

C1 18696

SEQUENCE NO. (MDE USE ONLY)

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.

(THIS NUMBER IS TO BE PUNCHED IN CO'S. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2573

OWNER M3D Properties, LLC WELL SITE ADDRESS Old Frederick Rd TOWN Skyville 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. Rows include Top Soil, Red Soil, Brn Red Soil, Med Brn Rock, Weathered Rock, Med Gray White Brn Rock, Med Gray Rock, Gray & Tan Rock, Gray Blk Rock, Gray Rock, Soft Gray Rock, Med Rock, Tan Rock, Med Gray Rock, Tan Broken Rock, Blk Rock, Gray Blk Rock, Gray Blk Broken Rock, Gray Rock, Med Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1620 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 130

OTHER CASING (if used) diameter depth (feet) PL 4 1/2 88

SCREEN RECORD

screen type or open hole insert appropriate code below [ST] [BR] [HO] [PL] [OT]

DEPTH (nearest ft.) HO 88 405

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

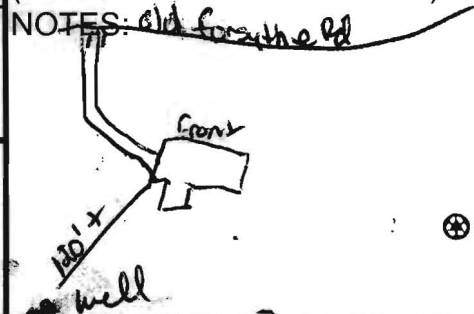
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 805 METHOD USED TO MEASURE PUMPING RATE Time Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft. WHEN PUMPING 60 ft. TYPE OF PUMP USED (for test) [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES [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. 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) [4] above LAND SURFACE below (nearest foot) 1

LATITUDE 39.341139 LONGITUDE 76.991068 (DEFAULT COORD. WGS 84)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

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. W20553 DRILLERS SIGNATURE

LIC. NO. W20097 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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: Allied Environmental Services Telephone #: 301-776-8370
 Address: P.O. Box 129
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Marshal Arnette License# MSD106

***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: M+D Properties LLC Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2573
 Site Address: Old Frederick Rd Sykesville MD

Submersible Pump Data

Make: Sta-Rite
 Model #: S7K07221
 Pump Capacity 7 GPM
 Well Yield: 8.5 GPM

Pitless Adapter

Make: _____
 Model#: _____
 Depth: 36" (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: 405 (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: Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 42' (36" min)

House Connection

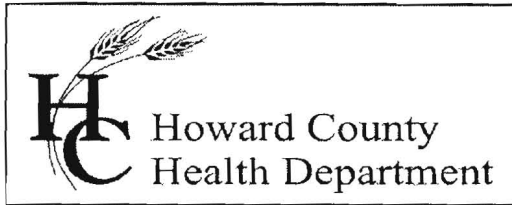
PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 5'5"
 Sleeve sealed properly: yes

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.

Signature of company representative responsible for installation: [Signature] date: 08/15/14

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

Date Insp. Requested: _____ Date Insp. Approved: 8/18/2014 Inspector: [Signature]
 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



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 – February 17, 2017

August 17, 2016

Homeowner
13805 Forsythe Road
Sykesville, MD 21784

**RE: Barrow Property
13805 Forsythe Road
Building Permit: B14004576
Well Permit: HO-95-2573**

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 **8/13/2016**. Final approval of the well line connection to the dwelling was granted on **8/17/2016**. The well construction was completed on **8/22/2013**. Water samples were collected on **7/29/2015**.

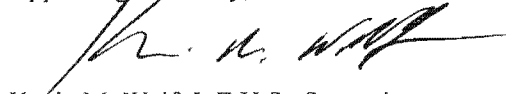
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2573. 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" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environment website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "K. M. Wolf", written over a horizontal line.

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

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