

C 1 04826

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER STREET OR RFD SUBDIVISION SECTION LOT

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. Includes entries like Red Brn weathered Rock, Brn weathered Rock, Tan weathered Rock, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for casing depth and slot size.

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

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

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...

DRILLERS LIC. NO. DRILLERS SIGNATURE LIC. NO.

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

04-326164

B 1 **25669** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
555261 please type

STATE PERMIT NUMBER
HO-14-0120
fill in this form completely

Date Received (APA) 10/06/14

OWNER INFORMATION

Vasquez Kevin + Kathy
2684 Daisy Road
Woodbine MD 21794

B 3 **LOCATION OF WELL**

Howard
2684 Daisy Road
Woodbine

DRILLER INFORMATION

C. John Hess MWD 553
Allied Environmental Services
20 Box 29 Annapolis Junction MD 20701
10/02/14

B 4 **SOURCES OF DRILLING WATER**

Public
2684 Daisy Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
TAX MAP 0013 BLK 0012 PARCEL 0110

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE 10 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 1,000 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/17/14
CO SIGNATURE H. O. HANCOCK 10/17/15
EXP. DATE

USE FOR WATER (CIRCLE APPROPRIATE BOX)

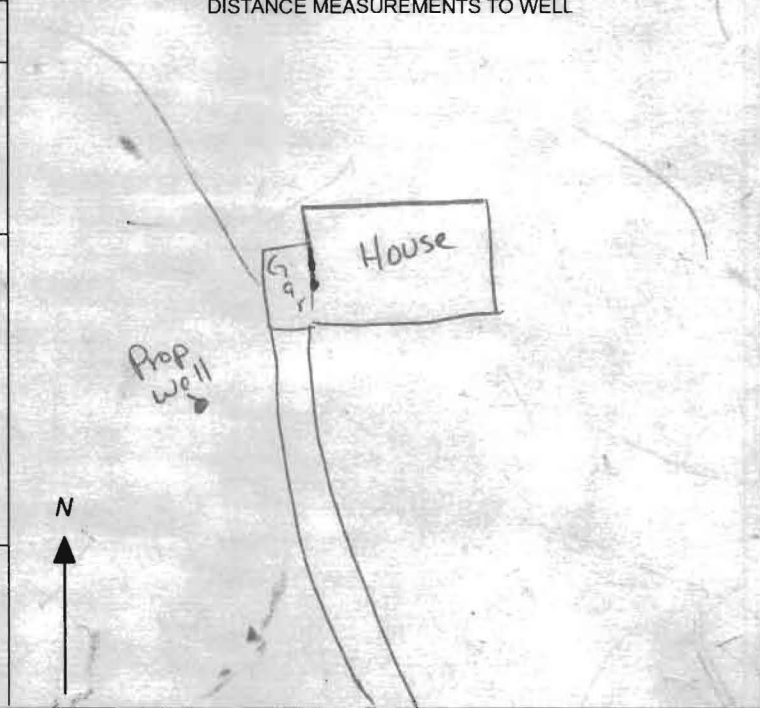
DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 350 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)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT
other



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL
 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 G
PERMIT No. HO-14-0120

Catonsville Homes

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Monday, December 15, 2014 9:41 AM
To: Andy Capelle (acapelle@alliedwells.com)
Cc: Wolf, Kevin
Subject: 2684 Daisy Rd well completion report HO-14-0120
Attachments: 2684 Daisy Rd_WCR memo.pdf

Hi Andy. Please see the attached memo regarding the well completion report at 2684 Daisy Rd.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE LLC Telephone #: 410-840-8112
Address: 75 BILCOCK CT SUITE 7
WESTMINSTER MD 21157

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

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

Name (Print): MARK MATHER License# 63797

*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: KEVIN VASQUEL CORNVILLE Telephone #: 410-447-2211

Subdivision: _____ Lot #: _____ Well Tag #: HO-14-0120

Site Address: 2654 DAISY RD.
WOODBINE MD.

Submersible Pump Data

Make: 5 CLASS
Model #: WJ5154
Pump Capacity 10 GPM
Well Yield: 25 GPM

Pitless Adapter

Make: CAMPBELL
Model #: _____
Depth: 42 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 408 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 2.5
Sleeve caulked and sealed properly: yes

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: 12/4/14

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

Date Insp. Requested: 12/5/14 Date Insp. Approved: 12/5/14 SC

Inspection Data: Pitless adapter and 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 installed inside of well 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"/>

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 #: 101966 Account #: 1045
Reference: Catonsville Homes Company: Atlantic Blue Water Services
Location: 2684 Daisy Road Requested By: Mark Mather
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/16/2015 1030 Site: Kitchen Sink Tap
Date/Time Rec'd: 7/16/2015 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: M. Mather 3480MM Well #: HO-14-0120

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/17/2015 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/17/2015 / 1000 / CCH
Nitrate	2.91	mg/L	10	601	7/17/2015 / 1000 / CRS
Turbidity	1.25	NTU	<10	SM18 2130B	7/17/2015 / 1050 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/17/2015 / 1050 / CRS

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 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : B14000589

Date Reported: 7/17/2015



Bureau of Environmental Health
8930 Stanford Boulevard, 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

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

TO ALL INTERESTED PARTIES

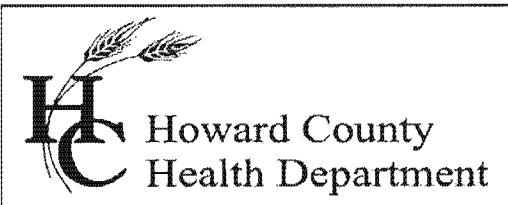
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

KATHY & KEVIN VASQUEZ - DAISY ROAD
Subdivision/Property Name Lot # Road Name

- The well site has been staked by VANMAR ASSOCIATES
(professional land surveyor or company employing professional land surveyors)
on NOVEMBER 3, 2014 (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.



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 – FEBRUARY 27, 2015

August 27, 2015

Homeowner
2684 Daisy Road
Woodbine, MD 21794

**RE: Vasquez Property
2684 Daisy Road
Building Permit: B14000589
Well Permit: HO-14-0120**

Dear Homeowner:

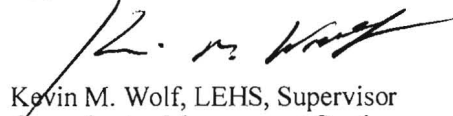
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/27/2015**. Final approval of the well line connection to the dwelling was granted on **12/5/2014**. The well construction was completed on **11/11/2014**. Water samples were collected on **7/16/2015**.

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-14-0120. 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 "K. M. Wolf", written over a diagonal line that extends from the top left towards the center.

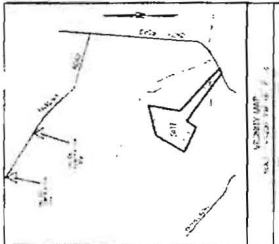
Kevin M. Wolf, LEHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

1. ALL DIMENSIONS ARE IN FEET AND DECIMALS THEREOF.
 2. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.
 3. ALL DIMENSIONS ARE TO THE FACE UNLESS OTHERWISE NOTED.
 4. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.
 5. ALL DIMENSIONS ARE TO THE FACE UNLESS OTHERWISE NOTED.
 6. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.
 7. ALL DIMENSIONS ARE TO THE FACE UNLESS OTHERWISE NOTED.
 8. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.
 9. ALL DIMENSIONS ARE TO THE FACE UNLESS OTHERWISE NOTED.
 10. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.

1/16/2014
 Well Site
 Diagram
 for Irrigation
 Well - from Fogles

(BB)
 CHINA IRRIGATION SYSTEM
 1. 1/16/2014
 2. 1/16/2014
 3. 1/16/2014
 4. 1/16/2014
 5. 1/16/2014
 6. 1/16/2014
 7. 1/16/2014
 8. 1/16/2014
 9. 1/16/2014
 10. 1/16/2014



PLOT PLAN
 LANDS CONVEYED TO
KATHY & KEVIN VASQUEZ
 AS RECORDED IN 1838 - 15/04 AT 10/13/2010



Kathy Vasquez
 Professional Engineer
 License No. 44512
 State of California

VANMARE INC.
 Engineers Surveyors Planners
 10000 Van Ness Blvd., Suite 200
 San Francisco, CA 94140
 (415) 774-1100

LANDS CONVEYED TO
KATHY AND KEVIN VASQUEZ
 UNDER 15/04 AT 10/13/2010
 871,305 SQ. FT. OR 20.04 AC. ±

(Handwritten cloud callout)
 Lands conveyed to
 Kathy & Kevin Vasquez

TRACT PROPERTY
 LOT 13
 PLAN 10/13/2010

TRACT PROPERTY
 LOT 13
 PLAN 10/13/2010

Oswald, Hank

From: Williams, Jeffrey
Sent: Friday, November 07, 2014 9:43 AM
To: ron@vanmar.com
Cc: Oswald, Hank
Subject: RE: 2684 Daisy Road

Thanks. We will release the well well permit based on this. However, can you please send me 3 paper copies of this version with the driveway so we can get a health officer signature on it. I would superimpose the driveway from the BAT plan onto the perc cert you delivered, but they are different scales. Thanks
Jeff

From: ron@vanmar.com [mailto:ron@vanmar.com]
Sent: Thursday, November 06, 2014 4:37 PM
To: Williams, Jeffrey
Cc: Oswald, Hank
Subject: RE: 2684 Daisy Road

Jeff:

Thanks - I have attached a plan showing the driveway.

Ronald E. Thompson, PE
VANMAR ASSOCIATES
310 South Main Street, PO Box 328
Mount Airy, MD 21771
301-829-2890 (O)
443-421-2164 (C)
301-831-5603 (F)

From: Williams, Jeffrey [mailto:jewilliams@howardcountymd.gov]
Sent: Thursday, November 06, 2014 2:00 PM
To: ron@vanmar.com
Cc: Oswald, Hank
Subject: RE: 2684 Daisy Road

I have the revision. It doesn't show the driveway. Is the driveway location the same as the approved BAT plan from May? If so, it looks like the one replacement well site will be either in it or right next to it. We can superimpose the driveway on the plan and eliminate that well site if we can confirm that the driveway is in fact in that location. Let me know.
Thanks
Jeff

From: ron@vanmar.com [mailto:ron@vanmar.com]
Sent: Wednesday, November 05, 2014 4:26 PM
To: Rob Scranton; Williams, Jeffrey
Cc: Andy Capelle (acapelle@alliedwells.com)
Subject: RE: 2684 Daisy Road

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Thursday, January 23, 2014 10:16 AM
To: 'tmv@vanmar.com'
Subject: Raymo Trust proeprty Perc Cert

Hello. We have a revised perc cert for the Raymo Trust property at 2684 Daisy Rd. As you may know, Heidi is no longer with our Department, so I reviewed the plan and have the following comments:

- The existing barn/shed at the bottom of the property as well as the nearby well currently being drilled must be shown on the plan.

Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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Rob:

Prints were delivered this afternoon.

Ronald E. Thompson, PE
VANMAR ASSOCIATES
310 South Main Street, PO Box 328
Mount Airy, MD 21771
301-829-2890 (O)
443-421-2164 (C)
301-831-5603 (F)

From: Rob Scranton [<mailto:rscranton@catonsvillehomes.com>]
Sent: Wednesday, November 05, 2014 3:01 PM
To: Williams, Jeffrey
Cc: ron@vanmar.com; Andy Capelle (acapelle@alliedwells.com)
Subject: 2684 Daisy Road

Jeff,

Would be alright if Ron mails you the full size revised perc cert and forward's you a digital version so you can release the well permit?

Rob Scranton
Catonsville Homes LLC
11175 Stratfield Court
Marriottsville, MD 21104
410.442.2211 x206

From: Williams, Jeffrey [<mailto:jewilliams@howardcountymd.gov>]
Sent: Wednesday, November 05, 2014 9:30 AM
To: ron@vanmar.com
Cc: Rob Scranton; tmv@vanmar.com
Subject: RE: Woodbine Crossing lot 7 memo and well staked form memo

Thanks. As I mentioned in my last email, if you can just submit the revised perc cert showing the well location, I should be able to release the well permit right away. Thanks
Jeff

From: ron@vanmar.com [<mailto:ron@vanmar.com>]
Sent: Tuesday, November 04, 2014 5:15 PM
To: Williams, Jeffrey
Cc: Rob Scranton; tmv@vanmar.com
Subject: RE: Woodbine Crossing lot 7 memo and well staked form memo

Jeff:

Attached is the completed Well Site Staking form for the Vazquez property on Daisy Road.

Ronald E. Thompson, PE
VANMAR ASSOCIATES
310 South Main Street, PO Box 328
Mount Airy, MD 21771

301-829-2890 (O)
443-421-2164 (C)
301-831-5603 (F)

From: Williams, Jeffrey [<mailto:jewilliams@howardcountymd.gov>]
Sent: Friday, October 31, 2014 10:59 AM
To: ron@vanmar.com
Subject: Woodbine Crossing lot 7 memo and well staked form memo

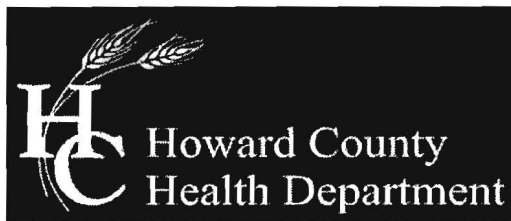
As we discussed...

You can just email back the completed well staked form.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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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

MEMORANDUM

TO: Allied Well Drilling
PO Box 129
Annapolis Junction, MD 20701

FROM: Jeff Williams
Program Supervisor, Well & Septic Program

RE: Well Completion Report, HO-14-0120
2684 Daisy Rd

DATE: December 15, 2014

The Health Department has reviewed the Well Completion Report for the domestic well to serve a residence at 2684 Daisy Rd, well tag number HO-14-0120. You must revise the following items prior to Health approval of the completion report:

- The report indicated a “blown yield” as the method used to measure pumping rate. There is no indication of a static water level or a drawdown water level and there is no supplemental sheet indicating the yield at 15 minute intervals throughout the test. All wells to be used as potable supplies in Hydrogeologic area 3 must conduct a yield test as specified in COMAR 26.04.04.07(Q). The static water level and drawdown water level must be indicated on the completion report along with an indication of the type of pump used for the test. A supplemental report must be submitted showing the pump rate and time during drawdown and the water level and yield at 15 minute intervals thereafter for the length of the test. The method of measurement must also be stated.
- The Completion Report was done on the old version of the State Well Completion Report form. The current version replaces the area in the lower right corner for a sketch of the well location with a spot to fill in the latitude and longitude measurement of the well location. Please resubmit the completion report on the current form.

The Health Department may not approve this well to be put into service as a potable supply and will not issue a Certificate of Potability until a revised completion report is submitted and approved.

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, November 13, 2013 10:48 AM
To: 'rscranton@catonsvillehomes.com'
Subject: 2684 Daisy Road Demo request

Robert,

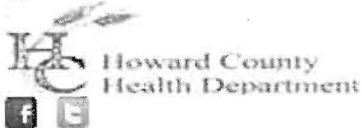
I have taken a look at your demo request for the above mentioned property. You stated on the request form that you would like to keep the existing well. According to Heidi her in our office that the well is a 'Pit' well. If this is correct, then the well will need to be brought up to code prior to demolition release. Use the following for consideration:

1. casing will need to be brought above grade minimum 8" from finished grade
2. approved 2-piece cap secured
3. existing pit must be removed. Area around casing must return to natural soil (Pitless adapter will be installed w/ submersible pump when new house gets built).

Once this happens, let me know and I will come out to inspect the well. Please make sure you place fencing or protection devices around the well so as it does not get damaged during demolition/construction. Please let me know if you have any questions concerning this upgrade.

Thanks,

Kevin M. Wolf, R.S., R.E.H.S.
Bureau of Environmental Health
Well & Septic Program
Groundwater Mgmt. Sec.
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2645
(f) 410-313-2648



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