

C1 0602

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED 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 13 A 522469

ST/CO USE ONLY DATE RECEIVED MM DD YY 01 14 11

DATE WELL COMPLETED MM DD YY 12 22 10

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1119/10 OK (K) (H) 28 29 30 31 32 33 34 35 36 37 40-95-2031

OWNER Great Oak Homes Inc last name first name TOWN W. Friendship STREET OR RFD McAndrew Rd. SUBDIVISION McAndrew Springs SECTION LOT 3

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Overburden 0-6', Brown Shale 6'-70', Dirt mix 6'-70', Gmy Rock 70'-300', Hot water 89'-200', 11 3/4 76 2 1/2

GROUTING RECORD: WELL HAS BEEN GROUTED (X), TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 9, NO. OF POUNDS 176, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 8 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6 inch, Total depth of main casing 76 feet.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

- 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...

DRILLERS LIC. NO. 1 M 5 D 157, DRILLERS SIGNATURE, LIC. NO. 1 D

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

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1-3, DIAMETER OF SCREEN (NEAREST INCH) from 58 to 68

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE water budget, WATER LEVEL 26 ft. BEFORE PUMPING, 22 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) J jet, 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 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 49 above, 49 below LAND SURFACE 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). LAT 39° 10.796 N. Long 76° 32.146 W.

B 1 7214

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-95-2031
fill in this form completely 79

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Great Oak Homes Inc

15 Last Name Owner First Name 34
1300 York Road Suite 110

36 Street or RFD 55
Lutherville MD 21093

57 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL

8 COUNTY 21
McKendree Springs

23 SUBDIVISION 42
West Friendship

SECTION 44 46 LOT 3 48 50
West Friendship

52 NEAREST TOWN 71
4

MILES FROM TOWN (enter 0 if in town) 73 76 77 78
4

DRILLER INFORMATION

Michael Cochran M 5 D 157

Driller's Name 76 License No. 81

Firm Name
G.E. Harris Well Drilling

Address
12047 Falls Rd. Cockeysville MD.

Signature M.B. Cochran Date 10-27-10

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 30
McKendree Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 60 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
FT

TAX MAP: 14 BLK: 6 PARCEL 128

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A 522 469

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED
11/18/10

43 MM DD YY 48 CO SIGNATURE K. M. Nef EXP. DATE 11/18/11

NORTH GRID 50 537 000 55 EAST GRID 57 0798 000 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 _____

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

39 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2031
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. Shop

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 798

N 540 537

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

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Bluestream Services Telephone #: 443 790 8202
 Address: 2298 Jim Kohler Rd
Edenburg MD 21784

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

Name (Print): GARY SKORWAK License# 5563

*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: Envision Builders Telephone #: 410 428 1308
 Subdivision: McKendree Springs Lot #: 3 Well Tag #: HO-95-2031
 Site Address: 2260 McKendree Rd
West Friendship MD 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>American Grand</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>ST52-5 plus-14</u>	Model#: <u>PT 800HL</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>46"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
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, 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>1" Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10ft</u>
Depth of supply line: <u>46"</u> (36" min)	Sleeve 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.

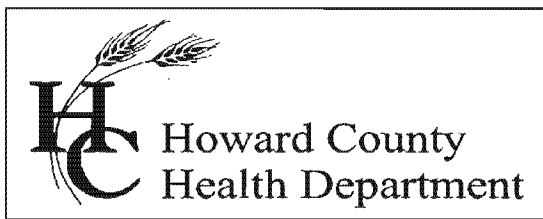
Signature of company representative responsible for installation [Signature]

date 4/15/14

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

Date Insp. Requested: _____ Date Insp. Approved: 4/14/2014 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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 – January 23, 2015

July 23, 2014

Homeowner
2260 McKendree Road
West Friendship, Maryland 21794

**RE: McKendree Springs, Lot #3
2260 McKendree Road
Building Permit: B13004467
Well Permit: HO-95-2031**

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 **7/16/2014**. Final approval of the well line connection to the dwelling was granted on **4/14/2014**. The well construction was completed on **12/22/2010**. Water samples were collected on **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-95-2031. 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,

Dana Bernard

Dana Bernard, R.E.H.S., L.E.H.S.
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:

Envision Builders
 Attn: Al Guerieri
 7939 Honeygo Boulevard, Suite 112
 Nottingham, Maryland 21236

S/O Number: 93713

Report Date: July 10, 2014

Bacteria Retest #1

Property Sampled: 2260 McKendree Road, 21794
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004467
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** McKendree Springs **Lot#:** 3

Date/Time Collected in Field: July 9, 2014 1:50 pm
Date/Time Received in Lab: July 9, 2014 4:16 pm

Well Tag #: HO-95-2031
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
<i>E. coli</i>	SM 9223B	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' reb 7/16/14

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



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:

Envision Builders
 Attn: Al Guerieri
 7939 Honeygo Boulevard, Suite 112
 Nottingham, Maryland 21236

S/O Number: 93603

Report Date: June 27, 2014

Property Sampled: 2260 McKendree Road, 21794
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004467
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** McKendree Springs **Lot#:** 3

Date/Time Collected in Field: June 26, 2014 3:19 pm
Date/Time Received in Lab: June 26, 2014 4:26 pm

Well Tag #: HO-95-2031
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
<i>E. coli</i>	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	7.1 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	5.4 Units ✓	***
Sand		Absent	Absent ✓	Pass

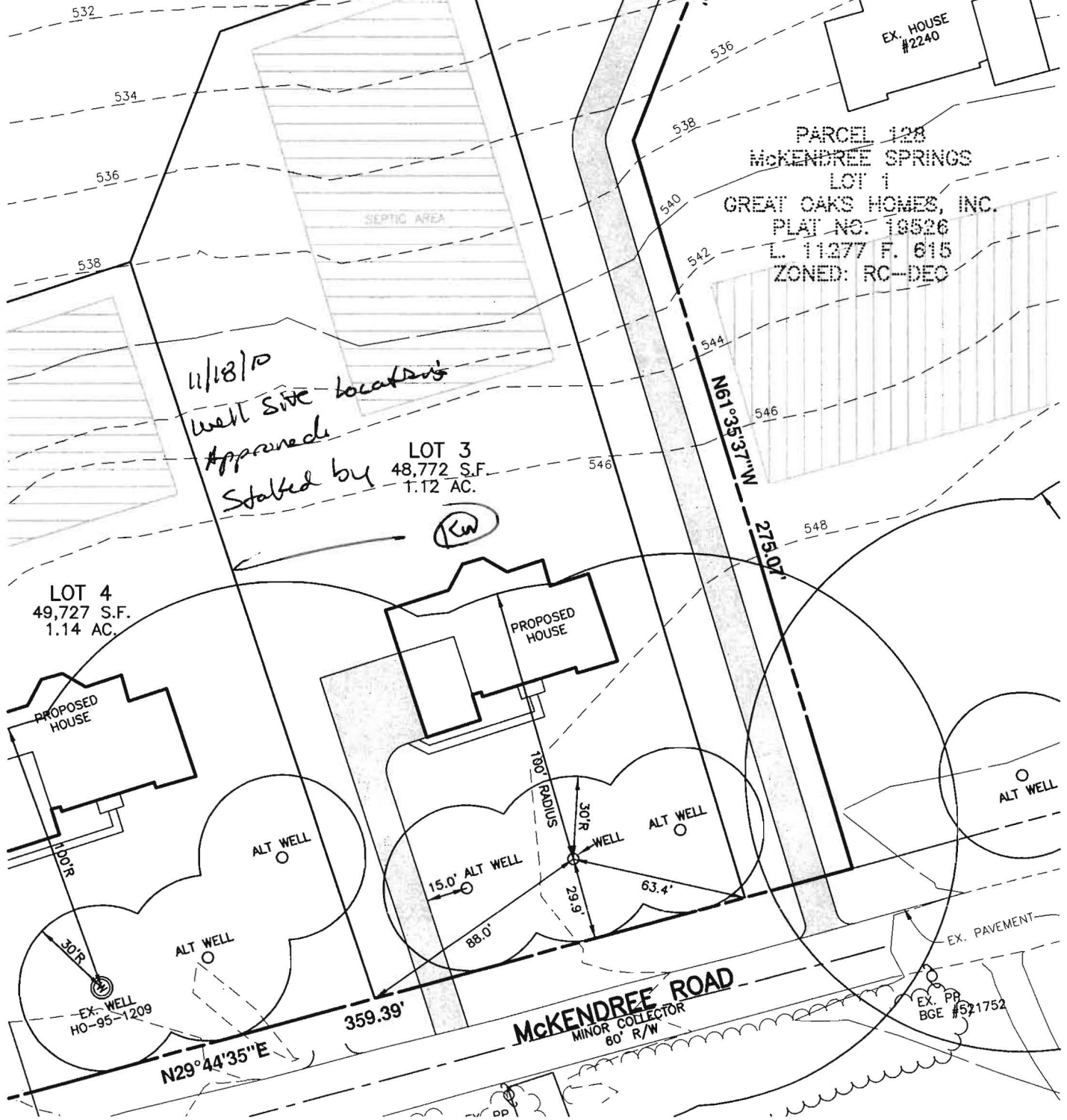
The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Bacteria FAIL
 others 'OK' reB 7/16/14*

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.

VED
TENT HOLDER
EASEMENT HOLDER



PLAN VIEW
SCALE: 1" = 50'

MCKENDREE SPRINGS

F-09-108

LOT 3

WELL LOCATION PLAN

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

P:\2081\dwg\well location plan.dwg, 11/10/2010 1:49:57 PM