

C1 14431 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 13 A: 07575 (W516538) FROM "PERMIT TO DRILL WELL" #0-99-3339

ST/CO USE ONLY DATE RECEIVED MM DO YY 8 13

DATE WELL COMPLETED MM DO YY 4/11/02 15 20

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" #0-99-3339 28 29 30 31 32 33 34 35 36 37

OWNER Dukehart Marlene STREET OR RFD 1388 OLD FREDERICK Rd TOWN Cooksville SUBDIVISION SECTION LOT

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 (0-2), Shaley (2-45), Blue slide (45-140), Brown slide (140-145), Blue slide (145-235), Quartz (235-245), Blue slide (245-300).

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 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 L Total depth of main casing (nearest foot) 50

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

SCREEN RECORD

screen type or open hole insert appropriate code below STEEL (ST) BRONZE HOLE (OT) OTHER

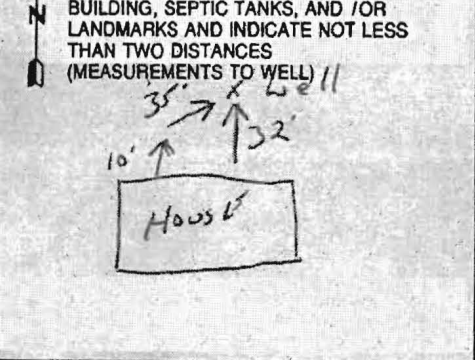
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8 6 PUMPING RATE (gal. per min.) 15 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 300 ft. OF PUMP USED (for test) P piston T turbine R rotary O other (describe below) J jet 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) 49 above LAND SURFACE 49 below (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS:

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 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. 1 MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 481

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

DEPTH (nearest ft.)

DEPTH (nearest ft.) 1 48 300 2 8 9 11 15 17 21 3 23 24 26 30 32 36 4 38 39 41 45 47 51 5 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 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 O TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 4877

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3339

W516538

Please print or type

fill in this form completely

Date Received (APA) 02 29 02

OWNER INFORMATION

8905

B 3

Howard

LOCATION OF WELL

CC#

DUKEHART MARLENE
15 Last Name Owner First Name 34
13880 OLD FREDERICK RD
36 Street or RFD 55
57 Town 70 State 72 Zip 76

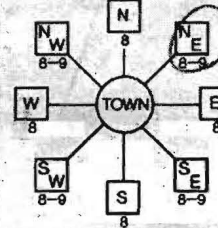
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Cooksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W 040
Driller's Name 76 License No. 81
Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature Date 2/26/2002

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13880 Old Frederick Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 50 37 WEST SOUTH EAST
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 9 BLK: 7 PARCEL 117

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A: 07575 (W516538)
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 3/16/02 Kace Goodey 3/16/03
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID 546 000 EAST GRID 800 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

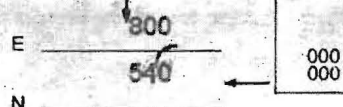
- BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

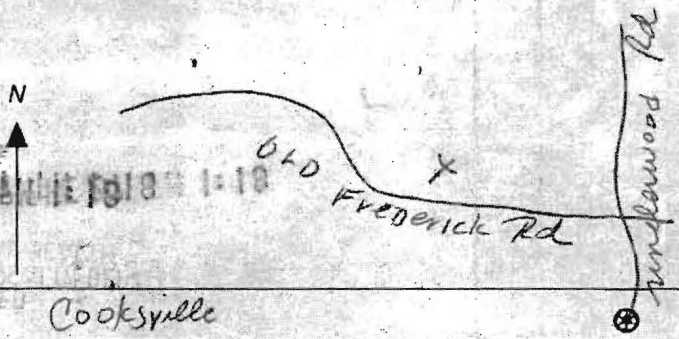
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

4G11



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

APPROP. PERMIT NUMBER G
PERMIT No HO-94-3339
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED -



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

Marlene Dukehart
13880 Old Frederick Road
Sykesville, MD 21784

RE: **Replacement Well Issues**
13880 Old Frederick Road
Well Permit # HO-94-3339

Dear Ms. Dukehart

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.



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

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

Brian Baker
Brian Baker, Registered Sanitarian
Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File



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 – DECEMBER 6, 2018

June 6, 2018

Homeowner
13880 Old Frederick Road
Cooksville, MD 21784

**RE: Five Hills Farm, Lot 1
13880 Old Frederick Road
Building Permit: B17001552
Well Permit: HO-94-3339**

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 **4/19/2018**. Final approval of the well line connection to the dwelling was granted on **4/12/2018**. The well construction was completed on **4/11/2002**. Water samples were collected on **5/11/2018**.

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-94-3339. 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

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

JMB Homes
15880 Ten Estates Dr.
Woodbine, MD 21797

Report Date: 05/15/2018
Report Number: 180515084722
Use and Occupancy
PERMIT #: B17-1552

LAB#- E053857-01 SAMPLE ID- 13880 Old Frederick Rd WELL # HO 94-3339
LOCATION- Basement Bath Sink SAMPLER- S Shelley #5510 SS
DATE SAMPLED- 05/11/2018 TIME SAMPLED- 14:00 CHLORINE- <0.05 mg/L
DATE RECEIVED- 05/11/2018 TIME RECEIVED- 15:20
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS- Sediment Filter
Well Secure Sanitary Cap

COMMENTS-

| ANALYSIS | METHOD | ANALYSIS DATE/TIME | BY | RESULT | DATA FLAG |
|------------------------------------|----------|-----------------------|-----|----------|--------------|
| Microbiology by Enviro-Chem | | | | | |
| # Total Coliform | SM 9223B | 05/11/18 16:00 | VPS | Absent ✓ | PASS |
| # E. Coli | SM 9223B | 05/11/18 16:00 | VPS | Absent ✓ | PASS |

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

| | | | | | | |
|------------------|------------|----------------|-----|-------|------|------|
| # Nitrate (as N) | EPA 300.0 | 05/11/18 21:31 | SES | 2.3 ✓ | mg/L | PASS |
| \$ pH | SM4500-H+B | 05/11/18 16:10 | FRD | 5.4 ✓ | SU | |
| \$ Turbidity | EPA 180.1 | 05/11/18 16:10 | FRD | 0.4 ✓ | NTU | |

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410-472-1112

FINAL REPORT OF ANALYSIS

JMB Homes
15880 Ten Estates Dr.
Woodbine, MD 21797

Report Date: 05/15/2018
Report Number: 180515084722
Use and Occupancy
PERMIT #: B17-1552

LAB#- E053857-02 SAMPLE ID- 13880 Old Frederick Rd WELL # HO 94-3339
LOCATION- Pressure Tank SAMPLER- S Shelley #5510 SS
DATE SAMPLED- 05/11/2018 TIME SAMPLED- 13:50 CHLORINE-
DATE RECEIVED- 05/11/2018 TIME RECEIVED- 15:20
DELIVERED BY- Stephen Shelley RECEIVED BY- Ginny Shelley
COMMENTS- Sediment Filter
Well Secure Sanitary Cap

COMMENTS-

| ANALYSIS | METHOD | ANALYSIS DATE/TIME | BY | RESULT | DATA FLAG |
|-------------------------------------|-----------|-----------------------|-----|---------------|--------------|
| Wet Chemistry by Enviro-Chem | | | | | |
| \$ Sand | EPA 160.5 | 05/11/18 16:30 | VPS | < 0.5 ml/L/Hr | |

Stephen Shelley
Laboratory Director

Certifications

- State of Maryland Certification #192
Virginia Drinking Water 8634
Indicates a MD certified Analyte
! Indicates a MD, VA certified Analyte
\$ Not a certified Analyte

**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. Feezer 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# PI0148

***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: JMB Homes Telephone #: 240-372-3571
Subdivision: _____ Lot #: _____ Well Tag #: HO - 94 - 3339
Site Address: 13880 Old Frederick Road
Sykesville, MD 21784

| | | |
|---|-------------------------------|---|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>Schaefer</u> | Make: <u>Boshart</u> | Two piece watertight cap: <u>Yes</u> |
| Model #: <u>7SR07S4-2W230</u> | Model#: <u>P-100-SS</u> | Screened, vented well cap: <u>Yes</u> |
| Pump Capacity <u>7</u> GPM | Depth: <u>42"</u> (36" min) | Cap secured to casing: <u>Yes</u> |
| Well Yield: <u>10</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>200</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> <i>N/A</i> | | |

| | |
|--|--|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>Poly</u> | PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u> |
| PSI: <u>200</u> (160 psi min) | Length of sleeve(5' minimum from foundation): <u>10'</u> |
| Depth of supply line: <u>42"</u> (36" min) | 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.

Russell C. George April 11, 2018
Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/12/18 Date Insp. Approved: 4/12/18 Inspector: SC
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 ✓