

C 1 1258

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

ST/CO USE ONLY DATE Received MM 12 DD 25 YY 11

DATE WELL COMPLETED MM 08 DD 30 YY 11

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-2109

OWNER CHELSEA RIDGE L.C. WELL SITE ADDRESS LONG RIDGE ROAD TOWN Mt. Airy SUBDIVISION CHELSEA KNOLLS SECTION LOT 14

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Clay, Brown shale, Blue slate, 110, 305.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 20, NO. OF POUNDS 1880.

CASING RECORD. MAIN CASING TYPE PL. Nominal diameter top (main) casing 6, Total depth of main casing 70.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD. SCREEN TYPE or open hole: PL (PLASTIC). DEPTH (nearest ft.) 70.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

- 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...

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 066

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

Table with columns for depth intervals (1-21, 23-26, 30-32, 38-39, 41-45, 47-51) and diameter of screen (56-60).

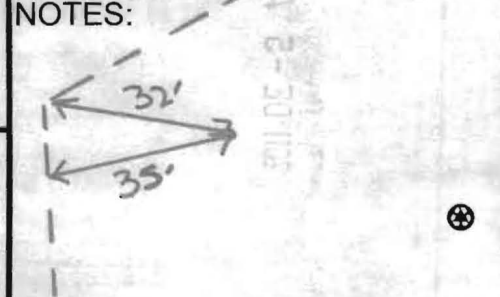
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C 3 PUMPING TEST. HOURS PUMPED 6, PUMPING RATE 2.07 gal. per min., METHOD USED TO MEASURE PUMPING RATE TIMER/BUCKET.

PUMP INSTALLED. DRILLER INSTALLED PUMP YES NO. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

LATITUDE 39.31663 LONGITUDE 77.15614 (DEFAULT COORD. WGS 84)



B 1 2151

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-2109 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Elm Street Development, 1305 Beverly Rd, Suite 240, McClean, VA 22101

B 3

LOCATION OF WELL

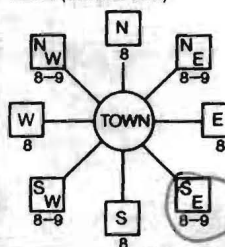
Howard County, Chelsea Knolls, SECTION 44 46, LOT 48 50, mt Airy, MILES FROM TOWN 4.0

DRILLER INFORMATION

Michael Barlow, Barlow Well Drilling Service, 502 Underwood Ln, Belair, Md, 3-8-11

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Long Corner Rd, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD 500 FT, TAX MAP: 6 BLK: 22 PARCEL 12

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

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 County, STATE SIGNATURE, DATE ISSUED 4/27/11, CO SIGNATURE, EXP. DATE 4/27/12, NORTH GRID 539 000, EAST GRID 0756 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED, JETTED, AIR-ROTARY, AIR-PERCussion, 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

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 40-200-7G-005 (3)

PERMIT No. 40-95-2109

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

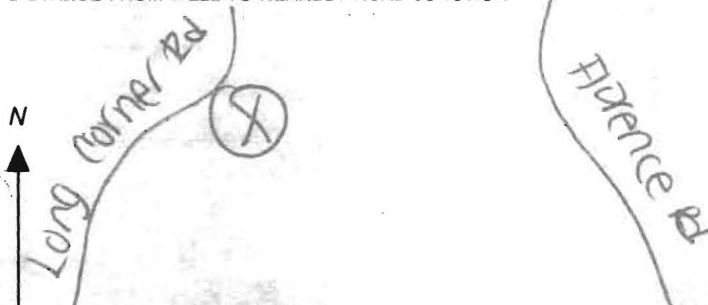
SOURCES OF DRILLING WATER

- well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7506, N 5309

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 SEE WELL SITE PLAN FOR

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	August 3, 2011		
Well Depth:	400 feet		
Customer	Elm Street Development	Permit #	HO-95-2109
Road	Long Corner Road	Subdivision	Chelsea Knolls
City	Mt. Airy	Section	
State	Maryland	Lot #	14

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:30 AM	52	4	15.00
8:45 AM	150	4	15.00
9:00 AM	240	5	12.00
9:15 AM	245	29	2.07
9:30 AM	245	29	2.07
9:45 AM	245	29	2.07
10:00 AM	245	29	2.07
10:15 AM	245	29	2.07
10:30 AM	245	29	2.07
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1:45 PM	245	29	2.07
2:00 PM	245	29	2.07
2:15 PM	245	29	2.07
2:30 PM	245	29	2.07
2:45 PM	245	29	2.07
3:00 PM	245	29	2.07

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

**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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, 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): Joshua Henricks License# PI0173

***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: Chelsea Knolls LC Telephone #: _____
Subdivision: Chelsea Knolls Lot #: 14 Well Tag #: HO - 95 - 2109 ✓
Site Address: 18342 Chelsea Knolls Drive
Mount Airy, MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>15SQE15-290</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>15</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>2.07</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>Yes</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 <u>inside of well casing</u> ^{N/A}		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>10'</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.

Joshua Henricks October 15, 2014
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/14/15 Date Insp. Approved: 4/14/15 Inspector: SC
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 ✓

Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116

Letter of Certification

This is to certify that the Norweco Singlair TNT 600 GPD Septic Tank installed at 18336 Chelsea Knolls Dr., Mt. Airy, MD 21771 was installed on April 7, 2015 according to the manufacture's specifications.

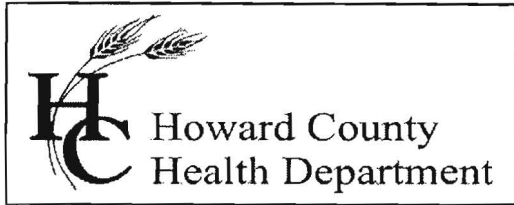
Installer: Jeff Reiter

Property Owner: NVR



MATTHEW GECKLE

Vice-President



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 – NOVEMBER 18, 2015

May 18, 2015

Homeowner
18336 Chelsea Knolls Drive
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 14
18336 Chelsea Knolls Drive
Building Permit: B14004339
Well Permit: HO-95-2109**

Dear Homeowner:

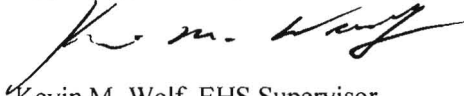
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/8/2015**. Final approval of the well line connection to the dwelling was granted on **4/14/2015**. The well construction was completed on **8/30/2011**. Water samples were collected on **5/7/2015**.

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-95-2109. 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>

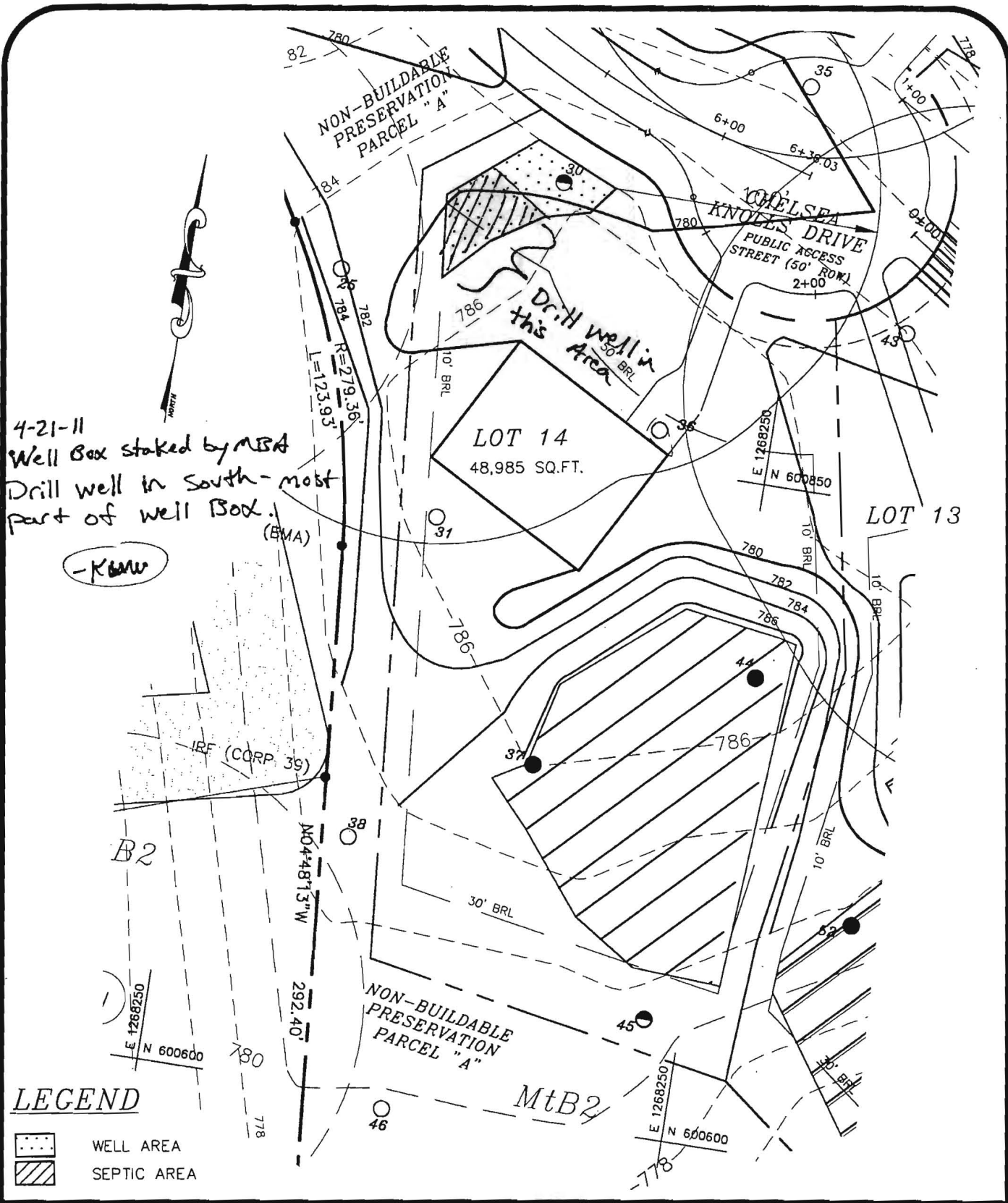
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is written in a cursive style with a large initial "K" and a long, sweeping underline.



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

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

H:\01-009\dwg\Well-Permit\01-009-well.dwg



LEGEND

 WELL AREA
 SEPTIC AREA

WELL PERMIT
CHELSEA KNOLLS LOT 14

MILDENBERG BOENDER, & ASSOC., INC.
 Engineers Planners Surveyors
 6800 Deerpath Road, Suite 150, Elkridge, Maryland 21075
 (410) 997-0296 Ball. (410) 997-0298 Fax.

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DRAWN BY: MMM DATE: APRIL 2011 PN: 01-009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 100453 Account #: 6488
Reference: Ryan Homes Lot 14 Company: Hatfield's Equipment, Inc.
Location: 18336 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 5/7/2015 1012 Site: Pressure Tank
Date/Time Rec'd: 5/7/2015 1245 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-2109

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/8/2015 / 0800 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	5/8/2015 / 0800 / LLO
Nitrate	7.34 ✓	mg/L	10	601	5/8/2015 / 1500 / CCH
Turbidity	1.05 ✓	NTU	<10	SM18 2130B	5/8/2015 / 0945 / JKW
Sand	NS ✓	mg/L	5	Visual/Gravimetric	5/8/2015 / 0945 / JKW

OK

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B14004339

Date Reported: 5/11/2015