

C1 26542

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 536 788

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 06 11 14

Depth of Well 22 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-14-0020

OWNER ZEP Realty last name first name TOWN WOODGATE MD WELL SITE ADDRESS Florence SECTION LOT 4 SUBDIVISION Layton Knoll

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown Slate, Blue Slate, etc.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (6 inches) Total depth of main casing (35 feet)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

screen type or open hole

SCREEN RECORD

insert appropriate code below (S, B, H, P, O) STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER

C 2

DEPTH (nearest ft.)

Table for depth with columns for casing height and slot size.

DIAMETER OF SCREEN (NEAREST INCH) from to

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 WHEN PUMPING 55 TYPE OF PUMP USED (for test) S submersible

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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LATITUDE 39.31948 LONGITUDE 77.11729 (DEFAULT COORD. WGS 84)

NOTES:

DRILLERS LIC. NO. MSD 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

B 1 26826

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 14 - 0020 fill in this form completely

546350C please type

Date Received (APA) 050714

OWNER INFORMATION

2 EIT Realty Inc 4018 Salem Bottom Rd Westminster MD 21157

LOCATION OF WELL

Howard County Layton Knolls 4 SECTION 4 LOT 4 Lisbon MD

DRILLER INFORMATION

Ralph E. Mayne MSD 117 Driller's Name License No. 81 RALPH MAYNE Well Drilling Firm Name 17024 Handy Rd Mt. Airy MD 21791 Address 222 E Mygale 4/23/14 Signature Date

SOURCES OF DRILLING WATER

1 well

Florence Rd 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 34 400 37 ENTER FT OR MI 38 39 TAX MAP: 2 BLK: PARCEL 544 545

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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

Howard 536788 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/28/14 H. Osnath 5/28/15 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 DEEPEM AN EXISTING WELL

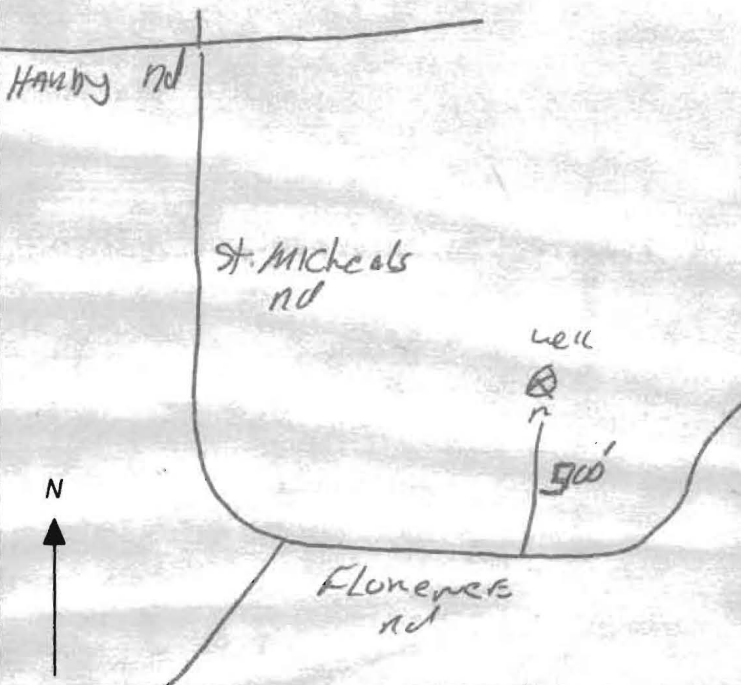
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G

PERMIT No. HO - 14 - 0020

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 4 Well Tag #: HO-14-0020  
Site Address: 2783 Florence Road

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_ (feet)  
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 \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

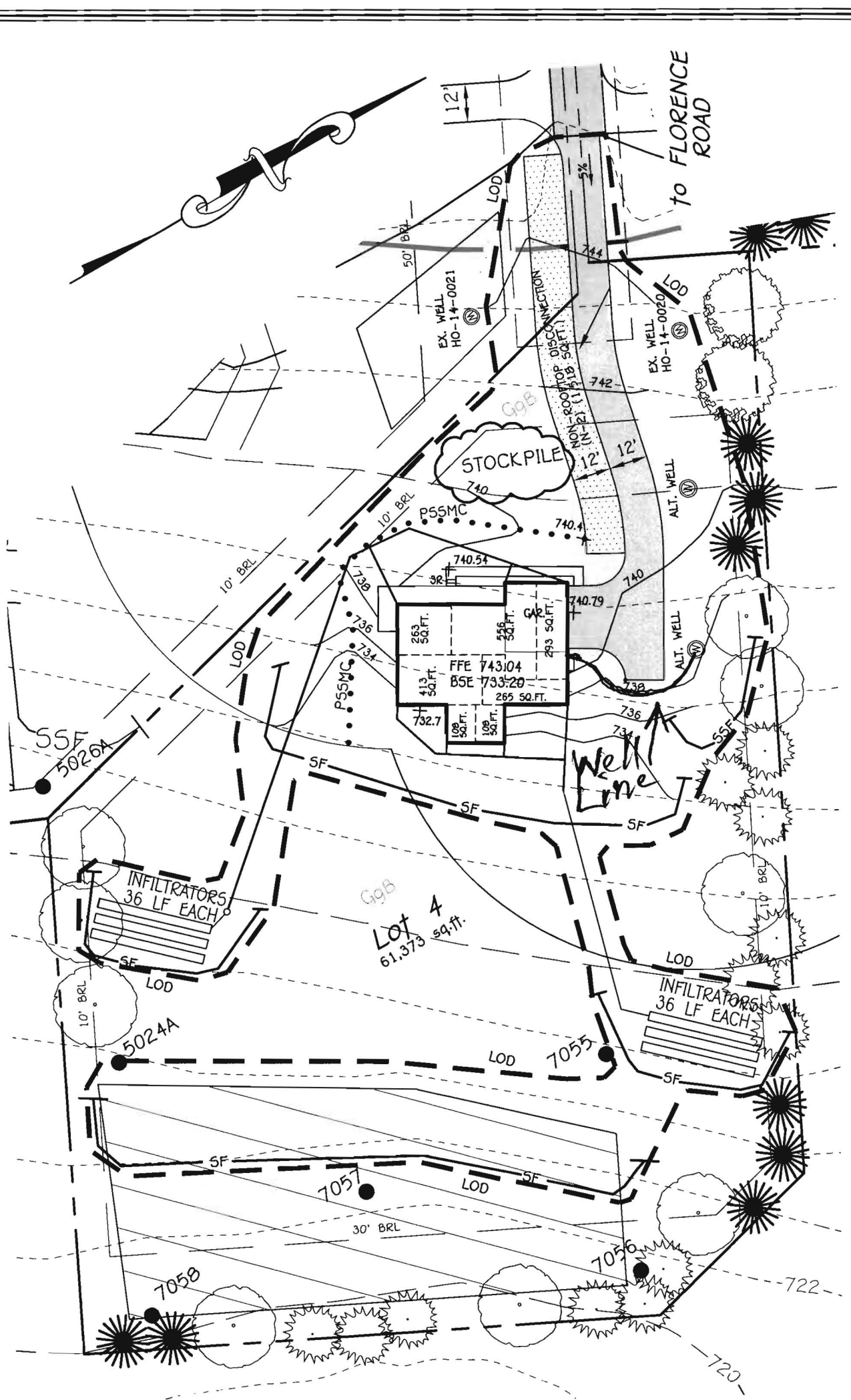
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**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 \_\_\_\_\_ date \_\_\_\_\_

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

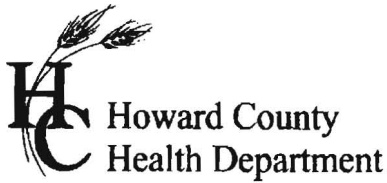
Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/2/2016 **(BB)**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly   
Safety rope 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



PERMIT PLAN  
 LOT 4  
**LAYTON KNOLL**  
 2703 FLORENCE ROAD

ZONING: RC-DEO  
 TAX MAP No. 7 GRID No. 19 PARCEL No. 112  
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1"=40' DATE: MARCH, 2016

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



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Bielson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Layton Knoll</u>	<u>#4</u>	<u>Florence Road</u>
<b>Subdivision/Property Name</b>	<b>Lot #</b>	<b>Road Name</b>

The well site has been staked by Fisher, Collins & Carter,  
(professional land surveyor or company employing professional land surveyors)  
on 04/09/14 (date) and does not require a site inspection.

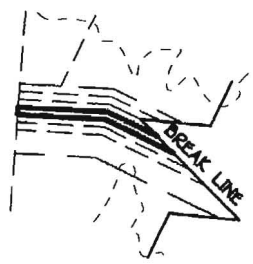
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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

Revised 3/11/07

K:\SUSKPROJ\6078\1D101'S DELIGHT\dwg\6078-5001 Well Exhibit Lot 4.dwg, Model, 3/21/2014 9:45:25 AM, 1:100

FLORENCE ROAD



PRIVATE USE-IN-COMMON  
ACCESS AND PRIVATE  
UTILITIES TO BE MAINTAINED  
AND PROTECTED FOR THE USE  
THRU 6 PARCELS OF LOTS 1

Approved  
Well Site  
H.O.  
5/28/14

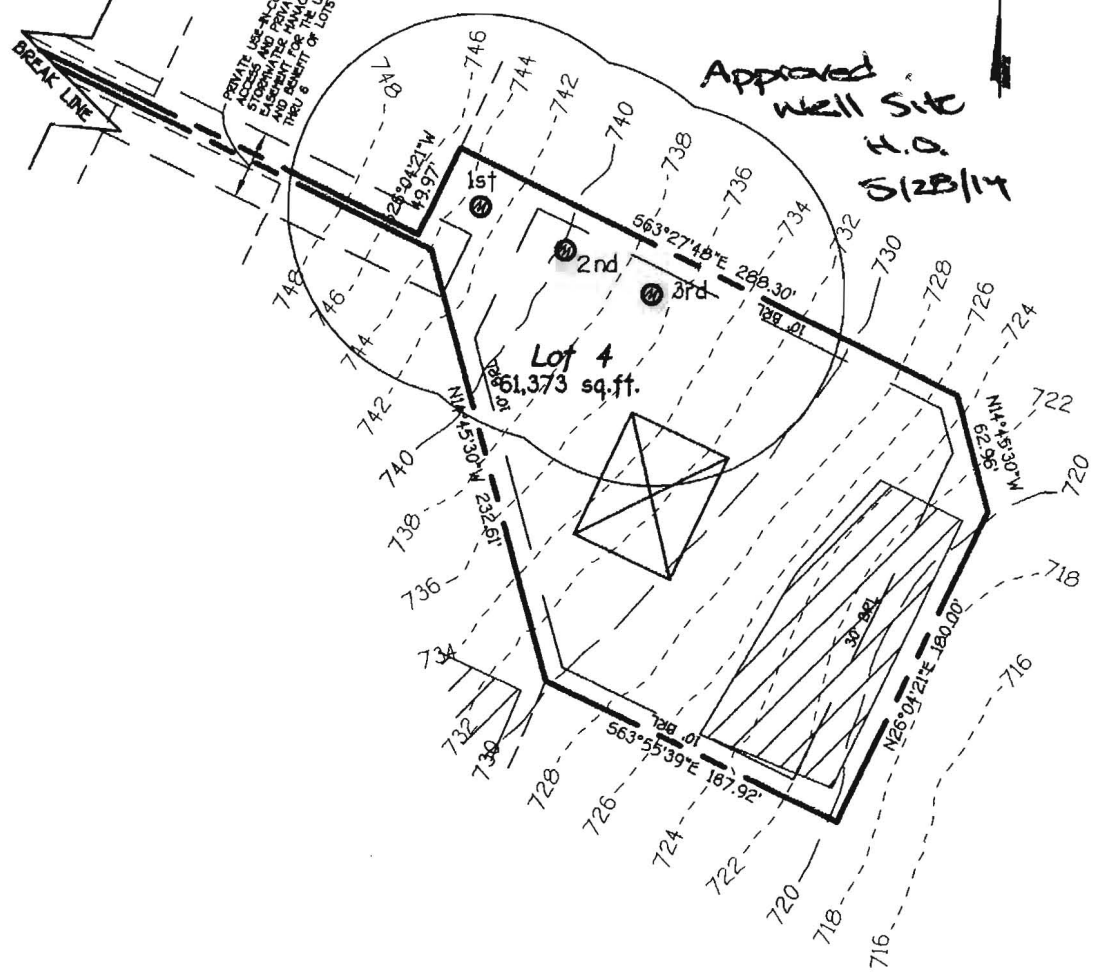
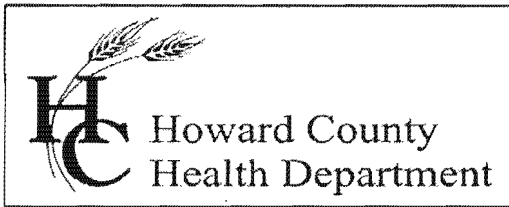


EXHIBIT TO ACCOMPANY  
WELL PERMIT  
Layton Knoll  
Lot 4

Lots 1 Thru 6, Buildable Preservation  
Parcel 'A' And Non-Buildable Preservation Parcel 'B'  
(Being A Subdivision Of Tax Map Parcels 112, 544 And 545,  
Tax Map 7, Recorded Among  
The Land Records Of Howard County, Maryland  
In Liber 14051 At Folio 362)  
Tax Map: 7 Grid: 19 Parcels: 112, 544 And 545  
Fourth Election District  
Howard County, Maryland  
Date: March 10, 2014  
Scale: 1"=100'

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
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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](http://www.facebook.com/hocohealth)  
Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - MARCH 13, 2017

**September 13, 2016**

Homeowner  
2783 Florence Road  
Mt. Airy, MD 21771

**RE:** Layton Knolls, Lot 4  
2783 Florence Road  
**Building Permit: B16001080**  
**Well Permit: HO-14-0020**

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 **9/9/2016**. Final approval of the well line connection to the dwelling was granted on **6/2/2016**. The well construction was completed on **5/11/2014**. Water samples were collected on **9/8/2016 & 9/12/2016**.

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-14-0020**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

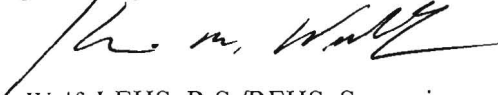
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is written in a cursive style with a long horizontal stroke at the end.

Kevin M. Wolf, LEHS, R.S./REHS, 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 #:	109869	Account #:	7085
Reference:	Layton Knoll Lot 4	Company:	Cumberland Development
Location:	2783 Florence Road Woodbine, MD 21797	Requested By:	Curtis L. Cumberland
Date/ Time Collected:	9/12/2016 1200	Source:	Well Water
Date/Time Rec'd:	9/12/2016 1315	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter/UV Light**
Collected By:	J. Yeager 6176JY	pH:	7.2
		Well #:	HO-14-0020

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Turbidity	2.04	NTU	<10	SM18 2130B	9/12/2016 / 1720 / CCH

### NOTES

- 1 \*\*Sample collected prior to Treatment
- 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 pH & Chlorine level tested on site
- 6 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

**Reason for Test :** Use & Occupancy

**Building Permit # :** 16001080

Date Reported: 9/12/2016

# 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 #: 109811 Account #: 7085  
Reference: Layton Knoll Lot 4 Company: Cumberland Development  
Location: 2783 Florence Road Requested By: Curtis L. Cumberland  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 9/8/2016 0900 Site: Pressure Tank  
Date/Time Rec'd: 9/8/2016 1055 Treatment: Sediment Filter/UV Light  
Chlorine ppm: Free: ND Total: ND pH: 5.8  
Collected By: J. Yeager 6176JY Well #: HO-14-0020

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/9/2016 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/9/2016 / 0830 / CCH
Nitrate	6.99	mg/L	10	601	9/9/2016 / 1130 / CRS
Turbidity	12.2	NTU	<10	SM18 2130B	9/9/2016 / 1200 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/9/2016 / 1200 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 16001080

Date Reported: 9/9/2016