

C1 24906

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

ST/CO USE ONLY DATE Received MM DD YY 12 28 15

DATE WELL COMPLETED MM DD YY 12 22 15

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 12/30/15 SC HO-15-0187

OWNER Decker Gabe WELL SITE ADDRESS 785 777 Sykesville TOWN Sykesville SUBDIVISION Happy Hills Farm SECTION LOT 4

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Soil, Red clay, Brown Shale, Gray Rock.

GROUTING RECORD Form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (18), NO. OF POUNDS (1692), GALLONS OF WATER (108), DEPTH OF GROUT SEAL.

CASING RECORD Form with fields: MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (602).

OTHER CASING (if used) Table with columns: diameter inch, depth (feet) from, to.

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

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y).

C2 DEPTH (nearest ft.) Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80.

CIRCLE APPROPRIATE LETTER A (Well abandoned and sealed), 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. 1 M D 355 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 1 MS D 062

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

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST Form with fields: HOURS PUMPED (3), PUMPING RATE (8.0), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (55 ft. before, 199 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED Form with fields: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (S), PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

LATITUDE 39.35048 LONGITUDE 76.96154 (DEFAULT COORD. WGS 84) NOTES: Prop Line 1125' 15'

B 1 38531

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO - 15 - 0187 fill in this form completely

OWNER INFORMATION: Date Received (APA), Decker Gabe, 799 Sykesville Rd, Sykesville MD 21784

LOCATION OF WELL: Howard County, Haddy Hills Farm, Sykesville, MD

DRILLER INFORMATION: Michael Barlow, MWD 355, Barlow Well Drilling, 522 Underwood Lane, 21014

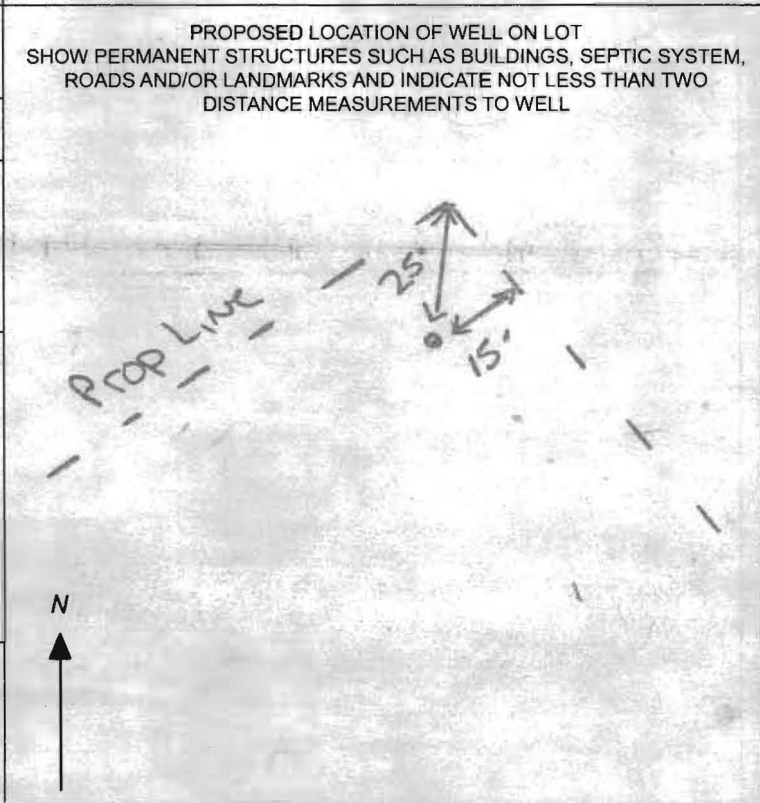
SOURCES OF DRILLING WATER: Well, 777 Sykesville Rd, 500 ft from road, Tax Map 4, Blk 2, Parcel 22

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, MD, 12/03/2015, CO SIGNATURE, 12/3/16

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 4 INCH



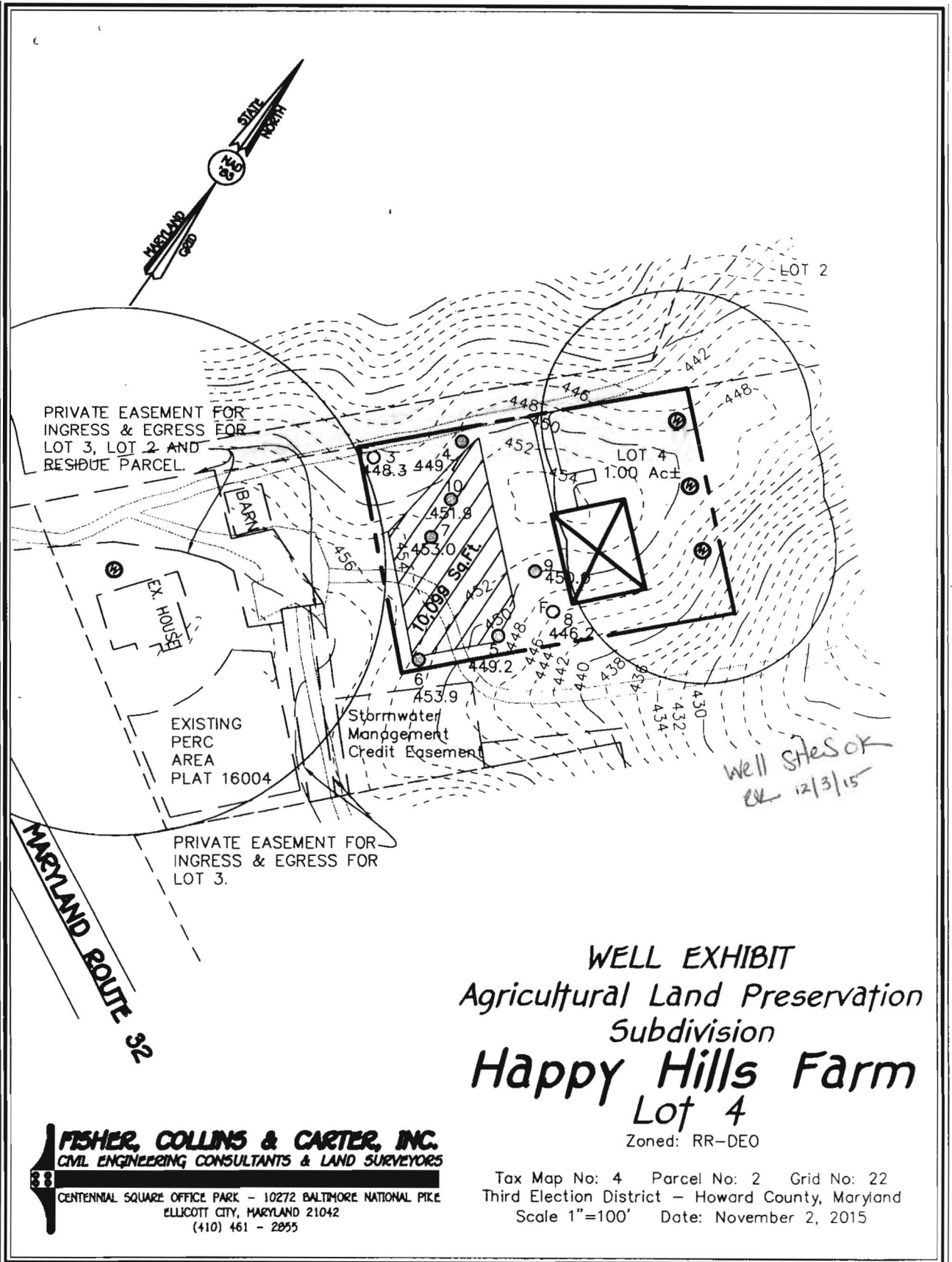
METHOD OF DRILLING: JETTED, AIR-ROTARY, CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS: 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 - 15 - 0187

SPECIAL CONDITIONS: NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

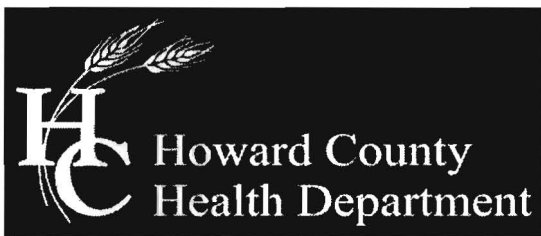
I:\2014\14012\dwg\14012 Well exhibit.dwg, 11/17/2015 7:24:00 AM, 1:100



WELL EXHIBIT
Agricultural Land Preservation
Subdivision
Happy Hills Farm
Lot 4
 Zoned: RR-DEO

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

Tax Map No: 4 Parcel No: 2 Grid No: 22
 Third Election District - Howard County, Maryland
 Scale 1"=100' Date: November 2, 2015




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

MEMORANDUM

TO: Kent Sheubrooks, Chief
Dept. Planning & Zoning

FROM: Kevin M. Wolf, EHS Supervisor
Groundwater Mgmt. Sec.
Well & Septic Program 

DATE: January 11, 2016

RE: 'All-Wells-Drilled' -- **F-16-005**
Happy Hills Farm, Lot 4

The wells for the *Happy Hills Farm* have been drilled and received preliminary approval by the Health Department. The recordation of plat **F-16-005** should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 – 2645 or kwolf@howardcountymd.gov

KMW

C.c. Terry Fisher, FCC Engineering, tfisher@fcc-eng.com
Tony Fertitta, FCC Engineering, tonyf@fcc-eng.com
File

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: BRIANT GROUP Telephone #: 301-948-8950
 Address: 7891 BEECHCRAFT AVE
GAITHERSBURG, MD 20879

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

Name (Print): GALEN BLUBAUGH License# 3016

***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: GABE DECKER Telephone #: 443-677-0781
 Subdivision: HAPPY HILLS FARM Lot #: 4 Well Tag #: HO-15-0187
 Site Address: 185 ROUTE 32
SYKESVILLE, MD 21784

Submersible Pump Data

Make: MYERS
 Model #: 23TSZ-8 Plus-P4
 Pump Capacity 8 GPM
 Well Yield: 8 GPM

Pitless Adapter

Make: AMERICAN GRADBY
 Model#: PT 800NL
 Depth: 42" (36" min)
 NSF/WSC approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 250' (feet) Conduit secured to well cap:

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

Type: POLYETHYLENE
 PSI: 160 (160 psi min)
 Depth of supply line: 4' (36" min)

House Connection

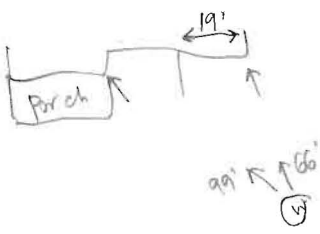
PVC sleeve to undisturbed soil at wall penetration:
 Length of sleeve (5' minimum from foundation):
 Sleeve sealed properly:

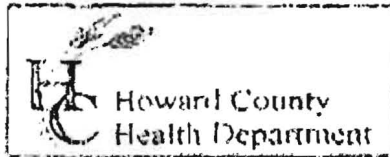
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 11-1-16

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

Date Insp. Requested: 11/2/16 Date Insp. Approved: 11/2/16 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





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

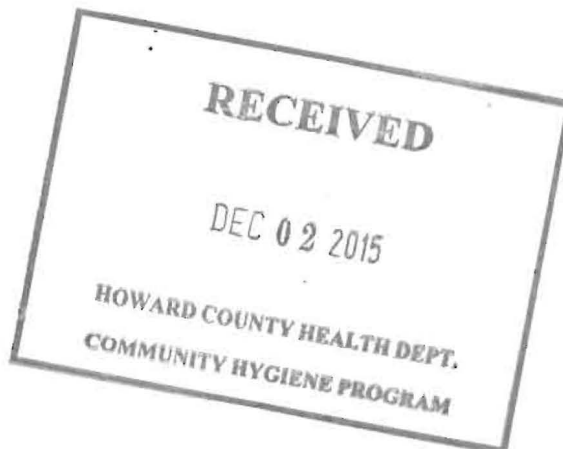
TO ALL INTERESTED PARTIES

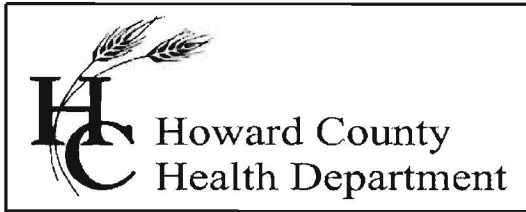
When submitting a well permit application for a proposed well for new construction, please indicate one of the following: **Happy Hills Farm Lot 4 777 Sykesville Road**

- The well site has been staked by **Fisher, Collins + Carter**,
 (professional land surveyor or company employing professional land surveyors)
 on **12/1/15** (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





Bureau of Environmental Health

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 28, 2017

February 28, 2017

Homeowner
785 Route 32
Sykesville, MD 21734

**RE: Happy Hills Farm, Lot 4
785 Route 32
Building Permit: B16001254
Well Permit: HO-15-0187**

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 **2/24/2017**. Final approval of the well line connection to the dwelling was granted on **11/2/2016**. The well construction was completed on **12/22/2013**. Water samples were collected on **1/25/2017**.

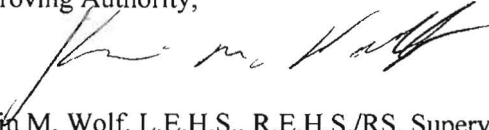
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0187. 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", written over the printed name below.

Kevin M. Wolf, L.E.H.S., R.E.H.S./RS, 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 #: 112580 Account #: 7141
Reference: Decker Residence Company: Molior Construction
Location: 785 Sykesville Road Requested By: Greg Vogel
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 1/25/2017 1100 Site: Mud Room Tap
Date/Time Rec'd: 1/25/2017 1314 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: J. Yeager 6176JY Well #: HO-15-0187

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/26/2017 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/26/2017 / 1000 / LLO
Nitrate	6.24	mg/L	10	601	1/25/2017 / 1440 / CRS
Turbidity	1.51	NTU	<10	SM18 2130B	1/25/2017 / 1450 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/25/2017 / 1450 / 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 # : B16004254

Date Reported: 1/26/2017