

C1 2983

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 A 522010

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER J M G Builders Inc STREET OR RFD Foreythe Rd TOWN Sykesville Md 21284

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Blue Rock.

GROUTING RECORD section including TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD section including MAIN CASING TYPE (ST, CO, PL, OT), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) section including diameter and depth.

SCREEN RECORD section including screen type or open hole (ST, BR, HO, PL, OT).

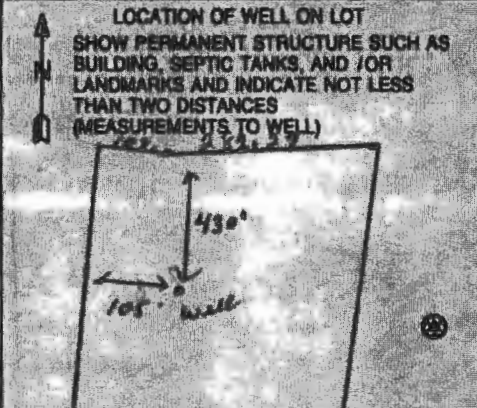
DEPTH (nearest ft.) section with depth scale from 1 to 75 and diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL section.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with fields for T, W, G, LOG INDICATOR, OTHER DATA.

PUMPING TEST section including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED section including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



Administrative section including NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER, DRILLERS LIC. NO., DRILLERS SIGNATURE, SITE SUPERVISOR.

B 1 1001

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO 95-0402

524354 please type

Fill in this form completely

OWNER INFORMATION: J.M.G. Builders Inc, P.O. Box 1281, Sykesville Md 21784

LOCATION OF WELL: Howard County, 21, Hofmeister Property, Sykesville, 71

DRILLER INFORMATION: Joseph K. Magna, M S D 024, Joseph K. Magna Well Drilling, 5512 Ridge Rd, 21771

FORAYTH RD, 30, 600 FT, TAX MAP: 4 BLK: 21 PARCEL 76

WELL INFORMATION: APPROX. PUMPING RATE 4 GAL PER MIN, AVERAGE DAILY QUANTITY NEEDED 500 GAL PER DAY

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER: HOWARD COUNTY, DATE ISSUED 6/12/06, EXP. DATE 6/13/07

APPROXIMATE DEPTH OF WELL 270 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1 well

METHOD OF DRILLING: BORED (or Augered), JETTED, Jetted & DRIVEN

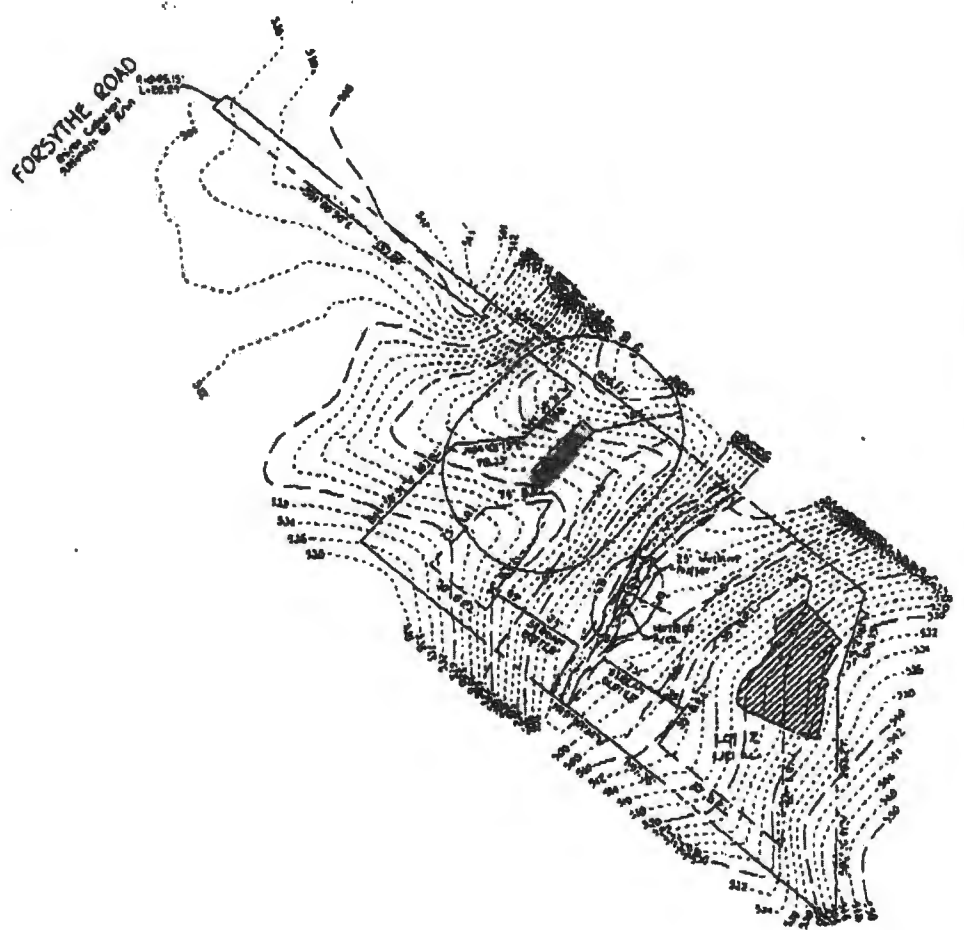
REPLACEMENT OR DEEPEMED WELLS: THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROX. PERMIT NUMBER G, PERMIT No. HO 95-0402

SPECIAL CONDITIONS: 4' - 5' Move Well bc 10' further North due to future driveway

I:\04149\dwg\04149-3001 Well Exhibit.dwg, 3/10/2006 2:11:46 PM, 1:200



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 30272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 481 - 2855

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 2
 HOFMEISTER PROPERTY
 TAX MAP 4 GRID 21 PARCELS 67 & 75
 HOWARD COUNTY, MARYLAND
 SCALE 1"=200'
 DATE MARCH 10, 2006

**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: EASTERDAY-WILSON WATER SERVICES Telephone #: _____
Address: 9265 Brown Church Road
Mount Airy, Maryland 21771

(Must circle one) Licensed Plumber _____ Licensed Well Driller Licensed Well Pump Installer _____
License # and name of individual responsible for the field installation:
Name (Print): Dawn Wilson License# MSD188

*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: MD Custom Builders Telephone #: 301-924-9550
Subdivision: _____ Lot #: _____ Well Tag #: HO-~~924-9550~~
Site Address: 13375 Forsythe Rd Sykesville 95-0402

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Shaffer</u>	Make: <u>Morton</u>	Two piece watertight cap: _____
Model #: _____	Model#: <u>B-12</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>25</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>245</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.84
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	House Connection
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>300</u> (160 psi min)	Length of sleeve(5" minimum from foundation): <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve sealed properly: <u>yes</u>

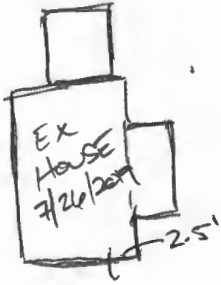
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Dawn Wilson date: 7-26-19

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

Date Insp. Requested: 07/26/2019 Date Insp. Approved: 07/26/2019 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	<u>46"</u> <u>07/26/2019</u> <u>(Signature)</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	<u>32"</u> <u>07/26/2019</u> <u>(Signature)</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	<u>8"</u> <u>07/26/2019</u> <u>(Signature)</u>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	<u>10'</u> <u>07/26/2019</u> <u>(Signature)</u>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	



INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MAY 5, 2020

November 5, 2019

Homeowner
13375 Forsythe Road
Sykesville, MD 21784

RE: Hofmeister Property, P. 67
13375 Forsythe Road
Building Permit: B19000445
Well Permit: HO-95-0402

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 **9/23/2019**. Final approval of the well line connection to the dwelling was granted on **7/26/2019**. The well construction was completed on **7/12/2006**. Water samples were collected on **10/16/2019**.

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-95-0402. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

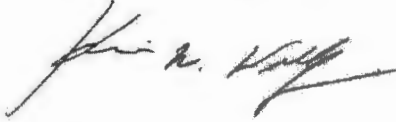
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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



CATOCTIN LABS, INC.

8609 APPLES CHURCH ROAD
THURMONT, MARYLAND 21788-1312
(301) 663-5323
FAX (301) 271-9060

FIELD RECORD

Customer: MD Custom Builders
13375 Forsythe Road
Sykesville, MD 21784

Date: October 16, 2019
Time: 11:48
Type:4

County: Howard
Source: Kitchen Sink
Well No: HO95-0402
Bottle No: 7MPN1019

Residual Cl: 0.00
Iced: Yes
pH: 5.8
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability

Treatment: Raw

Collector: Vanessa Willhide

State Certification No: 4152VW

Nitrate and Turbidity analyzed 10/16/2019. Sand analyzed 10/17/2019

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 13:10 10/16/2019 Examined: 13:10 10/16, 10/17

PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
Nitrate	EPA 353.2	10.0 mg/L Maximum	5.3 mg/L
Sand	SM 2540 F	No Trace	NT
Turbidity	SM 2130 B	5.0 NTU Max 10.0 COMAR	0.5 NTU

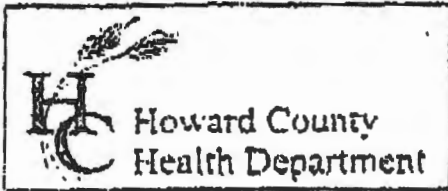
Bacteriological analysis of this sample, on this specified date, indicates the water is SAFE for human consumption, according to APHA/EPA Standards.

Analyst Robin Harris

Date: October 17, 2019

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T



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:

- The well site has been staked by FISHER, COLLINS & CARTER, INC. (professional land surveyor or company employing professional land surveyors) on JUNE 9, 2006 (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

RE: HOFMEISTER PROPERTY
 (LOT #2)



John Geske

443 463 2754

3.18.19
13375 Forsythe Road
Sykesville, MD



Existing Well