

C1 08181

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A-57611-E

ST/CO USE ONLY DATE Received MM DD YY 10 31 12

DATE WELL COMPLETED MM DD YY 10 09 12

Depth of Well 22 265 26 11/2/2012

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2381

OWNER Heritage Realty & Land Development last name HARDY ROAD (first name) TOWN LISBON MD SUBDIVISION Spring Hollow SECTION LOT 28

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, etc.

GROUTING RECORD Form with fields: 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 Form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing, Total depth of main casing.

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

SCREEN RECORD Form with fields: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) HO 38 265.

WELL HYDROFRACTURED Form with YES/NO buttons (Y, N).

CIRCLE APPROPRIATE LETTER Form with options: 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 SD 112 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.) table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76.

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 Form with fields: HOURS PUMPED (3), PUMPING RATE (5 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (17-20 ft), WHEN PUMPING (115-25 ft), TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED Form with fields: 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), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE.

LATITUDE 3 9.20.434 LONGITUDE 7 7.06.933 (DEFAULT COORD. WGS 84)

NOTES:

B 1 14959

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2381 fill in this form completely

538094A please type

Date Received (APA)

09 04 12

OWNER INFORMATION

Heritage Realty & Land Develop PO Box 482 LISBOW MD. 21765

B 3 LOCATION OF WELL

Howard Spring Hollow LISBOW MD

DRILLER INFORMATION

Ralph E. Mayne M SD 119 RALPH MAYNE WELL DRILLING 17024 Handy Rd Mt. Airy MD 21771

B 4 SOURCES OF DRILLING WATER

1. well (17263) Handy Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI 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)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A57611-E COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 9/17/2012 CO SIGNATURE EXP. DATE 9/17/2013

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 60 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

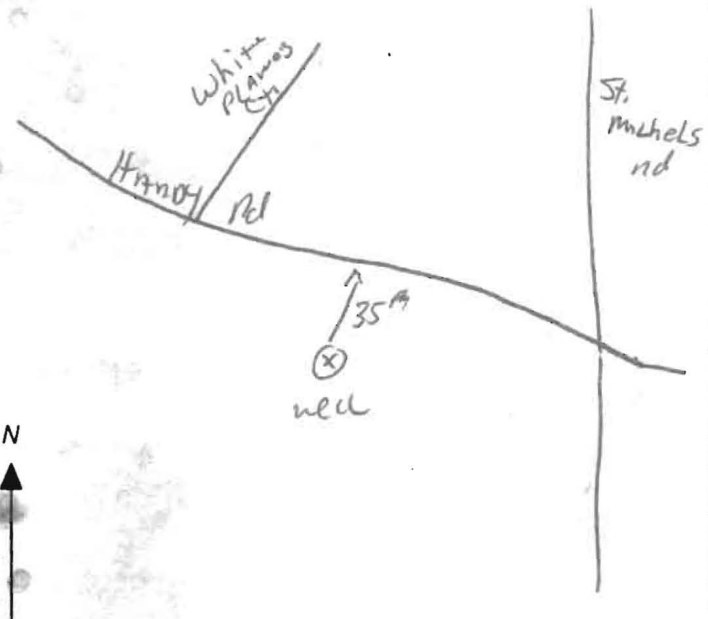
- This well will not replace an existing well, This well will replace a well that will be abandoned and sealed, This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells, This well will deepen an existing well

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER HO1997G015 PERMIT No. HO-95-2381

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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: 94536

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

Report Date: September 24, 2014

Property Sampled: 17263 Hardy Road, 21771
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13004528
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard

Subdivision: Spring Hollow RSB Lot 2

Lot #: 28

Date/Time Collected in Field: September 23, 2014 12:35 pm

Date/Time Received in Lab: September 23, 2014 3:15 pm

Well Tag #: HO-95-2381

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

Handwritten notes: OK, 23, 9-23-14

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 Amber Maxwell
Amber Maxwell
Water Quality Analyst

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.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648 2048**

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: Cumberland Casing Telephone #: 301-854-6838  
Address: 16391 Ft. Millers  
Woodbine MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Kelly Cumberland License# 61417

\*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: Ken Griffin Telephone #: 301-282-1122  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-8381 ✓  
Site Address: 17263 Hards Rd  
mt Airy MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Mess</u>	Make: <u>Hafco</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2500-2400</u>	Model#: <u>1</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>6</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>26</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 wrench, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method hook of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1/2" PDI</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

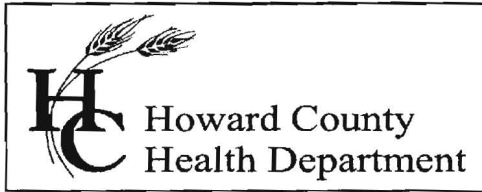
Signature of company representative responsible for installation: [Signature] date: 9-23-14

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

Date Insp. Requested: 5/13/14 Date Insp. Approved: 5/13/14 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 seen 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](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – March 30, 2015**

September 30, 2014

Homeowner  
17263 Hardy Road  
Woodbine, Maryland 21791

**RE: Spring Hollow, Lot # 28  
17263 Hardy Road  
Building Permit: B13004528  
Well Permit: HO-95-2381**

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 **5-13-2014**. Final approval of the well line connection to the dwelling was granted on **5-13-2014**. The well construction was completed on **10-09-2012**. Water samples were collected on **9-23-2014**.

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-95-2381. 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>

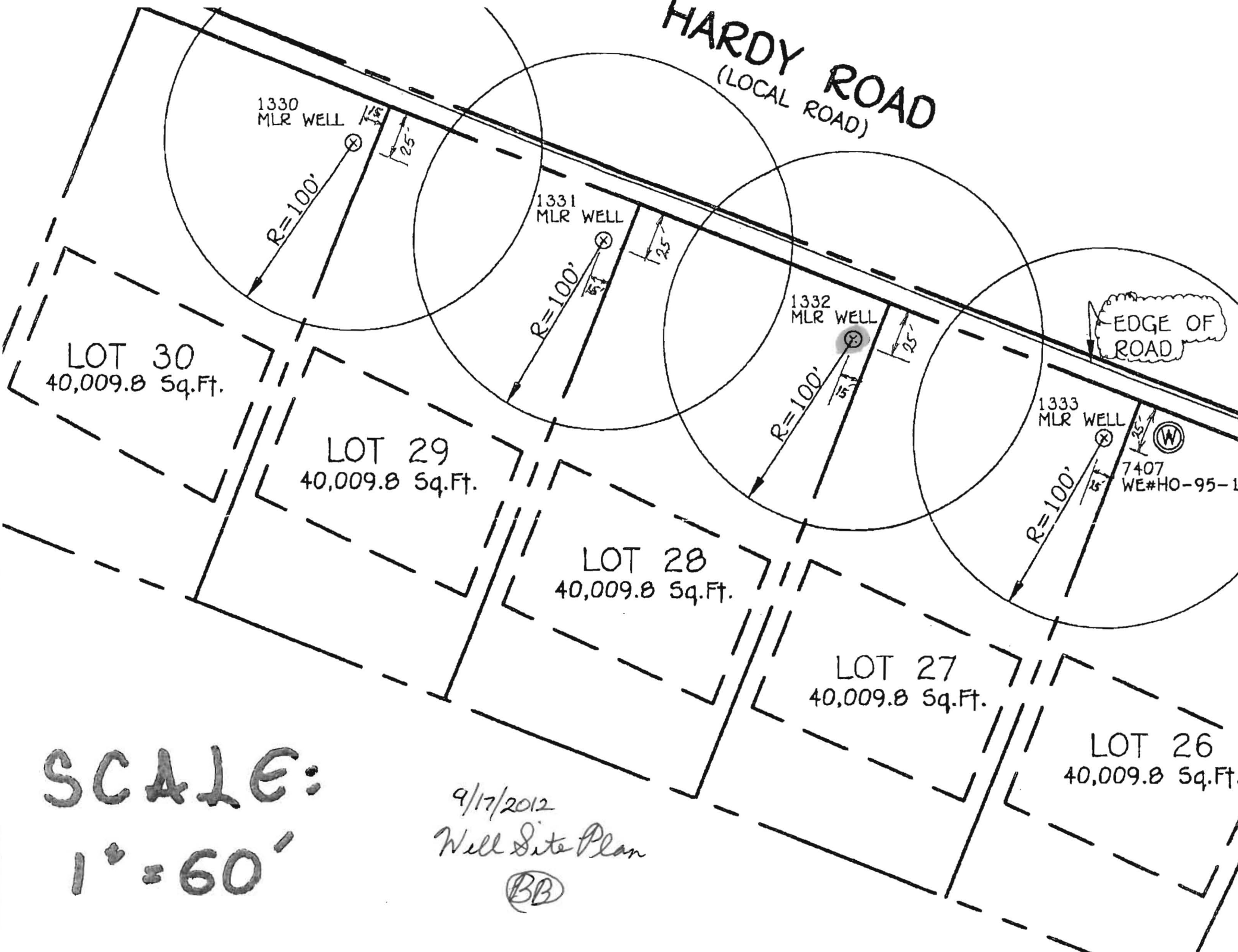
Approving Authority,

A handwritten signature in cursive script that reads "Dana Benard".

Dana Benard, REHS/ L.E.H.S.  
Environmental Sanitarian  
Well & Septic Program

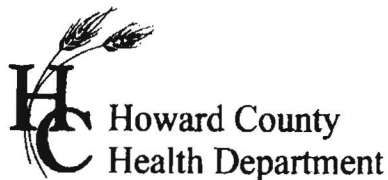
cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

# HARDY ROAD (LOCAL ROAD)



SCALE:  
1" = 60'

9/17/2012  
Well Site Plan  
BB



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>28</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