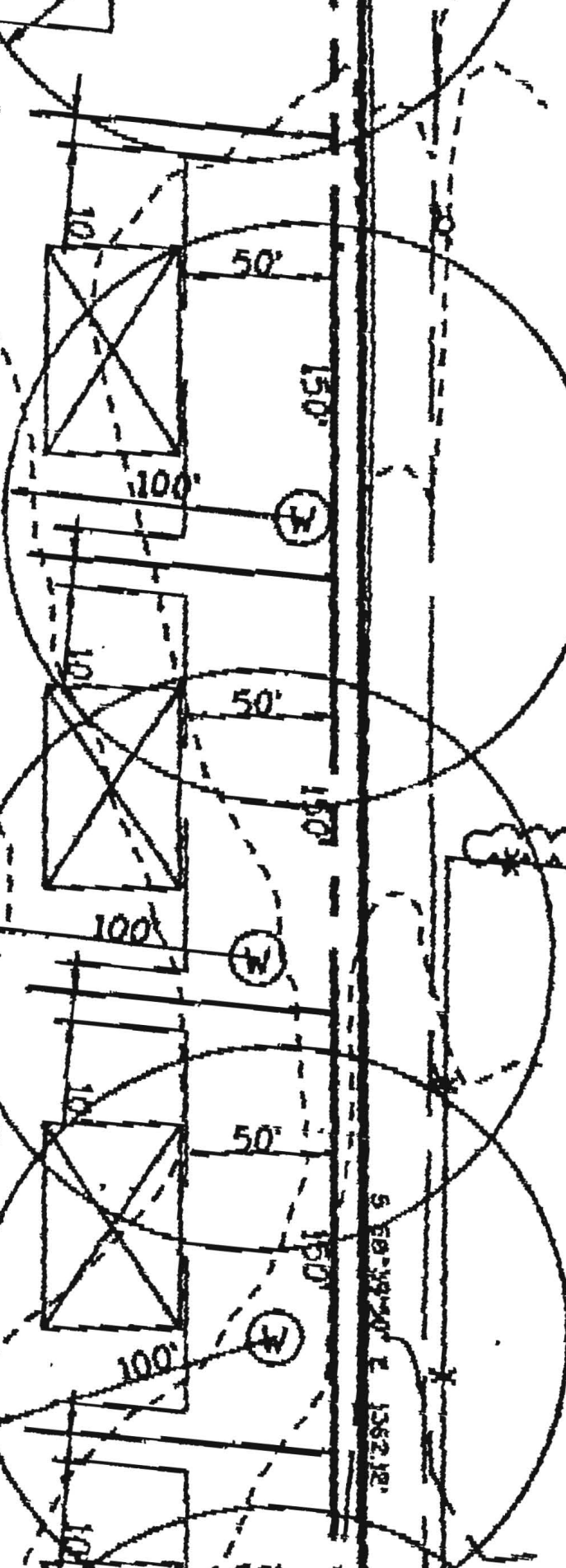
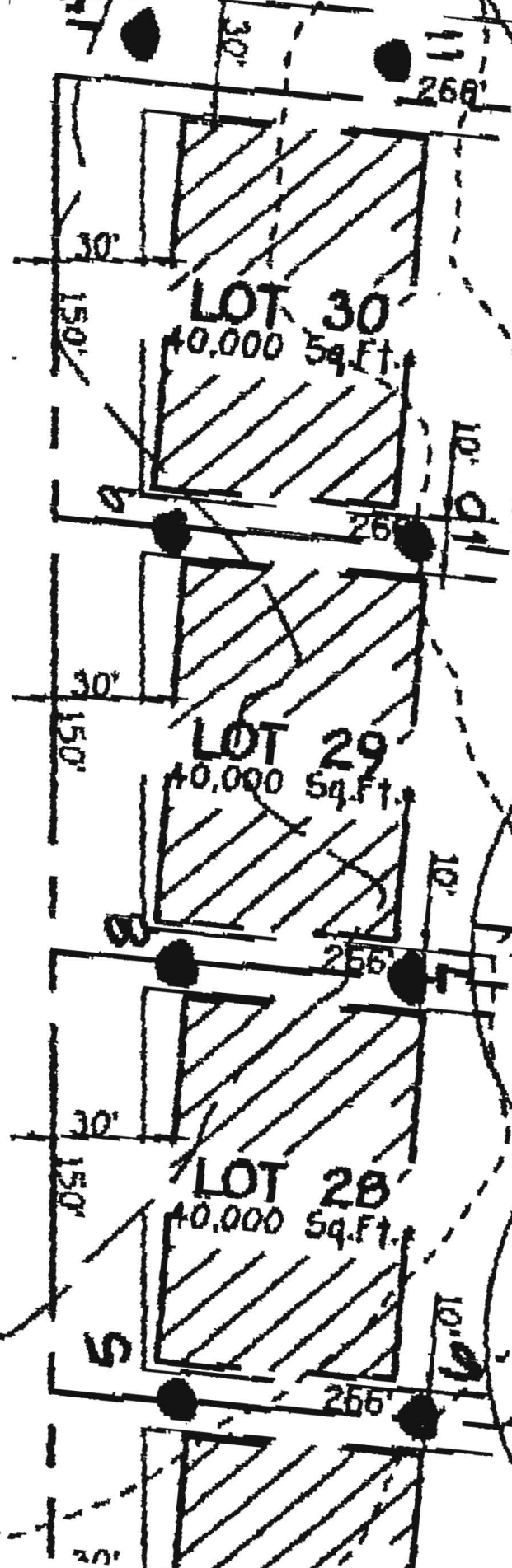
HARDY

ROAD

LOT 30
40,000 Sq.Ft.

LOT 29
40,000 Sq.Ft.

LOT 28
40,000 Sq.Ft.



5 50' 194' 40' E 1562.12'



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 92229

Cumberland Development
 16391 A.E. Mullinix Road
 Glenwood Maryland 21797

Report Date: February 26, 2014

Property Sampled: 17267 Hardy Road, 21771
Sample Location: Pressure Tank Tap ✓
Residual Chlorine: <0.1 mg/L ✓

Building Permit #: B13003156
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Spring Hollow RSB

Lot #: 29

Date/Time Collected in Field: February 25, 2014 1:51 pm

Date/Time Received in Lab: February 25, 2014 3:22 pm

Well Tag #: HO-95-2382

Well Condition: 2-Piece Cap, Satisfactory ✓

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	6.3 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	2.5 NTU ✓	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	6.0 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

'OK' RD 2/27/14

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

 WATER WELL ABANDONMENT-SEALING REPORT FORM

11/2/2012

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

O.K. (BB)

DATE WELL ABANDONED: Oct 12 2012 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 2382

* PERMIT NUMBER OF REPLACEMENT WELL:

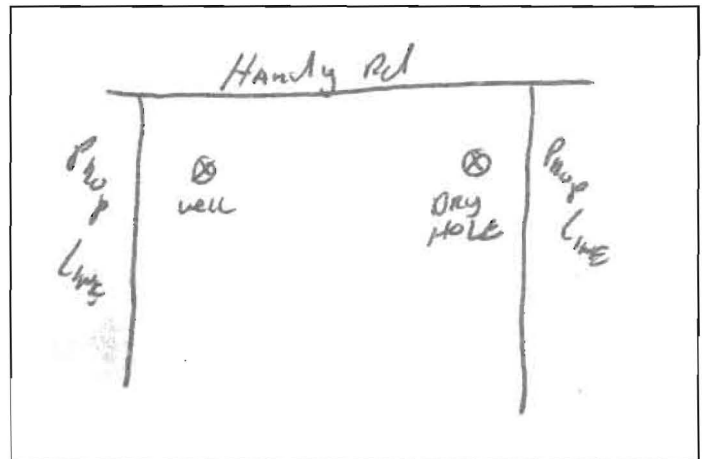
HO - 95 - 2382

* PERSON ABANDONING WELL: Ralph E. MAYNE WELL DRILLER'S LICENSE NUMBER: MSD 117
 CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Heritage Realty & Land Develop

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Lisbon
 TAX MAP 7 BLOCK 8 PARCEL 528
 SUBDIVISION: Spring Hollow
 SECTION: _____ LOT: 29
 STREET ADDRESS: 17267 Handy Rd

SITE LOCATION MAP



LATITUDE 3 9 . 20 . 44 7

LONGITUDE 7 2 . 06 . 96 1

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 BORED _____ HAND DUG
 _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

* USE CODE: DOMESTIC
 _____ IRRIGATION _____ MUNICIPAL/PUBLIC
 _____ TEST/OBSERVATION _____ INDUSTRIAL
 _____ _____ GEOTHERMAL

* TYPE OF CASING:
 _____ STEEL PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
Well Cuttings	400	20
Cemat.	20	1
Top Soil	1	0

SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 4

WAS CASING RIPPED OR PERFORATED? _____ YES NO

VOLUME OF MATERIAL USED

