

C1 1256 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 400 26 31/3/12 or (KW) PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho 95 - 2104
 B 13 15 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Elm Street Development last name first name TOWN Mt Airy
 WELL SITE ADDRESS LONG Corner RD
 SUBDIVISION Chelsea Knolls SECTION LOT 9

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
SOIL	0	7	
CLAY	7	11	
Brown shale	11	17	
Blue slate	17	400	✓
		265	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 45 46 45 46
 NO. OF BAGS 10 NO. OF POUNDS 940
 GALLONS OF WATER 600
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 52 ft. to 20 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 20
 60 61 63 64 66 70

OTHER CASING (if used)
 E A C H C A S I N G diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MW D 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 MS D 0666

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

C 2 DEPTH (nearest ft.)
 1 Ho 20 400
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 H 38 39 41 45 47 51
 S R E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

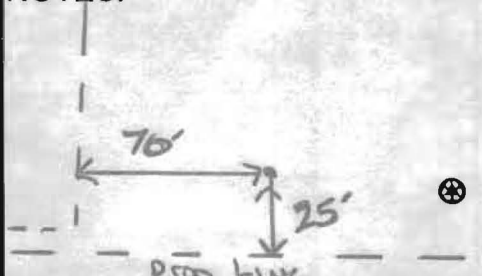
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

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

C 3 PUMPING TEST
 1 2
 HOURS PUMPED (nearest hour) 6
 8 9
 PUMPING RATE (gal. per min.) 3.0
 11 15
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 45 17 20 ft.
 WHEN PUMPING 150 22 25 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 YES NO
 (CIRCLE) (YES or 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. 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 } LAND SURFACE
 - below } (nearest foot)
 49 50 51

LATITUDE 3
 LONGITUDE 7
 (DEFAULT COORD. WGS 84)



B 1 2146

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-2104 fill in this form completely

please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Elm Street Development
Last Name Owner First Name
1355 BEVERLY Rd, Suite 240
Street or RFD
McClean, VA 22101
Town State Zip

B 3

LOCATION OF WELL

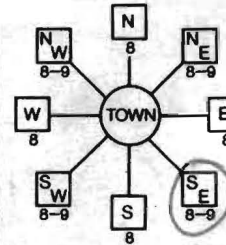
Howard
8 COUNTY 21
Chelsea Knolls
23 SUBDIVISION 42
SECTION 44 46 LOT 9 48 50
Mt Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4 MI

DRILLER INFORMATION

Michael Banow M W D 355
Driller's Name License No.
Barton Well Drilling Service
Firm Name
522 Underwood Ln, Bel Air, Md
Address
Signature Date 3-8-11

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Long Corner Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 500 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 12 BLK: 22 PARCEL 9

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
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) 4515039 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 4/27/11
CO SIGNATURE EXP. DATE 4/27/12
NORTH GRID 537 000 EAST GRID 6756 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)

- 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 DEEPEMED 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)

APPROX. PERMIT NUMBER 402007G-005 (3)
PERMIT No. 40-95-2104

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

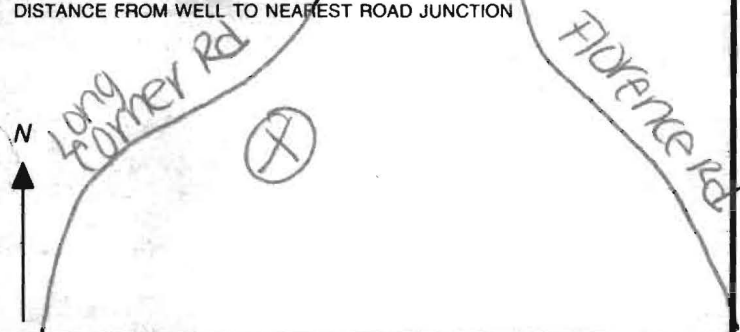
SOURCES OF DRILLING WATER

- Well

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 EXISTING PLAN FOR WELL LOCATION



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane

Bel Air, Maryland 21014

(410) 838-6910

Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:

October 27, 2011

Well Depth:

400 feet

Customer Elm Street Development
 Road Long Corner Road
 City Mt. Airy
 State Maryland

Permit # HO-95-2104
 Subdivision Chelsea Knolls
 Section _____
 Lot # 9

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:30 AM	45	4	15.00
8:45 AM	140	6	10.00
9:00 AM	150	18	3.33
9:15 AM	150	20	3.00
9:30 AM	150	20	3.00
9:45 AM	150	20	3.00
10:00 AM	150	20	3.00
10:15 AM	150	20	3.00
10:30 AM	150	20	3.00
10:45 AM	150	20	3.00
11:00 AM	150	20	3.00
11:15 AM	150	20	3.00
11:30 AM	150	20	3.00
11:45 AM	150	20	3.00
12:00 PM	150	20	3.00
12:15 PM	150	20	3.00
12:30 PM	150	20	3.00
12:45 PM	150	20	3.00
1:00 PM	150	20	3.00
1:15 PM	150	20	3.00
1:30 PM	150	20	3.00
1:45 PM	150	20	3.00
2:00 PM	150	20	3.00
2:15 PM	150	20	3.00
2:30 PM	150	20	3.00
2:45 PM	150	20	3.00
3:00 PM	150	20	3.00

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.

RENTALS
UNLIMITED
EQUIPMENT AND TRUCK RENTAL
RU READY!

TOLL FREE: (877) RU-RENTS

WWW.RENTALSUNLIMITED.COM

18373 CHELSEA

↑ letter
Well tag #:
HØ 95-2104

400 FT deep

3 gal./min

Barlow Well Drilling
410-838-2691

**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 #: 9 Well Tag #: HO - 95 - 2104
Site Address: 1837 Chelsea Knolls Drive
Mount Airy, MD 21771

Submersible Pump Data

Make: Grundfos
Model #: 15SQE15-290
Pump Capacity 15 GPM
Well Yield: 3.00 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 400 (feet)

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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

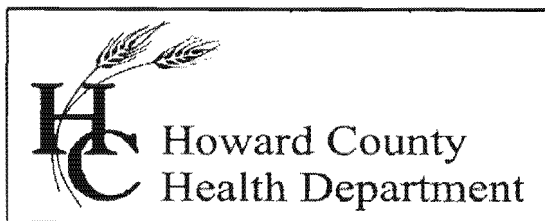
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: 9/3/15 Date Insp. Approved: 11/2/15 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 ✓

11/10/15 tag attached (SC)



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 – MAY 18th, 2015

November 18, 2015

Homeowner
18373 Chelsea Knolls Drive
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 9
18373 Chelsea Knolls Drive
Building Permit: B15001387
Well Permit: HO-95-2104**

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 **10/14/2015**. Final approval of the well line connection to the dwelling was granted on **11/2/2015**. The well construction was completed on **10/28/2011**. Water samples were collected on **10/8/2015 & 10/13/2015**.

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-95-2104. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

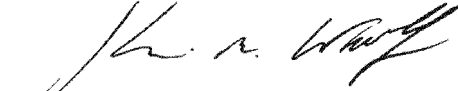
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



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 #: 103679 Account #: 6488
Reference: Chelsea Knolls Lot 9 Company: Hatfield's Equipment, Inc.
Location: 18373 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/13/2015 1405 Site: Pressure Tank
Date/Time Rec'd: 10/13/2015 1515 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: J.M. Robbins 5606JR Well #: HO-95-2104

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	10/14/2015 / 1030 / CCH
Turbidity	6.25 ✗	NTU	<10	SM18 2130B	10/14/2015 / 1420 / CRS

NOTES

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

Reason for Test : Use & Occupancy

Building Permit # : 15001387

Date Reported: 10/15/2015

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 #: 103595 Account #: 6488
Reference: Chelsea Knolls Lot 9 Company: Hatfield's Equipment, Inc.
Location: 18373 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/8/2015 1125 Site: Pressure Tank
Date/Time Rec'd: 10/8/2015 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J.M. Robbins 5606JR Well #: HO-95-2104

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	69.7	MPN/ 100 ml	<1.0	SM18 9223	10/9/2015 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/9/2015 / 0830 / CCH
Nitrate	6.69	mg/L	10	601	10/9/2015 / 1045 / CRS
Turbidity	20.2	NTU	<10	SM18 2130B	10/9/2015 / 1135 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	10/9/2015 / 1135 / CRS

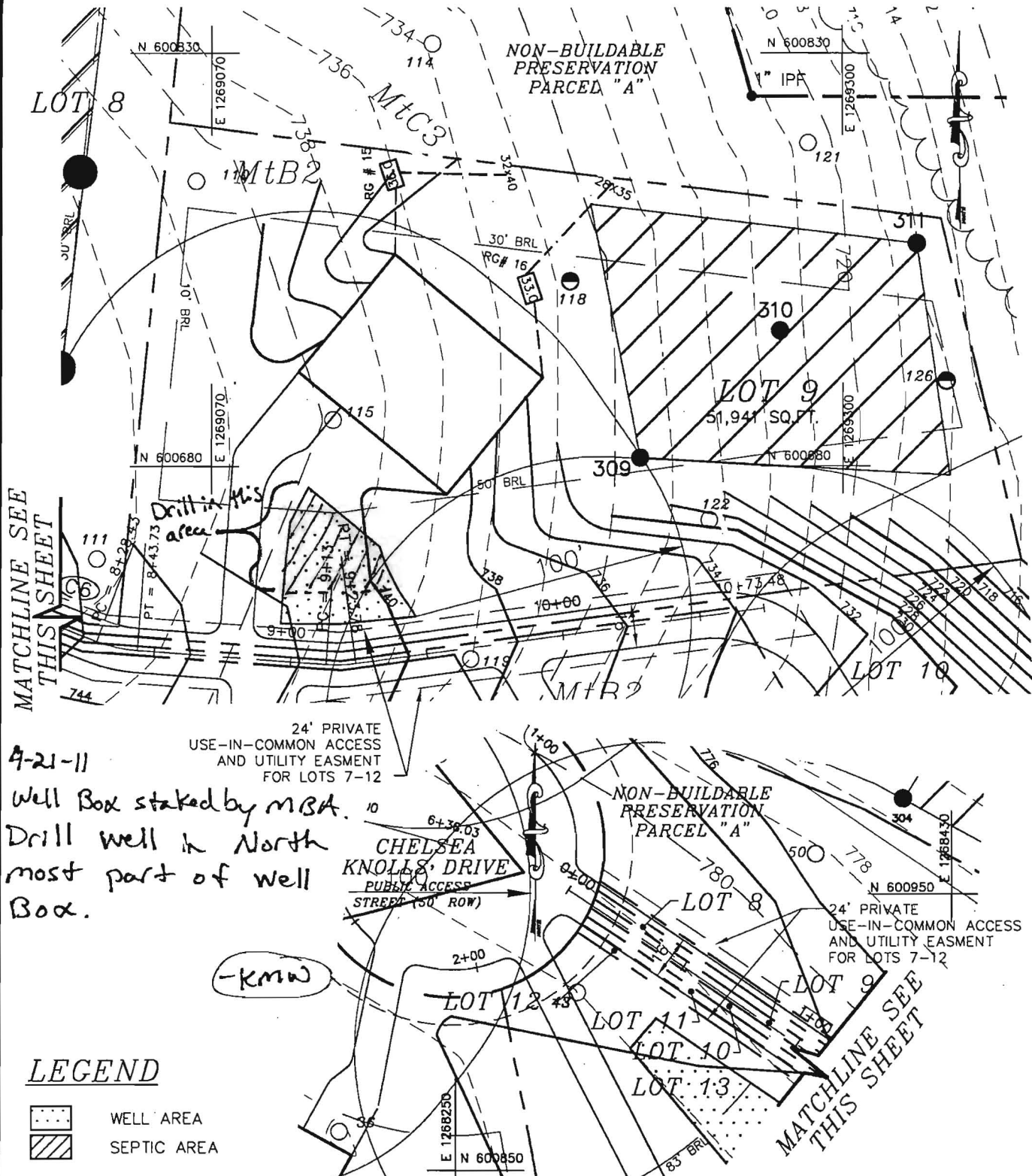
NOTES

- 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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 15001387

Date Reported: 10/9/2015

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



MATCHLINE SEE THIS SHEET

4-21-11
 Well Box staked by MBA.
 Drill well in North most part of well Box.



24' PRIVATE
 USE-IN-COMMON ACCESS
 AND UTILITY EASMENT
 FOR LOTS 7-12

CHELSEA
 KNOLLS DRIVE
 PUBLIC ACCESS
 STREET (50' ROW)

24' PRIVATE
 USE-IN-COMMON ACCESS
 AND UTILITY EASMENT
 FOR LOTS 7-12

MATCHLINE SEE THIS SHEET

LEGEND

-  WELL AREA
-  SEPTIC AREA

WELL PERMIT
CHELSEA KNOLLS LOT 9

**MILDENBERG
 BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
 6800 Deerpath Road, Suite 150, Elkridge, Maryland 21075
 (410) 997-0296 Balt. (410) 997-0298 Fax.

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=50' DRAWN BY: MMM DATE: APRIL 2011 PN: 01-009