

C1 31537

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

ST/CO USE ONLY DATE RECEIVED MM 10 03 16

DATE WELL COMPLETED MM 8 17 16

Depth of Well 22 575 26 (TO NEAREST FOOT)

OK 10/5/16 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 15-0290

OWNER Baker Development WELL SITE ADDRESS Reservoir RD TOWN Freeton SUBDIVISION Beautiful Estates 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, FEET (FROM, TO), check if water bearing. Rows include Light brown mica, Grey schist, Brown, Grey schist, white, Grey schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL 48

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 08 Total depth of main casing 50

OTHER CASING (if used)

Table with columns: E, C, A, S, I, N, G, diameter inch, depth (feet) from, to

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T)

C 2

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE 1900 WATER LEVEL (distance from land surface) BEFORE PUMPING 282 WHEN PUMPING 460 TYPE OF PUMP USED (for test) S

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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 02 (nearest foot)

LATITUDE 39.139930 LONGITUDE 76.9498760 (DEFAULT COORD. WGS 84)

NOTES:

DRILLERS LIC. NO.: MS D009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B1 39454

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-15-0290

Date Received (APA)

OWNER INFORMATION

8 MW 00 YR 13
15 Baker Development
15 Last Name First Name 34
16 Green Meadows Sube G140
36 Street or RFD 55
57 Hutterville Md 21093
70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name M S D 009
76 License No. 81
Firm Name Fogles Well Drilling, LLC
Address P.O. Box 202 Woodbine, Md 21717
Signature Allen Smith 8-2-16
Date

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 14
2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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

APPROXIMATE DEPTH OF WELL 24 575 FEET 28
APPROXIMATE DIAMETER OF WELL 8 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)
- AIR-ROTARY
- CABLE
- other
- JETTED
- JETTED & DRIVEN
- ROTARY (Hydraulic Rotary)
- Reverse-ROTARY
- Drive-POINT

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEEN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER - - - - - G - - - - -
PERMIT NO. HO-15-0290

SPECIAL CONDITIONS

NOTE: APPROVED AUTHORITY SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

8 COUNTY Howard
23 SUBDIVISION Bonfert Estates
SECTION 44 LOT 3
52 NEAREST TOWN Fulton

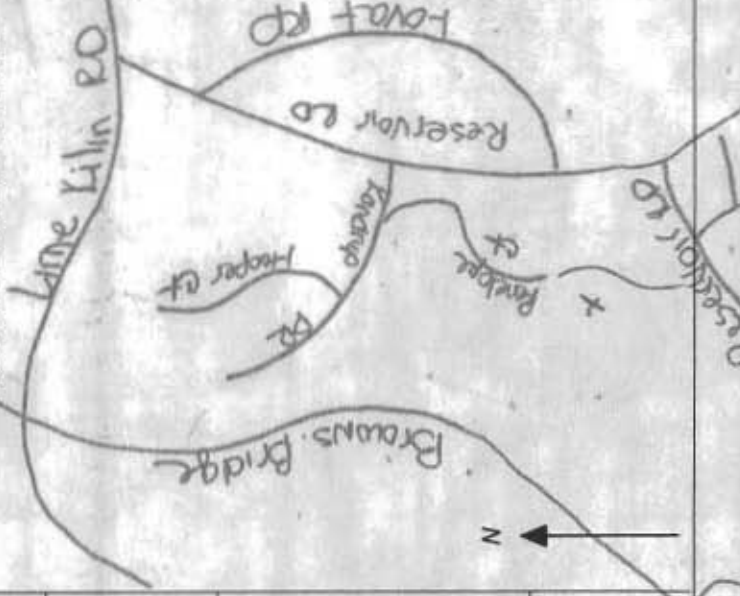
SOURCES OF DRILLING WATER

1. Well
2. 11 858 Reservoir Rd
3. STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 50 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 005 BLK: 0011 PARCEL 0258

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard (13) COUNTY NO.
STATE SIGNATURE S.M. DATE ISSUED 8/11/16
CO SIGNATURE EXP. DATE 8/11/17

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



FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0290Location of Property: Reservoir Rd Fulton, MdSubdivision: Beaufort Estates Lot #: 3Well Driller: Fogles Allen Compton Owner: Baker DevelopmentDepth of Well: 575'Distance of measuring point (M.P.) above ground: 1'Static water level (S.W.L.) below M.P.: 282'

High rate pumping –reservoir Drawdown

Time pump started: 9:00 Pumping rate: 10 GPMTotal time 60 MINS to reach pumping water level 460 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	282'	6 Seconds		10 gpm
9:15	319'	7 Seconds		8.5 gpm
9:30	362'	8 Seconds		7.5 gpm
9:45	412'	10 Seconds		6 gpm
10:00	460'	120 Seconds		.5 gpm
10:15	460'	120 Seconds		.5 gpm
10:30	460'	120 Seconds		.5 gpm
10:45	460'	120 Seconds		.5 gpm
11:00	459'	120 Seconds		.5 gpm
11:15	459'	120 Seconds		.5 gpm
11:30	459'	120 Seconds		.5 gpm
11:45	459'	120 Seconds		.5 gpm
12:00	459'	120 Seconds		.5 gpm
12:15	459'	120 Seconds		.5 gpm
12:30	458'	120 Seconds		.5 gpm
12:45	458'	120 Seconds		.5 gpm
1:00	458'	120 Seconds		.5 gpm
1:15	458'	120 Seconds		.5 gpm
1:30	458'	120 Seconds		.5 gpm
1:45	457'	120 Seconds		.5 gpm
2:00	457'	120 Seconds		.5 gpm
2:15	457'	120 Seconds		.5 gpm
2:30	457'	120 Seconds		.5 gpm
2:45	457'	120 Seconds		.5 gpm
3:00	456'	120 Seconds		.5 gpm
3:15	456'	120 Seconds		.5 gpm
3:30	456'	120 Seconds		.5 gpm
3:45	456'	120 Seconds		.5 gpm
4:00	455'	120 Seconds		.5 gpm

C1 31536

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

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

7/27/16

300 (TO NEAREST FOOT)

OK 8/12/16 se

HO-15-0238

OWNER: Baker Development, WELL SITE ADDRESS: Reservoir Rd, TOWN: FULTON, SUBDIVISION: Beaufort Estates, 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, FEET (FROM, TO), check if water bearing. Rows include Brown Shale Mica, Gray Schist, Brown, Gray Schist, White, Gray Schist.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (15), NO. OF POUNDS (1770), GALLONS OF WATER (90), DEPTH OF GROUT SEAL (0 to 38 ft)

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (08), Total depth of main casing (40)

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

SCREEN RECORD

screen type or open hole (HO), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

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. 1 M SD 009, DRILLERS 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: E, A, C, H, S, C, R, E, E, N. Rows include HO 40, 300

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min.) 1.1, METHOD USED TO MEASURE PUMPING RATE 1 gal, WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft, WHEN PUMPING 164 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, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE 02 (nearest foot)

LATITUDE 39.1397057, LONGITUDE 76.9480896 (DEFAULT COORD. WGS 84)

NOTES:

B 1 38292

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-15-0238 fill in this form completely

Date Received (APA) 03/16/16

OWNER INFORMATION

Baker Development, 116 Greenmeadow Ln Suite G104, Lutherville Md 21093

B 3

LOCATION OF WELL

Howard County, Beaufort Estates, Section 44, Lot 103, Nearest Town: Freedom

DRILLER INFORMATION

Allen Compton, M S D 009, Finks Well Drilling, LLC, P.O. Box 202 Woodbine Md 21797, Signature: Allen Compton, Date: 3-14-16

B 4

SOURCES OF DRILLING WATER

1 Well water

9658 Reservoir RD, STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



50, DISTANCE FROM ROAD, ENTER FT OR MI

TAX MAP: 0015 BLK: 0011 PARCEL 0058

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL PER MIN) 5, AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County No. 13, STATE SIGNATURE, DATE ISSUED 4/18/16, CO SIGNATURE, EXP DATE 4/18/17

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

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 DEEPEIN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER G

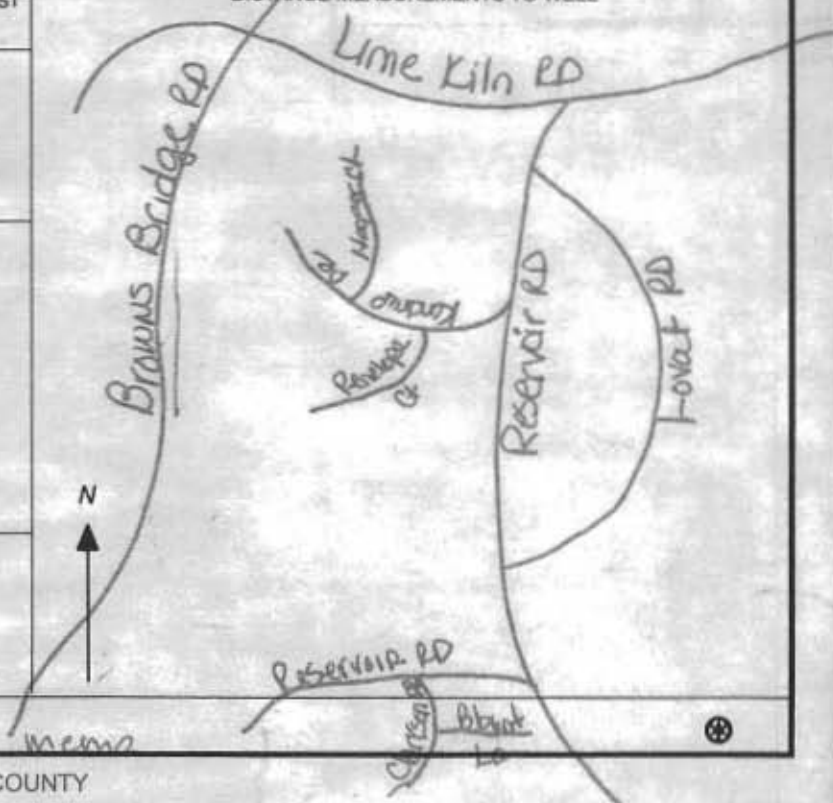
PERMIT No. HO-15-0238

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

See attached memo

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



FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0238Location of Property: Reservoir Rd Fulton, MdSubdivision: Beaufort Estates Lot: 3Well Driller: Fogles Allen Compton Owner: Baker DevelopmentDepth of Well: 300'Distance of measuring point (M.P.) above ground: 1'Static water level (S.W.L.) below M.P.: 38'

High rate pumping –reservoir Drawdown

Time pump started: 8:00 Pumping rate: 1.1Total time 75 Mins to reach pumping water level 164 ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	38'	4 Seconds		15 gpm
8:15	73'	4		15 gpm
8:30	107'	5 Seconds		12 gpm
8:45	149'	6 Seconds		10 gpm
9:00	159'	35 Seconds		1.7 gpm
9:15	164'	54		1.1 gpm
9:30	164'	54		1.1 gpm
9:45	163'	54		1.1 gpm
10:00	163'	54		1.1 gpm
10:15	163'	54		1.1 gpm
10:30	163'	54		1.1 gpm
10:45	162'	54		1.1 gpm
11:00	162'	54		1.1 gpm
11:15	162'	54		1.1 gpm
11:30	162'	54		1.1 gpm
11:45	162'	54		1.1 gpm
12:00	162'	54		1.1 gpm
12:15	162'	54		1.1 gpm
12:30	162'	54		1.1 gpm
12:45	162'	54		1.1 gpm
1:00	162'	54		1.1 gpm
1:15	162'	54		1.1 gpm
1:30	162'	54		1.1 gpm
1:45	162'	54		1.1 gpm
2:00	162'	54		1.1 gpm
2:15	162'	54		1.1 gpm
2:30	162'	54		1.1 gpm
2:45	162'	54		1.1 gpm
3:00	162'	54		1.1 gpm
3:15	162'	54		1.1 gpm
3:30	162'	54		1.1 gpm

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: Franks Well Pump & Water Treatment, LLC Telephone #: 410-795-5170
Address: 580 Obrecht Rd
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): David C Fogle License # MSD226

*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: Calm Custom Homes Telephone #: _____
Subdivision: Beaufort Estates Lot #: 3 Well Tag #: HO-15-0238 300'
Site Address: 8441 Parrylo Dr 15-0290 575'
Gulton, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Graids</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>SG510422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.1</u> GPM	NSF/ISCC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>300' (feet)</u>		Conduit secured to well cap: <u>YES</u>

If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.8.4
Torque wrench, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200 (60 psi min)</u>	Length of sleeve (minimum from foundation): <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

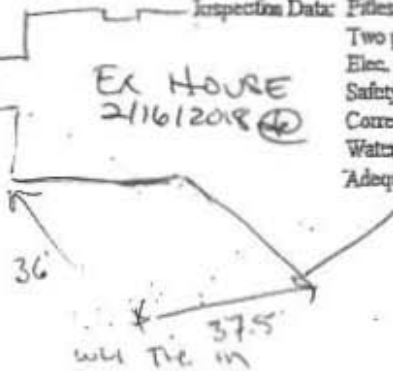
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Fogle date: 2/15/18

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

Date Insp. Requested: 2/16/18 Date Insp. Approved: 2/16/18 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>45"</u>	<u>52"</u>
Two piece cap installed and attached to casing securely	<u>41"</u>	<u>45"</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>8"</u>	<u>18"</u>
Safety rope not outside of well casing	<u>15"</u>	
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		



0290
+ Drive way
Sleeve observed

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, July 11, 2017 11:13 AM
To: John Carney (jcarney@bei-civilengineering.com)
Subject: FW: OSDS Plan_Beaufort Estates Lot 3_8441 Parreco Drive
Attachments: OSDS_8441 Parreco Drive_7.2017.pdf; Beaufort Estates_Lot 3.pdf

Hi John:

The tag numbers are HO-15-0238 and HO-15-0290. Which well doesn't have a tag?

Thanks,

Hank

From: Oswald, Hank
Sent: Wednesday, July 05, 2017 11:51 AM
To: John Carney (jcarney@bei-civilengineering.com)
Subject: OSDS Plan_Beaufort Estates Lot 3_8441 Parreco Drive

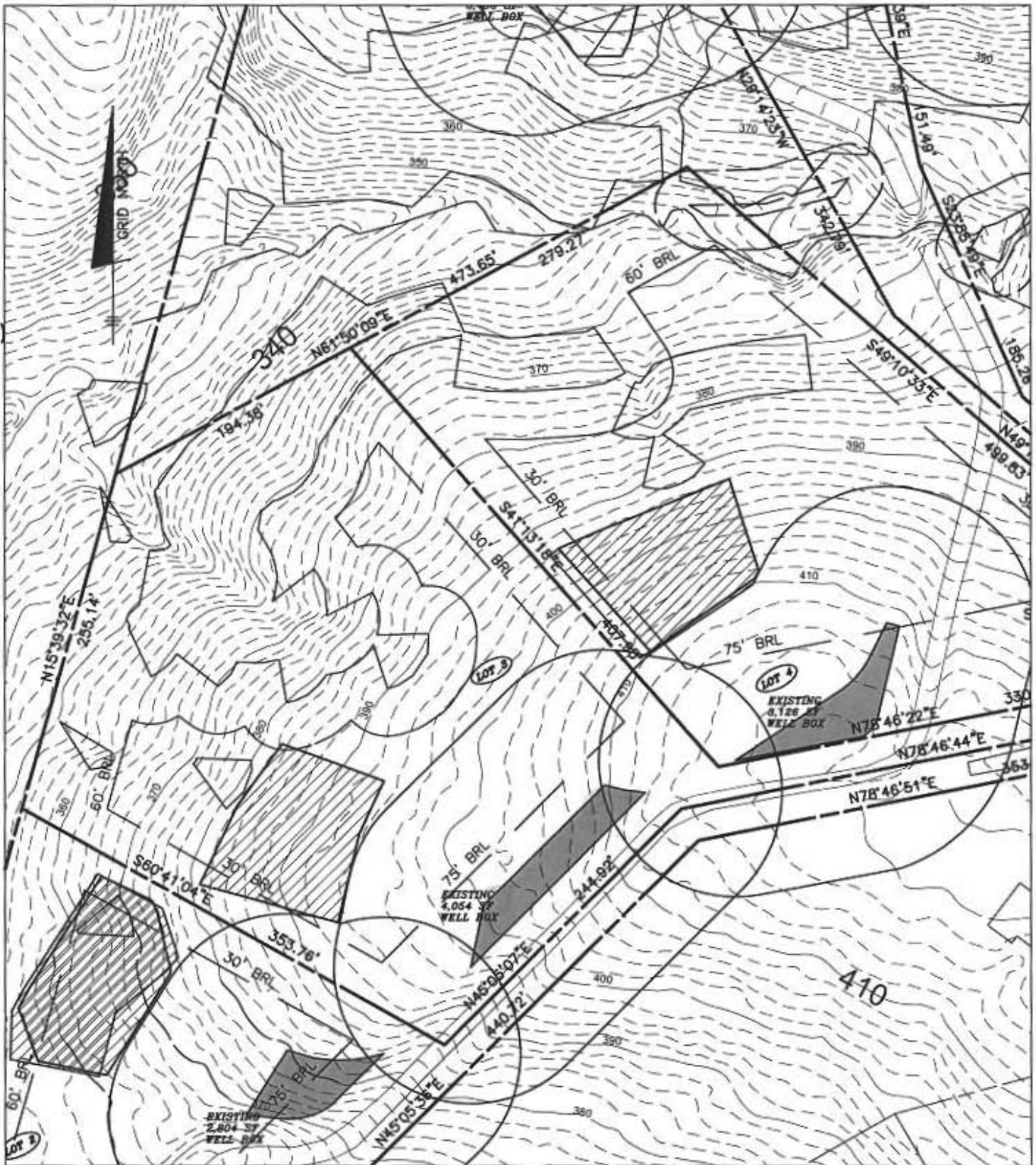
Hi John:

During BP review, the OSDS plan was also reviewed again. Please see attachment for revision comments. Also, I included a copy of the septic specs. Please contact me with any questions.

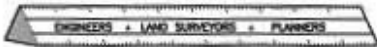
Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)



BENCHMARK



ENGINEERING INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315
 ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105
 FAX: 410-465-6644
 email: bei@bei-civilengineering.com

WELL EXHIBIT

**LOT 3
 BEAUFORT ESTATES**

SCALE: 1" = 100'
 DATE: 3/31/16

PREPARED BY: EDD
 PROJECT NO: 2681

1. This screen allows you to search the Real Property database and display property records.

2. Click here for a glossary of terms.

Deleted accounts can only be selected by Property Account Identifier.

The following information is for informational purposes only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

**HOWARD COUNTY
HEALTH DEPARTMENT**

Bureau of Environmental Health

8930 Stanford Blvd | Columbia, MD 21045

410.313.2640 - Voice/Relay

410.313.2648 - Fax

1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 18, 2018

May 18, 2018

Homeowner
8441 Parreco Drive
Fulton, MD 20759

**RE: Beaufort Estates
8441 Parreco Drive
Building Permit: B17002431
Well Permit: HO-15-0238, 15-0290**

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 4/5/2018. Final approval of the well line connection to the dwelling was granted on 2/6/2018. The well construction was completed on 8/3/2016, 10/13/2016. Water samples were collected on 5/7/2018.

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-15-0238, 15-0290. 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>

Website: www.hchealth.org **Facebook:** www.facebook.com/hocohealth **Twitter:** @HoCoHealth



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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

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 #: 121696 Account #: 1933
Reference: Beaufort Estates Lot 3 Company: Fogles Well Pump/Water Treatment
Location: 8441 Parreco Drive Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 5/7/2018 1352 Site: Island Sink ✓
Date/Time Rec'd: 5/7/2018 1515 Treatment: None ✓
Chlorine ppm: Free: ND Total: ND pH: 8.0
Collected By: J. Fogle 1974JF Well #: HO-15-0290

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/8/2018 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/8/2018 / 1000 / RER
Nitrate	<1.0	mg/L	10	601	5/8/2018 / 0915 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/8/2018 / 0930 / CRS
Turbidity	4.85	NTU	<10	SM20 2130B	5/8/2018 / 0930 / CRS

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 Sample collected by client, analyzed as received
- 7 ND = None Detected; N/A: Not Available
- 8 Visual well check: Sealed, vented cap
- 9 pH and Chlorine level tested in lab

Reason for Test : Use & Occupancy
Building Permit # : 17002431

Date Reported: 5/8/2018

WATER WELL ABANDONMENT-SEALING REPORT FORM

OK
8/12/16 SC

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-27-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Baker Development

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 0045 BLOCK 0011 PARCEL 0058
 SUBDIVISION: Beaufort Estates
 SECTION: _____ LOT: 3
 STREET ADDRESS: Reservoir RD



LATITUDE 39.1397171

LONGITUDE 76.9479446

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Drill Cuttings	500	70
Cement	70	0
VOLUME OF MATERIAL USED		
<u>25yds cement</u>		

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 8" INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: 50

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Andrew Houseman

224

MWD / MSD / MGS

7-27-16

CIRCLE ONE

DATE

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
Beaufort EST 3 Reservoir rd.
Subdivision/Property Name Lot# Road Name

The well site has been staked by Benchmark
(professional land surveyor or company employing professional land surveyors)
on 3-1-16 (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 3/11/05



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

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

MEMORANDUM

TO: Fogle's Well Drilling

FROM: Sarah Collins, L.E.H.S. SEC
Howard County Health Department
Well and Septic Program

DATE: April 18, 2016

RE: Beaufort Estates well permits

The Reservoir Road area of Fulton is known to have limited well water. Please be aware of the following conditions on lots 2, 3, 4, 16, 17, and 18 at Beaufort Estates:

1. Fogle's must notify the Health Department if they encounter a dry hole PRIOR to the start of drilling a second hole on the lot.
2. If multiple dry holes are encountered in a lot's well box, alternate well sites may be required.
3. Completion reports should list detailed fractures and depths. Completion reports should be submitted ASAP after drilling is finished.

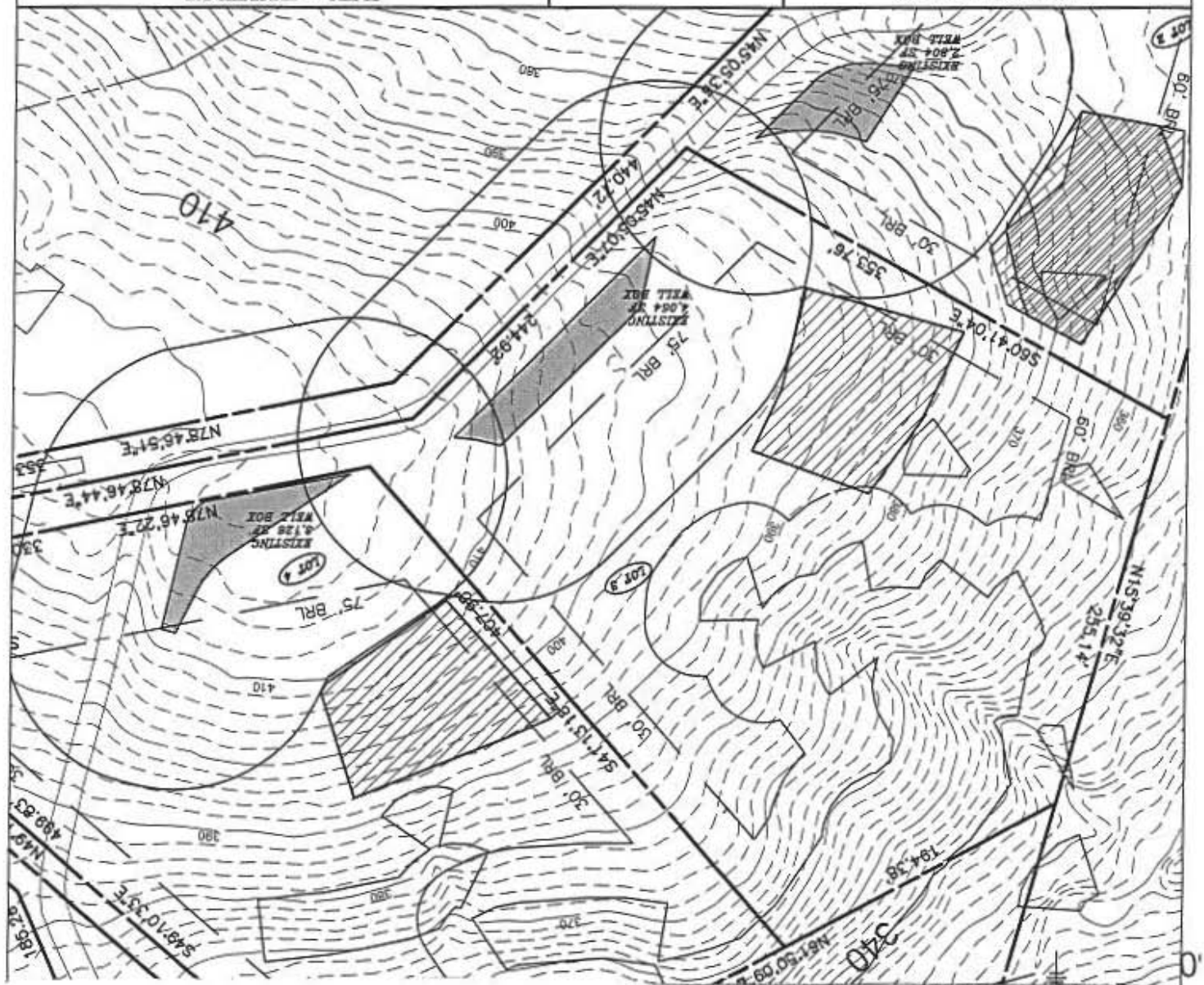
Feel free to contact me with any questions at SCollins@howardcountymd.gov or 410-313-6287.

*Cc: Baker Development
John Carney, Benchmark Engineering (jcarney@bei-civilengineering.com)
File*

BENCHMARK ENGINEERING INC.
 ENGINEERS • LAND SURVEYORS • PLANNERS
 8480 BALTIMORE NATIONAL PIKE • SUITE 315
 ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105
 FAX: 410-465-6644
 email: be@bel-civilengineering.com

BEAUFORT ESTATES
 LOT 3
 WELL EXHIBIT

SCALE: 1" = 100'
 DATE: 3/31/16
 PROJECT NO: 2681
 PREPARED BY: EDD



DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
 HO-15-0238
 INFORMATION-GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND, 21230

Well box approved
 4/18/16 sc
 Well box staked by
 Benchmark Engineering

WELL BOX