

C1 55703

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)

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 525

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 17-0223

OWNER CARLIE + MATTHEW MAZEY SANDERS
WELL SITE ADDRESS 12117 Frederick Rd TOWN ELICOTT CITY 21042

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown sandy Gravel, Grey Schist, white + Grey GRAVEL schist, and Grey Schist.

GROUTING RECORD
WELL HAS BEEN GROUTED (Y) (N)
TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 11 NO. OF POUNDS 550
GALLONS OF WATER 220
DEPTH OF GROUT SEAL (to nearest foot) 87

CASING RECORD
casing types insert appropriate code below
MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 89

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

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

DEPTH (nearest ft.) HO 87 525
Diameter of Screen 6 (NEAREST INCH)

PUMPING TEST
HOURS PUMPED (nearest hour) 4
PUMPING RATE (gal. per min.) 7.5
METHOD USED TO MEASURE PUMPING RATE Watch + Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 62 WHEN PUMPING 272
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP YES (NO)
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

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...

DRILLERS LIC. NO. MWD 576
DRILLERS SIGNATURE
LIC. NO. JS D 095
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 LOG OTHER DATA
CASING INDICATOR

LATITUDE 39.29601
LONGITUDE 76.93433
(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.

B 1 34366 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER  
HO-17-0223  
fill in this form completely

Date Received (APA) 01/21/18

OWNER INFORMATION

MAZER/SANDERS CARLIE/MATTHEW

15 Last Name Owner First Name 34

12121 FREDERICK ROAD

36 Street or RFD 55

ELLICOTT CITY MD. 21042

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

ELLICOTT CITY

52 NEAREST TOWN 71

DRILLER INFORMATION

Randall Alexander MWD 576

Driller's Name 76 License No. 81

Alexander's Well Drilling

Firm Name

126 W. Main Street P.O. BOX 443

FAIRFIELD PA 17320

Address

Randall Alexander 11-22-17

Signature Date

B 4 SOURCES OF DRILLING WATER

1. WELL WATER

2.

3.

12117 FREDERICK RD

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

710

84 DISTANCE FROM ROAD 37

ENTER FT OR MI FT 38 39

TAX MAP: 0016 BLK: 13 PARCEL 24

B 2 WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  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 COUNTY NAME

13 COUNTY NO.

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

DATE ISSUED 01/21/18

43 MM DD 48 CO SIGNATURE Don Z... EXP. DATE 2/21/19

APPROXIMATE DEPTH OF WELL 400 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

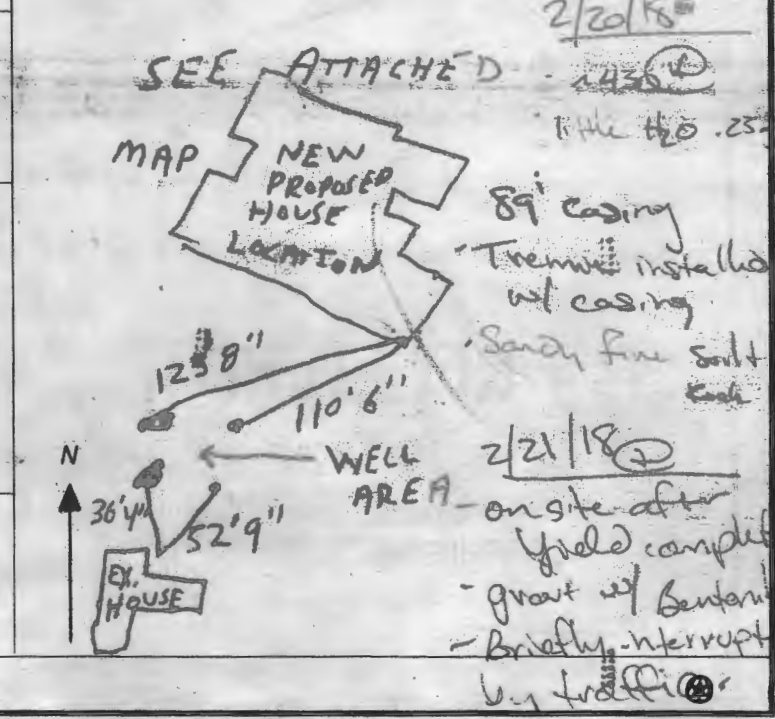
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

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 DEEPEMED 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 0223

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# Yield Test Data Sheet

County File # XIII

MD Well Permit #: HO-17-0223

Subdivision Name: \_\_\_\_\_

Section \_\_\_\_\_ Lot # \_\_\_\_\_

Street Address: 12117 Frederick Rd Ellicott City

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 525 ft.

Well Driller: William L Herb

Must be submitted with the State of Maryland Well Completion Report

Submit to: [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Pump Start Time <u>9:00</u>	Static Water level: <u>64</u> ft.	Pumping Rate <input checked="" type="checkbox"/> Time to fill <u>11</u> gal. bucket <input type="checkbox"/> Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes			
1	9:00	64 ft.	5 12 GPM
2	9:30	170 ft.	5 12 GPM
3	10:00	249 ft.	6 10 GPM
4	10:15	261 ft.	6 10 GPM
5	10:30	272 ft.	8 7.5 GPM
6	10:45	272 ft.	8 7.5 GPM
7	11:00	272 ft.	8 7.5 GPM
8	11:15	272 ft.	8 7.5 GPM
9	11:30	272 ft.	8 7.5 GPM
10	11:45	272 ft.	8 7.5 GPM
11	12:00	271 ft.	8 7.5 GPM
12	12:15	271 ft.	8 7.5 GPM
13	12:30	271 ft.	8 7.5 GPM
14	12:45	271 ft.	8 7.5 GPM
15	1:00	271 ft.	8 7.5 GPM
16	1:15	271 ft.	8 7.5 GPM
17	1:30	271 ft.	8 7.5 GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:  
2/21/18

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

**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): KEN RUTHERFORD 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 - 17 - 0223  
 Site Address: 122 1217 FREDERICK

**Submersible Pump Data**

Make: \_\_\_\_\_ Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_ GPM Depth: \_\_\_\_\_ (36" min)  
 Well Yield: \_\_\_\_\_ GPM NSF/WSC approved: \_\_\_\_\_  
 Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM 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: \_\_\_\_\_

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**

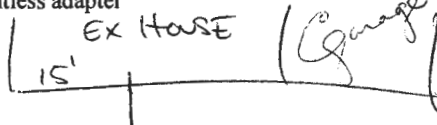
Date Insp. Requested: 10/16/2018 Date Insp. Approved: 10/16/2018 Inspector: [Signature]  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [Initials]

- 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

- 51" 10/16/2018 [Signature]
- 46" 10/16/2018 [Signature]
- 12" 10/16/2018 [Signature]
- 5' 10/16/2018 [Signature]

Adequate grout observed below pitless adapter

(Revised form 10/24/2018)



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

**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: Rutherford Plumbing + Heating Telephone #: 301-514-1528  
Address: 13502 Ritchie Rd  
Cascade MD 21719

Must circle one:  Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Kenneth W. Rutherford License# 9665

\*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: Saunders, Matthew Noble + Mazer Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-17-0223  
Site Address: 12117 Frederick Rd  
Ellicott City, MD 21042

**Submersible Pump Data**

Make: Berkley  
Model #: B15P4M50513  
Pump Capacity: 1 gallon a min  
Well Yield: 7.5

**Pitless Adapter**

Make: MERRILL +  
Model #: MBN150  
GPM Depth: 42" (36" min)  
GPM 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: 525 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors /  Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing Not Used

**Piping to house**

Type: 200 PSI Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 500 ft (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: 5 Ft outside wall  
Length of sleeve (5' minimum from foundation): 5 Ft outside wall  
Sleeve sealed properly: 2 1/2 Fernco cuplin

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.

Kenneth W. Rutherford 1-9-2019  
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 \_\_\_\_\_

(Revised form 10/24/2018)

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – JULY 10, 2019**

January 10, 2019

Homeowner  
12117 Frederick Road  
Ellicott City, MD 12117

**RE: Saunders Property, P. 004**  
**12117 Frederick Road**  
**Building Permit: B18002285**  
**Well Permit: HO-17-0223**

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 **11/9/2018**. Final approval of the well line connection to the dwelling was granted on **10/16/2018**. The well construction was completed on **2/21/2018**. Water samples were collected on **1/7/2019**.

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-17-0223. 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.

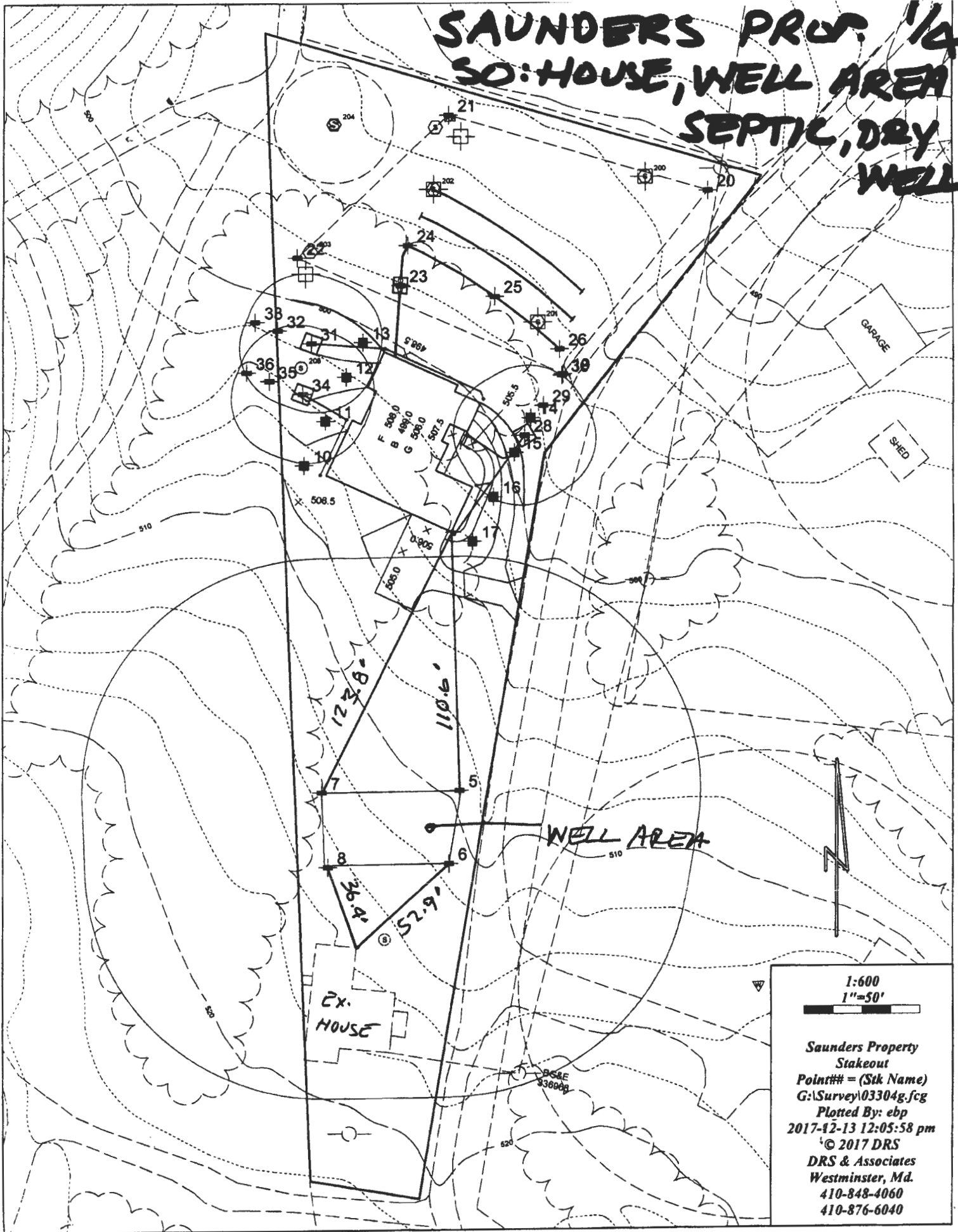
Approving Authority,

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



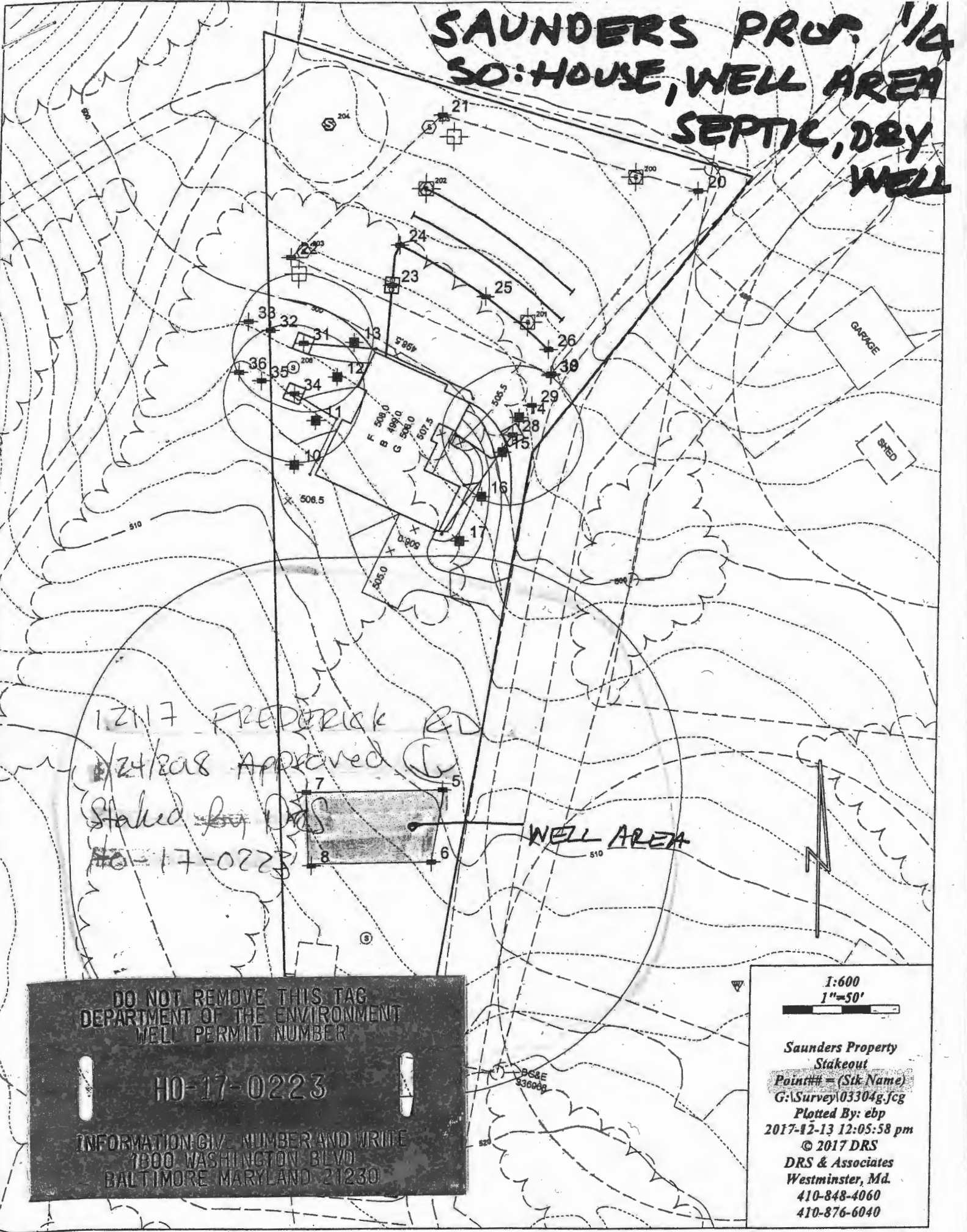
# SAUNDERS PROP. 1/4 50: HOUSE, WELL AREA SEPTIC, DRY WELL



1:600  
1"=50'

Saunders Property  
Stakeout  
Point## = (Stk Name)  
G:\Survey\03304g.fcg  
Plotted By: ebp  
2017-12-13 12:05:58 pm  
© 2017 DRS  
DRS & Associates  
Westminster, Md.  
410-848-4060  
410-876-6040

# SAUNDERS PROP. 1/4 SO: HOUSE, WELL AREA SEPTIC, DRY WELL



12117 FREDERICK RD  
12/24/2018 Approved

Staked by DRS  
HO-17-0223

WELL AREA

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
**HO-17-0223**  
INFORMATION CALL NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

1:600  
1"=50'  
Saunders Property  
Stakeout  
Point# = (Stk Name)  
G:\Survey\03304g.fcg  
Plotted By: ebp  
2017-12-13 12:05:58 pm  
© 2017 DRS  
DRS & Associates  
Westminster, Md.  
410-848-4060  
410-876-6040

Project: Saunders Property

Of 2

Cogo File: G:\Survey\03304g

Volume: EXT08

Modified: 2017-12-13 10:26:22 am By: ebp

Range: Selected

Printed: 2017-12-13 10:26:35 am By: ebp

Survey Chief Version 5.3.4.0 Copyright 1990-2009 By RAMSS Inc.

P 410-848-4060  
410-876-6040  
F 410-848-8818

## GRADESHEET

!! Units: US Feet !!  
!! Datum: NAD83 NAVD88 !!

GS Name	Station Dsn Name	So Information Stk Name	Grade ID Elev ID	Cut	Fill
-BC2	FP3	I.PinFP3 2	487.4325 487.4181 PtCk		0.0144
-BC3		I.PinFP3 3	487.4270 PFe		
-BC4		"Saunders Property" Staked Well Area	0.0000		
-BC5	S01	CorWellArea 5	0.0000 508.9493 BoS		
-BC6	S02	CorWellArea 6	0.0000 510.6835 BoS		
-BC7	S04	CorWellArea 7	0.0000 512.8511 BoS		
-BC8	S03	CorWellArea 8	0.0000 514.2354 BoS		
-BC9		"Saunders Property" Staked House	0.0000		
-BC10	0+00.0000 PP	Os10'HseCor 10	498.6700 ToF 506.2215 HuB	7.5515	
-BC11	0+20.8300 PP	Os10'FaceWall 11	498.6700 ToF 503.9309 HuB	5.2609	
-BC12	0+41.6600 PP	Os10'FaceWall 12	498.6700 ToF 501.7505 HuB	3.0805	
-BC13	0+58.0000 PP	Os10'HseCor 13	498.6700 ToF 500.2761 HuB	1.6061	
-BC14	0+58.0000 PP	Os34'HseCor 14	498.6700 ToF 498.4657 HuB		0.2043
-BC15	0+41.6600 PP	Os21.83'HseCor 15	498.6700 ToF 499.6579 HuB	0.9879	
-BC16	0+20.8300 PP	Os10'HseCor 16	498.6700 ToF 500.8699 HuB	2.1999	
-BC17	0+00.0000 PP	Os10'HseCor 17	498.6700 ToF 502.4121 HuB	3.7421	
-BC18		"Saunders Property" Staked Septic	0.0000		
-BC19	S08	CorSepArea 19	0.0000 496.6752 BoS		
-BC20	S09	CorSepArea 20	0.0000 490.9484 BoS		
-BC21	S06	CorSepArea 21	0.0000 492.5728 BoS		
-BC22	S07	CorSepArea 22	0.0000 498.1264 BoS		
-BC23	SC1	CtrSepticTank 23	0.0000 497.8517 BoS		

3/4

Project: Saunders Property

Cogo File: G:\Survey\03304g

Volume: EXT08

Modified: 2017-12-13 10:26:22 am By: ebp

Range: Selected

Printed: 2017-12-13 10:26:35 am By: ebp

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P 410-848-4060  
410-876-6040  
F 410-848-8818

GRADESHEET

!! Units: US Feet !!  
!! Datum: NAD83 NAVD88 !!

GS Name	Station Dsn Name	So Information Stk Name	Grade ID Elev ID	Cut	Fill
-BC24	SC7	EndTrench 24	0.0000 496.2608 BoS		
-BC25	SC4	CtrTrench 25	0.0000 497.0458 BoS		
-BC26	SC2	EndTrench 26	0.0000 496.1970 BoS		
-BC27		"Saunders Property" Staked Drywells	0.0000		
-BC28	0+00.0000 PP	CtrDrywell 28	0.0000 498.4945 BoS		
-BC29	0+15.0000 PP	Os15'CtrDrywell 29	0.0000 497.3544 BoS		
-BC30	0+30.0000 PP	Os30'CtrDrywell 30	0.0000 496.4658 BoS		
-BC31	0+00.0000 PP	CtrDrywell 31	0.0000 500.7998 BoS		
-BC32	0+15.0000 PP	Os15'CtrDrywell 32	0.0000 501.1062 BoS		
-BC33	0+25.0000 PP	Os25'CtrDrywell 33	0.0000 501.4679 BoS		
-BC34	0+00.0000 PP	CtrDrywell 34	0.0000 503.4666 BoS		
-BC35	0+15.0000 PP	Os15'CtrDrywell 35	0.0000 503.7851 BoS		
-BC36	0+25.0000 PP	Os25'CtrDrywell 36	0.0000 504.3517 BoS		

4/4

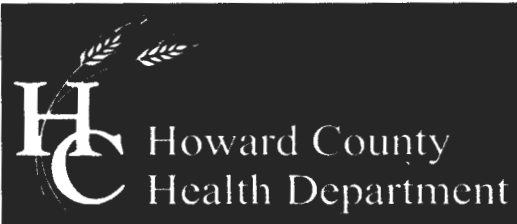
## DRS & Associates

52 Winters Street Westminster, MD 21157

410-848-4060 410-876-6040 F 410-848-8818

### Gradesheet Abbreviations

B	Basement floor elevation	N	North
BC	Building Corner	NAD	North America Datum
Beg	Begin	NAVD	North America Vertical Datum
BL	Base Line	NDC	Nose Down Curb
BoC	Back of Curb	Os	Offset
BoD	Bottom of Duct bank	PC	Point of Curve
BoS	Bottom of Stake	PCSI	Property Corner Stake layout
Bot	Bottom	PGL	Profile Grade Line
BoT	Bottom of Trench	PL	Property Line
BoW	Bottom of Wall	PLSI	Property Line Stake layout
C-D-S	Cul-De-Sac	PT	Point of Tangent
CL	CenterLine or CLass	PtCk	Point Check
CO	CleanOut	PtCo	Point Control
Cor	Corner	PVC	Point of Vertical Curve
Ctr	Center	PVI	Point of Vertical Intersection
Dia	Diameter	PVT	Point of Vertical Tangent
Dwy	Driveway	R	Right or Radius
E	East	RP	Radius Point
EL	ELevation	S	South
EoP	Edge of Paving	SC	Sewer Connection
ESE	Emergency Spillway Elevation	SD	Storm Drain
Ex	Existing	SS	Sanitary Sewer
F	First floor elevation	SSMe	Sanitary Sewer Manhole existing
FCE	Forest Conservation Easement	Stk	Stake
FG	Finished Grade	TCB	Top Constructed Berm
FL	Flow Line	TCD	Top Constructed Dam
FoC	Face of Curb	ToB	Top of Berm or Bank
FoW	Face of Wall	ToC	Top of Curb
G	Garage floor elevation	ToD	Top of Dam
Gar	Garage	Toe	Toe
Gd	Ground	ToF	Top of Footer
GR	Guard Rail	ToG	Top of Grate
GWw	Grass Waterway	Top	Top
HC	House Corner	ToR	Top of Rim
HDPE	High Density PolyEthylene	ToS	Top of Stake
HP	High Point	ToW	Top of Wall
Hse	House	U-I-C	Use-In-Common
Hub	Hub	W	West
IDE	Invert Ditch Elevation	WC	Water Connection
Inv	Invert	WL	WaterLine
L	Left	WQB	Water Quality Basin
LoD	Limits of Disturbance	WQS	Water Quality Swale
LP	Low Point	WQT	Water Quality Trench
		WRPE	Water Resource Protection Easement



## 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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

**January 3<sup>rd</sup>, 2018**

Randall Alexander MWD 576  
126 W. Main Street  
P.O. Box 443  
Fairfield, PA 17320

Dear Mr. Alexander,

Thank you for your well permit application on behalf of our honored citizens; Charlie Mazer and Matthew Sanders of 12121 Frederick Road in Ellicott City, MD (postal code 21042)

Regrettably, this application cannot be processed as submitted. The following corrective actions are required for timely processing of this well application:

#### **Application Boxes in Section B4**

- **On which side of the Road (circle appropriate box)**
- **Distance from road**
- **Enter FT or MI**
  
- **The proposed location of the well on lot must show two permanent structures such as buildings, septic system, roads and/or landmarks and indicate not less than two distance measurements to the well.**

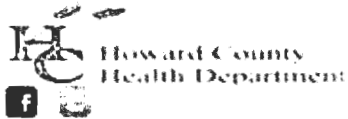
This is a requirement of the Maryland Department of the Environment (MDE). Howard County does ask for a well site plan and the site to be staked by a licensed surveyor as part of our local application process. However, MDE only accepts the Green Well permit application, the Yellow completion report, and the White abandonment report at this time and they do not receive any supplemental permit materials required by local approving authorities.

Moving forward, the Howard County Health Department will no longer be able to support service to correct incomplete Well Permit Applications. Please complete the missing elements in the green well permit form and resubmit the well permit application for processing.

Thank you for your understanding.

Bests,

**Joseph C. Cabahug - LEHS**  
**Environmental Health Specialist**  
**Howard County Health Department - Well & Septic Program**  
**Bureau of Environmental Health**  
**8930 Stanford Blvd.**  
**Columbia, MD 21045**  
(o) 410-313-2643  
(f) 410-313-2648

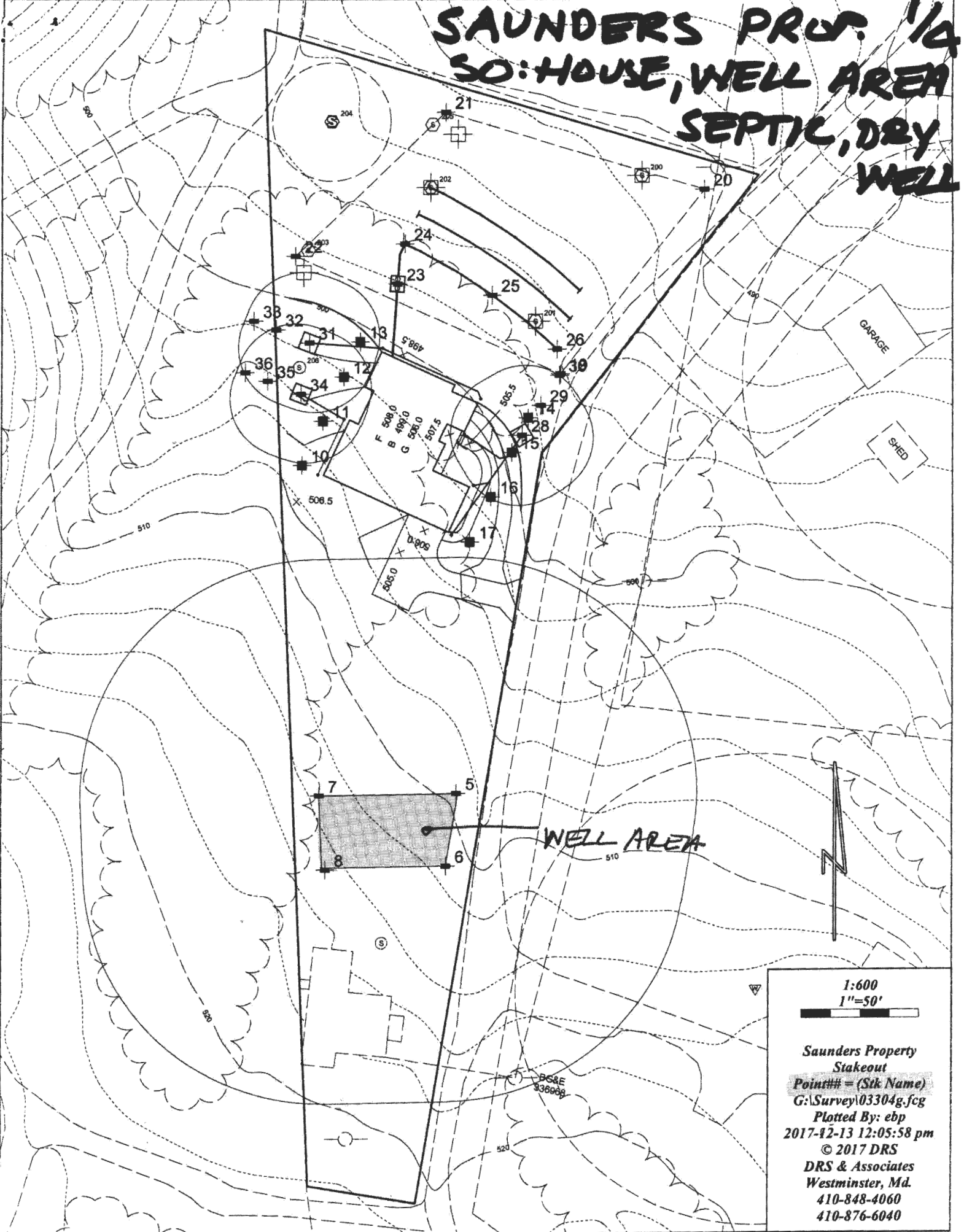


[jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov)

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# SAUNDERS PROP. 1/4 SO: HOUSE, WELL AREA SEPTIC, DRY WELL

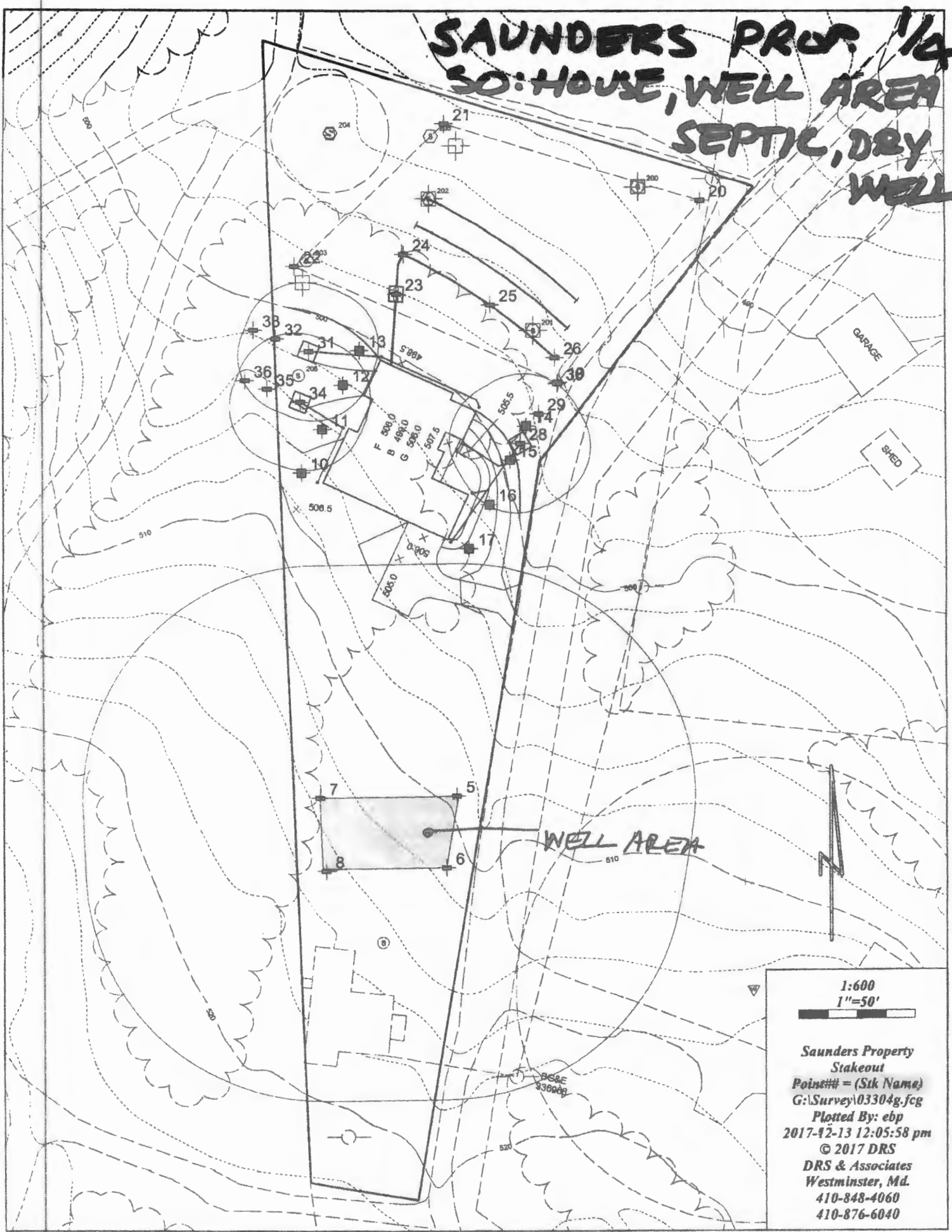


1:600  
 1"=50'  
 Saunders Property  
 Stakeout  
 Point## = (Stk Name)  
 G:\Survey\03304g.fcg  
 Plotted By: ebp  
 2017-12-13 12:05:58 pm  
 © 2017 DRS  
 DRS & Associates  
 Westminster, Md.  
 410-848-4060  
 410-876-6040

# SAUNDERS PROP. 1/4

## 50: HOUSE, WELL AREA

### SEPTIC, DRY WELL



1:600  
1"=50'

Saunders Property  
Stakeout  
Point## = (Stk Name)  
G:\Survey\03304g.fcg  
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Westminster, Md.  
410-848-4060  
410-876-6040

JEBP 2017-12-13

# 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 #:	127759	Account #:	2524
Reference:	J.A. Myers Homes	Company:	J.A. Myers Homes
Location:	12117 Frederick Road Ellicott City, MD 21042	Requested By:	Ben Myers
Date/ Time Collected:	1/7/2019 1158	Source:	Well Water
Date/Time Rec'd:	1/7/2019 1400	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Sediment Filter Bypassed
Collected By:	J. Yeager 6176JY	pH:	7.2
		Well #:	HO-17-0223

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/8/2019 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/8/2019 / 0900 / RER
Nitrate	<1.0	mg/L	10	601	1/8/2019 / 1015 / CRS
Turbidity	5.42	NTU	<10	SM20 2130B	1/8/2019 / 1100 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	1/8/2019 / 1100 / CRS

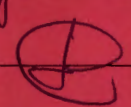
### NOTES

- 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 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy  
Building Permit # : B18002285

Date Reported: 1/8/2019

## FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
01/03/18	Application Returned to sender for completion.
	County Required Documents Returned for processing @ <del>SEE</del> CC letter in file.
01/23/18	Surveyor called requested scale well
	Site: 

**FISHER, COLLINS  
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS  
and LAND SURVEYORS**

# Transmittal

Terrell A. Fisher, P.E., L.S.  
Earl D. Collins, P.E.  
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.  
Mark L. Robel, P.L.S.  
Aldo M. Vitucci, P.E.

Frank Manalansan II, L.S.  
Stephanie Tuite, RLA, P.E., LEED AP BD

Via:  Fax  Mail  Messenger  E-Mail  To Be Picked Up  
 Fax (original to follow via U.S. Mail)

<b>To: Howard County Health Department</b> <b>8930 Stanford Blvd</b> <b>Columbia, MD 21046</b>	<b>Attn: Robert F</b> <b>Fax:</b> <b>Phone:</b>
--	---

<b>From: Tony Fertitta</b>	<b>CC:</b>
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<b>Re: 12117 Frederick Rd</b>	<b>W.O.# 0639</b>
<b>Date: June 1, 2017</b>	<b>Pages: 3 Page(s) Including this cover</b>

We are forwarding:	<input checked="" type="checkbox"/> Prints	<input type="checkbox"/> Copy of Letter	<input type="checkbox"/> Specifications	<input type="checkbox"/> Shop drawings	<input type="checkbox"/> Other
	<input type="checkbox"/> Urgent	<input type="checkbox"/> For your use	<input type="checkbox"/> As requested	<input type="checkbox"/> For Review & Comment	

Remarks:

**Enclosed please find 2 Paper Copies And A mylar for 12117 Frederick Road Sheet 1 of 1 dated June 1, 2017.**

**If we may be of any further assistance to you, please don not hesitate to call.**

**Thank you,**

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