

C1 7410

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)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

COUNTY NUMBER 13 A524028

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1167

OWNER Selfridge Builders, STREET OR RFD Holly Manor Way, TOWN Fulton, SUBDIVISION Holly House Meadow, SECTION, LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 14, NO. OF POUNDS 1400, GALLONS OF WATER 84, DEPTH OF GROUT SEAL 30+ ft.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (6 inch), Total depth of main casing (55 feet)

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

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. MSD, DRILLERS SIGNATURE, LIC. NO. D

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

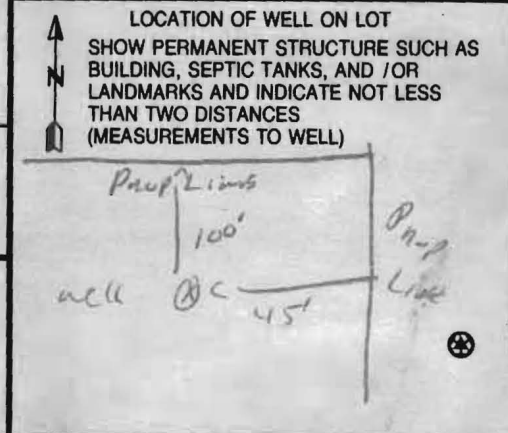
DEPTH (nearest ft.) table with rows A, C, H, S, R, E, N and columns 1-3

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 7.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 45 ft. BEFORE PUMPING, 62 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 49 above, LAND SURFACE 2 (nearest foot) below



B 1 0591

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1167

526684 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Holly House Development LLC
4781 Tew Oaks Rd
Dayton MD 21036

B 3 LOCATION OF WELL

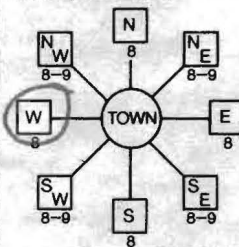
Howard
8 COUNTY 21
Holly House MEADOW
23 SUBDIVISION 42
SECTION 44 46 LOT 6 48 50
Fulton
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Ralph E. Mayne Inc
17024 Handy Rd Mt Airy MD, 21771
Signature Date

MILES FROM TOWN (enter 0 if in town) 2 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Holly Manor Way
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
190 37
DISTANCE FROM ROAD 147
ENTER FT OR MI 38 39
TAX MAP: 45 BLK: 6 PARCEL 24

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)

- 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 A524028
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 8/2/2007 Brian Baker 8/2/2008
CO SIGNATURE EXP. DATE
NORTH GRID 480 000 EAST GRID 818 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

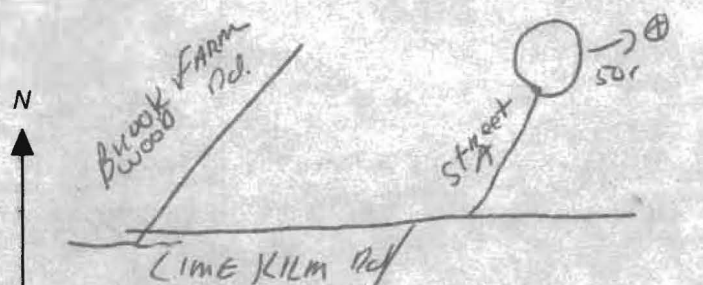
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 818
N 42980

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



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
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

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

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-1167

SPECIAL CONDITIONS

Drill Wells in Numbered Order

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1167
 Location of property (road) Holly Manor Way
 Subdivision Holly House Meadows Lot 6 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Selfridge Builders

Depth of well 260
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 45 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 62 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)
8:15	45 ft	6 sec		10 GPM
			Test Started	
8:30	62 ft	8 sec		7.5 GPM
8:45	62 ft	8 sec		7.5 GPM
9:00	62 ft	8 sec		7.5 GPM
9:15	62 "	8 "		7.5 "
9:30	62 "	8 "		7.5 "
9:45	62 "	8 "		7.5 "
10:00	62 ft	8 sec		7.5 GPM
10:15	62 ft	8 sec		7.5 GPM
10:30	62 ft	8 sec		7.5 GPM
10:45	62 "	8 "		7.5 "
11:00	62 "	8 "		7.5 "
11:15	62 ft	8 sec		7.5 GPM
11:30	62 ft	8 sec		7.5 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: K.H. PLUMBING, INC. Telephone #: 410-259-5910
Address: 4710 DOTSIE DR.
WESTMINSTER, MD 21158

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

License # and name of individual responsible for the field installation:
Name (Print): KEITH HUNDETRMARK License# 8300

*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: CARRIGAN HOMES Telephone #: 410-971-8927
Subdivision: HOLLY HOUSE MEADOWS Lot #: 6 Well Tag #: HO 95-1167
Site Address: 8116 HOLLYMANOR WAY
FULTON, MD 20759

Submersible Pump Data

Make: Goulds
Model #: 56507422C
Pump Capacity 5 GPM
Well Yield: 7.5 GPM

Pitless Adapter

Make: American Company
Model #: PT800NL
Depth: 42" (36" min)
NSP/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 260 (feet)

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: Polyethylene 1" IPS-PE-3408
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (3' minimum from foundation): 10'
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: Keith Hundetrmark date: 3-26-14

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 _____

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

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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 #: 6 Well Tag #: HO 95-1167
 Site Address: 8116 Holly Manor Way

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.: _____
 Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
 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

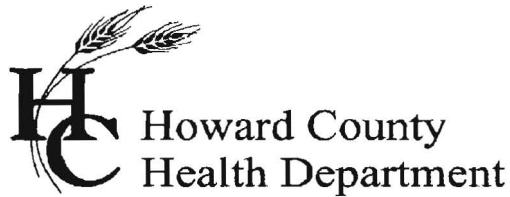
PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve(5' minimum from foundation): _____
 Sleeve sealed properly: _____

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: 2/29/2014 Inspector: (Signature)
 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 – October 13, 2014

May 13, 2014

Homeowner
8116 Holly Manor Way
Fulton, Maryland 20759

**RE: Holly House Meadows, Lot #6
8116 Holly Meadows
Building Permit: B13003733
Well Permit: HO-95-1167**

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 **4/9/2014**. Final approval of the well line connection to the dwelling was granted on **2/20/2014**. The well construction was completed on **8/31/2007**. Water samples were collected on **5/9/2014**.

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-95-1167. 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 cursive script that reads "Dana Bernard".

Dana Bernard
Environmental Sanitarian
Well & Septic Program

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



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:

Carrigan Homes
Attn: Owen Kelly
9812 Caitlins Court
Ellicott City, Maryland 21042

S/O Number: 93047

Report Date: May 12, 2014

Property Sampled: 8116 Holly Manor Way, 20759
Sample Location: Garage Utility Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13003733
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard Subdivision: Holly House Meadow PH 2 Lot #: 6

Date/Time Collected in Field: May 9, 2014 10:24 am
Date/Time Received in Lab: May 9, 2014 1:46 pm

Well Tag #: HO-95-1167
Well Condition: 2-Piece Cap, Satisfactory

Handwritten note: OK, 5/12/14

Water Treatment/Conditioning: Bypassed per Client

Table with 5 columns: PARAMETER, METHOD, MCL/*SMCL, RESULT, COMMENT. Rows include Total Coliform, E. coli, Nitrate, Turbidity, pH (Field), and Sand.

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.

Signature of 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.

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

ATTENTION WELL DRILLERS!!!

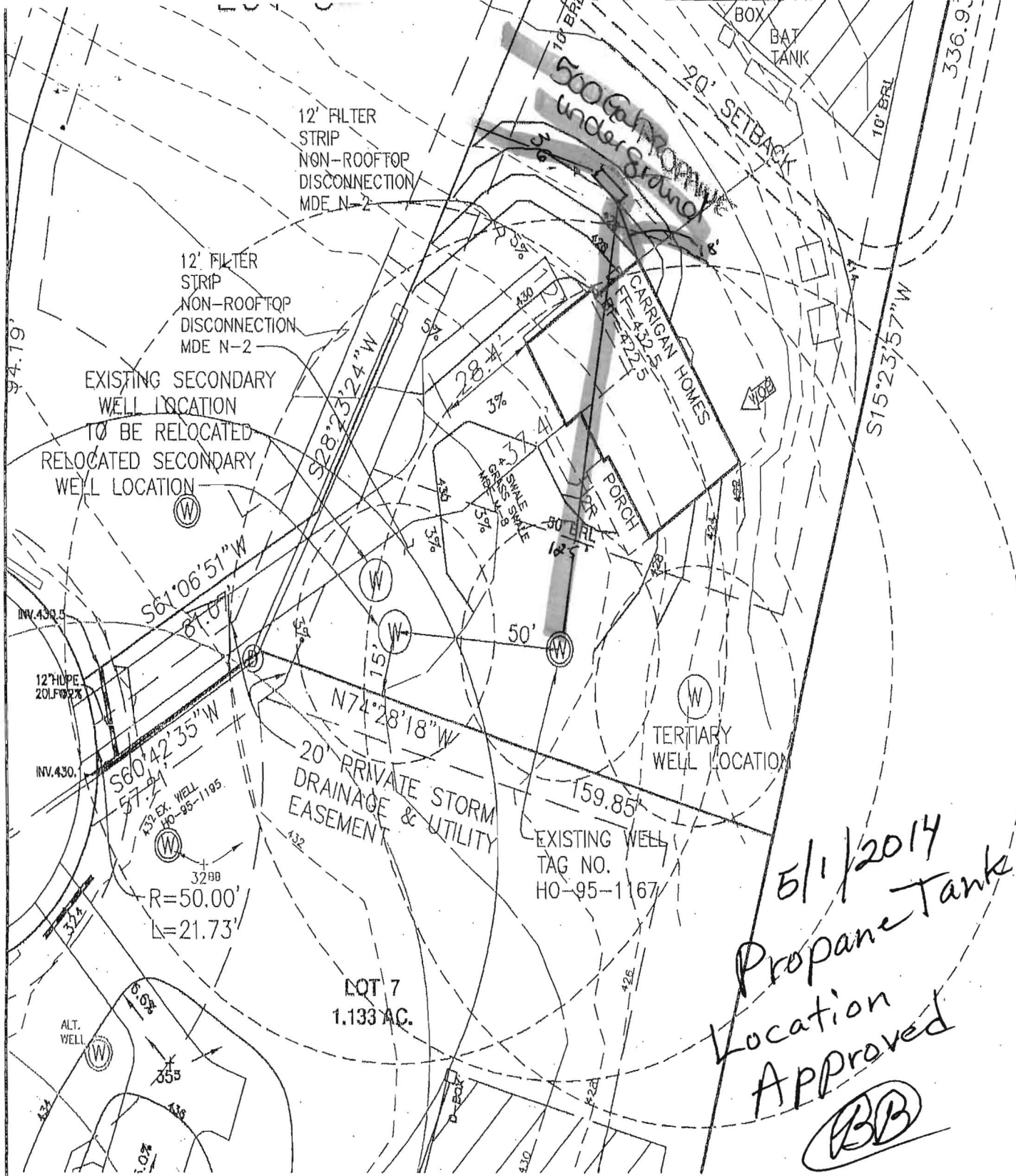
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DEMARIO Design Consultants on APRIL 12 2007 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Sub - Holly House MEADOW
Lot 6
off Street A

Owner Holly House Development LLC



5/1/2014
 Propane Tank
 Location
 Approved
 (BB)

8160 Holly Manor way
 Fulton MD 20759

PRELIMINARY SEC
 HOLLY HOUSE MEADOW
 LOT 6

BENCHMARK
 ENGINEERS & LAND SURVEYORS & PLANNERS
 ENGINEERING, INC.

THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 40' DATE: 8-18-2013