

C1 22953

SEQUENCE NO. (MDE USE ONLY)

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.

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY 04 07 14

DATE WELL COMPLETED MM DD YY 2/22/14

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-2612

OWNER Catonsville Builders WELL SITE ADDRESS 2684 Daisy RD TOWN Woodbine 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. Rows include Brown shale, Gray schist, White, Gray schist, White, Gray schist, White, Gray schist.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 40 NO. OF POUNDS 3600 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 88 ft.

CASING RECORD

MAIN CASING TYPE (P) Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70 Total depth of main casing (nearest foot) 90

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (S) (B) (H) (P) (O) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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 S D 009

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows 1-3 with values 80, 90, 300.

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

PUMPING TEST

HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 190L WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 290 ft. 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 (CIRCLE) (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 ( ) below LAND SURFACE (nearest foot) 01

LATITUDE 39.5012047 LONGITUDE 77.0709457 (DEFAULT COORD. WGS 84)

NOTES: 40 bags = 4.5 bags / 10 ft.

B 1 13871

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2612

545194 please type

fill in this form completely

Date Received (APA) 11/15/13

OWNER INFORMATION

11/15/13
Catonsville Boardman Homes
11175 Stratfield Ct
Marriottsville md 21104

LOCATION OF WELL

Howard
Woodbine

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine md 21797
Allen Compton 11-7-13

SOURCES OF DRILLING WATER

2684 Daisy Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 2000 FT
TAX MAP: 0013 BLK 0012 PARCEL 010

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

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13 A545081
STATE SIGNATURE
DATE ISSUED 1/16/2014
CO SIGNATURE Brian Baker 1/16/2015

APPROXIMATE DEPTH OF WELL 300 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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEAN 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
PERMIT No. HO-95-2612

SPECIAL CONDITIONS: Well at least 10' From Any Parking Area

**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 ALLEGAN 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 MATHEN 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. Capitulum Building  
Name of Property Owner: REVIN VASQUEZ CAPITULUM Telephone #: 410-447-2211  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-14-0120  
Site Address: 2654 DAISY RD  
WOODBINE MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GLASS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>WBS154</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>25</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>408</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 of Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>POLY ETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2.5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and 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: [Signature] date: 12/4/14

**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: JOSEPH HEIL COMPANY, INC. Telephone #: 410 799 7727  
 Address: 8177 MISSION ROAD  
JESSUP, MD 20794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): EDWARD A. HEIL License# 6428

\*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: KATHY VASQUEZ Telephone #: 443 398 0830  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-2612  
 Site Address: 2684 DAKY ROAD  
WOODRIDGE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRONDFOS</u>	Make: <u>HARVARD</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ISSQE15-290</u>	Model#: <u>PT82555</u>	Screened, vented well cap: <u>NO</u>
Pump Capacity <u>15</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</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>53</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>		

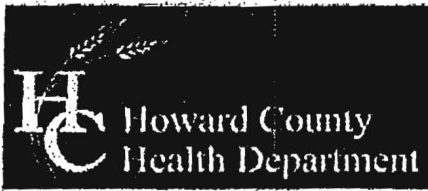
<u>Piping to house</u>	<u>BARN</u> <u>House Connection</u>
Type: <u>1 1/4" POLYETHYLENE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>N/A</u>
PSI: <u>250</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>90'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>FERNCO'S</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: [Signature] date: 5/21/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 5/28/14 Inspector: KW  
 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 Bolt's case ->   
 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



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., 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:

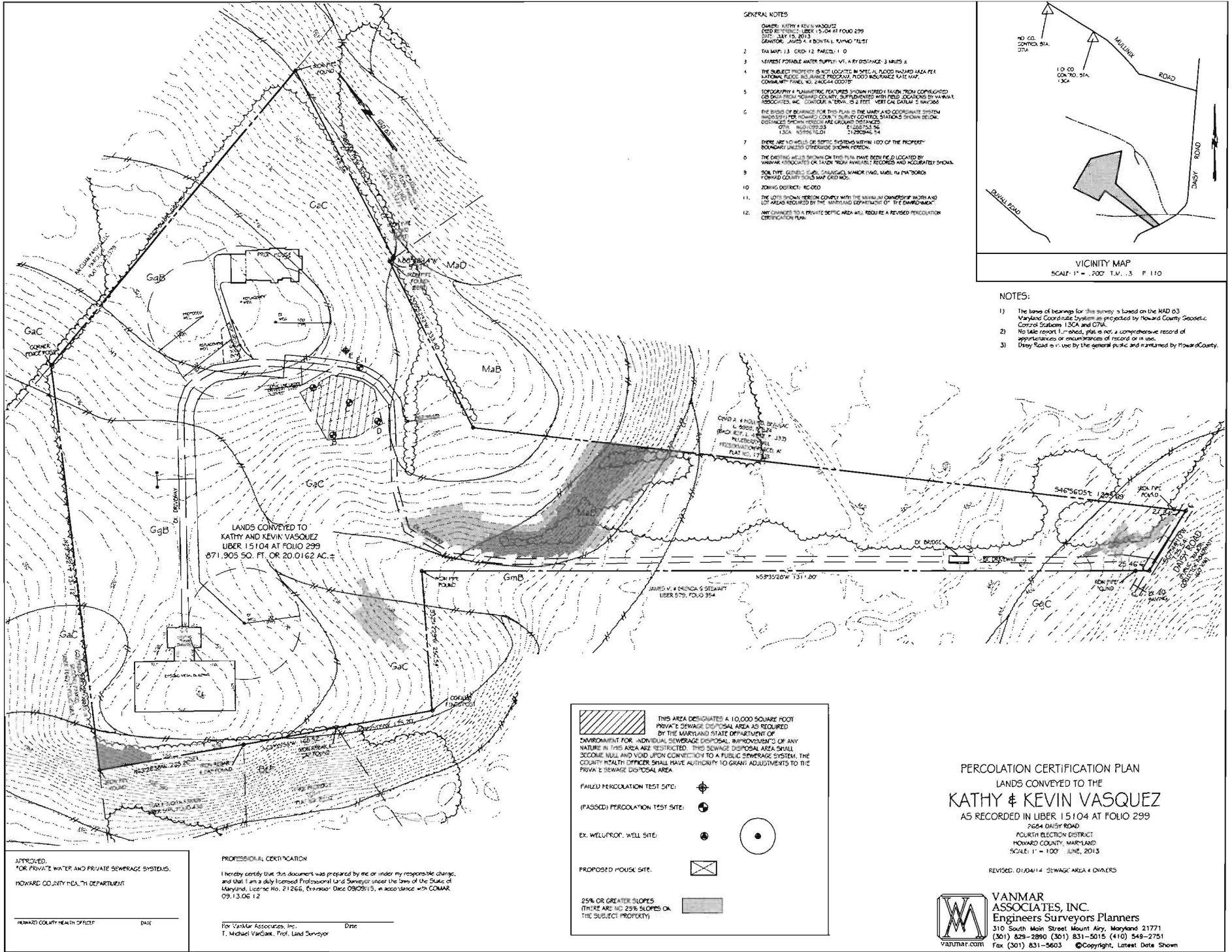
Well Site Location: 2684 Daisy Rd Woodbine  
Subdivision/Property Name      Lot#      Road Name

The well site has been staked by Catonville Homes,  
(professional land surveyor or company employing professional land surveyors)  
on 10/3/14 (date) and does not require a site inspection.

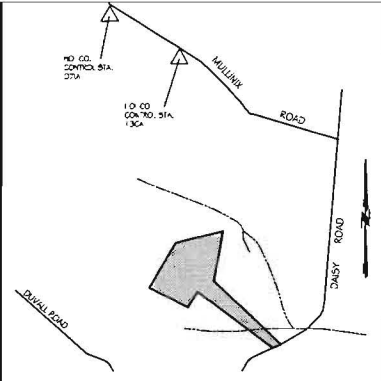
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/05



- GENERAL NOTES**
- OWNER: KATHY & KEVIN VASQUEZ  
 CDD REFERENCE: LIBER 15104 AT FOLIO 299  
 DATE: JULY 15, 2013  
 SURVEYOR: JAMES A. & BONITA L. RAYMOND "J&B"
  - TAX MAP: 13 CRD-12 PARCEL: 110
  - NEAREST PORTABLE WATER TREATMENT PLANT: 3 MILES SW
  - THE SUBJECT PROPERTY IS NOT LOCATED IN AN AREA PLANNED UNDER A LOCAL AREA PER NATIONAL FLOOD INSURANCE PROGRAM. FLOOD INSURANCE RATE MAP: COMAR 09.13.06.007 NO. 24054A COORDS
  - TOPOGRAPHY & PLANNING FEATURES SHOWN WERE TAKEN FROM COMPILED GIS DATA FROM HOWARD COUNTY, SUPPLEMENTED WITH FIELD LOCATIONS BY VANMAR ASSOCIATES, INC. SPANISH BOUNDARY IS 2 FEET. SEE CA DRAWING: H40260
  - THE BOUNDS OF BOUNDARIES FOR THIS PLAN IN THE NAD 83 COORDINATE SYSTEM WERE OBTAINED FROM HOWARD COUNTY SURVEY CONTROL STATIONS SHOWN BELOW. DISTANCE MEASUREMENTS ARE IN FEET AND DECIMALS THEREOF.  
 OTHER: H401020233 E125210236  
 1.000 NORTH 15.001 31.000000 34
  - THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HEREON.
  - THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
  - SOIL TYPE: GENESSEE SEAM, CHANESVILLE SANDY LOAM, IN PATENTED TOWARD COUNTY SOILS MAP GRID NOS.
  - ZONING DISTRICT: RC-000
  - THE 2013 ZONING ORDINANCE WITH THE MINIMUM DEVELOPMENT WATERSHED LOT AREA REQUIRED BY THE WATERSHED EQUIPMENT OF THE DEVELOPER.
  - ANY CHANGES TO A PRIVATE SEPTIC AREA WILL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.



- NOTES:**
- The lines of bearings for this survey are based on the NAD 83 Maryland Coordinate System as projected by Howard County Geodesic Control Station 13CA and C7A.
  - No title report is shown, plan is not a comprehensive record of all encumbrances or easements of record or in use.
  - Daisy Road is used by the general public and maintained by Howard County.

THIS AREA DESIGNATES A 110,000 SQUARE FOOT PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA AND RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.

FAILED PERCOLATION TEST SITE: 
  
 (PASSED) PERCOLATION TEST SITE: 
  
 EX. WELL/PROD. WELL SITE: 
  
 PROPOSED HOUSE SITE: 
  
 25% OR GREATER SLOPES (THREE ARE NO 25% SLOPES ON THE SUBJECT PROPERTY):

**PERCOLATION CERTIFICATION PLAN**  
 LANDS CONVEYED TO THE  
**KATHY & KEVIN VASQUEZ**  
 AS RECORDED IN LIBER 15104 AT FOLIO 299  
 2684 DAISY ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' JUNE, 2013

REVISED: 01/04/14 SEWAGE AREA 4 OWNERS

**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 310 South Main Street Mount Airy, Maryland 21771  
 (301) 828-2890 (301) 831-5015 (410) 548-2751  
 Fax (301) 831-5603 ©Copyright, Latest Date Shown

APPROVED:  
 \*OR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.  
 HOWARD COUNTY HEALTH DEPARTMENT

DATE: \_\_\_\_\_

**PROFESSIONAL CERTIFICATION**

I hereby certify that this document was prepared by me or under my responsible charge, and that I am a duly licensed Professional Land Surveyor under the laws of the State of Maryland, License No. 21266, Expiration Date 09/09/15, in accordance with COMAR 09.13.06.12

For VanMar Associates, Inc. Date: \_\_\_\_\_  
 T. Michael VanGark, Prof. Land Surveyor