

C1 52417 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

ST/CO USE ONLY
 DATE RECEIVED
 06/21/17

DATE WELL COMPLETED
 06 03 17
 15 20
 Depth of Well
 22 300 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 OK
 7/6/17 SC
 HO-17-0124
 28 29 30 31 32 33 34 35 36 37

OWNER VIKING Homes
 WELL SITE ADDRESS Hardy Road TOWN _____
 SUBDIVISION WOODCAMP FARMS SECTION _____ LOT 26

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	
SOIL	0	5	
SANDSTONE	5	50	
Limestone	50	57	
Sandstone	57	76	
Limestone	76	300	✓
		175	✓

Well # 1 - 600' Dry
 (Back Filled)
 39.34465
 77.13113

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 44 44
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 45 46 45 46
 CEMENT M BENTONITE CLAY BC
 NO. OF BAGS 40 NO. OF POUNDS 3000
 GALLONS OF WATER 200
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 80 ft.
 48 TOP 52 ft. to 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 80
 60 61 63 64 66 70

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

NUMBER OF UNSUCCESSFUL WELLS: 1
 WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
 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. MWD 355
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. WFO 109

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

C 2 DEPTH (nearest ft.)
 HO 80 300
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOTTED SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 _____ 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 Q
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 9.23
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 55 ft.
 WHEN PUMPING 123 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 } 1 (nearest foot)
 49 50 51

LATITUDE 39.34455
 LONGITUDE 77.13097
 (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.

B 1	SEQUENCE NO. (MDE USE ONLY) 58637	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 560765 please type	STATE PERMIT NUMBER HO-17-0124 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **03/15/17**

8 MM DD YY 13

15 Last Name **VIKING** Owner First Name **Homes** 34

36 Street or RFD **815 WindRiver Drive** 55

57 Town **Sykesville** MD 70 State 72 Zip **21784** 76

LOCATION OF WELL

Howard

8 COUNTY **Howard** 21

23 SUBDIVISION **WOODCAMP FARMS** 42

SECTION **44** 46 LOT **26** 48 50

52 NEAREST TOWN **mt Airy** 71

DRILLER INFORMATION

Driller's Name **Michael Barlow** MWD **355** 76 License No. 81

Firm Name **Barlow Well Drilling**

Address **522 Underwood Lane** 21014

Signature **[Signature]** Date **3/3/17**

SOURCES OF DRILLING WATER

1. **Well**

11 STREET ADDRESS **Hardy Road** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **550** 37 **305**

DISTANCE FROM ROAD **ft**

ENTER FT OR MI **ft** 38 39

TAX MAP: **6** BLK: **6** PARCEL **485**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** 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 COUNTY NAME COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED **3/23/17** **Sub L.L.** 3/23/18

43 MM DD YY 48 CO SIGNATURE EXP. DATE

DNI

DON: 4/25/17 (SC) DOG: 5/9/17 (SC) DOY: 6/3/17 (SC)

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

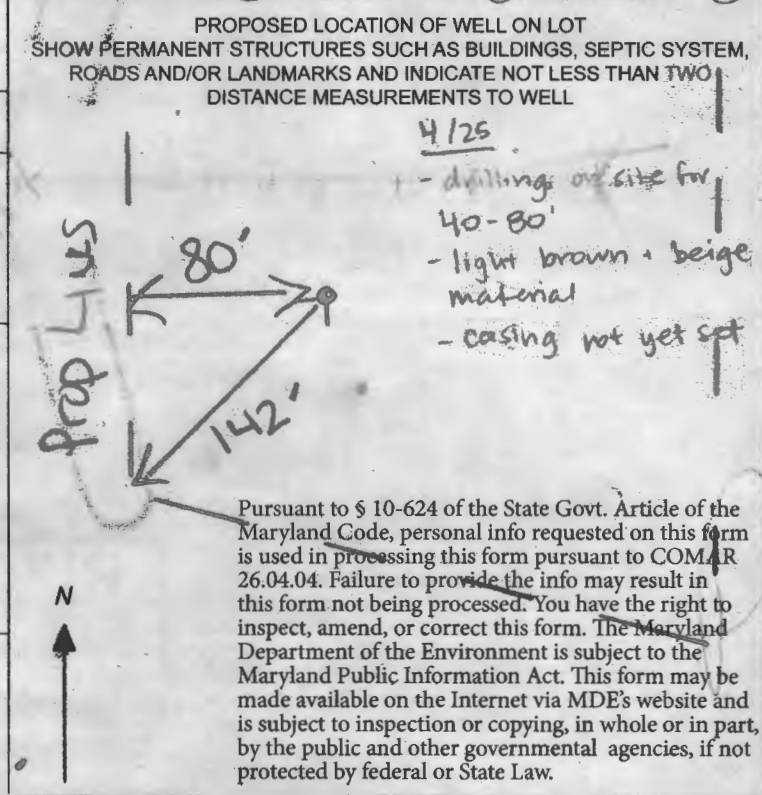
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-17-0124**

70 71 72 73 74 75 76 77 78 79





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

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: K+T Plumbing Telephone #: 443 844 9073
 Address: Po Box 2150
Westminster MD 21158

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

License # and name of individual responsible for the field installation:
 Name (Print): Tom Di Maggio License# 21951

*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: Thomas Locke Telephone #: 410 442 8068
 Subdivision: _____ Lot #: 26 Well Tag #: HO-17-0124
 Site Address: 17731 Herdy RD
Mount Airy, MD 21951

Submersible Pump Data

Make: Deton
 Model #: 1L2R4
 Pump Capacity 1/2
 Well Yield: 12 GPM
 Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Simmons +
 Model #: 19225A
 GPM Depth: 72 (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: ✓

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

Piping to house

Type: Poly
 PSI: 250 (160 psi min)
 Depth of supply line: 49 (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.

Thomas A. DiMaggio Jr. 2/15/19
 Signature of company representative responsible for installation date

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

Date Insp. Requested: 4/26/19 Date Insp. Approved: 4/26/19 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 ✓

(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 15, 2019

February 15, 2019

Homeowner
17731 Hardy Road
Mt. Airy, MD 21771

RE: Woodcamp Farms, 26
17731 Hardy Road
Building Permit: B17003852
Well Permit: HO-17-0124

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 **4/5/2018**. Final approval of the well line connection to the dwelling was granted on **4/26/2018**. The well construction was completed on **6/3/2017**. Water samples were collected on **2/7/2019**.

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-17-0124. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

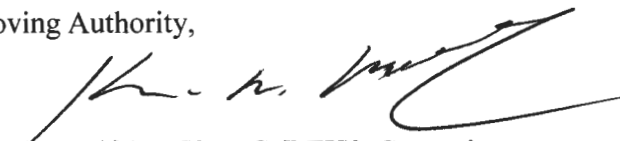
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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

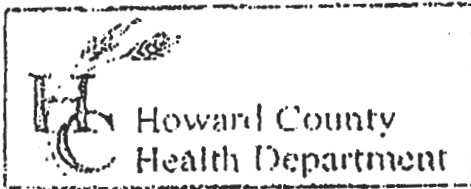
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your septic system. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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: **WOODCAMP FARMS LOT 26 ON HARDY ROAD**

- The well site has been staked by VAN MAT ASSOCIATES,
(professional land surveyor or company employing professional land surveyors)
on 3-14-17 (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 6/10/03

Woodcamp Farms

PLAT NO. 10814

SDA

Lot 26

PROP. WELL

100'

190'

16'35"W 733.22'

5°E 679.21'

30'
30' B.R.L.

DIST. BOX
1500 GAL
SEPTIC
TANK

HOUSE
794.25
785.50

PROP. WELL

60' B.R.L.

212.00'
N42°53'26"W

1" = 600 Feet

Well site approved

3/23/17 SC

Well site staked by

Vanmar Associates

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

HO-17-0124

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

LOT 4
ER PROPERTY
NO. 6560
RING: RC-DEO

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 #: 128376 Account #: 4226
Reference: Ryan/Locke Company: Viking Development Corporation
Location: 17731 Hardy Road Requested By: Cary Cumberland
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 2/7/2019 1118 Site: Pressure Tank
Date/Time Rec'd: 2/7/2019 1315 Treatment: Prior to Spindown Separator
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-17-0124

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2019 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/8/2019 / 0830 / CRS
Nitrate	<1.0	mg/L	10	601	2/7/2019 / 1530 / RER
Turbidity	4.46	NTU	<10	SM20 2130B	2/7/2019 / 1535 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	2/7/2019 / 1535 / RER

'OK'
RUB 2/14/2019

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 # : B17003852

Date Reported: 2/8/2019

MD State Certification # 133