

C1 36496

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 A43373

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well, 385

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0008

OWNER: Farina, L. Andrew; WELL SITE ADDRESS: 17737 Hardy Rd; TOWN: Meary Md 21771; SUBDIVISION: Woodcamp Falma; SECTION: ; LOT: 24

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown shale, Blue Rock, and Water at 140.

GROUTING RECORD section including YES/NO boxes, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD section including casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, and Total depth.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section including screen type or open hole, and options for STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 1; WELL HYDROFRACTURED: YES/NO

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO.: MSD024; DRILLERS SIGNATURE: Joseph E. Maguire; LIC. NO.: MSD027; SITE SUPERVISOR

DEPTH (nearest ft.) table with rows for AC, H, S, R, E, N and columns for 1-11, 15-17, 21-23, 26-28, 30-32, 36-38, 39-41, 45-47, 51-53

GRAVEL PACK section with fields for diameter and depth.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, and LAND SURFACE.

LATITUDE 39.345262; LONGITUDE 77.132090; (DEFAULT COORD. WGS 84)

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.

**OWNER INFORMATION**

Date Received (APA) 11/13/17

8 MM DD YY 13

15 Last Name Farina Owner L. Andrew First Name L. Andrew 34

36 Street or RFD 1706 Trestle St. 55

57 Town Mt Airy 70 State Md 72 Zip 21771 76

**B 3 LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION Woodcamp Farms 42

SECTION 44 45 LOT 24 48 50

52 NEAREST TOWN Mt Airy 71

**DRILLER INFORMATION**

Driller's Name Joseph & Maryna M S D 024 76 License No. 81

Firm Name Joseph & Maryna Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21771

Signature Joseph & Maryna Date 1-19-2017

**B 4 SOURCES OF DRILLING WATER**

1 Well 11 STREET ADDRESS 17751 Hardy Rd 30

2 HCHDS

3 Hot dry hole

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 350 37 DISTANCE FROM ROAD 350 38 39 ENTER FT OR MI FT

TAX MAP: 6 BLK: 6 PARCEL 485

**B 2 WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME HOWARD COUNTY NO. 13

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED 01 30 17 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

APPROXIMATE DEPTH OF WELL 240 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

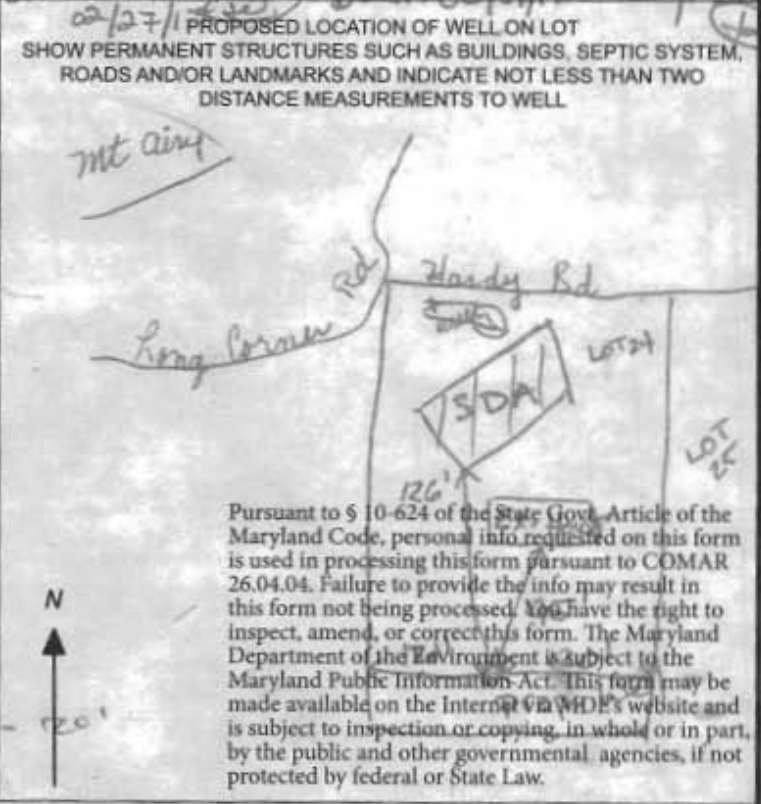
THIS WELL WILL DEEPEM AN EXISTING WELL

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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-17-0008



**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: Robert L. Freezer Co. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
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): Russel C. George License# P10148

**\*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: Mueller Homes Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 17 - 0008  
Site Address: 17751 HARDY ROAD  
MT. AIRY, MD 21771

**Submersible Pump Data**

Make: Grundfos  
Model #: 155QE10-250  
Pump Capacity 15 GPM  
Well Yield: 4.0 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 385 (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 *N/A*

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
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.**

Russell C. George April 26, 2018  
Signature of company representative responsible for installation      date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 \_\_\_\_\_

**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: \_\_\_\_\_ 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 - \_\_\_\_\_  
Site Address: \_\_\_\_\_

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/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: 2/6/18 Date Insp. Approved: 2/6/18 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  41" 2/6/18 @  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  36" 2/6/18 @  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  8" 2/6/18 @  
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

2/6/18 @ wh under foster





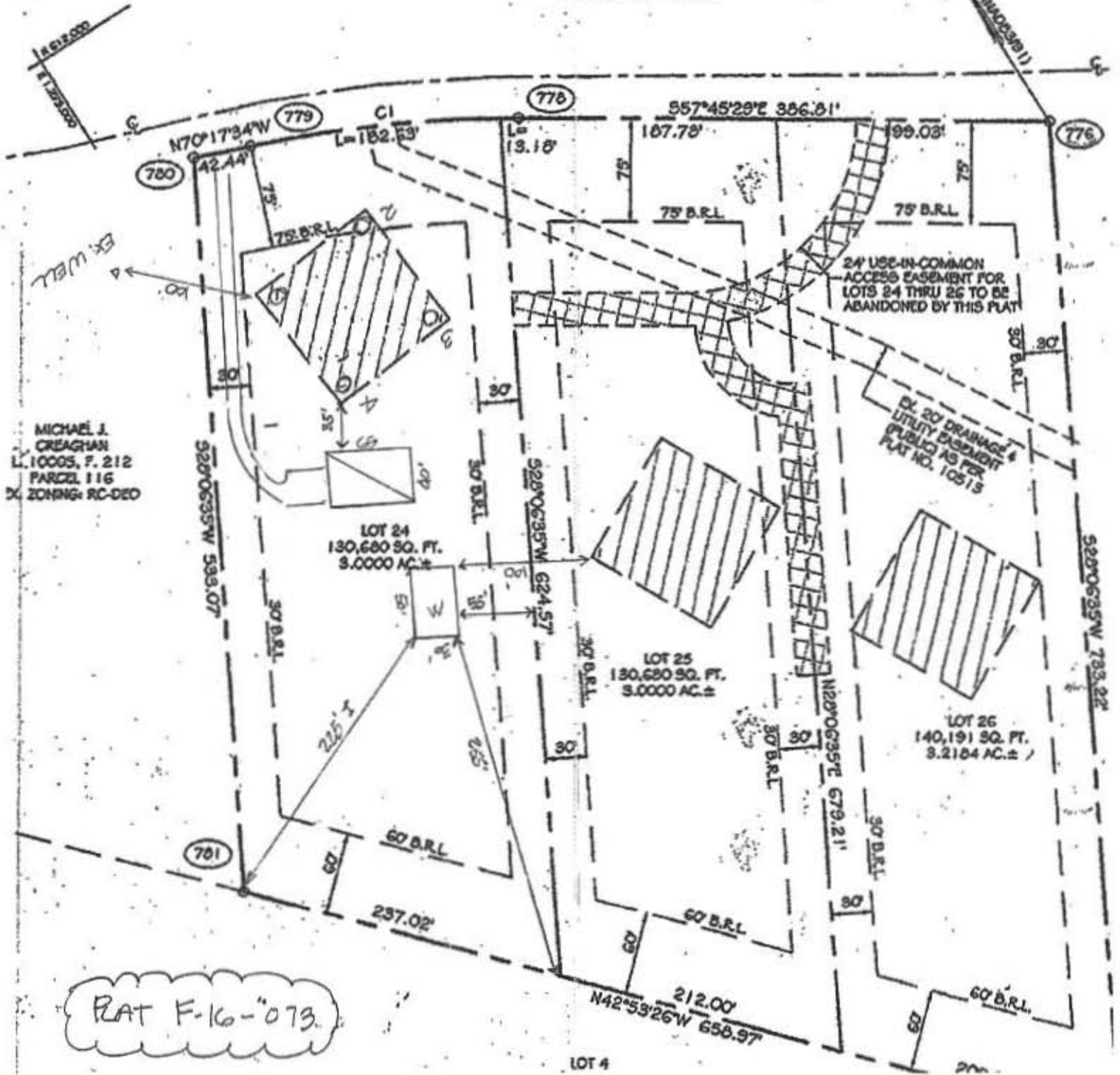
25% SLOPES	MINIMUM LOT SIZE
0.0000 AC.±	3.0000 AC.±
0.0000 AC.±	3.0000 AC.±
0.0000 AC.±	3.2164 AC.±

AGENT
30'

N 61° 2' 00" E 1,275.50'

WELL PERMIT PLAN  
SCALE 1" = 100'  
SHEET ① OF ②

HARDY ROAD  
(50' R/W)  
EX. LOCAL ROAD  
21' ASPHALT PAVING



MICHAEL J. CREAGHAN  
L. 10005, F. 212  
PARCEL 116  
EX. ZONING: RC-DEO

PLAT F-16-073

LOT 4

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – DECEMBER 12, 2018**

June 12, 2018

Homeowner  
17751 Hardy Road  
Mt Airy, MD 21771

**RE: Woodcamp Farms, Lot 24**  
**17751 Hardy Road**  
**Building Permit: B17003042**  
**Well Permit: HO-17-0008**

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 **4/25/2018**. Final approval of the well line connection to the dwelling was granted on **2/6/2018**. The well construction was completed on **3/1/2017**. Water samples were collected on **5/14/2018**.

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-17-0008. 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.**

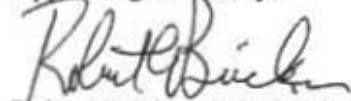
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

---

**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,



Robert Bricker, REHS/RS, L.E.H.S.  
Groundwater Management Section  
Well & Septic Program

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

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Mueller Homes  
7520 Main Street  
Sykesville, MD 21784

Reporting Date: 5/17/2018  
Report #: M6134

Submitted Sample Address: 17751 Hardy Road, Mt. Airy, MD  
Submitted Sample Source: Holding tank-well cap intact & no devices on system  
Date / Time Collected: 5/14/2018 10:20 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn 7.2  
Well Tag #: HO-17-0008

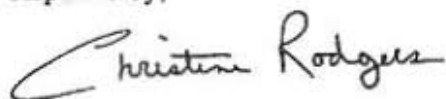
## Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	0.5	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	2.2	NTU	0.5	< 10 NTU*	MD Well Reg.


### Notes:

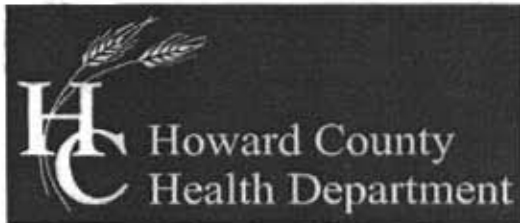
1. Bacteriological analysis of this sample indicates this water is  safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -  
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 



**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

Dr. Maura J. Rossman, M.D., 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:

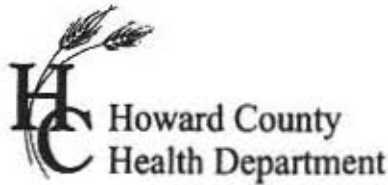
Well Site Location:

WoodCamp Farms                      24                      Hardy Rd.  
Subdivision/Property Name              Lot #                      Road Name

The well site has been staked by Charles Crocken & Assoc.  
(professional land surveyor or company employing professional land surveyors)  
on 2/22/17 (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.



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:

Woodcamp Farms      24      Hardy Rd.  
Subdivision/Property Name      Lot #      Road Name

- The well site has been staked by CHARLES GROCKEN & ASSOC.,  
(professional land surveyor or company employing professional land surveyors)  
on 1/19/17 (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

PLEASE CALL Andrew Farina with any questions or if there are any problems  
301-672-2788

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

OK  
5/2/18 SD

DATE WELL ABANDONED: 3-1-2017 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) Dry well / none

\* PERMIT NUMBER OF REPLACEMENT WELL: Ha-17-0008

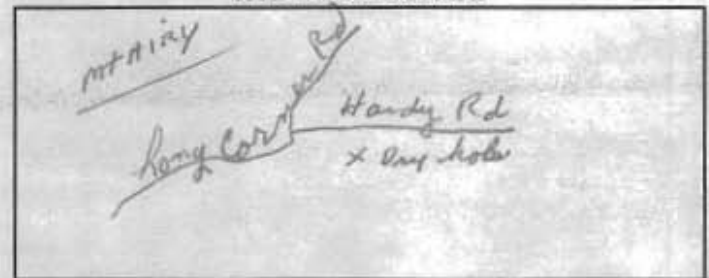
\* PERSON ABANDONING WELL: Larry Mayne WELL DRILLER'S LICENSE NUMBER: MSD027

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Andrew Faria

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Mt Airy  
 TAX MAP 6 BLOCK 6 PARCEL 485  
 SUBDIVISION: Woodcamp Farms  
 SECTION: 24 LOT: 24  
 STREET ADDRESS: 19751 Hardy Rd



LATITUDE 3 9. 3 4 5 7 7 3

LONGITUDE 7 7. 1 3 2 0 8 9

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Back filled drilling materials	600	30
Cement	30	0
VOLUME OF MATERIAL USED		
<u>11 Bags cement 1786 pounds</u> <u>114 gal. Water</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: N/A INCHES IN DIAMETER

DEPTH OF WELL: 600' FEET DEEP dry hole

WAS ANY CASING REMOVED? N/A YES N/A NO  
 If yes, length removed, in feet: \_\_\_\_\_

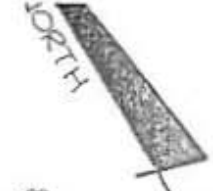
WAS CASING RIPPED OR PERFORATED? N/A YES N/A NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN MSD027 LICENSE#

MWD / MSD / MGS CIRCLE ONE

DATE 4-26-2018

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.



MAKUT

116

570°17'34"E - 42'44"

EX. 8'x5' ELECTRIC BOX

706+0

55°25'29"

L=195.81

200

200

70

113

114

BRL

BRL

BRL

N 28°06'35"E

LOT 25  
24 USE IN  
COMMON  
EASEMENT  
30 AC ±

LOT 26  
32 AC ±

30' 30'



LOT 24  
30 AC ±

30' 30'

30' 30'

PERC  
AREA  
TYP.

APPROXIMATE  
LIMITS OF  
CLEARING

PROPOSED  
WELL  
TYP.

HOUSE  
LOCATION  
TYP.

120

252'

60'

760'

N 42°53'26" W

BRL

212'

8'

~~01/30/2017~~  
~~Well site Approved~~  
~~Staked by Charles Crocker + Assoc~~

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-17-0008

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

ARRELL L JOHNSON

E WF

12/17/2017

471

439 East Main Street  
Westminster, MD 21157-5539



(410) 848-1790 • (301) 662-1799  
Fax (410) 848-1791

September 19, 2017

Howard County Health Department  
8930 Stanford Blvd  
Columbia, MD 21045

Attn: Mr. Hank Oswald  
Well & Septic Program

RE: OSDS Plan  
17751 Hardy Road  
CLSI Job No.: 2017144

Dear Mr. Oswald,

We offer the following responses to your email dated September 12, 2017:

1. The well box has been shown on the plan.
2. 10 foot separation has been shown between the trenches.

Should you have any questions or concerns, please feel free to contact our office.

Sincerely,

  
Linda Alexander  
Associate/ Project Manager

Cc: File