

C 1 5165

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 09 09 2007

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1209

OWNER McKendree LLC STREET OR RFD McKendree Road TOWN Glenwood SUBDIVISION McKendree Springs SECTION LOT 2

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. Rows include Soil, Brown Shale, Gray Rock, and water at 253'.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (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.

DEPTH (nearest ft.) HO 65 300

Table for casing height with columns for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-55).

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) 58 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

C 3

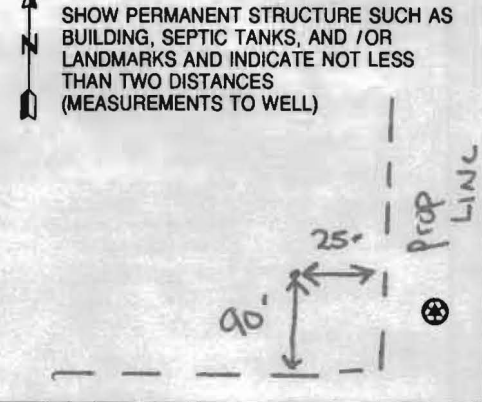
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 17.64, METHOD USED TO MEASURE PUMPING RATE submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft, WHEN PUMPING 175 ft.

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 (nearest foot) 50 51

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no N

CIRCLE APPROPRIATE LETTER 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J S D 0 4 9

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

B 1 9884

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-95-1209

527274

please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
McKendree LLC
2331 York Rd
Lutherville MD 21093

LOCATION OF WELL

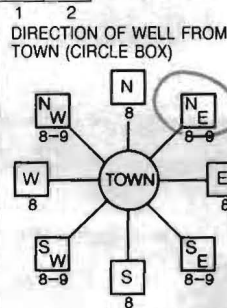
8 COUNTY 21
McKendree Springs
SECTION 44 46 LOT 48 50
Clenwood
52 NEAREST TOWN 71

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

DRILLER INFORMATION

Michael Som M SD 162
G Edgar Harr Sons cop
12047 Falls Rd 21030
7/30/09

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



McKendree Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 6 PARCEL 120

WELL INFORMATION

APPROX. PUMPING RATE 5
AVERAGE DAILY QUANTITY NEEDED 750

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 9522469
COUNTY NAME COUNTY NO.
DATE ISSUED 10/10/09
CO SIGNATURE EXP. DATE
NORTH GRID 538 000 EAST GRID 799 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- 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

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

APPROP. PERMIT NUMBER G
PERMIT No. 10-95-1209

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Ex. well must be abandoned

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 799
N 538

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

N



McKendree Rd

RT 144

HARR WELL DRILLING

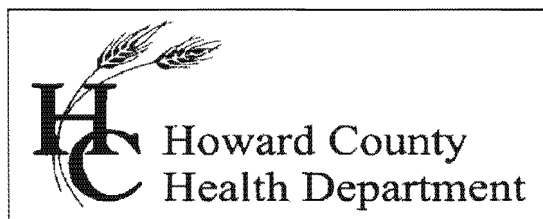
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY WELL YIELD TEST REPORT

Date Test Performed: 9-06-07
Address: McKendree Road
Owner Name: McKendree LLC
Well Depth: 300 Ft

Permit Number: HO-95-1209
Subdivision: McKendree Springs L#2
Election District:
Static Water Level: 33 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
1200	33 ft		17 sec	17.64
1215	107		17	17.64
1230	126		17	17.64
1245	139		17	17.64
1300	147		17	17.64
1315	159		17	17.64
1330	168		17	17.64
1345	171		17	17.64
1400	175		17	17.64
1415	175		17	17.64
1430	175		17	17.64
1445	175		17	17.64
1500	175		17	17.64



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 – April 14, 2015

October 14, 2014

Homeowner
2270 McKendree Road
West Friendship, MD 21794

**RE: McKendree Springs, Lot # 4
2270 McKendree Road
Building Permit: B14001432
Well Permit: HO-95-1209**

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 **10/14/2014**. Final approval of the well line connection to the dwelling was granted on **8/1/2014**. The well construction was completed on **9/7/2007**. Water samples were collected on **10/6/2014**.

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-95-1209. 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,

Hank Oswald

Hank Oswald, 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: 95251

Report Date: October 7, 2014

Property Sampled: 2270 McKendree Road, 21794
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B14001432
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** McKendree Springs **Lot#:** 4

Date/Time Collected in Field: October 6, 2014 11:53 am
Date/Time Received in Lab: October 6, 2014 3:02 pm

Well Tag #: HO-95-1209
Well Condition: 2-Piece Cap, Satisfactory

*Results Good.
 10/14/14 - H.O.*

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
✓ Total Coliform	SM 9223B	Absent	Absent	Pass
✓ <i>E. coli</i>	SM 9223B	Absent	Absent	Pass
✓ Nitrate	SM 4500-NO3D	10 mg/L as N	5.8 mg/L as N	Pass
✓ Turbidity	EPA 180.1	10 NTU	2.7 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	5.3 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.

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.

**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: Blue Jay Services Inc. Telephone #: 410 363 0072
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 Skovron 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: McKendree Assoc. LLC Telephone #: 410 997 6149
Subdivision: West Legendship Lot #: 4 Well Tag #: HO-96-1209
Site Address: 2270 McKendree Rd.

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>INVERZ</u>	Make: <u>American Standard</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25152-8 1/2 HP</u>	Model#: <u>PT 80055</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>8</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</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>300</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 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> <input checked="" type="checkbox"/>		

Piping to house	House Connection
Type: <u>1" Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: <u>10ft-2"</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve(s) minimum from foundation: <u>10ft</u>
Depth of supply line: <u>40"</u> (36" min)	Sleeve 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 _____ date 7/31/14

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

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: _____ Lot #: ~~111~~ Well Tag #: HO - 95-1209
 Site Address: 2270 McKindree Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
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 inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
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.

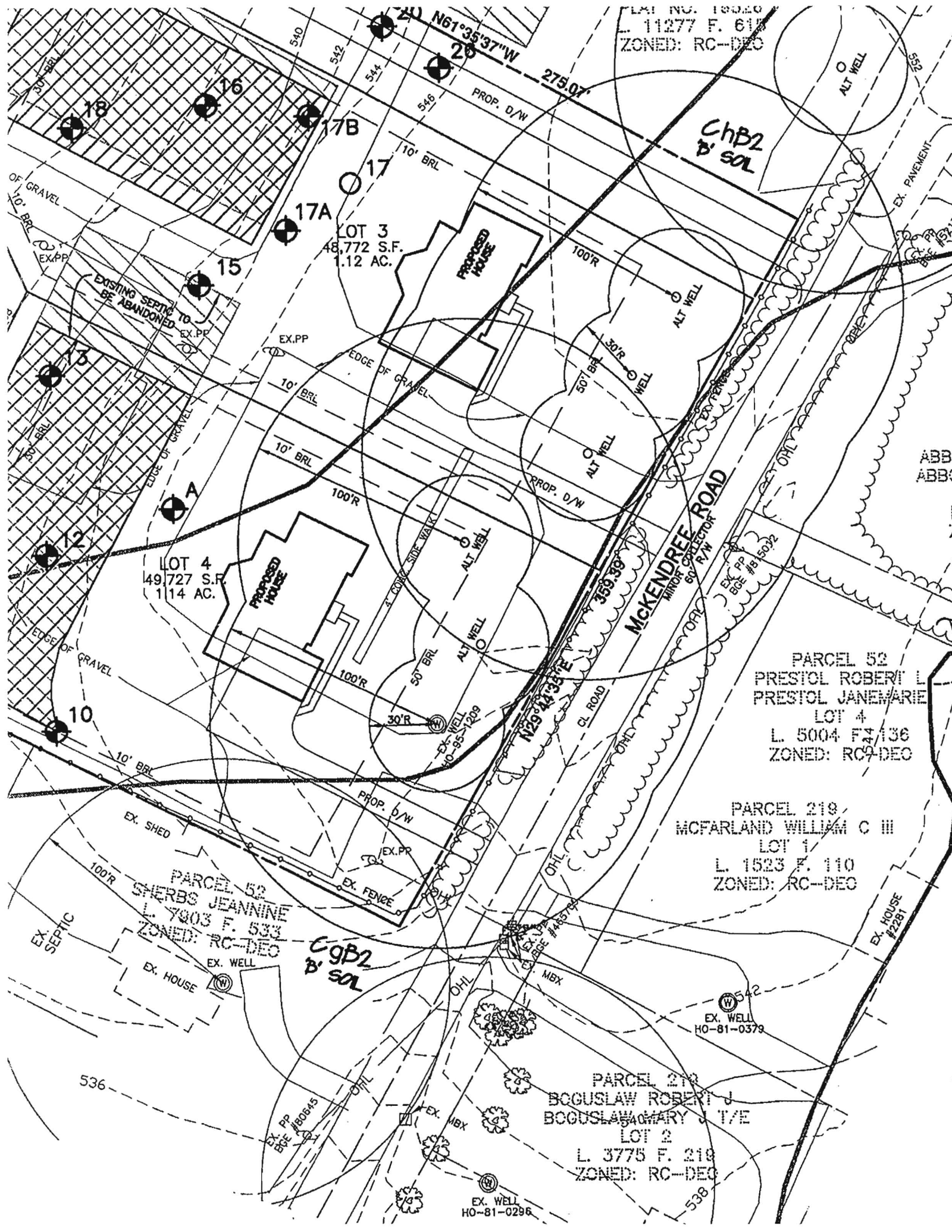
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 8/1/14 Date Insp. Approved: 8/1/14 Inspector: RW

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	✓

LOT NO. 18020
11277 F. 618
ZONED: RC-DEC



LOT 3
48,772 S.F.
1.12 AC.

LOT 4
49,727 S.F.
1.14 AC.

PARCEL 52
PRESTOL ROBERT L
PRESTOL JANEVARE
LOT 4
L. 5004 F. 136
ZONED: RC-DEC

PARCEL 219
MCFARLAND WILLIAM C III
LOT 1
L. 1523 F. 110
ZONED: RC-DEC

PARCEL 52
SHERBS JEANNINE
L. 7903 F. 533
ZONED: RC-DEC

PARCEL 219
BOGUSLAW ROBERT J
BOGUSLAW MARY J T/E
LOT 2
L. 3775 F. 218
ZONED: RC-DEC

EX. WELL
HO-81-0296

EX. WELL
HO-81-0379

EX. HOUSE
#2281

C9B2
B' SOL

EX. HOUSE
#2281

EX. PP
B/E #80845

EX. PP
B/E #81502

EX. SHED
#48519

EXISTING SEPTIC
TO BE ABANDONED

MCKENDREE ROAD
MINOR COLLECTOR
60' R/W

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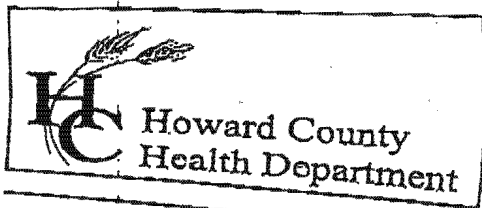
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7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2640
 TDD (410) 313-2323 Toll Free 1-866-313-2640
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

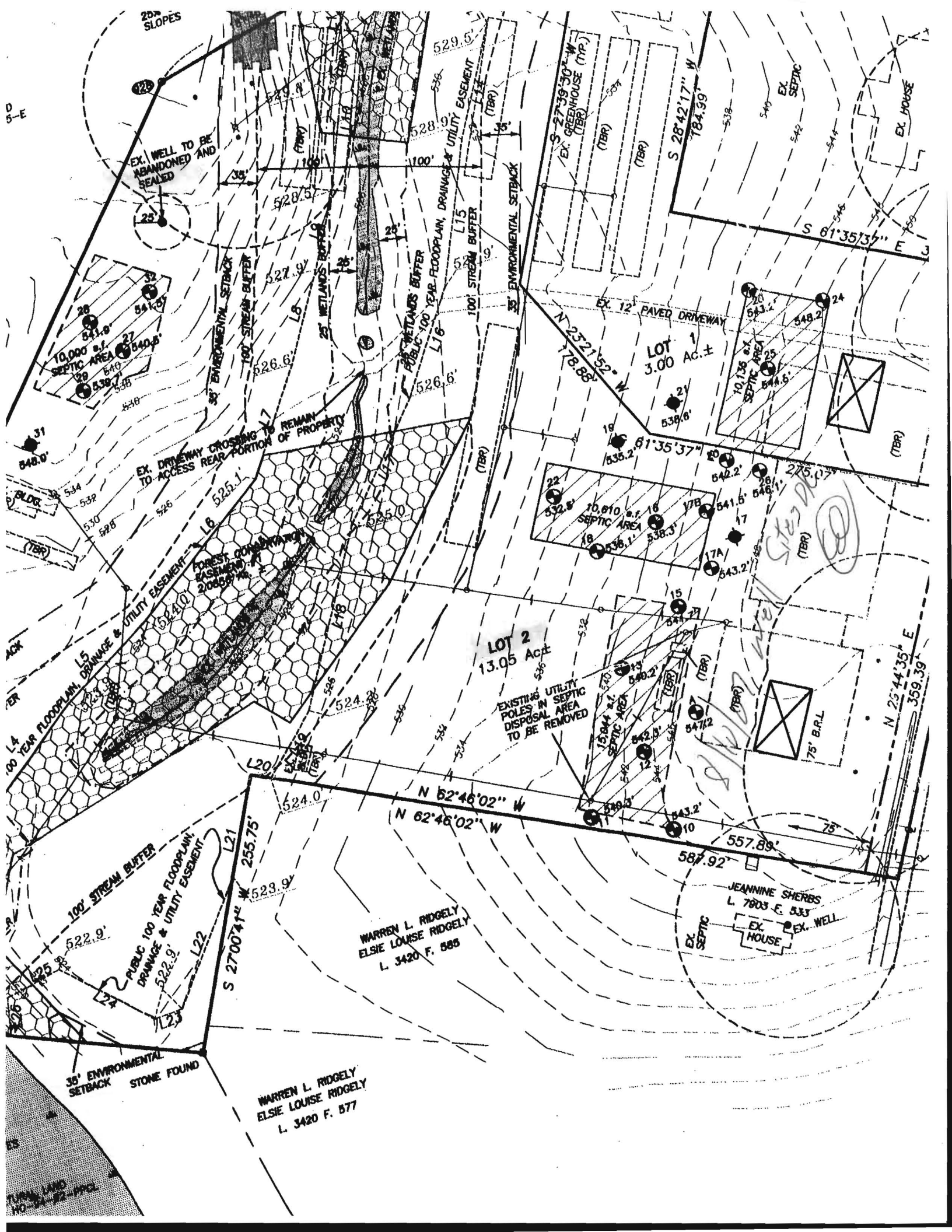
<u>McKenbree Springs</u>	<u>1+2</u>	<u>McKenbree Road</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by VAN MAR ASSOC,
 (professional land surveyor or company employing professional land surveyors)
 on 7/27/07 (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 3/11/05



25% SLOPES

EX. WELL TO BE ABANDONED AND SEALED

10,000 s.f. SEPTIC AREA

LOT 1
3.00 Ac. ±

10,136 s.f. SEPTIC AREA

LOT 2
13.05 Ac.

EXISTING UTILITY POLES IN SEPTIC DISPOSAL AREA TO BE REMOVED

FOREST CONSERVATION EASEMENT
20655.0

WARREN L. RIDGELY
ELSIE LOUISE RIDGELY
L. 3420 F. 585

WARREN L. RIDGELY
ELSIE LOUISE RIDGELY
L. 3420 F. 577

JEANNINE SHERBS
L. 7803 E. 533

EX. SEPTIC
EX. HOUSE
EX. WELL

75' B.R.L.

D
S-E

S
E

N
E

S

TOWN AND COUNTY LAND