

C1 7407

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A524028

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 09 18 07

Depth of Well 400 10/4/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1164

OWNER Selfridge Builders STREET OR RFD Holly Manor Way TOWN Fulton SUBDIVISION Holly House Meadows SECTION LOT 3

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 16, NO. OF POUNDS 7600, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 304 ft.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 62.

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 119, DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. D

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

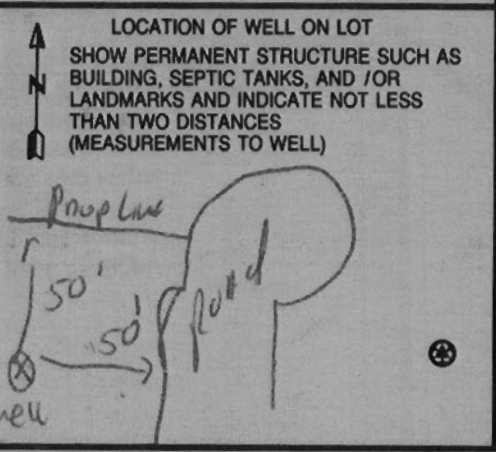
DEPTH (nearest ft.) HO 60 400, ACASHING, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60

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

PUMPING TEST: HOURS PUMPED 6, PUMPING RATE 2 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 50 ft. BEFORE PUMPING, 215 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP YES 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) 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)



B 1	<b>0586</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526684 please type	STATE PERMIT NUMBER <b>HO-95-1164</b> <small>fill in this form completely</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Holly House Development LLC Owner First Name \_\_\_\_\_ 34

36 Street or RFD 4781 Tow OAKS Rd. 55

57 Town Dayton MD. 70 State 72 Zip 21036 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY \_\_\_\_\_ 21

23 SUBDIVISION Holly House MEADOWS 42

SECTION \_\_\_\_\_ LOT 3

44 46 48 50

52 NEAREST TOWN Fulton 71

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

73 76 77 78

**DRILLER INFORMATION**

76 Driller's Name Ralph E MAYNE License No. M SD 117 81

Firm Name Ralph E. MAYNE Inc

Address 17024 Hardy Rd. Mt Airy MD 21221

Signature Ralph E Mayne Date 5-1-07

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

B 4

11 NEAR WHAT ROAD Holly Manor Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N  
WEST W 32 EAST E  
SOUTH S

34 25 37

DISTANCE FROM ROAD 4

ENTER FT OR MI 38 39

TAX MAP: 45 BLK: 6 PARCEL 24

**WELL INFORMATION**

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**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) A524028

COUNTY NAME \_\_\_\_\_ COUNTY NO. \_\_\_\_\_

STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_

DATE ISSUED 8/3/2007 Brian Baker 8/3/2008

43 MM DD YY 48 CO SIGNATURE / EXP. DATE

NORTH GRID 479 000 EAST GRID 817 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

**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 DEEPEIN 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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-1164

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. well

2. \_\_\_\_\_

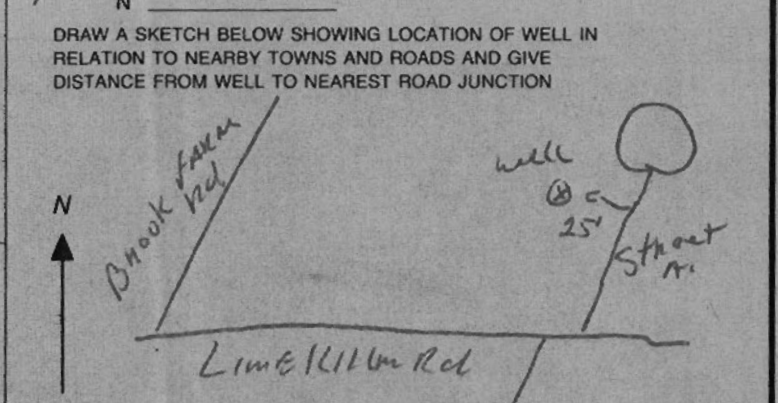
3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

E 817

N 479

000  
000



SPECIAL CONDITIONS Drill Wells in Numbered Order

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy application.

Company Name: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: P.O. Box 138  
ASHTON, MD 20861

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

Name (Print): DAVID RYCKE License# PI 0145

\*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. All work may be subjected to field verification.

Name of Property Owner: Mitchell + Best Telephone #: \_\_\_\_\_  
Subdivision: Holly Manor House Lot #: 3 Well Tag #: HO-95-1164  
Site Address: 8115 HOLLY MANOR WAY  
FALLON, MD 20739

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>03 007510-19-216</u>	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>48</u> (36" min)	Cap secured in casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (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 correctors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

**Piping to house**

Type: Poly

PSI: 160 (160 psi min)

Depth of supply line: 4 (30" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: YES

Approximate length of sleeve: 5'

Sleeve caulked and sealed properly: YES

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 \_\_\_\_\_

12-12-13  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_

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 \_\_\_\_\_

**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: Holly House Lot #: 3 Well Tag #: HO-95-1164  
Site Address: 8115 Holly Manor Way

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC 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 17.8.4		
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 <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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: 10/8/13 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  see pictures  
 Adequate grout observed below pitless adapter



NET  
T 2

Drill at this  
site if possible

8/2/07  
Well site studied  
by DeMaris

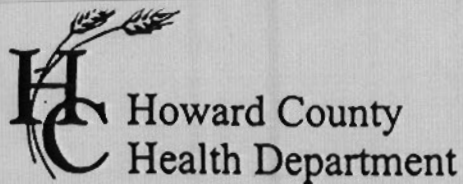
BB

EX. GRA TO BE ABANDONED  
ACCORDING TO HEALTH  
DEPARTMENT PROCEDURES

EX. BARNES & SUPPORT  
STRUCTURES TO BE  
REMOVED

EX. GRA TO BE  
ABANDONED ACCORDING  
TO 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 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 for Lot 3  
Sub - Holly House MEADOW  
OFF Street A.

Owner Holly House Development LLC

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401



3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 106

State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 12/6/2013  
Date Reported 12/10/2013

Sample No: 115301-01

Sampled: 12/6/2013 9:30:00

Sampler: JMoseman0130JM (Exp. 03-12-16)

Location: 8115 Holly Manor Ln.  
Fulton, MD

Preservation: Ice

Sample Point: Kitchen

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Nitrate + Nitrite as N	EPA 353.2	3.0	✓	mg/l	1.1	12/10/2013	DB
Bacteria-Total Coliform	Colitag Test	Absent/Pass	✓	Per/100ml	1	12/06/2013	CT
Bacteria-E.coli	Colitag Test	Absent/Pass	✓	Per/100ml	1	12/06/2013	CT
Turbidity	EPA 180.1	2.3	✓	NTU	0.5	12/10/2013	RM

Field Test chlorine are reported on the attached COC form. "NT" means Not Tested.

Approved By

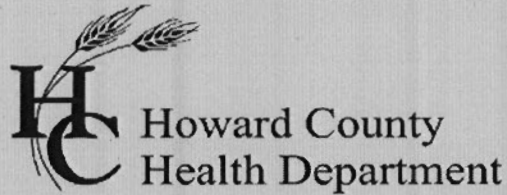
Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JUNE 12, 2014**

December 12, 2013

Homeowner  
8115 Holly Manor Way  
Fulton, MD 20759

**RE: Holly House Meadows, Lot 3  
8115 Holly Manor Way  
Building Permit: B13002005  
Well Permit: HO-95-1164**

Dear Homeowner:

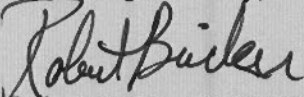
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **9/24/2013**. Final approval of the well line connection to the dwelling was granted on **10/8/2013**. The well construction was completed on **9/18/2007**. Water samples were collected on **12/6/2013**.

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-95-1164. 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.  
Environmental Sanitarian  
Well & Septic Program

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

115301

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUSTODY FORM

ANNAPOLIS  
410-224-4304 FAX 443-926-0586

WALDORF  
410-224-4304 FAX 443-926-0586

Company Name, Address Phone & Fax

Testing Address

WWS

8115 HOLLY MANOR LN  
STREET  
FULTON MD  
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 12/6 Time 9:30 Well Tag #: \_\_\_\_\_

Collectors Name: JOHN MOSEMAN Certification # JEM0130 Expires 3/16

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6 Chlorine, Total mg/L: \_\_\_\_\_ Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Ketcha Chemicals: \_\_\_\_\_ Lead: \_\_\_\_\_

- Bacteriological Test \_\_\_\_\_ Next Day 11:30 \_\_\_\_\_ Next Day 3:30 \_\_\_\_\_ 2 Day
- FULL Chemical Analysis \_\_\_\_\_ Next Day 3:30  2 Day \_\_\_\_\_ 3 Day WELLS
- (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity, Lead)
- BASIC Chemical Analysis \_\_\_\_\_ Next Day 3:30 \_\_\_\_\_ 2 Day \_\_\_\_\_ 3 Day
- (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)
- \_\_\_\_ Lead \_\_\_\_\_ Arsenic \_\_\_\_\_ Next Day 3:30 \_\_\_\_\_ 2 Day \_\_\_\_\_ 3 Day
- \_\_\_\_ Cadmium \_\_\_\_\_ 2 Day \_\_\_\_\_ 4 Day \_\_\_\_\_ 6 Day
- Radium Gross Alpha \_\_\_\_\_ One Week \_\_\_\_\_ 2 Week

Special Instructions : \_\_\_\_\_

Released By: [Signature] Date: 12/6 Time 9:30 Received By: \_\_\_\_\_  
Released By: [Signature] Date: 12/6 Time 1:00 Received By: 24

(\* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: Non-Certified \_\_\_\_\_ Holding Time \_\_\_\_\_ Sample Volume \_\_\_\_\_ Frozen  
Received in LAB By: [Signature] Date: 12/6/13 Time 1:00pm