

C1 27633

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A 545001

ST/CO USE ONLY DATE RECEIVED MM DD YY 04 02 15

DATE WELL COMPLETED MM DD YY 3 31 2015

Depth of Well 22 240' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Hb 14 - 0122

OWNER Larimore Thomas + Barbara WELL SITE ADDRESS 0.5 road Rd TOWN Woodbine SUBDIVISION Larimore Prop. SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown Shale, Blue Rock, and Water.

GROUTING RECORD Form with fields for CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type, diameter, depth.

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MSD 119 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD 027

DEPTH (nearest ft.) Form with grid for depth measurements.

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

LATITUDE 39.30556 LONGITUDE 77.08469 (DEFAULT COORD. WGS 84) NOTES:

B 1 26860

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-14-0122 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 LARIMORE Thomas & BARBARA 15 Last Name Owner First Name 34 825 Iron Rail Ct. 36 Street or RFD 55 WOODBINE MD 21797 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

8 COUNTY 21 Howard LARIMORE Prop 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Duvall Rd, WOODBINE 52 NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Ralph MAYNE M 5 D 112 76 License No. 81 Firm Name Ralph MAYNE well DRILLING Address 17024 Handy Rd Mt. Airy MD 21771 Signature Date 21 E Mayne 9/25/14

B 4

SOURCES OF DRILLING WATER

- 1. well 2. 3.

11 STREET ADDRESS 30 Duvall Rd location ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 255 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 13 BLK: 10 PARCEL 124 129

B 2

WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A545001 COUNTY NAME COUNTY NO STATE SIGNATURE INSERT S 41 DATE ISSUED 10/21/2014 Brian Baber 10/21/2015 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 24 28 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) 30 CABLE REVERSE-ROTary DRIVE-POINT 37 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

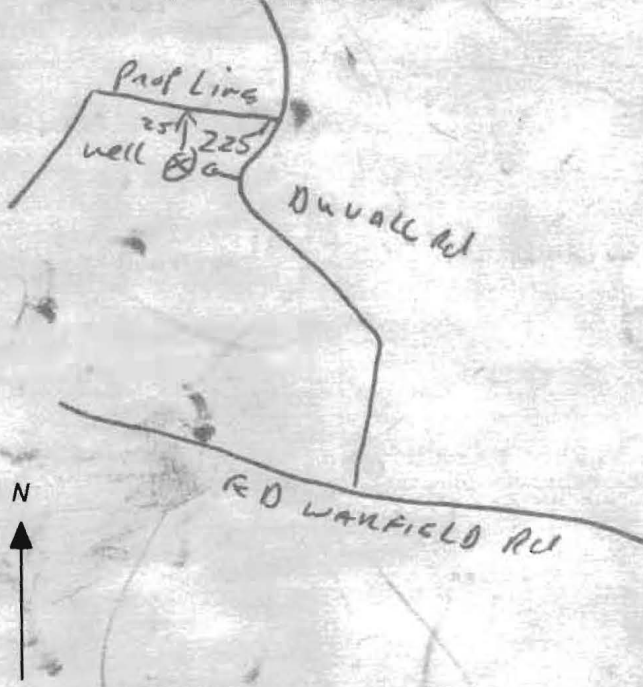
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM AN EXISTING WELL

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 PERMIT No. HO-14-0122 70 71 72 73 74 75 76 77 78 79

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



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:

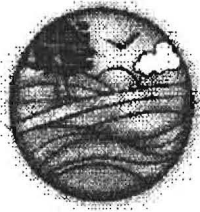
Well Site Location:

<u>Larimore Property</u>	<u>2</u>	<u>Duvall Rd.</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,
(professional land surveyor or company employing professional land surveyors)
on Oct. 1, 2014 (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



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Venture Court • P.O. BOX 245 • Myersville, MD 21773 • TEL: 301-334-3340 • FAX: 301-263-2368
www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 10969 - 1-1

Field Record

Site visit performed on: Wednesday, May 10, 2017 1:35 PM
by: Ronald Demory State ID No. 8072RD
Affiliation: Fredericktowne Labs, Inc.

Property Owner: Crossen Homes
Property Address: 2510 Duvall Rd
Woodbine, MD 21797

Sample Source: Pressure Tank
Treatment Devices Noted: No Treatment Devices
Well No.: HO-14-0122
Field pH: 6.9
Free Res. Cl.: <0.1 mg/l
Temp: 13.9° C

OK RB 5/22/2017

Laboratory Report

Sample Received at laboratory: 5/10/2017 2:20 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	05/10/17	14:56	05/11/17	15:48	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	4.2 mg/l	10	5/10/2017	300.0	PH
Sand	<2 mg/l	5	5/10/2017	0.065mm Filter	JD
Turbidity	1.6 NTU	10	5/10/2017	180.1	KB

Reported by: Curtis Phelps 5/12/17
Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
Maryland Cert. No. 116 Virginia Cert. No. 00444
MDOT WBE Cert. No.: 91-168

Chain of Custody Form

Fredericktowne Labs, Inc.

3020 Ventrie Ct. P. O. Box 245

Myersville, MD 21773-

(301) 293-3340 / FAX (301) 293-2366

Acct. No.: 10969-1-1

Project: Grosen Homes 2510 Duval Rd Woodbine, MD 21797	Collected by: <i>Ronald Demery</i> Affiliation: FREDERICKTOWNE LABS, INC.
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Sample Description Sample Number	Date of Collection	Time of Collection	Analysis to be Performed	Field Observations	Preservation	Verif. By:
Source: 1. <i>Pressure Tank</i> Matrix: Drinking Water Grab/Comp: Grab						
10969-1-1-1	5/10/17	13:35	Bacteria - Colifen 200		Na2S2O3	
Source: 1. <i>PT</i> Matrix: Drinking Water Grab/Comp: Grab						
10969-1-1-2	5/10/17	13:35	Nitrate-Nitrogen		4 degrees C	
			Turbidity			
Source: 1. <i>PT</i> Matrix: Drinking Water Grab/Comp: Grab						
10969-1-1-3	5/10/17	13:35	Sand		4 degrees c.	

If lead or copper are sample collection forms attached? Yes No

Water last used: _____ (Date) _____ (Time)

Relinquished by: <i>[Signature]</i> 5/10/17 14:20	Received by: <i>[Signature]</i> 5/10/17 14:20
Relinquished by:	Received by:
Relinquished by:	Received by:

Method of Shipment: _____ Iced Yes No Temp Treatment: *[Signature]*

Note: Howard Co. U&O
 door will be unlocked or key under side door threshold
 need 1 liter for the sand/bact/250 for NO3 & Turb
 take raw sample
 get well tag *HO 14 0122*

**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: Reed and Son Services LLC Telephone #: 240-315-6023
Address: 1070 Long Corner Rd.
mt. Airy MD 21771

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

Name (Print): Thomas Patrick Reed License# 19513

***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: Thomas Lanimore Telephone #: 443-324-4775
Subdivision: Lanimore Drive Lot #: 1 Well Tag #: HO-14-0122
Site Address: 2510 Duwell Road
Woodsbine MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>Camco</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>16S10-10</u>	Model #: <u>B-10x1/2</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>16</u> GPM	Depth: <u>40</u> " (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>240</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 adaptor or other acceptable method inside of well casing

Piping to house
Type: Silver Line PE3400 PE3608
PSI: 200 (160 psi min)
Depth of supply line: _____ (36" min)

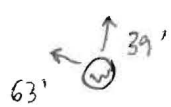
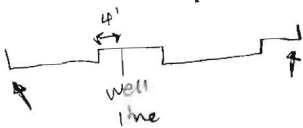
House Connection
PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation):
Sleeve sealed properly:

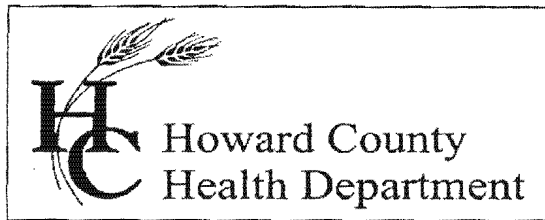
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 10/14/16

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

Date Insp. Requested: 11/16/16 Date Insp. Approved: 11/16/16 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
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter





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

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 22, 2017

May 22, 2017

Justin and Amy Brendel
2451 Mullinix Mill Road
Mt Airy, MD 21771

**RE: LARIMORE PROPERTY, LOT 2
2510 DUVALL ROAD
Building Permit: B16003391
Well Permit: HO-14-0122**

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 **12/29/2016**. Final approval of the well line connection to the dwelling was granted on **11/16/2016**. The well construction was completed on **3/31/2015**. Water samples were collected on **5/10/2017**.

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-14-0122#. 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 "Robert Bricker". The signature is written in a cursive style with a large initial "R".

Robert Bricker, REHS/RS, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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