

C1 26502

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 A545087

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 11 05 13

Depth of Well 22 295 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2591

OWNER Snodin Michael WELL SITE ADDRESS 16045 FIELDS EWO TOWN LISBON MD SUBDIVISION WARFIELD GRANT SECTION LOT Parcel A

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

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields: MAIN CASING TYPE (PL), Nominal diameter, Total depth, OTHER CASING.

SCREEN RECORD form with fields: screen type or open hole (HO), diameter, depth.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (8.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, TYPE OF PUMP USED (S).

WELL HYDROFRACTURED form with fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (N).

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+2).

CIRCLE APPROPRIATE LETTER form with options: A (abandoned), E (electric log), P (test well converted).

DRILLERS LIC. NO. and SIGNATURE form with fields: DRILLERS LIC. NO. (M SD 117), DRILLERS SIGNATURE, LIC. NO. (D).

MDE USE ONLY form with fields: GRAVEL PACK, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

LATITUDE 39.28831 LONGITUDE 77.07367 (DEFAULT COORD. WGS 84) NOTES:

B 1	4981	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER
1	3	6		70
				HO - 95 - 2591
				fill in this form completely 79

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
Enodin Michael
 15 Last Name Owner First Name 34
1435 Bay Head Rd
 36 Street or RFD 55
ANNAPOLIS MD 21409
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard
 8 COUNTY 21
WARFIELD'S GRANT
 23 SUBDIVISION 42
 SECTION 44 46 LOT Parcel A 48 50
1500w
 52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph MAYNE M S D 117
 76 License No. 81
Ralph MAYNE well DRILLING
 Firm Name
17024 Handy Rd. Mt. Airy MD. 21771
 Address
[Signature] 9/18/13
 Signature Date

B 4

SOURCES OF DRILLING WATER
 1. well
 2.
 3.

16045 Fields End Ct.
~~Daisy Rd~~
 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
 (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 37
 DISTANCE FROM ROAD 700'
 ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: _____ PARCEL 128

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 500 12
 AVERAGE DAILY QUANTITY NEEDED 14
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A545087 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 10/02/2013 [Signature] 10/2/13
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

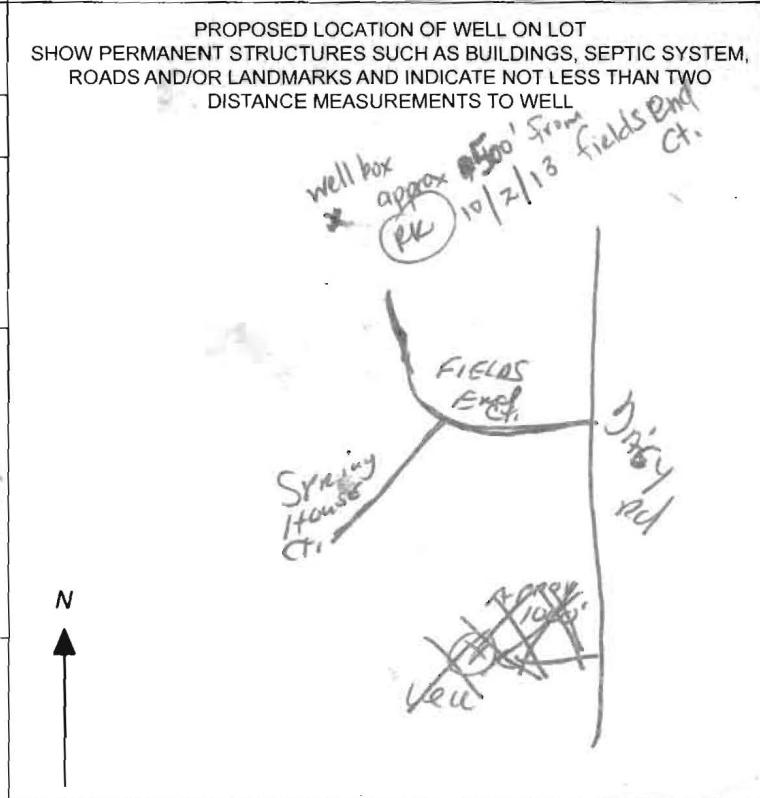
BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary DRive-POINT
 other _____

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 - 2591
 70 71 72 73 74 75 76 77 78 79



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: Michael Green Telephone #: 410 353 7722
Address: Aspen Landscape Contractors Inc.
15710 New Hampshire Ave Silver Spring MD 20905

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Michael Green 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: Michael Green Telephone #: 410 353 7722
Subdivision: Warfields grant Lot #: _____ Well Tag #: HO - 915 2591 ✓
Site Address: 16045 FIELDS END CT WOODBINE MD 21797 dg preservation parcel

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>County line</u>	Make: <u>Water source</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>1hp 4" subm. 3wire</u>	Model #: <u>brass</u>	Screened, vented well cap: _____
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>7</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: <u>✓</u>	

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

Ralph Mayne

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Schedule 90</u>	PVC sleeve to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>198</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>3'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>yes</u>

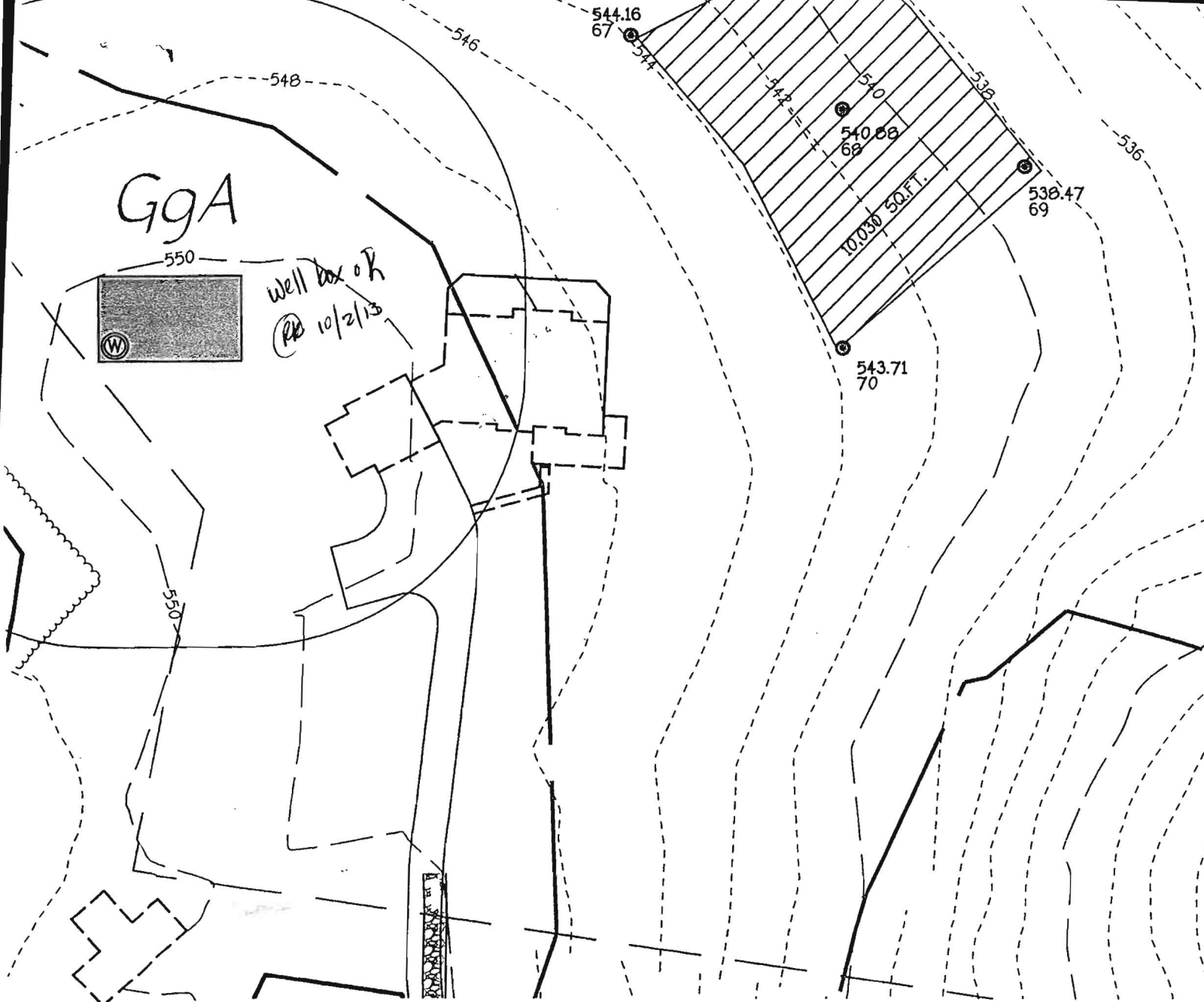
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 3/17/15

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

Date Insp. Requested: 3/23/15 Date Insp. Approved: 4/20/15 Inspector: SC (KW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	_____	
Two piece cap installed and attached to casing securely	<u>✓</u>	<u>OK</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>	<u>* cap cracked 3/23/15 SC</u>
Safety rope not outside of well cap/casing	<u>✓</u>	<u>new 1 piece cap attached</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>	<u>4/16/15 SC</u>
Water supply line sleeved adequately at house connection	_____	
Adequate grout observed below pitless adapter	_____	



SCALE: 1"=50'

PERC CERTIFICATION

I certify that the location of the well is based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

Terrell A. Fisher
 Signature of Professional Land Surveyor
 Terrell A. Fisher, Professional Land Surveyor No. 10692 Expires 12/13/13

8/6/13
 Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
 HOWARD COUNTY HEALTH DEPARTMENT.

Baldon for Maura Roszman
 COUNTY HEALTH OFFICER

8/13/2013
 DATE

THE PURPOSE OF THIS
 TO REVISE THE LOCATION
 THE EXISTING PERC PLAN
 TO THE PROPOSED HEALTH

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 Fisher - Collins & Carter on Aug 13 2013 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

ATT


Preservation Parcel A -
Sub- WARFIELD GRANT
Owner MICHAEL GRODIN

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Michael Grodin
15710 New Hampshire Avenue
Silver Spring, MD 20905

Reporting Date: 2/12/2015
Report #: M2507

Submitted Sample Address: 16045 Fields End Court
Woodbine, MD 21797
Submitted Sample Source: Upstairs Utility Sink
Date / Time Collected: 2/9/2015 10:50 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn
Well #: HO-95-2591

30

Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	2.4	mg/L	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.9	NTU	0.5	10	SM 2130B
pH	7.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

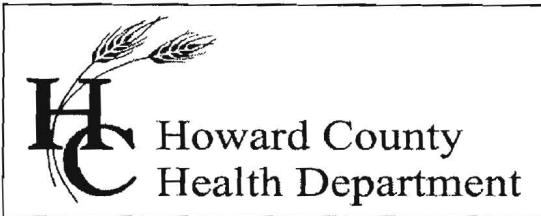
Reported by,

Christina Rodgers

OK
Krow

C. Rodgers, Customer Service Representative

Reviewed by: *SNB*



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-2640 | 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 – OCTOBER 28, 2015

April 28, 2015

Homeowner
16045 Fields End Court
Woodbine, MD 21797

RE: Warfields Grant, Par. A
16045 Fields End Court
Building Permit: B13003418
Well Permit: HO-95-2591

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 3/20/2015. Final approval of the well line connection to the dwelling was granted on 4/20/2015. The well construction was completed on 11/5/2013. Water samples were collected on 2/9/2015.

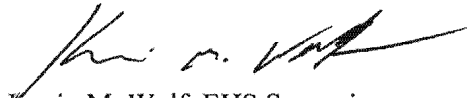
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2591. 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 'Kevin M. Wolf', written over a horizontal line.

Kevin M. Wolf, EHS Supervisor
Environmental Health Specialist
Well & Septic Program

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

KEVIN

3/19/15

① BAT CERT

② WELL LOWE INSTAN

Please advise on the course
of action to get approved.

Thanks

MIKE GROSS

410 353-7722