

C1 26156

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

DATE WELL COMPLETED

Depth of Well 2275

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2684

OWNER Land Design + Development, WELL SITE ADDRESS Scaggsville Road, SUBDIVISION Fulton Manor Valley, SECTION 1800, LOT 6

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 SOIL, Red clay, Brown shale, Med Gray Rock, Soft Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (50)

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole (ST, BR, HO), insert appropriate code below

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for depth measurements (8, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

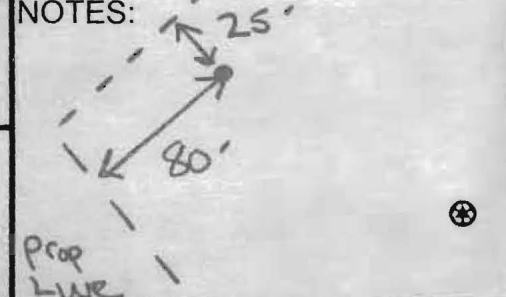
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 5.0, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL (distance from land surface) BEFORE PUMPING 27, WHEN PUMPING 85

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 to 35, PUMP HORSE POWER 37 to 41, PUMP COLUMN LENGTH (nearest ft.) 43 to 47

LATITUDE 39.15517, LONGITUDE 76.92985 (DEFAULT COORD. WGS 84)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

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...

DRILLER'S LIC. NO. M D 355

DRILLER'S SIGNATURE (Mady Diver), LIC. NO. MSD 066

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

B 1	20071	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 546308-K please type	STATE PERMIT NUMBER HO-95-2684 <small>fill in this form completely</small>
-----	-------	--------------------------------	--	--

Date Received (APA) 04/11/14

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Land Design + Development Owner First Name 34

36 Street or RFD 5300 Dorsey Hall Dr, Suite 102 55

57 Town Ellicott City, Md 21043 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Fulton Manor Valley 42

SECTION 44 46 LOT 48 50 Part 2

52 NEAREST TOWN Fulton 71

**DRILLER INFORMATION**

Driller's Name Michael Barrow MWD 355 License No. 81

Firm Name Barrow Well Drilling

Address 52 Underwood Lane, 21014

Signature [Signature] Date 4-10-14

B 4 **SOURCES OF DRILLING WATER**

1. Well

11 STREET ADDRESS Scaggsville Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 600 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 78 PARCEL 78

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

**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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S 41

DATE ISSUED 04/15/2014 CO SIGNATURE [Signature] EXP. DATE 4/15/15

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

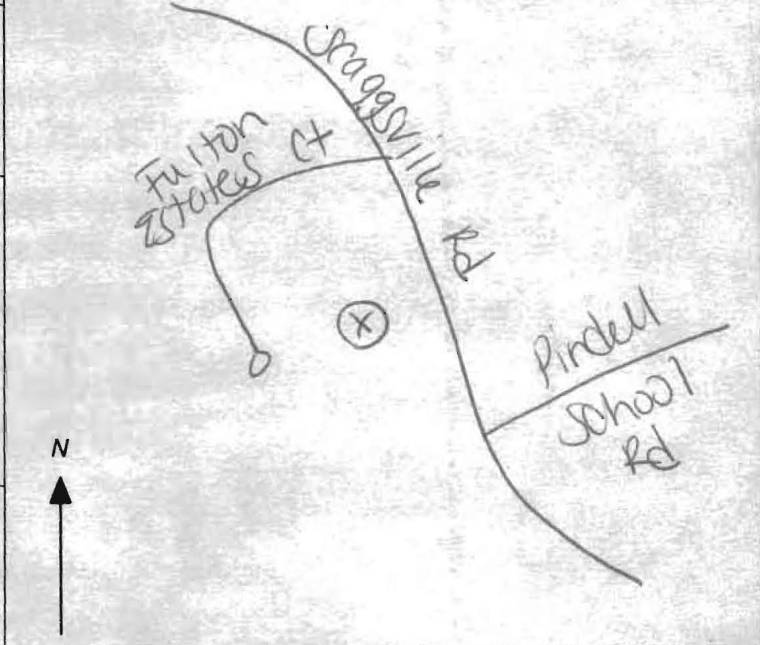
**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REverse-ROTary Drive-POINT

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) 41 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-2684



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 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: NATIONAL WATER SVC Telephone #: 301-854-1333  
Address: P.O. BOX 138  
ASHTON, MD 20841

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): DAVID RYCKE      License# PI 0145

\*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: DOUGLAS HOMES Telephone #:  
Subdivision: FULTON MANOR Lot #: 6 Well Tag #: HO-95-26841  
Site Address: 11809 COLLIE CT  
FULTON MD

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>GRUNDFOS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: <u>PA 500</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>275</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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

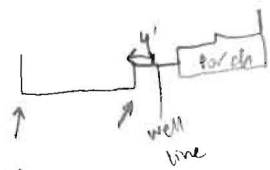
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date 12-6-14

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

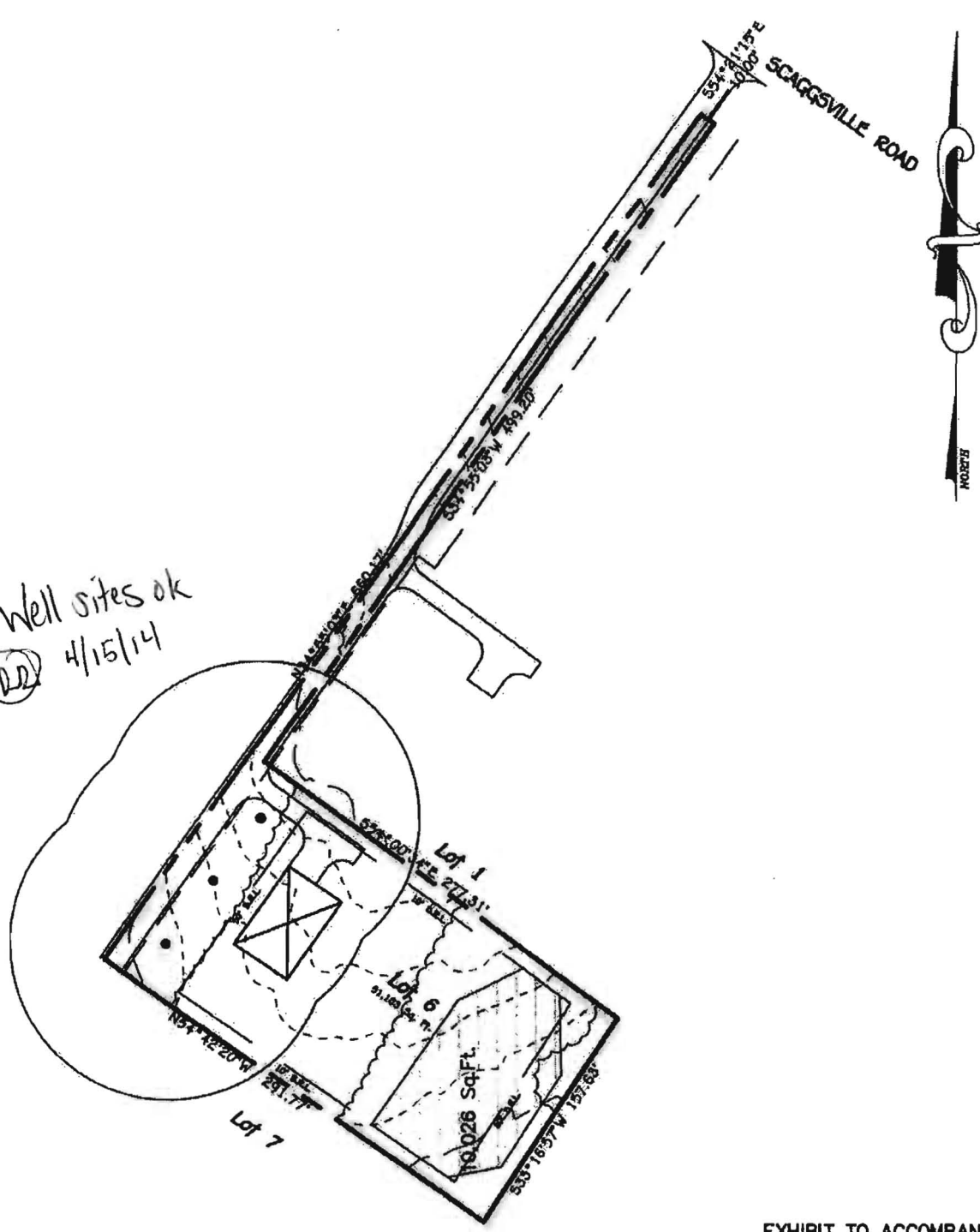
Date Insp. Requested: 12/17/16      Date Insp. Approved: 12/13/16 SC

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"/>



I:\2011\11015\dwg\11015-001 Well Exhibit Lot 6.dwg, Model, 4/3/2014 10:42:06 AM, 1:100

Well sites ok  
DD 4/15/14



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

EXHIBIT TO ACCOMPANY  
 WELL PERMIT  
 LOT 6  
 FULTON MANOR VALLEY  
 PART TWO  
 LOTS 6 THRU 9  
 TAX MAP 41 PARCEL 78  
 HOWARD COUNTY, MARYLAND  
 SCALE 1"=100'  
 DATE April 3, 2014

**MICHAEL BARLOW WELL DRILLING  
522 UNDERWOOD LANE  
BEL AIR, MD 21014  
410-838-6910**

**FAX TRANSMITTAL FORM**

**DATE:** 4/22/14

**TO:** Ryan

**COMPANY NAME:**

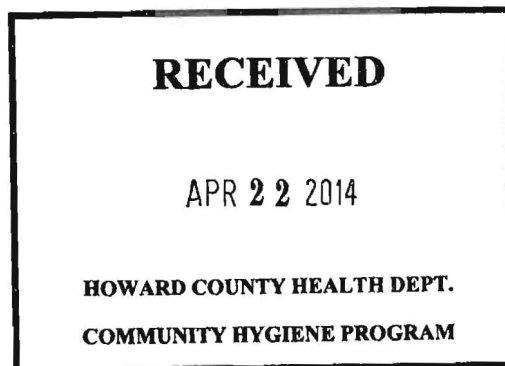
**FAX NUMBER:** 410-313-2648

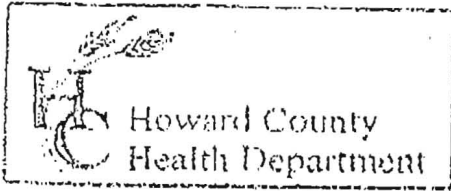
**RE:** Well stakes at Fulton Manor Valley

**Number of Pages including cover:** 2

**Message:** All 9 lots at Fulton Manor Valley have been staked by Fisher, Collins & Carter. Please let me know when the permits are available and I will have someone pick them up.

**Mike Isom**





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:

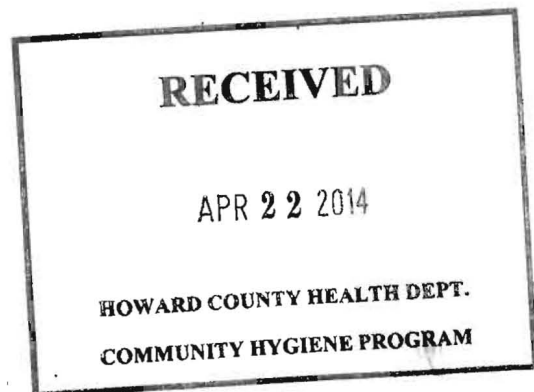
Fulton Manor Valley Lots 1 thru 9

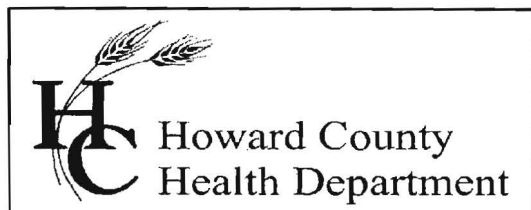
- The well site has been staked by Fisher Collins + Carter,  
 (professional land surveyor or company employing professional land surveyors)  
 on 4/21/14 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to 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 6/10/03

Michael Ison  
 Barlow Well Drilling





## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

---

### **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JULY 23, 2017**

January 23, 2017

Homeowner  
11809 Collie Court  
Fulton, MD 20759

**RE: Fulton Valley Manor, Lot 6  
11809 Collie Court  
Building Permit: B15004186  
Well Permit: HO-95-2684**

Dear Homeowner:

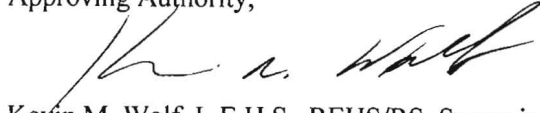
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **1/23/2017**. Final approval of the well line connection to the dwelling was granted on **12/13/2016**. The well construction was completed on **9/4/2014**. Water samples were collected on **1/12/2017 & 1/19/2017**.

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-95-2684. 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>

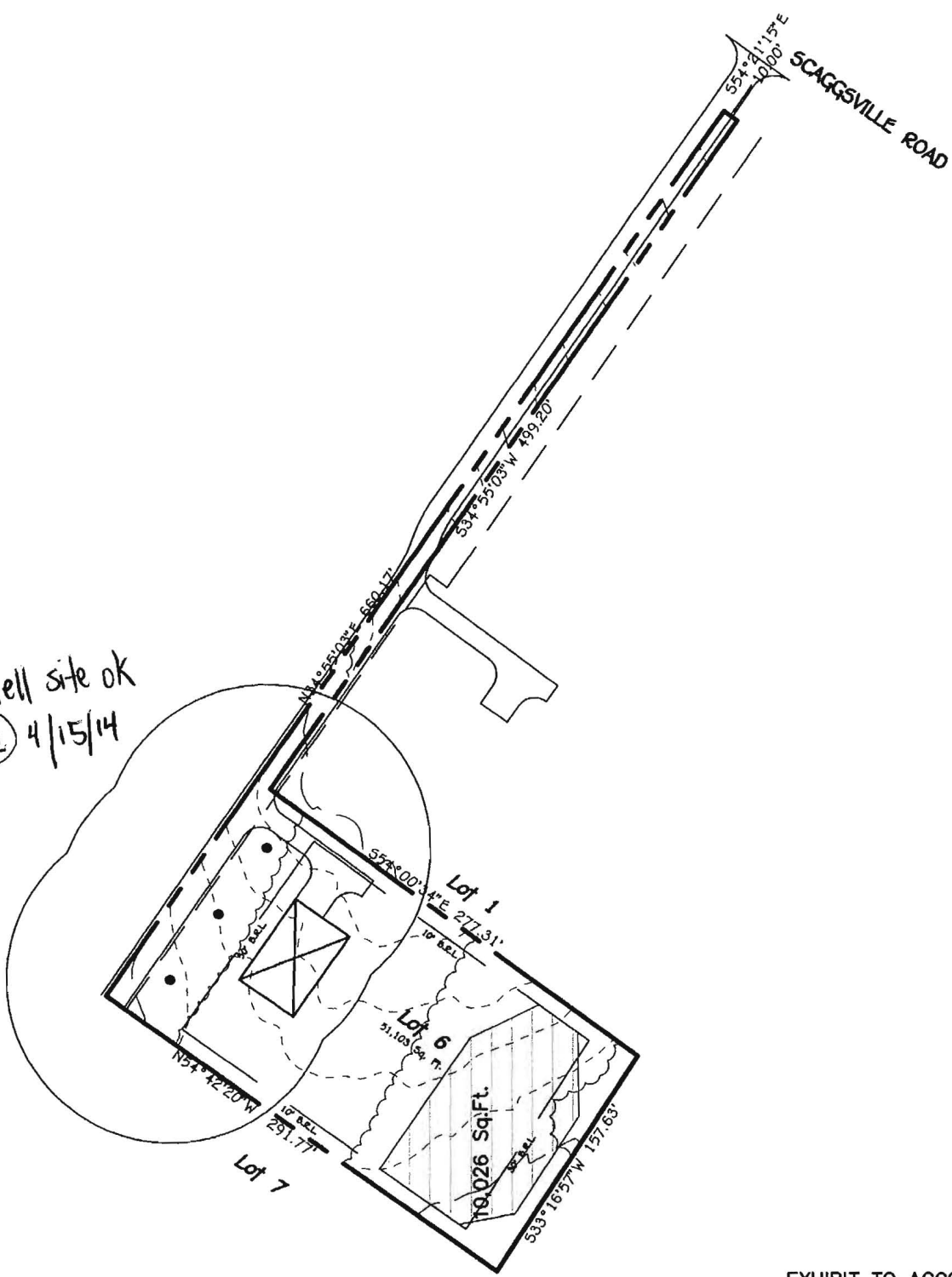
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is written in a cursive style with a large initial "K" and "W".

Kevin M. Wolf, L.E.H.S., REHS/RS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

Well site ok  
RR 4/15/14



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

EXHIBIT TO ACCOMPANY  
 WELL PERMIT  
 LOT 6  
 FULTON MANOR VALLEY  
 PART TWO  
 LOTS 6 THRU 9  
 TAX MAP 41 PARCEL 78  
 HOWARD COUNTY, MARYLAND  
 SCALE 1"=100'  
 DATE April 3, 2014

# 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 #: 112495 Account #: 3123  
Reference: Douglas Homes Lot 6 Company: National Water Servicing  
Location: 11809 Collie Court Requested By: Dave Rycke  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 1/19/2017 1035 Site: Pressure Tank  
Date/Time Rec'd: 1/19/2017 1443 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: T. Frazier 3126TF Well #: HO-95-2684

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/20/2017 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/20/2017 / 1000 / CCH

### NOTES

- 1 \*\*Sample collected prior to Reverse Osmosis & Sediment Filter
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 # : 15004186

Date Reported: 1/20/2017

# 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 #: 112374 Account #: 3123  
Reference: Douglas Homes Lot 6 Company: National Water Servicing  
Location: 11809 Collie Court Requested By: Dave Rycke  
Fulton, MD 20759 Source: Well Water  
Date/ Time Collected: 1/12/2017 1205 Site: Pressure Tank  
Date/Time Rec'd: 1/12/2017 1543 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: T. Frazier 3126TF Well #: HO-95-2684

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223	1/13/2017 / 1010 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	1/13/2017 / 1010 / BCD
Nitrate	2.00	mg/L	10	601	1/13/2017 / 0900 / CRS
Turbidity	0.97	NTU	<10	SM18 2130B	1/13/2017 / 0915 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/13/2017 / 0915 / CRS

### NOTES

- 1 \*\*Sample collected prior to Reverse Osmosis & Sediment Filter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : 15004186

Date Reported: 1/13/2017