

**STATE OF MARYLAND
WELL COMPLETION REPORT**
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER A 529 548-D

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
07 13 10

Depth of Well
22 200 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 95 - 1925

28 29 30 31 32 33 34 35 36 37

OWNER Zell Realty Inc
STREET OR RFD 4012 Salem Bottom Rd TOWN Westminster Md. 21157
SUBDIVISION Flonora Vista SECTION --- LOT 4

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	90	✓
Brown Slate	90	95	
Blue Slate	95	110	
Brown Slate	110	115	✓
Blue Slate	115	200	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
YES NO
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2300
GALLONS OF WATER 150

DEPTH OF GROUT SEAL (to nearest foot)
from 8 ft. to 90 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>PL</u>	<u>6</u>	<u>1086</u>
60 61	63 64	66 70

OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
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. M 5 D 117
DRILLERS SIGNATURE [Signature]
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10
8	9	11	15	17	21	23	24	26	30
32	36	38	39	41	45	47	51	56	60

DIAMETER OF SCREEN (NEAREST INCH)
from 56 to 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
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 5
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 35 ft.
17 20
WHEN PUMPING 65 ft.
22 25

TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

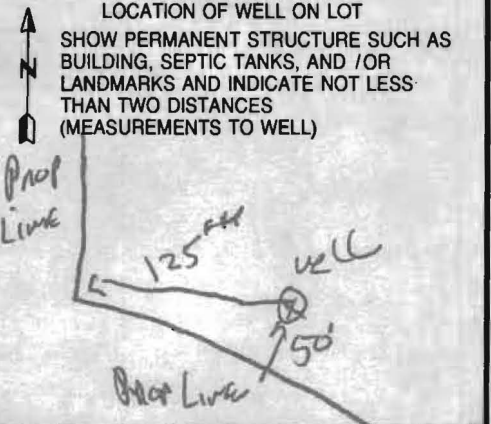
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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 } LAND SURFACE
- below } 2 (nearest foot)



B 1 0888

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533253 please type

STATE PERMIT NUMBER HO-95-1925 fill in this form completely

Date Received (APA)

OWNER INFORMATION

2ERP Property Inc, 4012 Salem Bottom Rd, Westminister MD 21157

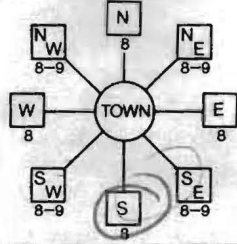
LOCATION OF WELL

Howard, Florence Vista, SECTION 44 46, LOT 4, LISBON, MILES FROM TOWN 3

DRILLER INFORMATION

Ralph E. MAYNE M SD 117, Ralph E. MAYNE Well Drilling, 27024 Hardy Rd Mt Airy MD 21731, 5/24/90

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Florence Rd, 1200, 11200, TAX MAP: 7 BLK: 20 PARCEL 117

WELL INFORMATION, APPROX. PUMPING RATE 5, AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A529548-D, COUNTY NAME Howard, COUNTY NO. 13, STATE SIGNATURE Brian Baker, DATE ISSUED 6/16/2010, EXP. DATE 6/16/2011, NORTH GRID 541, EAST GRID 768

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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 (circled), 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 DEEPEM AN EXISTING WELL

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

APPROP. PERMIT NUMBER G, PERMIT No. HO-95-1925

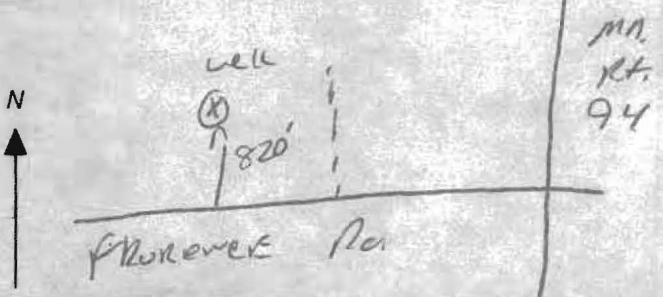
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 77068, N 5401

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
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 approval.

Company Name: Cumberland Co. Inc. Telephone #: 301 854-6838
 Address: 16391 A.E. Mullinix Rd
Woodbine MD 21797

(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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Albert Gye Telephone #: 301-252-1122
 Subdivision: _____ Lot #: _____ Well Tag #: HO 95-1925
 Site Address: 2925 Florence Rd
Woodbine MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Whers</u>	Make: <u>Cumbe</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25152 SF</u>	Model #: <u>N/A</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>4</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>3</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>37</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 or Cable guards are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly IPS</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>65"</u>
Depth of supply line: <u>12</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: 1-7-13

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: _____ Lot #: _____ Well Tag #: HO-95-1925
Site Address: 2925 Florence 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 <u>inside of well casing</u> _____		

<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: _____

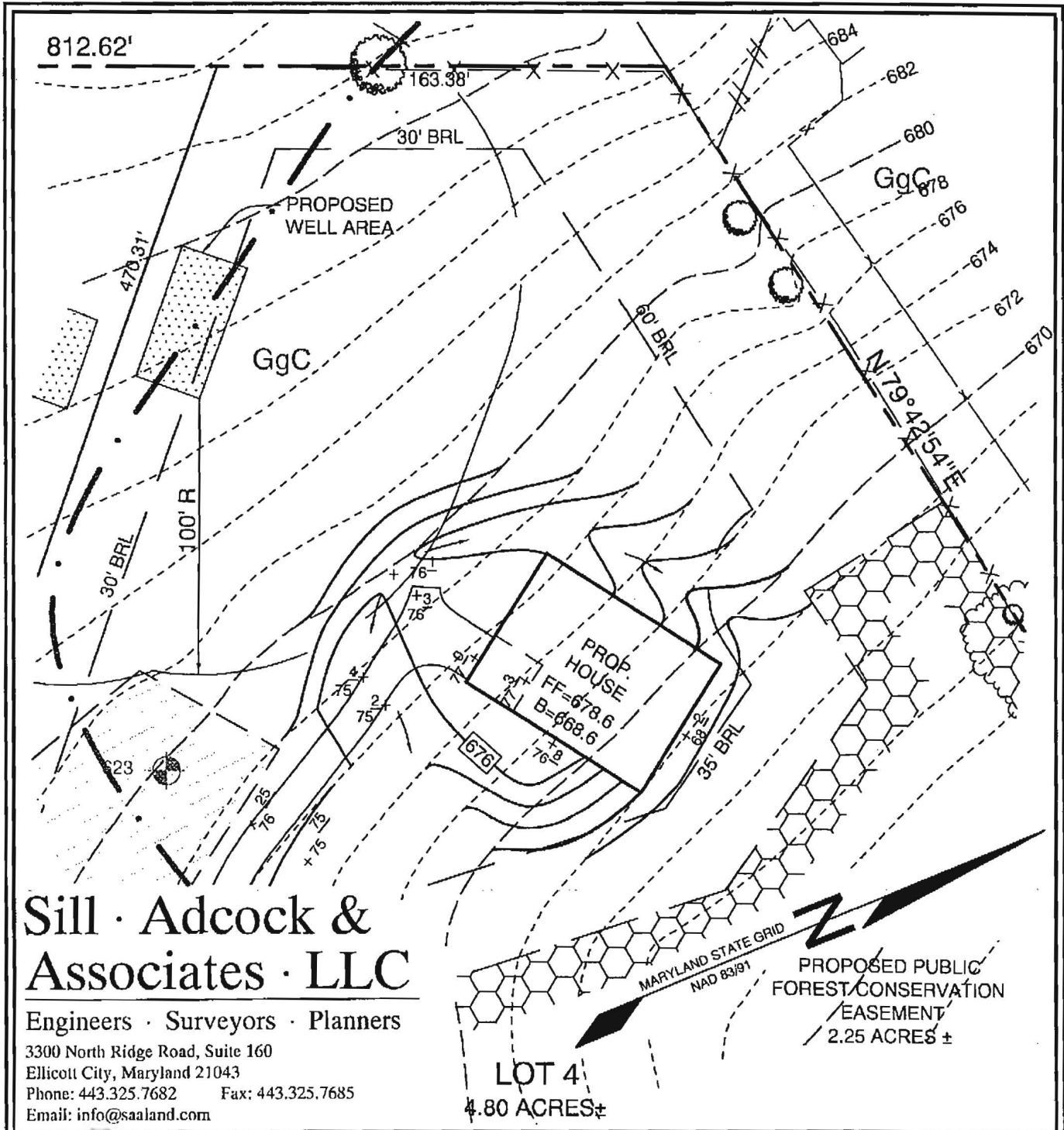
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 10/9/12 Inspector: KW

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"/>



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

LOT 4
 4.80 ACRES ±

PROPOSED PUBLIC FOREST CONSERVATION EASEMENT
 2.25 ACRES ±

DESIGN BY:	PS
DRAWN BY:	PS
CHECKED BY:	PS
SCALE:	1"=50'
DATE:	APRIL 12, 2010
PROJECT #:	08-038
SHEET #:	1 OF 1

6/16/2010
Well Site
Staked by Sill Adcock
BB

WELL LOCATION PLAN FLORENCE VISTA

LOT 4

TAX MAP 7 GRID 20
 4TH ELECTION DISTRICT

PARCEL 117
 HOWARD COUNTY, MARYLAND



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>FLORENCE VISTA</u>	<u>4</u>	<u>FLORENCE RD</u>
Subdivision/Property Name	Lot #	Road Name

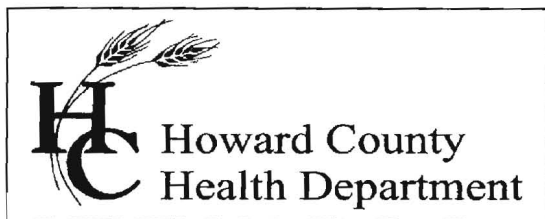
- The well site has been staked by SILL ADCOCK ASSOC LLC,
 (professional land surveyor or company employing professional land surveyors)
 on APRIL 12 2010 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to 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

Owner Zepp Realty Inc

BHM 4-11



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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 9, 2013

January 9, 2013

Homeowner
2925 Florence Road
Woodbine, MD 21797

**RE: Florence Vista, Lot 4
2925 Florence Road
Building Permit: B12002772
Well Permit: HO-95-1925**

Dear Homeowner:

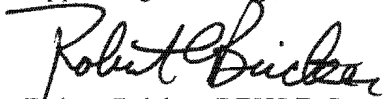
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/7/2013**. Final approval of the well line connection to the dwelling was granted on **10/9/2012**. The well construction was completed on **7/13/2010**. Water samples were collected on **1/4/2013**.

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-95-1925. 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 black ink, appearing to read "Robert Bricker". The signature is written in a cursive style with a prominent initial "R".

Robert Bricker, REHS/R.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.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Kelly Cumberland
 Cumberland Development
 16391 A.E. Mullinix Road
 Woodbine, Maryland 21797

S/O Number: 87760

Report Date: January 7, 2013

Property Sampled: 2925 Florence Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002772
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard **Subdivision:** Florence Vista
Map: 7 **Parcel:** 117 **Lot #:** 4

Date/Time Collected in Field: January 4, 2013 @ 9:46 am
Date/Time Received in Lab: January 4, 2013 @ 11:00 am

Well Tag #: HO-95-1925
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	3.2 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 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.

'OK' rob 1/13

[Signature]
 Amber Maxwell
 Drinking Water Specialist

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.