

C1 15997 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.

COUNTY NUMBER A47-038

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

ST/CO USE ONLY DATE Received MM 01 DD 05 YY 11

DATE WELL COMPLETED MM 12 DD 27 YY 10

Depth of Well 22 243 26 3/8/11 (TO NEAREST FOOT) O.K. BR

PERMIT NO. FROM "PERMIT TO DRILL WELL" FR-95-2035 HO-05-2035

OWNER Heritage Realty Development last name PO BOX 482 first name TOWN LISBON MD 21765 SUBDIVISION Lambert Green SECTION LOT 3

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Flint Rock, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD yes no

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 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 65 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) [+ ] above LAND SURFACE [- ] below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER 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. M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

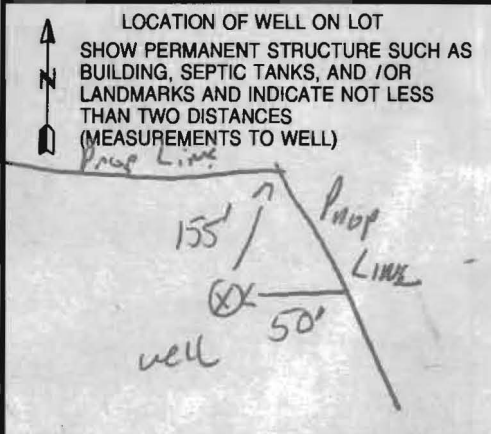
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

Table with columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. Row 1: HO 38 243

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



B 1 8489

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2035 fill in this form completely

Date Received (APA)

12 05 10

OWNER INFORMATION

Heritage Realty Development, PO BOX 482, LISBOW MD, 21765

B 3

LOCATION OF WELL

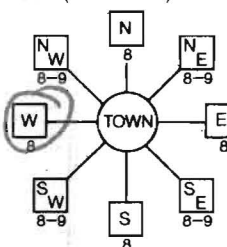
Howard County, Spring Hollow / Lambert Green, LISBOW, NEAREST TOWN

DRILLER INFORMATION

RAYH E. MAYNE, M S D 117, Rayh E. Mayne Well Drilling, 17024 Handy Rd Mt. Airy MD, 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



HARRY ROAD, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD, TAX-MAP: 7 BLK: 8 PARCEL 522

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, STATE SIGNATURE, DATE ISSUED 12/20/10, CO SIGNATURE, EXP. DATE 12/31/11, NORTH GRID 548 000, EAST GRID 0764 000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G, PERMIT No. HO-95-2035

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

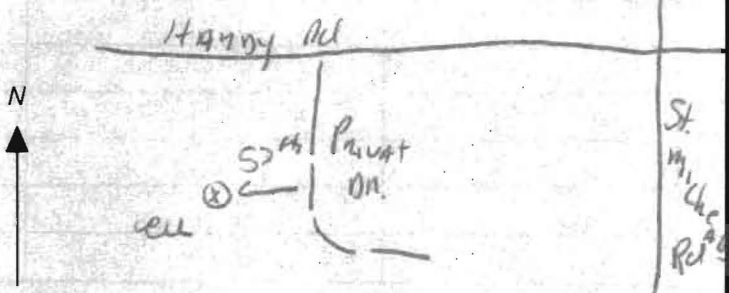
SOURCES OF DRILLING WATER

- well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 76#4, N 54#8

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

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: JOSEPH HEIL COMPANY Telephone #: 410 799 7727  
Address: 8177 MISSION ROAD  
JESSUP, MD 20794

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

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

Name (Print): EDWARD HEIL License# 6428

**\*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: FRANKLIN SAUNDERS Telephone #: 410 977 5700  
Subdivision: LAMBERT GREEN Lot #: 3 Well Tag #: HO-95-2035  
Site Address: 17245 HARDY ROAD  
MT. AIRY, MD 21771

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>GRUNDFOSS</u>	Make: <u>AMERICAN GRASSY</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>LF 15 SQE10C-20</u>	Model#: <u>APT 800NL</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>12</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</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>243'</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>		

**Piping to house**

Type: POLYETHYLENE  
PSI: 200 (160 psi min)  
Depth of supply line: 36" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
Length of sleeve (5' minimum from foundation): 8'  
Sleeve sealed properly: YES

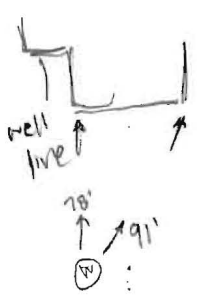
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

X Edward Heil Signature of company representative responsible for installation  
2/28/17 date

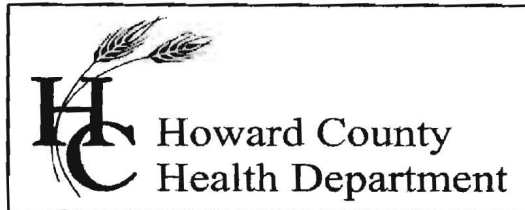
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 3/9/17 Date Insp. Approved: 4/17/17 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>



\*backfilled - saw pics  
builder notified 3/13/17



**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

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**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date - DECEMBER 20, 2017

**June 20, 2017**

Homeowner  
17245 Hardy Road  
Woodbine, MD 21797

**RE:** Mt. Airy, MD 21771  
17245 Hardy Road  
**Building Permit: B16004872**  
**Well Permit: HO-95-2035**

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 **6/2/2017**. Final approval of the well line connection to the dwelling was granted on **4/17/2017**. The well construction was completed on **12/27/2010**. Water samples were collected on **6/2/2017, 6/13/2017, & 6/15/2017**.

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-95-2035**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

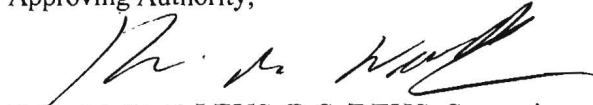
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# 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

Allan Waschake  
Allan Homes  
PO Box 1058  
Columbia, MD 21044

Project  
Sample Received 6/7/2017  
Date Reported 6/16/2017  
Well Permit No. HO-95-2035

Sample No: 150701-01

Sampled: 6/7/2017 1:40:00 P

Sampler: TVlosich2910TV (Exp. 2/4/2019)

Location: 17245 Hardy Road  
Mt. Airy, MD

Preservation: Ice

Sample Point: Well Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml	1	06/07/2017	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/07/2017	CT-106
Iron, Total	SM 3500 D	Not Detected		mg/l	0.05	06/09/2017	DB-139
Turbidity	EPA 180.1	Not Detected		NTU	0.5	06/09/2017	RM-139
Nitrate + Nitrite as N	EPA 353.2	8.1		mg/l	1	06/09/2017	DB-139
pH	Field	6.6		pH Units	1	06/07/2017	Samp-ler

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

OK  
6/20/17 SC

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

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

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

Environmental Testing Laboratory, Inc Drinking Water Sample Collection Form

Sample Id: 17245 Hardy Rd Mt. Airy LAB ID: 15072-03

System Type:  Public System  Private Well  New Well  Other \_\_\_\_\_

Sample Type:  Routine Sample  Check Sample  Special or Follow-up Sample  
 Post Chlorination Sample(s)

Collectors Name: D. Brumsted Signature [Signature]

Certification #: 7916 DM Expires 01-21-8

Date & Time Collected: 06-15-17 0830 Well Tag #: H0-95-2035

Free Chlorine mg/L: 0.0 mg/L pH: \_\_\_\_\_ Clear when Drawn:  YES  NO

Sand or Silt Present in Sample:  NO  YES (If "YES" collect 1 liter sample)

Sample Point: well Tank Bacteria Sample Sample(s) Pres. on Ice:  YES  NO

Sample Point: \_\_\_\_\_ Chemical Sample Sample(s) Pres. on Ice:  YES  NO

Lead Sample : Tap Used: \_\_\_\_\_ (acidified in lab)

First Draw:  YES  NO  UNKNOWN

Radium Sample : Tap Used : \_\_\_\_\_ (acidified in lab)

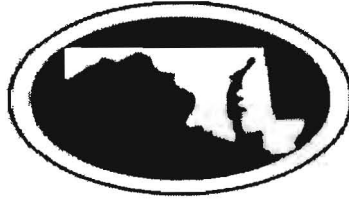
For MULTIPLE or Follow-Up Bacteria Samples Use Table

Sample ID	Tap Used	Date/Time	Chlorine, F mg/L	pH
A				
B				
C				
D				
E				
F				
G				
H				
I				

PAYMENT INFO: CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

# 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

Allan Waschake  
Allan Homes  
PO Box 1058  
Columbia, MD 21044

Project  
Sample Received 6/13/2017  
Date Reported 6/16/2017  
Well Permit No. HO-95-2035

Sample No: 150701-02  
Location: 17245 Hardy Road  
Mt. Airy, MD

Sampled: 6/13/2017 11:00:0

Sampler: TVlosich2910TV (Exp. 2/4/2019)

Preservation: Ice

Sample Point: Well Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/13/2017	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/13/2017	CT-106

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

OK  
6/20/17 SC

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

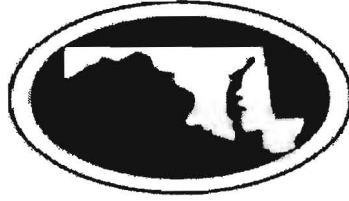
Waldorf

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

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## Certificate of Analysis

Allan Waschake  
Allan Homes  
PO Box 1058  
Columbia, MD 21044

Project  
Sample Received 6/7/2017  
Date Reported 6/16/2017  
Well Permit No. HO-95-2035

Sample No: 150701-03

Sampled: 6/15/2017 8:30:00

Sampler: DDrumsted7916 (Exp. 1/8/2018)  
DB

Location: 17245 Hardy Road  
Mt. Airy, MD

Preservation: Ice

Sample Point: Well Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/15/2017	RM-139
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/15/2017	RM-139

OK  
6/20/17 SC

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

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

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

## Collins, Sarah

---

**From:** Allan Waschak <allan@allanhomes.com>  
**Sent:** Monday, March 13, 2017 2:50 PM  
**To:** Collins, Sarah  
**Subject:** RE: 17245 Hardy Road well line inspection

Sarah

Thank you  
I have passed on the information to Ed Heil senior  
He will rectify and get back to you ASAP

Allan Waschak  
President  
Allan Homes, Inc. & Allan Homes Unlimited, Inc.  
Realtor Le Reve Real Estate

410-977-5700 Cell

[www.allanhomesunlimited.com](http://www.allanhomesunlimited.com)

*Oh by the way ... I am never too busy for you or your referrals!*

- Custom Home (on your lot or I will find a lot)
- Remodeling Projects – Kitchen, Bath, Basement, Deck-Patio or Addition
- Help you Buy a Home and/or Sell your Home

 Please consider the environment before printing this email

---

**From:** Collins, Sarah [<mailto:SCollins@howardcountymd.gov>]  
**Sent:** Monday, March 13, 2017 9:22 AM  
**To:** Allan Waschak <[allan@allanhomes.com](mailto:allan@allanhomes.com)>  
**Subject:** 17245 Hardy Road well line inspection

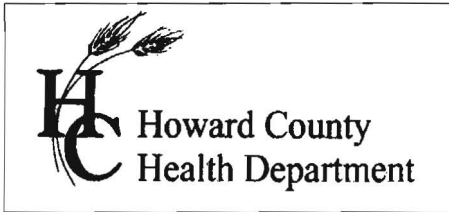
Hi Allan,

The Health Department recently went out for the well line inspection at 17245 Hardy Road. Heil Plumbing requested an afternoon inspection on 3/9/17, but upon arrival at 1pm that day Heil had already backfilled the well line. We were not able to verify the pitless adaptor or the well line connection at the house. Eddie from Heil did show me pictures of the pitless adaptor installed.

There are a couple of options at this point. We can either have the pitless and house connection uncovered so we can verify both prior to approval, or we can approve the well line inspection based on what we saw on site. The risk of the second option is that there is contamination due to an improper pitless installation or house connection and future troubleshooting would be needed to determine the source. (Heil Plumbing must also fix the cracked cap prior to approval.)

Please let me know how you would like to proceed.

Thanks,  
Sarah



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>Spring Hollow / Lambert Green</u>	<u>3</u>	<u>17245 Hardy 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 March 2010 (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

LAMBERT GREEN LOTS  
OPEN SPACE LOT 4

PLAT No. 10523

LAMBERT GREEN  
LOTS 1 - 4  
PLAT No. 10523

LOT 3

Well  
1329

720

189'

408'

**SEE**

12/20/10  
Well site Approved.  
Lot of Record. Horse  
location to be added  
later. Bulcher knows of  
20' separation.  
Stalled by F.I.C.  
(KW)