

C 1 7411

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A524028

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

PERMIT NO.

MM DD YY 08 09 07

MM DD YY 15 20

22 260 26 (TO NEAREST FOOT)

FROM "PERMIT TO DRILL WELL" HO-95-1168

OWNER Selfridge Builders STREET OR RFD Holly Manor Way TOWN Fulton SUBDIVISION Holly House Meadow SECTION LOT 7

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. Includes entries for Top Soil, Sandy, Sand/Stone, MICKA, Sand/Gravel, MICKA, Flint Rock, MICKA.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter (6) Total depth of main casing (65)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below

C 2

DEPTH (nearest ft.)

Table for depth measurements with columns for slot size and diameter of screen.

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

C 3

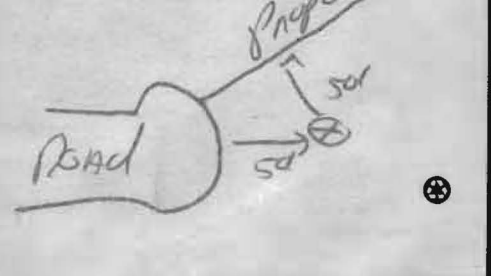
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket

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

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)



B 1 0592  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-1168  
70 fill in this form completely 79

526684 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
4781 Ten OAKS Rd  
36 Dayton MD. 21036  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

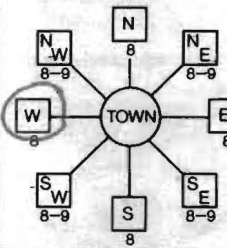
8 COUNTY 21  
Holly House MEADOW  
23 SUBDIVISION 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN 71  
Fulton

DRILLER INFORMATION

76 Driller's Name License No. 81  
Ralph E. MAYNE M SD 117  
Firm Name  
Ralph E. MAYNE Inc  
Address  
17024 Handy Rd Mt Airy MD 21271  
Signature Date  
Ralph E. Mayne 5-1-07

MILES FROM TOWN (enter 0 if in town) 2 M 1  
73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Holly Manor Way  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
25 37  
-DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 45 BLK: 6 PARCEL 24

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5  
1 2 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

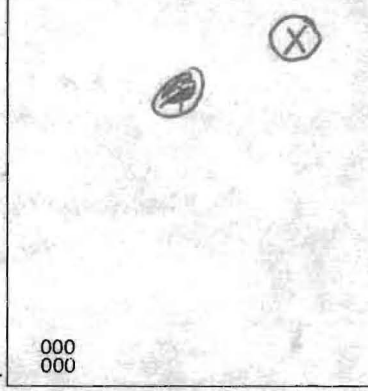
- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

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  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 479 000 EAST GRID 818 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 64 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.



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

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 818  
N 479

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 DEEPEMED AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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 \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. HO-95-1168  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Drill Wells in Numbered Order





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: J & R Plumbing and Heating Telephone #: 301-725-0031  
 Address: P.O. Box 345  
SAVAGE MD. 20763

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): Tim Rollman License# 7029

\*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: CORUMS TRAIL Home Telephone #: 410-796-1537  
 Subdivision: Holly House Meadows PH2 Lot #: 7 Well Tag #: HO 95-1168  
 Site Address: 8112 Holly Manor Way  
FULTON MD.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>FRIGIDAIR MEYERS</u>	Make: <u>AMERICAN GLASS</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>3ST 102-8PK15-14</u>	Model #: <u>PT. 800</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>8</u> GPM	Depth: <u>Y</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>✓</u>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>CRESTINA</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>Y</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>Y</u>
Depth of supply line: <u>Y</u> (36" min)	Sleeve sealed properly: <u>Y</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.

Signature of company representative responsible for installation \_\_\_\_\_ date 5-1-14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/2/2014 Inspector: (PJB)  
 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 ✓

✓  
 Sleeve Under Driveway?  
 Approved  
 Verified 5/6/14  
(AG)



Howard County  
Health Department

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

## ATTENTION WELL DRILLERS!!!

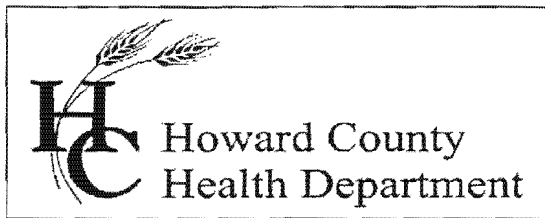
When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DE MARIO 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 7  
off Street A

Owner Holly House Development LLC



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](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JANUARY 16, 2015**

July 16, 2014

Homeowner  
8112 Holly Manor Way  
Fulton, MD 20759

**RE: Holly House Meadows, Lot 7  
8112 Holly Manor Way  
Building Permit: B12002421  
Well Permit: HO-95-1168**

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 **7/1/2014**. Final approval of the well line connection to the dwelling was granted on **5/2/2014**. The well construction was completed on **8/9/2007**. Water samples were collected on **7/8/2014 and 7/9/2014**.

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-95-1168. 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 "Robert Bricker".

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



**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 #: 95106 Account #: 1567  
Reference: Cornerstone Homes Lot 7 Company: Cornerstone Homes  
Location: 8112 Holly Manor Way Requested By: John Connors  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 7/9/2014 1340 Site: Island Tap  
Date/Time Rec'd: 7/10/2014 1000 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: J. Yeager 6176JY Well #: HO-95-1168 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/11/2014 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/11/2014 / 0830 / CRS

7/11/14  
OK (CRS)

**NOTES**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 & Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B12002421

Date Reported: 7/11/2014

MD State Certification # 133

**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 #: 95069 Account #: 1567  
 Reference: Cornerstone Homes Lot 7 Company: Cornerstone Homes  
 Location: 8112 Holly Manor Way Requested By: John Connors  
 Fulton, MD 20759 Source: Well Water  
 Date/ Time Collected: 7/8/2014 1025 Site: Island Tap  
 Date/Time Rec'd: 7/8/2014 1300 Treatment: None ✓  
 Chlorine ppm: Free: ND Total: ND pH: 6.3  
 Collected By: J. Yeager 6176JY Well #: HO-95-1168 ✓

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	5.17 ✓	mg/L	10	601	7/8/2014 / 1600 / CCH
Turbidity	0.59 ✓	NTU	<10	SM18 2130B	7/8/2014 / 1640 / CRS
Sand	NS ✓	mg/L	5	Visual/Gravimetric	7/8/2014 / 1630 / CRS

→ 7/14/14  
 GK KMD

**NOTES**

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

Reason for Test : Use & Occupancy  
 Building Permit # : B12002421

Date Reported: 7/11/2014

MD State Certification # 133

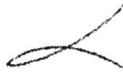
# Back River Pre-Cast, LLC

PO BOX 329  
Glyndon, MD 21071  
Phone # 410-833-3394  
Fax # 410-833-4116

## Letter of Certification

This is to certify that the Norweco Singulair TNT 600 GPD Septic Tank installed at 8112 Holly Manor Way, Fulton, MD 21059 June 25, 2014 was installed according to the manufacture's specifications.

Installer: Tim Rollman



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MATTHEW GECKLE

Vice-President