

C 1 26501
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE Received
 MM DD YY
 10 30 13

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE
 DATE WELL COMPLETED
 MM DD YY
 10 17 13
 Depth of Well
 22 365 26
 (TO NEAREST FOOT)
 3/6/2014
 O.K. *BB*

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER 545126-B
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 40-95-2583
 28 29 30 31 32 33 34 35 36 37

OWNER Heritage Realty & Land Development
 WELL SITE ADDRESS Green BRIDGE rd TOWN Dayton MD
 SUBDIVISION TALL TREES SECTION _____ LOT 3

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	
Sand Stone	30	35	
MICKA	35	40	
Sand Stone	40	45	✓
MICKA	45	90	
Sand Stone	90	95	✓
MICKA	95	365	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 14 NO. OF POUNDS 1400
 GALLONS OF WATER 84
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP 91 ft. to 54 BOTTOM 58 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 43
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y 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

C 2 DEPTH (nearest ft.)
 1 40 41 365
 E A C H S C R E E N
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 60
 from _____ to _____
 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____

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. M-D 117
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. D
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 40 ft.
 WHEN PUMPING 157 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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)
 + above } LAND SURFACE
 - below } 2 (nearest foot)
 49 50 51

LATITUDE 39.21931
 LONGITUDE 77.00399
 (DEFAULT COORD. WGS 84)
 NOTES:

B 1 14988

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2583 fill in this form completely

545126 please type

Date Received (APA) 08-22-13

OWNER INFORMATION

Heritage Realty & Land Development PO Box 482 Lisbon MD 21765

B 3

LOCATION OF WELL

Howard COUNTY 21 TALL TREES SUBDIVISION 42 SECTION 44 46 LOT 3 48 50 DAYTON NEAREST TOWN 52 71

DRILLER INFORMATION

Ralph E. Mayne M S D 117 Driller's Name 76 License No. 81 Ralph Mayne Well Drilling Firm Name 17024 Handy Rd. Mt. Airy MD, 21771 Address 7/15/13 Signature 8-21-13 Date

B 4

SOURCES OF DRILLING WATER

- 1. well

Green Bridge Rd STREET ADDRESS 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 325 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 27 BLK: PARCEL 10/26



B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. 28 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

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 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 9/9/13 9/9/14 EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 64 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)

- 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 G PERMIT No. HO-95-2583

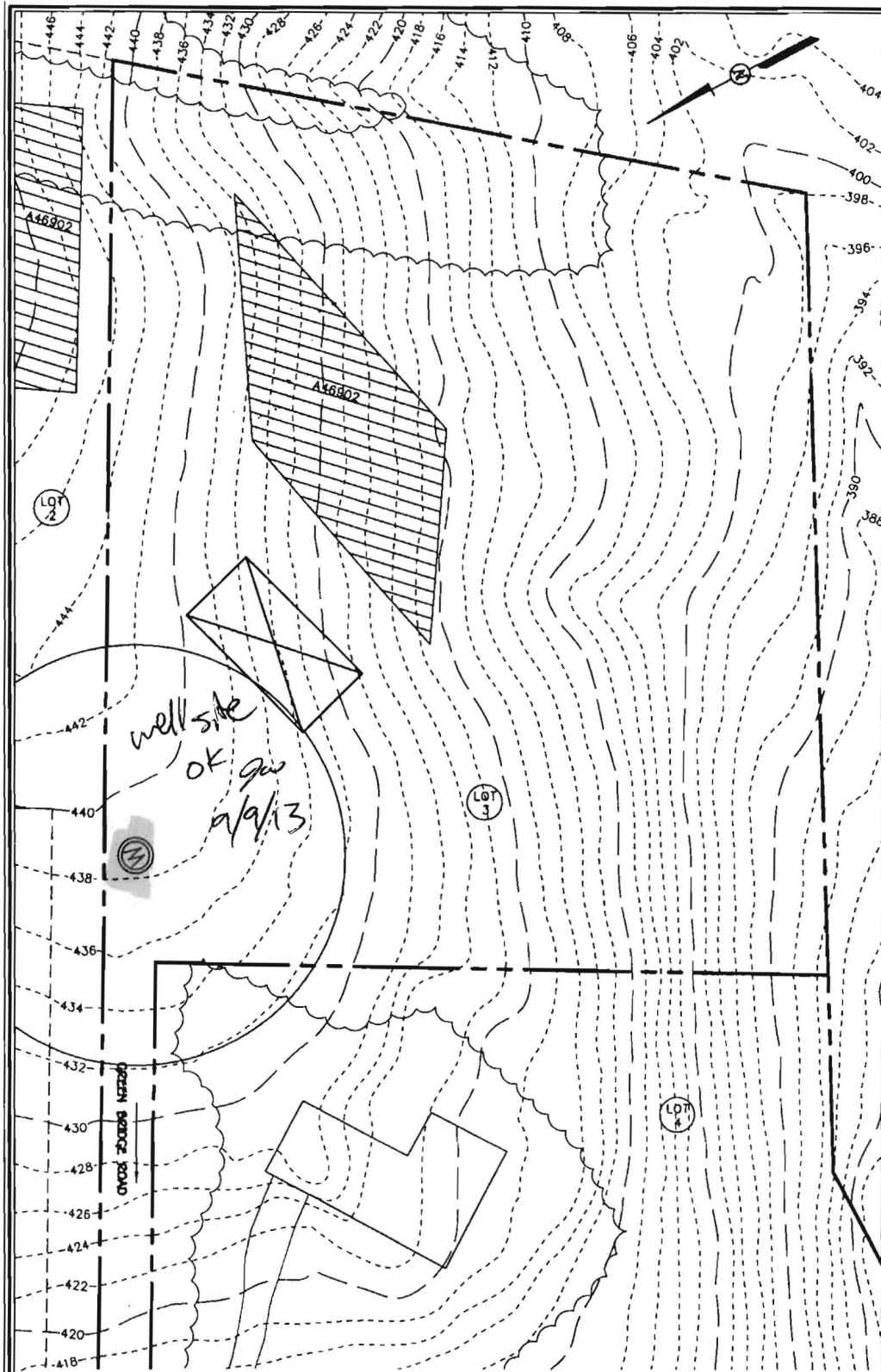
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

K:\SDSKPROJ\30368\dwg\30368 Well Exhibit Lot 3.dwg, Model, 8/14/2013 11:19:53 AM, 1:60

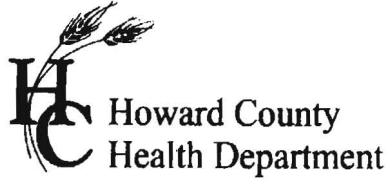


FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 451 - 2955

LOT 3 BATEMAN PROPERTY

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

PARCEL: P40 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>3</u>	<u>Green Bridge Road</u>
Subdivision/Property Name	Lot #	Road Name

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

**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 Well Drilling Telephone #: 301-776-8370
Address: PO 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): Jorge Montes License# JWD402

***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: Lingyu Chen Telephone #: _____
Subdivision: Tall Trees Lot #: 3 Well Tag #: HO-95-2583
Site Address: 5519 Green Bridge Rd
Dorton MD 21030

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Schaefer</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>FSR154-2W230</u>	Model#: <u>B-10xLF</u>	Screened, vented well cap: _____
Pump Capacity <u>7</u> GPM	Depth: _____ (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>3</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>365</u> (feet)		Conduit secured to well cap: <u>Yes</u>
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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>SIDR 9</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>25'</u>
Depth of supply line: <u>40"</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: [Signature] date 6-15-17

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

Date Insp. Requested: 6/15/17 Date Insp. Approved: 6/15/17 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 6/22/2017
Date Reported 6/26/2017

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 151419-01

Sampled: 6/22/2017 1:45:00

Sampler: TEdwards8309T (Exp. 5/18/2019)
E

Location: 5519 Green Bridge Rd
Dayton, MD

Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/22/2017	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/22/2017	LC-106
Iron, Total	SM 3500 D	Not Detected		mg/l	0.05	06/26/2017	DB-139
Turbidity	EPA 180.1	1		NTU	0.5	06/26/2017	RM-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	06/23/2017	DB-139
pH	Field	6.7		pH Units	1	06/22/2017	Samp-ler

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

ENVIRONMENTAL TESTING LAB, INC - C

ANNAPOLIS
410-224-4304 FAX 443-926-0586



IRM

151419

4 Client: Hague Quality Water
Project:
Date Due: 6/26/2017
Testing Address: _____

Company Name, Address Phone & Fax

Hague

559 Green Briar Ry
STREET
Dayton, Mo
CITY STATE ZIP

Send Report By: _____ Fax _____ Postal Service _____ Email _____

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 6/22/17 Time 1:45 Well Tag #: _____

Collectors Name: Tim Edwards Certification # TE 8305 Expires 7/9

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.7 Chlorine, Total mg/L: 0 Results for U & O Permit? YES NO Sample Clear when drawn? YES NO

Sand present? YES NO If "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Pressure Tank Chemicals: Pressure Tank Lead: _____

Bacteriological Test	_____ Next Day 11:30	<input checked="" type="checkbox"/> Next Day 3:30	_____ 2 Day
FULL Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity, Lead)	_____ Next Day	_____ 2 Day	_____ 3 Day
BASIC Chemical Analysis (Iron, Nitrite/Nitrate, Turbidity)	_____ Next Day	<input checked="" type="checkbox"/> 2 Day	_____ 3 Day
_____ Lead _____ Arsenic	_____ Next Day	_____ 2 Day	_____ 3 Day
_____ Cadmium	_____ 2 Day	_____ 4 Day	_____ 6 Day
Radium Gross Alpha	_____ One Week	_____ 2 Week	

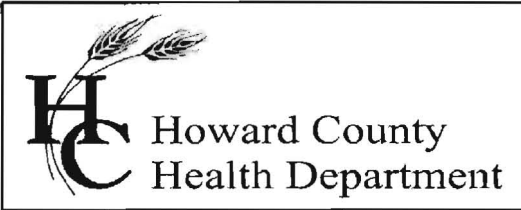
Special Instructions : _____

Released By: JL Date: 6/22/17 Time 2:32 Received By: _____
Released By: _____ Date: _____ Time _____ Received By: _____

(* TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE YES NO N/A Add Qualifiers : _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen
Received in LAB By: [Signature] Date: 6-22-17 Time 1430



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 27, 2017

June 27, 2017

Homeowner
5519 Green Bridge Road
Dayton, MD 21036

RE: Tall Trees, Lot 3
5519 Green Bridge Road
Building Permit: B16003986
Well Permit: HO-95-2583

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 **6/21/2017**. Final approval of the well line connection to the dwelling was granted on **6/15/2017**. The well construction was completed on **10/17/2013**. Water samples were collected on **6/22/2017**.


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-95-2583. 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 onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority, 

Kevin M. Wolf, LEHS, REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

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