

C 1 1296 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

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, 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. Includes entries for Soil, Brown shale, Gray Rock, and notes about abandoned holes.

GROUTING RECORD

WELL HAS BEEN GROUTED, 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, Nominal diameter top (main) casing, Total depth of main casing

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

SCREEN RECORD

screen type or open hole, DEPTH (nearest ft.)

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS: 3

WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MWD 355

DRILLERS SIGNATURE

LIC. NO. MSD 066

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, C, R, E, E, N and depth values.

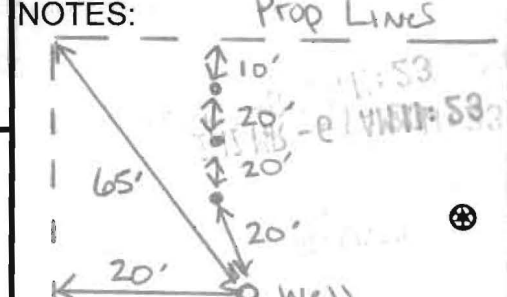
DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.31636, LONGITUDE 77.15381



B 1	2145	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2103</u> <small>70 fill in this form completely 79</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

15 21m Street Development Last Name Owner First Name 34

36 1355 Beverly Rd, Suite 240 Street or RFD 55

57 McClean, VA 22101 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Chelsea Knolls 42

SECTION 44 46 LOT 8 48 50

52 NEAREST TOWN mt Airy 71

MILES FROM TOWN (enter 0 if in town) 4 ^M 73 76 77 78

DRILLER INFORMATION

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

Firm Name Barlow Well Drilling Service

Address 522 Underwood Ln, Belair, Md

Signature [Signature] Date 3/8/11

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2 NEAR WHAT ROAD Long Corner Rd 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 1100 37 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

TAX MAP: 12 BLK: 22 PARCEL 9

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. (13) 2 515 039

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 4/27/11

43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 4/27/12

NORTH GRID 50 539 000 EAST GRID 57 0756 000

APPROXIMATE DEPTH OF WELL 250 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 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

39 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 402007G-005(3)

PERMIT No. 40-95-2103
70 71 72 73 74 75 76 77 78 79

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 EXHIBIT PLAN FOR WELL LOCATION

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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:		February 8, 2012	
Well Depth:		300	feet
Customer	Elm Street Development	Permit #	HO-95-2103
Road	Long Corner Road	Subdivision	Chelsea Knolls
City	Mt. Airy	Section	
State	Maryland	Lot #	8

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:00 AM	32	4	15.00
10:15 AM	98	6	10.00
10:30 AM	146	25	2.40
10:45 AM	165	51	1.18
11:00 AM	166	55	1.09
11:15 AM	166	55	1.09
11:30 AM	166	55	1.09
11:45 AM	166	55	1.09
12:00 PM	166	55	1.09
12:15 PM	166	55	1.09
12:30 PM	166	55	1.09
12:45 PM	166	55	1.09
1:00 PM	166	55	1.09
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3:00 PM	166	55	1.09
3:15 PM	166	55	1.09
3:30 PM	166	55	1.09
3:45 PM	166	55	1.09
4:00 PM	166	55	1.09
4:15 PM	166	55	1.09
4:30 PM	166	55	1.09

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.

**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 #: 8 Well Tag #: HO - 95 - 2103
Site Address: 1836 Chelsea Knolls Drive
1836 Mount Airy, MD 21771

Submersible Pump Data

Make: Grundfos
Model #: 15SQE10-250
Pump Capacity 15 GPM
Well Yield: _____ 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: 300 (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

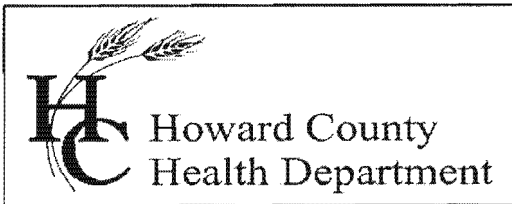
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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: 4/12/16 Date Insp. Approved: 5/19/16 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 ✓ *no tag*
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



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 – NOVEMBER 19, 2016

May 19, 2016

Homeowner
18367 Chelsea Knolls Drive
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 8
18367 Chelsea Knolls Drive
Building Permit: B15005344
Well Permit: HO-95-2103**

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 **5/5/2016**. Final approval of the well line connection to the dwelling was granted on **5/19/2016**. The well construction was completed on **2/14/2012**. Water samples were collected on **4/25/2016 & 5/16/2016**.

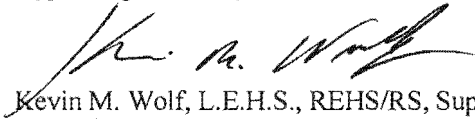
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2103. 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, 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

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 #: 106903 Account #: 6488
Reference: Chelsea Knolls Lot 8 Company: Hatfield's Equipment, Inc.
Location: 18367 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 4/25/2016 1445 Site: Pressure Tank
Date/Time Rec'd: 4/25/2016 1546 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: T. Frazier 3126TF Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM18 9223	4/26/2016 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/26/2016 / 1015 / CCH
Nitrate	6.01	mg/L	10	601	4/26/2016 / 1200 / CCH
Turbidity	0.81	NTU	<10	SM18 2130B	4/26/2016 / 1230 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	4/26/2016 / 1230 / CCH

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 : Client's Information

Date Reported: 4/26/2016

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 #: 107374 Account #: 6488
Reference: Chelsea Knolls Lot 8 Company: Hatfield's Equipment, Inc.
Location: 18367 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 5/16/2016 1240 Site: Pressure Tank
Date/Time Rec'd: 5/16/2016 1355 Treatment: Prior to Reverse Osmosis/ Sed. Filter
Chlorine ppm: Free: ND Total: ND pH: 6.5
Collected By: T. Frazier 3126TF Well #: No Tag

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2016 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/17/2016 / 1030 / CCH

NOTES

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

Reason for Test : Client's Information

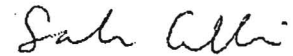
Date Reported: 5/17/2016

M. Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Dear Barlow Well Drilling,

Attached is the replacement well tag for Chelsea Knolls Lot 8, tag # HO-95-2103.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
Well & Septic Program
410-313-6287

