

C1 3148

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

COUNTY NUMBER A520449-A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 10 DD 23 YY 2007

Depth of Well 22 110' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 16-95-1312

OWNER Demmitt Richard STREET OR RFD all Daughters Lane TOWN Fulton SUBDIVISION Orchard Estates SECTION LOT 5

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 15 NO. OF POUNDS 1410

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

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 (ST, BR, HO, PL, OT)

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket

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) 31 35

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.: MSD024 DRILLERS SIGNATURE Joseph & Mayne

LIC. NO.: MSD027 DRILLERS SIGNATURE Joseph & Mayne

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

DEPTH (nearest ft.)

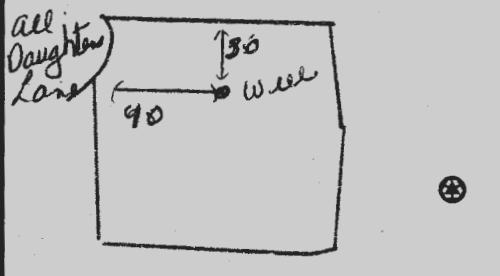
Table with columns: T, A, C, H, S, R, E, N and depth values (1, 2, 3, 58, 110, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1	1034	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527836 please type	STATE PERMIT NUMBER HO-45-1312 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

15 Highland Development Corp. Last Name Owner First Name 34

36 P.O. Box 228 Street or RFD 55

57 Clarksville Town 70 MD State 72 21029 Zip 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Overland Estates 42

SECTION 44 LOT 5 46 48 50

52 NEAREST TOWN Fulton 71

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

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M SD024 License No. 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd Mt. Airy Md 21771

Signature Joseph L. Mayne Date 9-27-2007

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

all Daughters Lane

11 NEAR WHAT ROAD 30

34 75 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 40 BLK: 18 PARCEL 178

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. AS20449-A

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 10/1/07 43 MM DD YY 48 EXP. DATE 10/1/08 41

CO SIGNATURE _____

NORTH GRID 484 000 EAST GRID 816 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-RQTary 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)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-45-1312 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

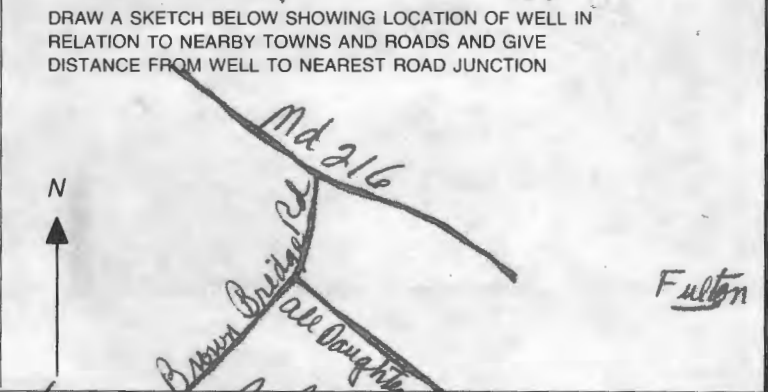
WRITE THE BOX NUMBER FROM THE MAP HERE

E 816

N 484

000
000

10/23/07 samples collected @ well (KW)



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET FOR THIS SECTION

Residual test sample needed @ well

COUNTY

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): _____ 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-95-1312
 Site Address: _____

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____
 Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____ +
 Model#: _____
 GPM Depth: _____ (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: _____
 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: _____

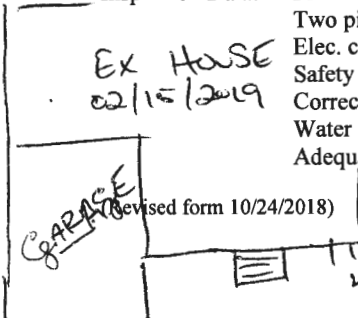
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

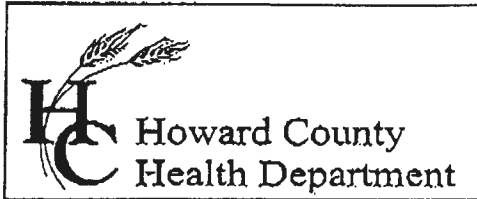
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 02/15/2019 Date Insp. Approved: 02/15/2019 Inspector: [Signature]
 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

[Signature] 38" 02/15/2019 [Signature]
[Signature] 28" 02/15/2019 [Signature]
[Signature] 24" 02/15/2019 [Signature]





7178 Columbia Gateway Drive, Columbia, MD 21046
 (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:

Well Site Location:

<u>Orchard Est -</u>	<u>Parcel A</u> <u>1 2 3 4</u> <u>5 6 7 8</u>	<u>all Daughters Lane</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Patten Harris Rust + Ass -
 (professional land surveyor or company employing professional land surveyors)
 on Sept 2007 (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 3/11/05

Richard Demmitt



HOME LAND
HEALTH LABS

443-505-8375
9106 Philadelphia Road Suite 106
Rosedale MD 21237
www.homelandhealthyhomes.com
lab@homelandhealthyhomes.com

Chain Of Custody Form

Client Name Well Water Solutions, Inc

Address 5163 Darting Bird Lane, Columbia, MD 21044

Phone 410-935-7185 &/or 301-674-3137

Email jbieber@wellwatersolutions.net & jemoseman@wellwatersolutions.net

Site Address: Lot 5
12414 All Daughters Lane
Highland, MD 20777

Field Collection Information

Collector's Name:	Jarlet Walker
Sampler's ID #:	9006JW Exp. 9/5/21
Collected Date and Time:	4/24/19 10:30
Well Tag Number:	H0-95-1312

Field pH:	5.6
Field Chlorine:	Present Absent
Sand:	Yes No
Clear At Time of Sample?	Yes No
Was Well Chlorinated?	Yes No

Well Casing and Cap Condition Bldg Permit #

Height Above Grade:	Cap Type:	Casing:	Conduit:
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Requested Testing: (Please Circle All That Apply)

<input type="checkbox"/> FHA/VA (Potability -Nitrites, Lead and Iron)	<input checked="" type="checkbox"/> Potability (Bacteria, Nitrates, pH, Turbidity) ✓				
Arsenic	Bacteria	Cadmium	Chlorides	Gross Alpha	Iron
Lead	MTBE	Nitrates	Nitrites	Pesticides	Radium 226/228
Total Hardness	VOC's	Other:	Other:	Other:	Other:

Source: <input checked="" type="checkbox"/> Bacteria Sample Collected RAW No Treatment from first floor Bathroom Sink. All Other Samples collected RAW No Treatment from the Kitchen Sink.	Water Conditioning: <input checked="" type="checkbox"/> None / All Samples collected RAW from a tap <small>NOTE: The Property does not have Water Treatment. All Samples collected from a tap with No Water Treatment "RAW".</small>
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Release Signatures

* Please return COC with the Lab Results

Released By: [Signature] Date/Time: 4/24/19 10:30

Released By: [Signature] Date/Time: 4/24/19 10:00
25 AM 4/25/19

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 4/25/19 10:00 AM



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 29, 2007

Mr. Richard Demitt
P.O. Box 228
Clarksville, MD 21029

RE: Orchard Estates, Lot #5
Well Tag: HO-95-1312

To Whom It May Concern:

A sample was collected from a yield test October 23, 2007 and submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 6.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

Carl Nelson

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

12/20/06

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: HO-95-1712 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Archbolds Est. Lot 5 County: Howard

Sample Source: All Dredge Location: HO-95-1712
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Collector: K. W. H.

Telephone No: 410 715 2199

Date Collected: 10/25/07

Time Collected: 10:00 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: sample collected @ yard pit pH _____ Chlorine _____

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000			
✓	Gross Beta	4100			
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: _____/_____/_____

Supervisor: _____

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 17, 2019

May 17, 2019

Homeowner
12414 All Daughters Lane
Highland, MD 20777

**RE: Orchard Estates, Lot 5
12414 All Daughters Lane
Building Permit: B18003776
Well Permit: HO-95-1312**

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 **2/15/2019**. Final approval of the well line connection to the dwelling was granted on **2/15/2019**. The well construction was completed on **10/23/2007**. Water samples were collected on **4/25/2019**.

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.

Gross Alpha and Beta samples were also collected on **10/23/2007**. Results showed a Gross Alpha level of **6.0 ± 1.0 pCi/L** and **Gross Beta** level of **5.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-1312. 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.**



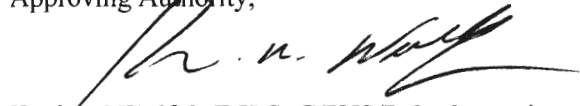
Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

HOME LAND

L A B S

"Healthy Homes Start Here"

State Certified Water Quality Laboratory #353

Certificate of Analysis

Report Date: 4/26/2019

Client: Well Water Solutions
Property Address: 12414 All Daughters Lane
Highland, MD 20777, Lot 5
Date & Time Sampled: 4/24/2019 10:30 AM
Date & Time Received: 4/25/2019 10:00 AM
Sampled By: Janet Walker
Sampler ID Number: 9006JW
Sample Location: Bacteria sample collected
RAW, no treatment from first floor bathroom
sink. All other samples collected RAW, no
treatment from the kitchen sink
Preservation: Cool, 4°C

Chlorine Residual: 0.0
Field pH: 5.6
Well Type: Not noted
Well Height: Not noted
Cap Type: Not noted
Casing: Not noted
Conduit: Not noted
Well Tag Number: HO-95-1312
Clarity: Clear
Sand: None Observed
Water Conditioning Appears to be:
None/All samples collected RAW from a
tap

Primary Contaminants								
Parameter	Method	Result	Pass/Fail	Units	MCL	RL	Analyst	Date of Analysis
Total Coliform	Colitag	Absent	Pass	Per/100mL	Present	1.0	AND-353	4/26/2019
<i>E. Coli</i>	Colitag	Absent	Pass	Per/100mL	Present	1.0	AND-353	4/26/2019
Nitrate+Nitrite	EPA 353.2	3.9	Pass	mg/L	10.0	0.5	MAK-353	4/25/2019
Secondary Contaminants								
Parameter	Method	Result	Acceptable/High	Units	SMCL	RL	Analyst	Date of Analysis
Turbidity	EPA 180.1	1.63	Acceptable	NTU	10.0	0.5	AND-353	4/25/2019

Note: This report is confidential and is for the sole use of the addressee.

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director