

C1 13738

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (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 MM 04 DD 03 YY 12

DATE WELL COMPLETED MM 03 DD 20 YY 12

Depth of Well 22 300 26 5/3/2012 (TO NEAREST FOOT) O.K. RB

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-22604

OWNER VIKING Homes WELL SITE ADDRESS 17415 Frederick Rd TOWN Mt Airy SUBDIVISION Hazel Annis Property SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include SOIL, CLAY, Brown shale, GRAY ROCK, Brown shale, GRAY ROCK, Brown shale + clay, Soft GRAY Rock, Limestone.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (20), NO. OF POUNDS (1880), GALLONS OF WATER (120), DEPTH OF GROUT SEAL (0 to 80 ft).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (80).

OTHER CASING (if used) table with columns: diameter, depth (from, to). Row: ST, 5, 15, 175.

SCREEN RECORD form with fields: screen type (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: 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. 1 MWD355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD0666

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

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Row: Ho, 175, 300.

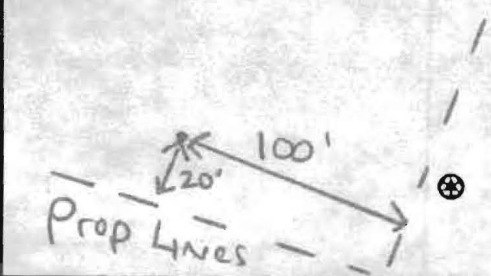
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (7.5), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (26 ft before, 74 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

LATITUDE 39.34874 LONGITUDE 77.11940 (DEFAULT COORD. WGS 84) NOTES:



B 1 11720

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2264

536735 please type

fill in this form completely

Date Received (APA)

02/16/12

OWNER INFORMATION

Viking Homes, 815 Windriver Drive, Sykesville MD 21784

B 3 LOCATION OF WELL

Howard Prop of Hazel P. Annis, Mt Airy

DRILLER INFORMATION

Michael Barlow, Barlow Well Drilling, 522 Underwood Lane

B 4

SOURCES OF DRILLING WATER

1. Well

17425 Frederick Rd

ON WHICH SIDE OF ROAD... DISTANCE FROM ROAD... TAX MAP: 7 BLK: 1 PARCEL 349

B 2 WELL INFORMATION

APPROX. PUMPING RATE 750 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 14 GAL PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

Howard (13) A536735, COUNTY NAME, STATE SIGNATURE, DATE ISSUED 02/29/12, EXP. DATE 3/1/13

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

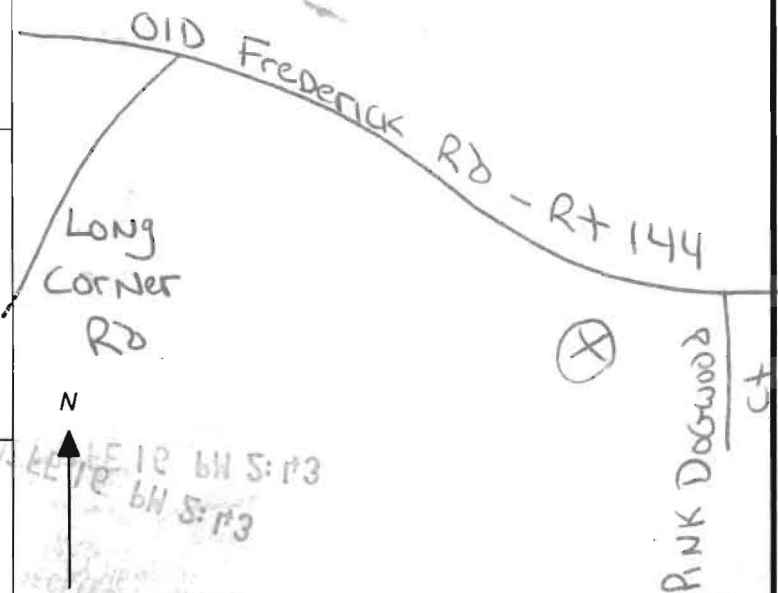
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

JETTED, AIR-PERCussion, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL



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

APPROP. PERMIT NUMBER G, PERMIT No. HO-95-2264

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: Hughes Plumbing Service Telephone #: 443-340-7994  
Address: 1100 Western Chapel Rd  
New Windsor MD 21776

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

License # and name of individual responsible for the field installation:

Name (Print): Daniel Hughes License# 23837

\*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: Vincent Coleianne Telephone #: 410-984-8164  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-\_\_\_\_\_  
Site Address: 17405 Frederick Rd  
MT Airy MD 21771

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: \_\_\_\_\_ Make: Merrill Two piece watertight cap: Y  
Model #: \_\_\_\_\_ Model#: 1655 Screened, vented well cap: Y  
Pump Capacity \_\_\_\_\_ GPM Depth: 40 (36" min) Cap secured to casing: Y  
Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: Y Conduit min 18" B.G.: Y  
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: Y  
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

Piping to house House Connection  
Type: Poly PVC sleeve to undisturbed soil at well penetration: Y  
PSI: 160 (160 psi min) Length of sleeve (5' minimum from foundation): 8'  
Depth of supply line: 40 (36" min) Sleeve sealed properly: Y

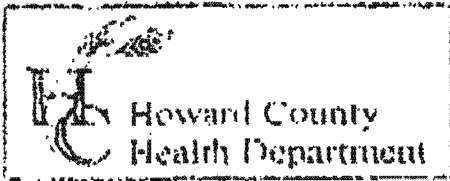
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Daniel Hughes date: 5-17-15

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 No Tag  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

5/19/2015  
(BB)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

*address intended  
 for well # 12415*

TO ALL INTERESTED PARTIES

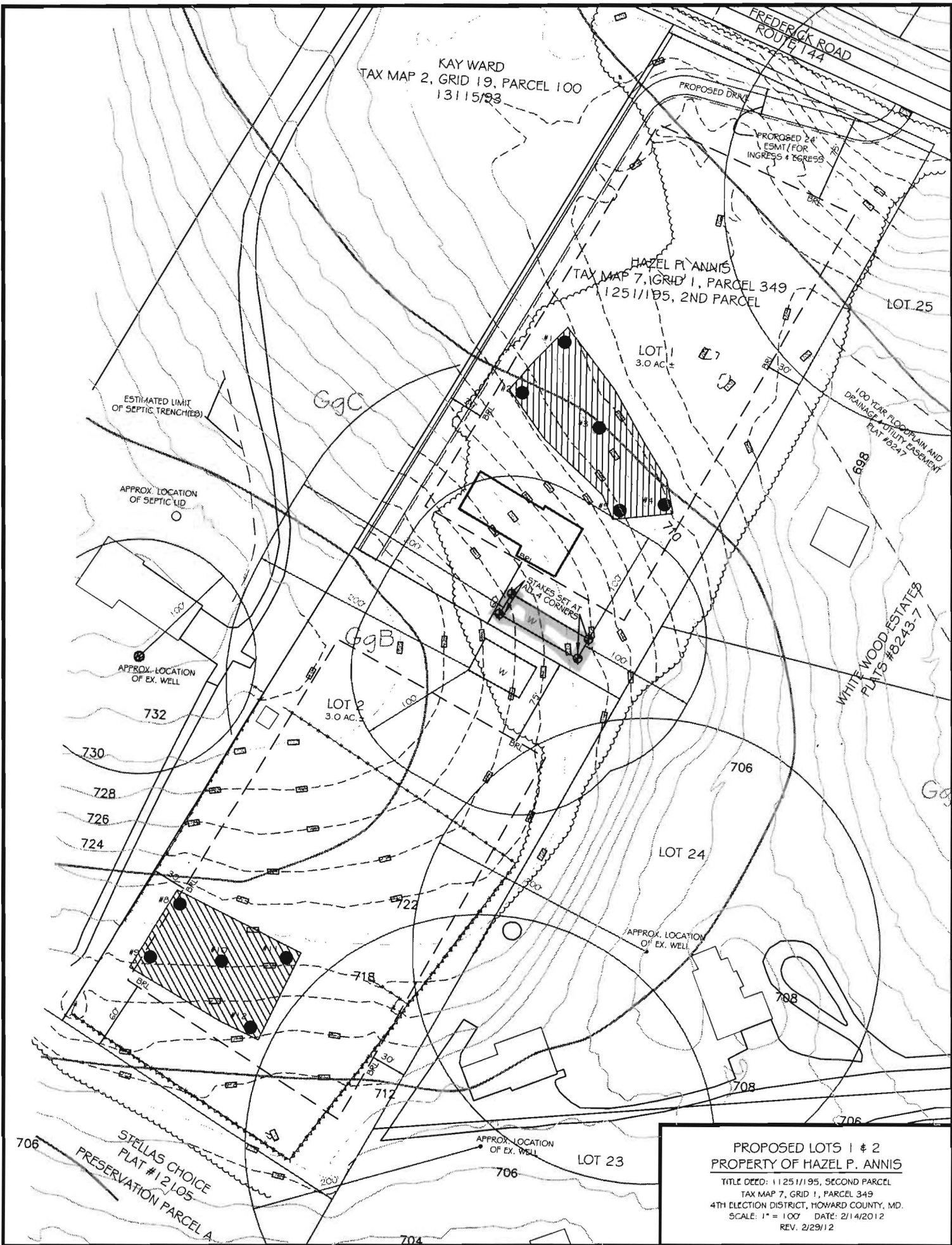
When submitting a well permit application for a proposed well for new construction, please indicate one of the following: 17425 Frederick ROAD HAZEL AMIS P.O. LOT 1

- The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 2/22/2012 (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.

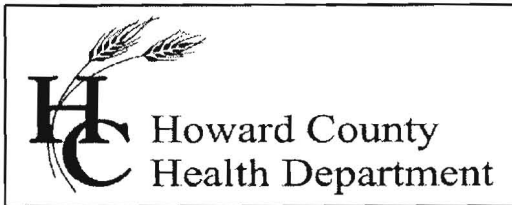
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

*Gregory Scott Shanabarger*



**PROPOSED LOTS 1 & 2**  
**PROPERTY OF HAZEL P. ANNIS**  
 TITLE DEED: 112511/95, SECOND PARCEL  
 TAX MAP 7, GRID 1, PARCEL 349  
 4TH ELECTION DISTRICT, HOWARD COUNTY, MD.  
 SCALE: 1" = 100' DATE: 2/14/2012  
 REV. 2/29/12



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 – JANUARY 27, 2016**

July 27, 2015

Homeowner  
17405 Frederick Road  
Mt. Airy, MD 21771

**RE: Coleianne Property, Lot 1  
17405 Frederick Road  
Building Permit: B15000126  
Well Permit: HO-95-2264**

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 **7/1/2015**. Final approval of the well line connection to the dwelling was granted on **5/19/2015**. The well construction was completed on **3/20/2012**. Water samples were collected on **7/22/2015**.

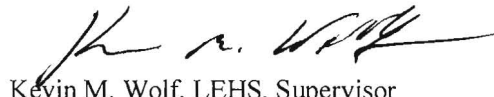
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2264. 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 fluid and cursive, with a long horizontal stroke extending to the right.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# 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 #: 102087 Account #: 4226  
Reference: McGowan Residence Company: Viking Development Corporation  
Location: 17405 Frederick Road Requested By: Cary Cumberland  
Mount Airy, MD 21771 Source: Well Water  
Date/ Time Collected: 7/22/2015 1220 Site: Pressure Tank  
Date/Time Rec'd: 7/22/2015 1315 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.2  
Collected By: C. Mooshian 7268CM Well #: HO-95-2264

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2015 / 1030 / CCH
Nitrate	2.00	mg/L	10	601	7/22/2015 / 1630 / CWM
Turbidity	8.71	NTU	<10	SM18 2130B	7/22/2015 / 1615 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	7/22/2015 / 1615 / 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; N/A: Not Available
- 7 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

**Reason for Test :** Use & Occupancy  
**Building Permit # :** 15000126

Date Reported: 7/23/2015