

C1 0657

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A520093

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 08 27 10

Depth of Well 340 (TO NEAREST FOOT) 4/5/11

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1762

OWNER Deveraux Cindy STREET OR RFD Florida Rd. TOWN Mt. Airy SUBDIVISION Kegan Trust SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), 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 (STEEL, BRASS, BRONZE, PLASTIC, HOLE, OTHER), DEPTH (nearest ft.).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A, E, P

DRILLERS LIC. NO. M SD 112 DRILLERS SIGNATURE LIC. NO. D

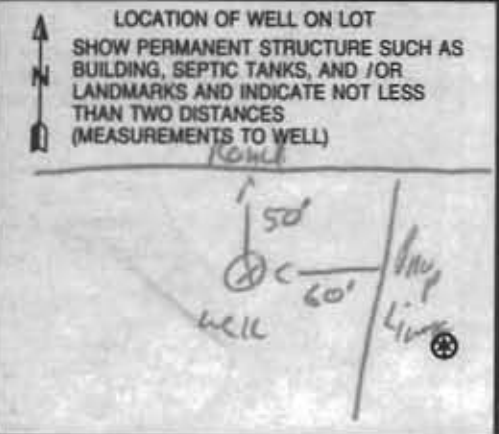
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) HO 62 340

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 O

PUMPING TEST form with fields for HOURS PUMPED (3), PUMPING RATE (85), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (BEFORE PUMPING 46, WHEN PUMPING 91), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below), LAND SURFACE (2 nearest foot).



B 1 0875

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533223 please type

STATE PERMIT NUMBER Ho-95-1962 fill in this form completely

OWNER INFORMATION Devereux William & Cindy 1850 Florence Rd Mt. Airy MD 21771

LOCATION OF WELL Howard 17 Mt. Airy 3 MILES FROM TOWN

DRILLER INFORMATION RALPH E. MAYNE M SD 117 17024 Handy Rd Mt. Airy MD 21771 4/28/10

Florence Rd 40 FT FROM ROAD ON WHICH SIDE OF ROAD EAST TAX MAP: 6 BLK: 23 PARCEL 247

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A 520093 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 7/30/10 CO SIGNATURE 7/30/11 NORTH GRID 541 000 EAST GRID 0789 000

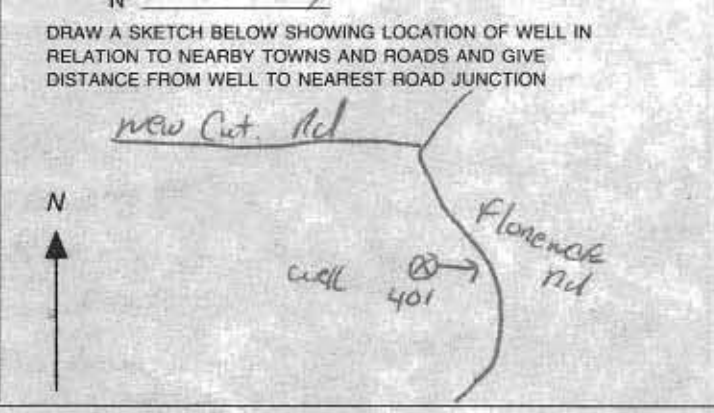
USE FOR WATER DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 760 59 N 500 41

METHOD OF DRILLING (circle one) AIR-ROTARY JETTED ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS THIS WELL WILL NOT REPLACE AN EXISTING WELL 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 DEEPEAN AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. Ho-95-1962

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: Cumberland Co. Inc Telephone #: 301-854-6838
Address: 16391 A.E. Mullinix Rd.
Woodbine MD 21797

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

Name (Print): Kelly Cumberland License# 61417

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Cumberland County Telephone #: 301-252-1122
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1962
Site Address: 1824 Florence Rd Mt Airy
MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Hydrex</u>	Make: <u>First</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25T72-5F4 3/4 HP</u>	Model #: <u>1"</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>9</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>34</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 or Cable guards are required - Must circle one -
Safety rope, if used, attached to inside of well casing with eye bolt _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>48</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: 11-28-17

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

Date Insp. Requested: _____ Date Insp. Approved: _____
Inspection Data: Pitless adapter and 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 installed inside of well 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 _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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Company Name: _____ Telephone #: _____
Address: _____

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

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 45-1962
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSP/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

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: _____
PSI: _____ (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: _____

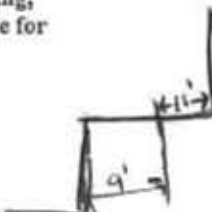
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

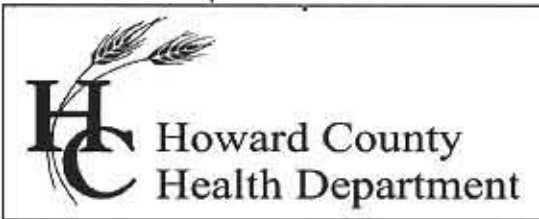
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 06/27/2017 Date Insp. Approved: 06/27/2017 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>54"</u>	<u>06/27/2017</u>	<u>[Signature]</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>			
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>37"</u>	<u>06/27/2017</u>	<u>[Signature]</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>			
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	<u>14.5"</u>	<u>06/27/2017</u>	<u>[Signature]</u>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	<u>10'</u>	<u>06/27/2017</u>	<u>[Signature]</u>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>			





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 - JUNE 13, 2018

December 8, 2017

Homeowner
1824 Florence Road
Mt. Airy, MD 21771

RE: Kogan Trust Property, Lot 17
1824 Florence Road
Building Permit: B17001120
Well Permit: HO-95-1962

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 **11/30/2017**. Final approval of the well line connection to the dwelling was granted on **6/27/2017**. The well construction was completed on **8/27/2010**. Water samples were collected on **12/4/2017**.

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.

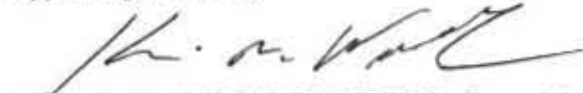
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit **HO-95-1962**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 septic 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



Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Robert Vogel Eng. Inc on April 3-2009 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

ATT Kevin Wolf

Owner name Cindy Devereux

Lot #s 16-17-18 - Preservation Parcel A

SUB - Kogan Trust

Program Supervisor, Well & Septic Program

Bureau of Environmental Health

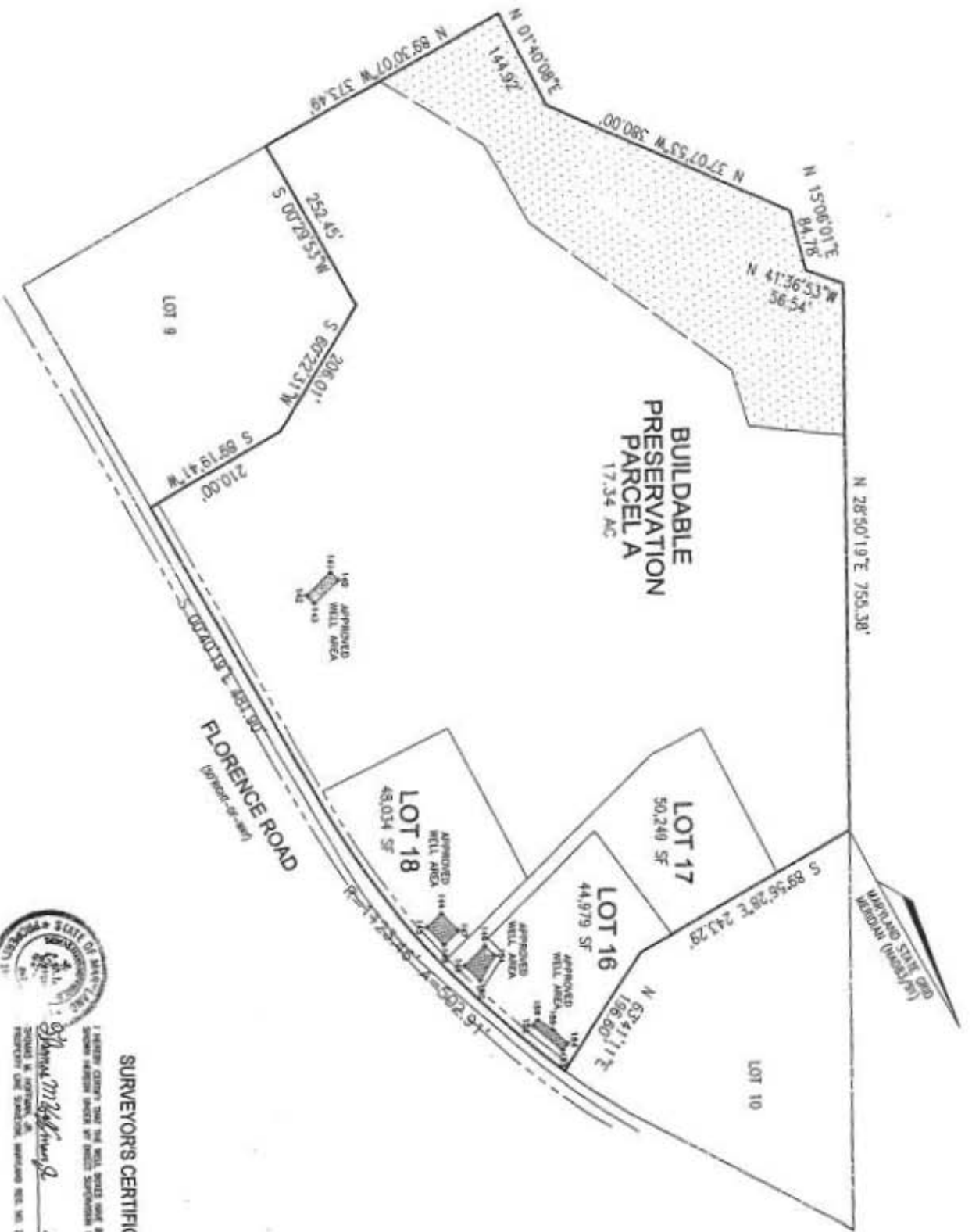
Howard County Health Dept.

410-313-4261

jewilliams@howardcountymd.gov

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1/4" APPROX
WELL AREA

1/4" APPROX
WELL AREA

1/4" APPROX
WELL AREA

1/4" APPROX
WELL AREA



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE WELL SITES AND DEPTH MARKS AS SHOWN HEREON WERE BY ME OR MY SUPERVISOR ON APRIL 21, 2009.
Shirley M. Williams
 Shirley M. Williams, Surveyor
 LICENSE NO. 110441-2008 DATE 4.03.09

WELL BOX LOCATION DRAWING

KOGAN TRUST PROPERTY
 PLAT NO. 4802

ROBERT H. VOGL ENGINEERING, II
 5407 JAMES STREET
 ELWOOD CITY, MARYLAND 21043
 410-481-2888

DATE OF SURVEY	SCALE	DATE OF PLOTTING	DRAWN BY	CHECKED BY	PROJECT NO.
APR 21 2009	1" = 50'	04/23/09	SKA	SKA	

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 #: 118674 Account #: 7085
Reference: Wieber Company: Cumberland Development
Location: 1824 Florence Road Requested By: Curtis L. Cumberland
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 12/4/2017 1147 Site: Pressure Tank
Date/Time Rec'd: 12/4/2017 1325 Treatment: Prior to Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: C. Holland 0547CH Well #: HO-95-1962

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223	12/5/2017 / 1015 / LLO
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM20 9223	12/5/2017 / 1015 / LLO
Nitrate	✓ 5.9	mg/L	10	300.0	12/5/2017 / 1227 / SES
Turbidity	✓ 3.82	NTU	<10	SM20 2130B	12/5/2017 / 0915 / CRS
Sand	✓ NS	mg/L	5	Visual/Gravimetric	12/5/2017 / 0915 / CRS

OK
Kru

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 Nitrate analysis Subcontracted to Reference Lab #192
- 4 NS = None Seen (NS indicates less than 5 mg/L.)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 pH & Chlorine level tested on site
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 17001120

Date Reported: 12/6/2017

Bricker, Robert

From: Charles Crocken <crcengr2@comcast.net>
Sent: Wednesday, April 05, 2017 10:02 AM
To: Bricker, Robert
Subject: Re: Kogan Trust-Lot 17_revised perc cert

Robert,

You have my permission to red-line the plan per you email.

Charles R. Crocken P.E.

On April 5, 2017 at 9:39 AM "Bricker, Robert" <RBricker@howardcountymd.gov> wrote:

The last plan submitted, the one with the elevation contours labeled was rejected by the Approving Authority. The well tag number is incorrect and perc location #1 is not illustrated.

Do I have your permission to 'red-line' the correct well tag number (HO-95-1962) and illustrate accurately the location of perc test #1 as illustrated on the perc cert signed 7/7/2010?

ROBERT BRICKER, REHS/R.S., L.E.H.S.

ENVIRONMENTAL SANITARIAN II

BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM

8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774

Fax: 410-313-2648

E-mail: rbricker@howardcountymd.gov