

C1 27696

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

A518016

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 10 20 16

MM DD YY 10-14-2016

22 385' 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Heritage Realty and Land Development
WELL SITE ADDRESS last name Lennie Kilom Rd first name TOWN Fulton
SUBDIVISION Hill Property SECTION LOT

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Sand 0 101
Mica Rock 101 385
Water 22', 360'

GROUTING RECORD

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 23 NO. OF POUNDS 45 46

GALLONS OF WATER 138

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft to 54 BOTTOM 58 ft

CASING RECORD

casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
60 61 63 64 66 70

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

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

DEPTH (nearest ft.)

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

DIAMETER OF SCREEN (NEAREST INCH) from to

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9

PUMPING RATE (gal. per min.) 4 11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39' 17 20 ft.

WHEN PUMPING 225' 22 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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)

LATITUDE 39.14855
LONGITUDE 76.94654
(DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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.: MSD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 027

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

B 1	SEQUENCE NO. (MDE USE ONLY) 42832	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 5597581	STATE PERMIT NUMBER HO-15-0306 <small>70</small> fill in this form completely <small>79</small>
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OWNER INFORMATION

Date Received (APA) **09/01/16**
8 MM DD YY 13

Heritage Property Land Development
15 Last Name Owner First Name 34

PO. Box 482
36 Street or RFD 55

Lebanon md 21765
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Hill Property
23 SUBDIVISION 42

SECTION **44** 46 LOT **6** 48 50

Fulton
52 NEAREST TOWN 71

DRILLER INFORMATION

Joseph & Mayne M SD 024
76 Driller's Name License No. 81

Joseph & Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy Md 21771
Address

Joseph & Mayne 9-6-2016
Signature Date

SOURCES OF DRILLING WATER

1. **Well**

Lime Kiln Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 **400** 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: **45** BLK: **5** PARCEL **59**

WELL INFORMATION

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

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

Howard A518016 **(13)**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **9/14/2016** **Brian Baker** **9/16/2017**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **300** 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-PERCussion 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

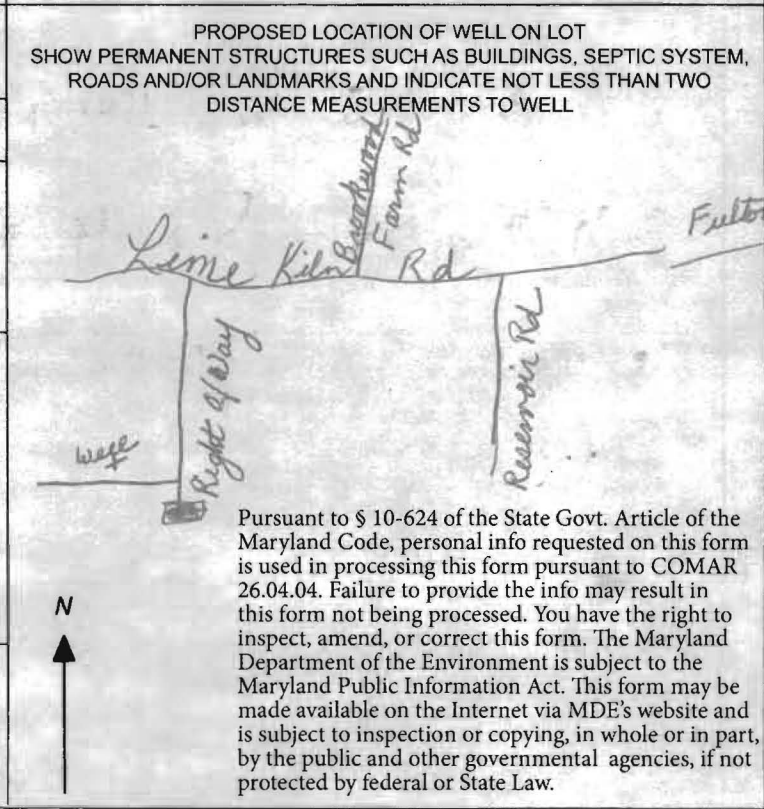
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-15-0306**
70 71 72 73 74 75 76 77 78 79



**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: Tri-County Pump Service, Inc Telephone #: 301-432-5330
 Address: 6211 Old National Pike
Brookhays, Md 21013

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): William G. Smith License# 20135

*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: Craftmark Home Telephone #: 703-675-5736
 Subdivision: Hillcrest Lot #: 6 Well Tag #: HO-15-0306
 Site Address: 12410 Hillcrest Ct
Tulsa, Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>American Granby</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>100C21</u>	Model #: <u>PT9A</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>345</u> (feet)		Conduit secured to well cap: <u>Y</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4
 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

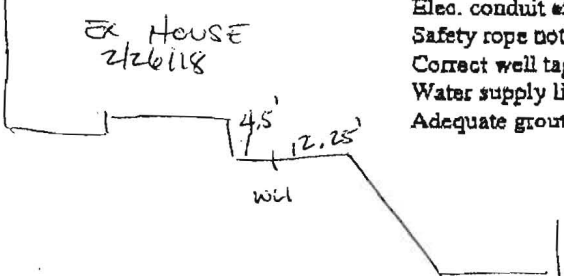
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>2</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve sealed properly: <u>Y</u>

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: William G. Smith date: 2-26-2016

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

Date Insp. Requested: 2/26/18 Date Insp. Approved: 2/26/18 Inspector: [Signature]
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48" 2/26/18 [Signature]
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly 34" 2/26/18 [Signature]
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade 10" 2/26/18 [Signature]
 Water supply line sleeved adequately at house connection 8" 2/26/18 [Signature]
 Adequate grout observed below pitless adapter



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 23, 2019

July 23, 2018

Homeowner
12410 Hill Crest
Fulton, MD 20759

RE: Hill Property, Lot 6
12410 Hill Crest
Building Permit: B17003891
Well Permit: HO-15-0306

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 **7/23/2018**. Final approval of the well line connection to the dwelling was granted on **2/26/2018**. The well construction was completed on **10/14/2016**. Water samples were collected on **7/12/2018**.

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-15-0306. 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>



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,

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



Howard County
Health Department

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:

Hill Property	6	Lime Kiln Rd
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Mildenberg Boender & Assoc. Inc ,
(professional land surveyor or company employing professional land surveyors)
on 08/05/16 (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 3/11/07



Certificate of Analysis

Acct. No. 3948 - 2125-1

Field Record

Site visit performed on: Thursday, July 12, 2018 10:40 AM
by Daniel Barnette State ID No. 8897DB
Affiliation: Tri-County Pump Service
Property Owner: Craftmark Homes
Project: Lot 6
Property Address: 12410 Hillcrest
Fulton, MD 20759
Sample Source: 1st Floor Bathroom Faucet
Treatment Devices Noted: No Treatment Devices
Well No.: HO-15-0306
Field pH: 7.3
Free Res. Cl.: <0.1 mg/l

REVISED
address

Laboratory Report

Sample Received at laboratory 7/12/2018 1:37 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E. coli (/100ml)</u>	<u>Start</u>		<u>End</u>		<u>Method</u>	<u>Analyst</u>
		<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>		
<1	<1	07/12/18-14:25		07/13/18-08:26		9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate-Nitrogen	<0.2	mg/l	10	7/12/2018	300.0	KB
Sand	<2	mg/l	5	7/12/2018	0.065mm Filter	JD
Turbidity	0.9	NTU	<10	7/12/2018	180.1	JD

Reported by:

Curtis Phelps 7/13/18
Name Date

