

\*REVISED to include all GPR's

C1 48988

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 12/13/17 SC HO 17 - C184

OWNER Green Marine Eugene + Marise Angelou WELL SITE ADDRESS 1395 Hallowell Ct TOWN Dayton MD SUBDIVISION SECTION LOT 6

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 Topsoil, Red Clay, Brn Silty Clay, Weathered Rock, Grey Rock.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes no Y 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...

DRILLERS LIC. NO. MWD 553 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRD 097

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

MDE/WMA/PER.071

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 108 NO. OF POUNDS 45 46 2700

GALLONS OF WATER 2700

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

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

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

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

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N and rows for diameter and slot size.

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 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 (nearest foot) - below 49 50 51

LATITUDE 39.21653 LONGITUDE 76.99972

(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. 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.

COUNTY

05-31571

EMERGENCY/TEMP NO. IF ANY

**B 1** SEQUENCE NO. (MDE USE ONLY) **57459** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **561536** STATE PERMIT NUMBER **Ho-17-0184**  
 70 **fill in this form completely.** 79

**1 2 3 6** Date Received (APA) **09/23/17** **OWNER INFORMATION**  
 8 MM DD YY 13  
 15 Last Name Owner First Name 34  
 Green Monroe Eugene + Monroe Angelique  
 36 Street or RFD 55  
 12219 Garrison Forest Rd  
 Owings Mills MD 21117  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
 Howard  
 8 COUNTY 21  
 Tridelphia's Mill Farm  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
 Dayton  
 52 NEAREST TOWN 71

**DRILLER INFORMATION**  
 C John Hess MWD 553  
 76 License No. 81  
 Allied Environmental Svc  
 Firm Name  
 PO Box 19 Annapolis Junction MD 20701  
 Address  
 C John Hess  
 Signature Date 09/21/17

**B 4** SOURCES OF DRILLING WATER  
 1. Public  
 2. 9/29/17 - Bore #1 complete  
 3. loop & tremie dropped - 300' used 50' casing which was removed. Bore #2 = 200' so far 70' casing no H2O so far.  
 13951 Hollowell Ct  
 11 STREET ADDRESS 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 1000 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: 0028 BLK: 19 PARCEL 0138

**B 2** WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
 10/02/2010  
 09/22/2017  
 13.5 set

**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  
 22  
 geo loop & tremie  
 @ Bore 6 - Drilling  
 @ Set temp casing  
 @ Start grout  
 Bore #5  
 6 loops

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 Howard 13  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 9/27/17 STATE SIGNATURE 9/27/18  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 Done: 9/29/2017 DAY: 11:50:04 DOC: 10/3/17

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

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

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



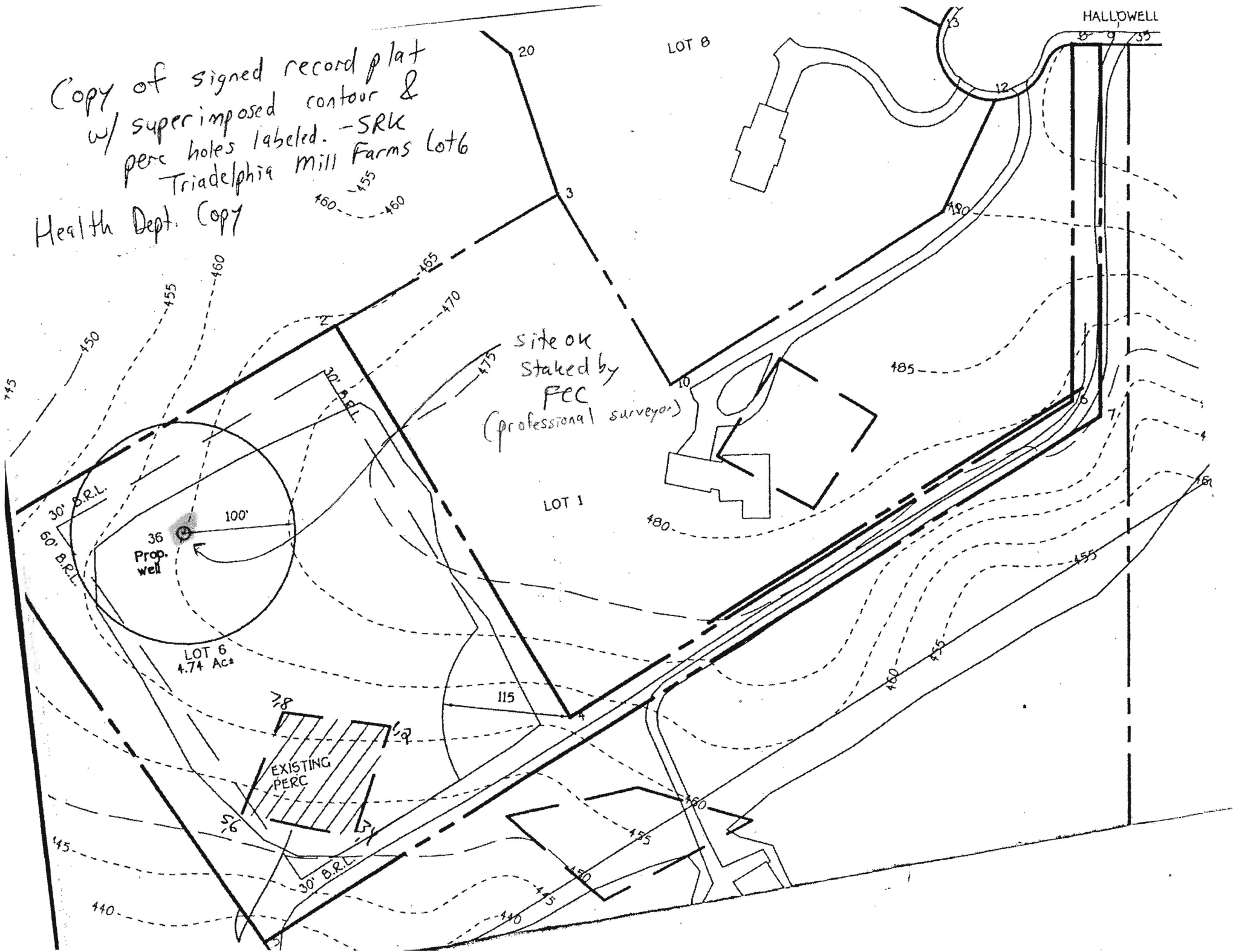
**REPLACEMENT OR DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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-17-0184  
 70 71 72 73 74 75 76 77 78 79

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.



Copy of signed record plat  
w/ superimposed contour &  
perc holes labeled. -SRK  
Triadelphia Mill Farms Lot 6  
Health Dept. Copy



B 1	<b>5106</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 518967 please type	STATE PERMIT NUMBER <b>HO-94-3705</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 05/09/03  
8 MM DD YY 13

15 Last Name Halbert Owner Kathleen First Name William 34

36 Street or RFD 8506 Green Spring Court 55

57 Town Ellicott City 70 State md 72 Zip 21043 76

**LOCATION OF WELL**

B 3 Howard

8 COUNTY Howard 21

23 SUBDIVISION Treadelphia Mill Farms 42

SECTION 44 46 LOT 6 48 50

52 NEAREST TOWN Dayton 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph E. Mayner 76 License No. MSD 024 81

Firm Name Joseph E. Mayner Well Drilling

Address 5512 Ridge Rd. Mt Airy md. 21771

Signature Joseph E. Mayner Date 5/5/03

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

B 4

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Hallowell Ct. 30

34 800 37 DISTANCE FROM ROAD 800 FT 38 39

ENTER FT OR MI

TAX MAP: 28 BLK: 19 PARCEL B8

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**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 COUNTY NAME A29053 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 05/04/03 STATE SIGNATURE Steve R King EXP. DATE 6/04/04

43 MM DD YY 48 CO SIGNATURE

NORTH GRID 504 000 EAST GRID 800 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 000 000

N 504 ← 000 000

**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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

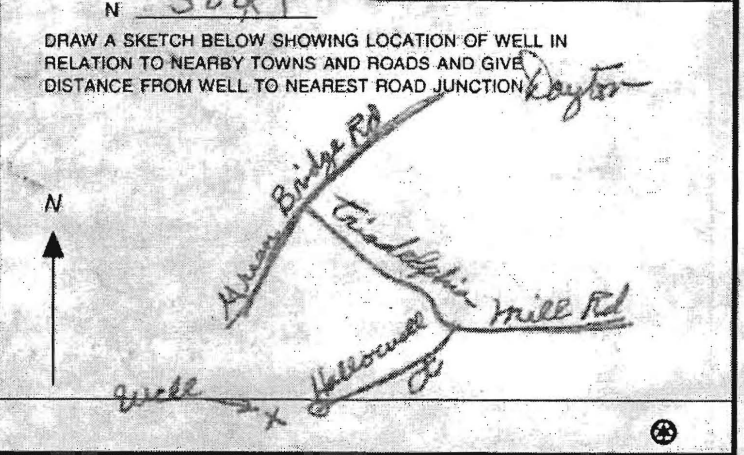
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

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

PERMIT NO. HO-94-3705  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 3913	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b>	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER <u>A29053</u>

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 6 12 03	Depth of Well 22 - <u>400'</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-3705</u>
OWNER <u>HALBELT</u> <u>WILLIAM + KATHLEEN</u>		STREET OR RFD <u>HOLLOWELL COURT</u> TOWN <u>DAYTON</u>	
SUBDIVISION <u>TRIADELPHIA MILL FARMS</u>		SECTION _____	LOT <u>6</u>

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		check if water bearing
	FROM	TO	
Sand	0	64	
Gray Micaceous Rock	64	400	✓

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> <b>CM</b>	BENTONITE CLAY <input type="checkbox"/> <b>BC</b>
NO. OF BAGS <u>20</u>	NO. OF POUNDS <u>1880</u>
GALLONS OF WATER <u>120</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>63</u> ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> <b>ST</b> STEEL	<input type="checkbox"/> <b>CO</b> CONCRETE
<input type="checkbox"/> <b>PL</b> PLASTIC	<input type="checkbox"/> <b>OT</b> OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>168</u>
60 61	63 64 86 70

OTHER CASING (if used)			
E A C H C A S I N G	diameter inch	depth (feet)	
		from	to

SCREEN RECORD	
screen type or open hole	
<input checked="" type="checkbox"/> <b>ST</b> STEEL	<input type="checkbox"/> <b>BR</b> BRASS
<input type="checkbox"/> <b>PL</b> PLASTIC	<input type="checkbox"/> <b>HO</b> OPEN HOLE
<input type="checkbox"/> <b>OT</b> OTHER	

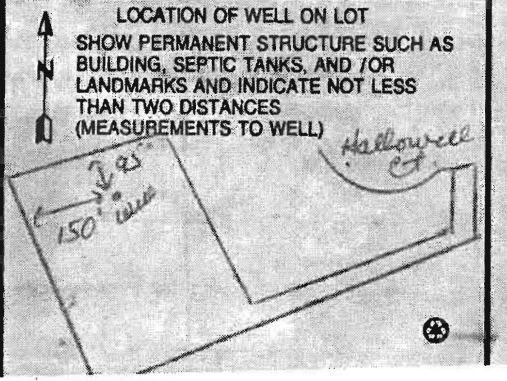
DEPTH (nearest ft.)							
T	2	10	15	21	36	47	51
E	8	11	15	17	21	36	47
A	8	11	15	17	21	36	47
C	23	24	26	30	32	36	47
H	23	24	26	30	32	36	47
S	38	39	41	45	47	51	51
C	38	39	41	45	47	51	51
R	38	39	41	45	47	51	51
E	38	39	41	45	47	51	51
S	38	39	41	45	47	51	51
E	38	39	41	45	47	51	51
N	38	39	41	45	47	51	51

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	68
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MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	W Q
70	72
74	75 76

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>4.6</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>44</u> ft.
WHEN PUMPING	<u>180</u> ft.
TYPE OF PUMP USED (for test)	
<input type="checkbox"/> <b>A</b> air	<input type="checkbox"/> <b>P</b> piston
<input type="checkbox"/> <b>C</b> centrifugal	<input type="checkbox"/> <b>R</b> rotary
<input type="checkbox"/> <b>J</b> jet	<input checked="" type="checkbox"/> <b>S</b> submersible
<input type="checkbox"/> <b>T</b> turbine	<input type="checkbox"/> <b>O</b> other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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	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 } <u>2</u> (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CIRCLE APPROPRIATE LETTER
<b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<b>E</b> ELECTRIC LOG OBTAINED
<b>P</b> 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. <u>M S D 2 2 4</u>
DRILLERS SIGNATURE <u>Joseph L. Mayer</u>
LIC. NO. <u>D</u>
SITE SUPERVISOR (sign. of driller or journeyman)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – FEBRUARY 1, 2019**

August 1, 2018

Homeowner  
13951 Hallowell Court  
Dayton, MD 21036

**RE: Triadelphia Mill Farms, Lot 6**  
**13951 Hallowell Ct.**  
**Building Permit: B17001964**  
**Well Permit: HO-94-3705**

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 **10/18/2017**. Final approval of the well line connection to the dwelling was granted on **10/26/2017**. The well construction was completed on **6/12/2003**. Water samples were collected on **7/2/2018**.

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-94-705. 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

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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 Environment's 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

# Water Testing Laboratories

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

of Maryland, Inc.

Steven's Builders  
4829 Ten Oaks Road  
Dayton, Md 21036

Reporting Date: 7/5/2018  
Report #: M6296

Submitted Sample Address: 13951 Hallowell Court, Dayton, MD  
Submitted Sample Source: Holding tank-no devices on system & well cap intact  
Date / Time Collected: 7/2/2018 01:35 PM  
Sample Type: Drinking Water  
Sampler/Company: K. Lee 4827KL, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.5  
Well Tag #: HO-94-3705

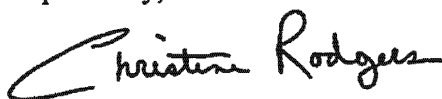
## Analytical Results

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	0.7	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	5.3	NTU	0.5	< 10 NTU*	MD Well Reg.

### Notes:

- Bacteriological analysis of this sample indicates this water is  safe  for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- ND - Not Detected.
- \* 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.
- 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.
- 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: OB

**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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 129  
Annapolis Junction MD 20701

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

Name (Print): Jorge Montes License# JWD402

**\*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: Eugene + Angelique Monroe Telephone #: \_\_\_\_\_  
Subdivision: Triadelphia Mill Farm Lot #: 6 Well Tag #: HO 17-084   
Site Address: 13951 Hallowell Court Dayton MD 94-3705 10/26/2017

**Submersible Pump Data**

Make: Schaefer  
Model #: FSR1554-2V230  
Pump Capacity 7 GPM  
Well Yield: 4.6 GPM

**Pitless Adapter**

Make: Campbell  
Model#: B-10xLF  
Depth: 39" (36" min)  
NSF/WSC approved: 7

**Well Cap and Electric Conduit**

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.: 40 37"  
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: SIPR 9  
PSI: 200 (160 psi min)  
Depth of supply line: 40 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration:   
Length of sleeve (5' minimum from foundation):   
Sleeve sealed properly:

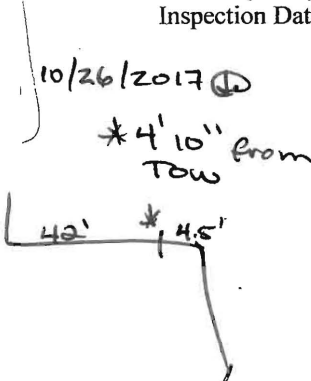
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

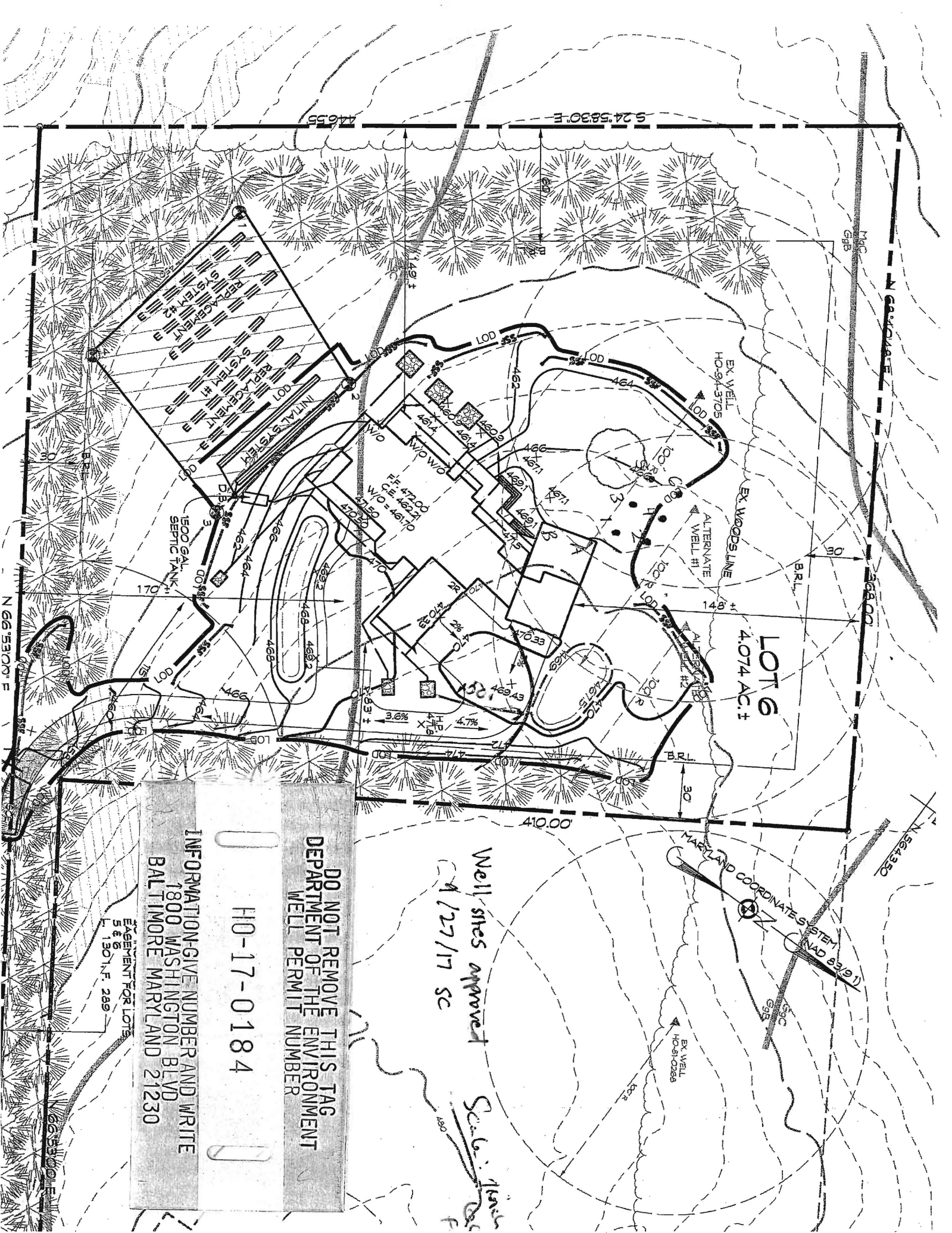
Signature of company representative responsible for installation: Jorge date: 10/26/17

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

Date Insp. Requested: 10/26/2017 Date Insp. Approved: 10/26/2017 Inspector:   
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  44" 10/26/2017   
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  36" 10/26/2017   
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  24" 10/26/2017   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter

Adequate sleeving to protect from foundation over dig   
4' from parallel house wall





**LOT 6**  
4.074 AC ±

**DO NOT REMOVE THIS TAG**  
**DEPARTMENT OF THE ENVIRONMENT**  
**WELL PERMIT NUMBER**  
**HO-17-0184**

**INFORMATION-GIVE NUMBER AND WRITE**  
 1800 WASHINGTON BLVD  
 BALTIMORE MARYLAND 21230

**EASEMENT FOR LOTS**  
 5' ±  
 130' ± F. 289

*Well sites approved*  
*4/27/17 SC*  
*Scale: 1/4" = 10'*

S 24° 58' 30" E 446.55'

N 66° 53' 00" E

MARYLAND COORDINATE SYSTEM (NAD 83)  
 564350  
 16188

N 66° 53' 00" E