

C1 08199

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 575726

ST/CO USE ONLY DATE Received MM DD YY 10 30 13

DATE WELL COMPLETED MM DD YY 10 04 13

Depth of Well 22 305 26 3/6/2014 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-2581

OWNER Heritage Realty & Land Development last name Green first name Bridge TOWN Dayton MD SUBDIVISION TALL TREES SECTION LOT I

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone MICKA, Sandstone MICKA.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (13), NO. OF POUNDS (1300), GALLONS OF WATER (78), DEPTH OF GROUT SEAL (40).

CASING RECORD form with fields: casing types (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter (6), Total depth (42).

OTHER CASING (if used) form with fields: diameter, depth.

SCREEN RECORD form with fields: screen type (HO), DEPTH (40, 305).

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (35), TYPE OF PUMP USED (S).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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. M SD H 7, DRILLERS SIGNATURE, LIC. NO. D

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

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-E, R-E, N.

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

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (2).

LATITUDE 39.24982, LONGITUDE 77.00382 (DEFAULT COORD. WGS 84)

NOTES:

<b>B 1</b>	<b>4980</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>545126</b>	STATE PERMIT NUMBER <b>HD - 95 - 2581</b> fill in this form completely
------------	-------------	--------------------------------	---	--

**OWNER INFORMATION**

Date Received (APA) **08 22 13**

8 MM DD YY 13

**Heritage Realty Land Development**

15 Last Name Owner First Name 34

**PO Box 482**

36 Street or RFD 55

**Lisbon MD 21765**

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**Howard**

8 COUNTY 21

**TALL Trees**

23 SUBDIVISION 42

SECTION **I** LOT **I**

44 46 48 50

**Dayton**

52 NEAREST TOWN 71

**DRILLER INFORMATION**

**RAUL E MAYNE MSD 117**

76 License No. 81

**RAUL MAYNE well DRILLING**

Firm Name

**17024 Handy Rd Mt Airy MD 21771**

Address

**R E Mayne 8/21/13**

Signature Date

**B 4** SOURCES OF DRILLING WATER

1. well **Green Bridge Rd**

11 STREET ADDRESS 30

2. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

3.  NORTH  EAST  SOUTH  WEST

34 **225** 37 DISTANCE FROM ROAD **ft**

ENTER FT OR MI 38 39

TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **P626**

**B 2** WELL INFORMATION

APPROX. PUMPING RATE **5**

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500**

(GAL. PER DAY) 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**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **09/09/13** **9/9/14**

43 EXP/DATE 49 DRILLER SIGNATURE

APPROXIMATE DEPTH OF WELL **150** FEET

24 28

APPROXIMATE DIAMETER OF WELL **64** NEAREST 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

30  AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37  CABLE  REVERSE-ROTARY  DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

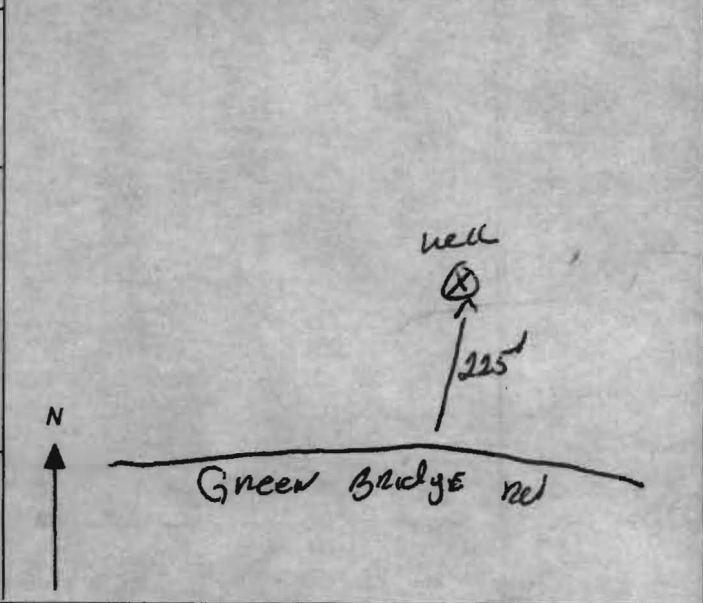
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. **HD - 95 - 2581**

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



**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: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 Underwood Lane  
Bel Air, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Barlow License# MWD 355

\*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: Greenspring Valley Homes Telephone #: 443-250-6394  
Subdivision: Tail Trees Lot #: 1 Well Tag #: HO-95-2581 ✓  
Site Address: 5507 Green Bridge Rd  
Darton, MD 21036

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Myas</u>	Make: <u>BIT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>2ST72-8</u>	Model#: <u>P800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>8</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</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, 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

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>2"</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6FT</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>yes</u>

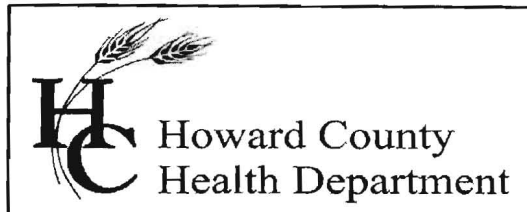
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 12/13/16 Date Insp. Approved: 12/13/16 Inspector: RR  
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

11/10/16  
Inspection requested on 11/10/16 but no one was onsite and no work had been done to the well. (RR)



## Bureau of Environmental Health

8930 Stanford Boulevard, 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 – OCTOBER 10, 2017**

April 10, 2017

Homeowner  
5507 Green Bridge Road  
Dayton, MD 21036

**RE: Tall Trees, Lot 1  
5507 Green Bridge Road  
Building Permit: B16002812  
Well Permit: HO-95-2581**

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 **2/22/2017**. Final approval of the well line connection to the dwelling was granted on **12/13/2016**. The well construction was completed on **10/4/2013**. Water samples were collected on **4/10/2017**.

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-95-2581. 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>

# 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 #: 113694 Account #: 6886  
Reference: Greenspring Homes Company: Greenspring Homes  
Location: 5507 Green Bridge Road Requested By: Brenden Carlson  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 4/6/2017 0920 Site: Pressure Tank ✓  
Date/Time Rec'd: 4/6/2017 1130 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.3  
Collected By: J. Yeager 6176JY Well #: HO-95-2581

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/7/2017 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/7/2017 / 0900 / CCH
Nitrate	<1.0	mg/L	10	601	4/6/2017 / 1600 / CRS
Turbidity	0.86	NTU	<10	SM18 2130B	4/6/2017 / 1615 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/6/2017 / 1615 / CRS

OK  
Kmm  
4/10/17

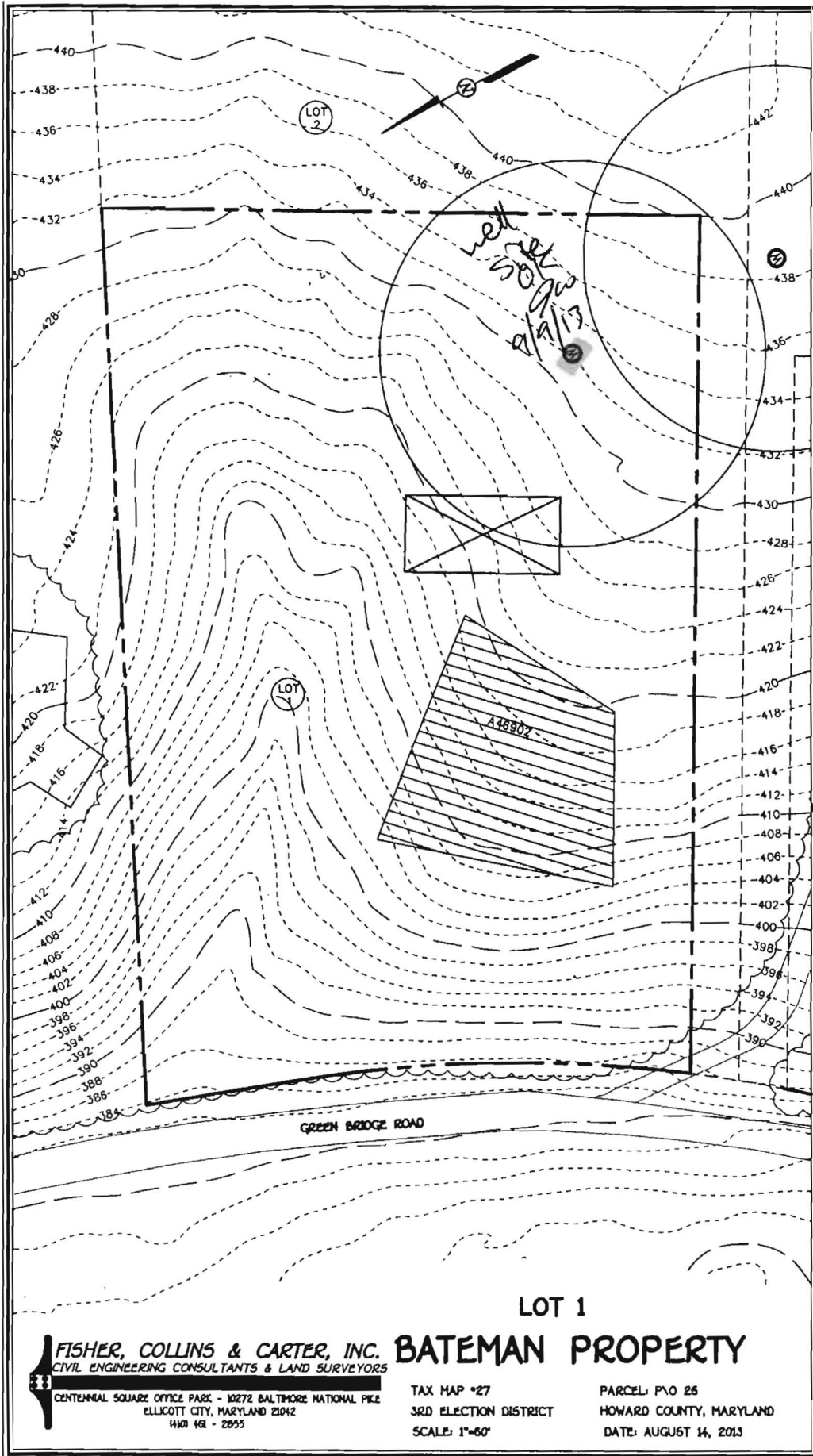
### NOTES

- 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 # : B16002812

Date Reported: 4/7/2017

K:\SDSK\PROJ\303688\dwg\303688 Well Exhibit Lot 1.dwg, Model, 8/14/2013 11:04:43 AM, 1:60



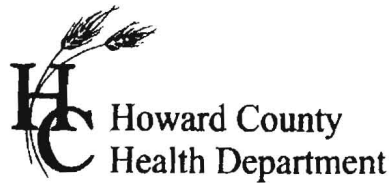
LOT 1

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
440 481 - 2855

**BATEMAN PROPERTY**

TAX MAP #27  
3RD ELECTION DISTRICT  
SCALE: 1"=60'

PARCEL: P.O 26  
HOWARD COUNTY, MARYLAND  
DATE: AUGUST 14, 2013



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. Bielensohn, 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>Tall Trees</u>	<u>1</u>	<u>Green Bridge 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 08/06/13 (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



## Bureau of Environmental Health

8930 Stanford Boulevard, 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

---

### MEMORANDUM

TO: CLSI  
439 East Main Street  
Westminster, MD 21157

FROM: Robert Freemon *RIF*  
Well & Septic Program

RE: 5507 Green Bridge Rd.  
Dayton, Maryland 21036

DATE: 1/3/2017

---

I have reviewed the OSDS for Tall Trees Lot 1 and here are my comments.

- ✓ The internal wall separating the two compartments of the septic tank must contain a slot 2 inches in height. The internal wall cannot contain a baffle.
- ✓ Baffles should extend 3 inches above the crown on the horizontal leg.
- ✓ The inlet baffles vertical leg must be 6" in diameter.
- ✓ ~~The wall thickness of the septic tank must be shown.~~
- ✓ ~~Relative replacement trench elevations must be shown.~~
- ✓ The plan must be to scale.

C1 08199

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 545726

ST/CO USE ONLY DATE RECEIVED MM DD YY 10 30 13

DATE WELL COMPLETED MM DD YY 10 04 13

Depth of Well 22 305 26 3/6/2014 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 46-95-2581

OWNER: Heritage Realty & Land Development, LLC. WELL SITE ADDRESS: Green Bridge Rd. TOWN: Dayton MD. SUBDIVISION: Tall Trees. SECTION: LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS: 13. NO. OF POUNDS: 1308. GALLONS OF WATER: 78. DEPTH OF GROUT SEAL: 40 ft.

CASING RECORD. MAIN CASING TYPE: PL. Nominal diameter top (main) casing: 6 inch. Total depth of main casing: 42 feet.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD. SCREEN TYPE: HO (OPEN HOLE). DEPTH (nearest ft.): 40. SLOT SIZE: 1, 2, 3.

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

- 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...

DRILLERS LIC. NO. 1 M SD 1137. DRILLERS SIGNATURE: [Signature]

LIC. NO. 1 D. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, N.

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: 3. PUMPING RATE: 5 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL: 35 ft. BEFORE PUMPING, 50 ft. WHEN PUMPING. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES. TYPE OF PUMP INSTALLED: S. CAPACITY: 31 GALLONS PER MINUTE. PUMP HORSE POWER: 37. PUMP COLUMN LENGTH: 41. CASING HEIGHT: 2 (below) LAND SURFACE.

LATITUDE 39.24987. LONGITUDE 77.00382. (DEFAULT COORD. WGS 84)

NOTES: