

SEQUENCE NO. **7653**
 DATE RECEIVED (WRA USE ONLY) **MAY 28 1979**
 DATE WELL COMPLETED **MAY 8, 1979**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **MO-23-3323**

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER **W 29-622**
 DRILLERS IDENTIFICATION NO. **273**

OWNER **GLASCOCK EARL**
 STREET OR RFD **850 Rt. 97** POST OFFICE **Cooksville Md.**

WELL LOG			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	11	
Brown Shale	11	30	
Blue Slate	30	45	
Brown Slate	45	50	✓
Blue Slate	50	285	
Flint Rock	285	286	✓
Blue Slate	286	345	

GROUTING RECORD
 YES NO
 WELLS HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT DENTONITE CLAY
 NO. OF BAGS **4** NO. OF POUNDS **600**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **20** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER
 MAIN CASING TYPE **S** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **23**

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD
 (INSERT APPROPRIATE CODE BELOW)
 (S) STEEL (B) BRASS OR BRONZE (H) OPEN HOLE (P) PLASTIC (O) OTHER

SCREEN
 DEPTH (NEAREST WHOLE FOOT)
 FROM **21** TO **345**

DIAMETER OF SCREEN **56** (NEAREST INCH)
 FROM TO

GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

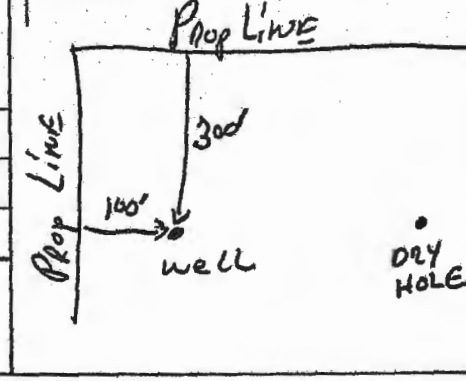
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) **6**
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **30**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **45** (NEAREST FOOT)
 WHEN PUMPING **345** (NEAREST FOOT)
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 (A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** TO **35**
 PUMP HORSE POWER **37** TO **41**
 PUMP COLUMN LENGTH (NEAREST FOOT) **43** TO **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 (+) ABOVE LAND SURFACE (NEAREST FOOT) **2**
 (-) BELOW

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLERS NAME **Ralph WAYNE**
 SIGNATURE **Ralph Wayne**

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 04/18/79
MO DA YR

PERMIT NUMBER- HO-73-3223

ISSUED TO DRILLER-

MAYNE, RALPH
BROWN CHURCH RD
MT AIRY MD 21771

DRILLER

ID. NUMBER- 273

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

GLASCOCK, EARL
850 RT 97
COOKSVILLE MD 21723

THIS WELL IS TO BE LOCATED IN HOWARD COUNTY,
HOODSMILL FARM SUBDIVISION, SECTION- , LOT-
NEAR THE TOWN OF COOKSVILLE

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID.

1. NOTIFY COUNTY HEALTH DEPT. 24 HOURS BEFORE GROUTING WELL.
2. LOCATE WELL AT LEAST 100 FT FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
10/18/79. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE ADMINISTRATION WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LAKE
BELAIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JEREMY VANARSDALE License# JSD 158

*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: BURKARD HOMES Telephone #: 443-974-8021
Subdivision: PERCIVAL PROP Lot #: 3 Well Tag #: HO-73-3223
Site Address: 14522 AMBREEN WAY
COOKSVILLE

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: _____	Make: <u>BEP</u>	Two piece watertight cap: <u>yes</u>
Model #: _____	Model#: <u>P100</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>345</u> (feet)		Conduit secured to well cap: <u>yes</u>

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	House Connection
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6 Feet</u>
Depth of supply line: <u>42</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: _____ date: 5-9-19 9/6/2019

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

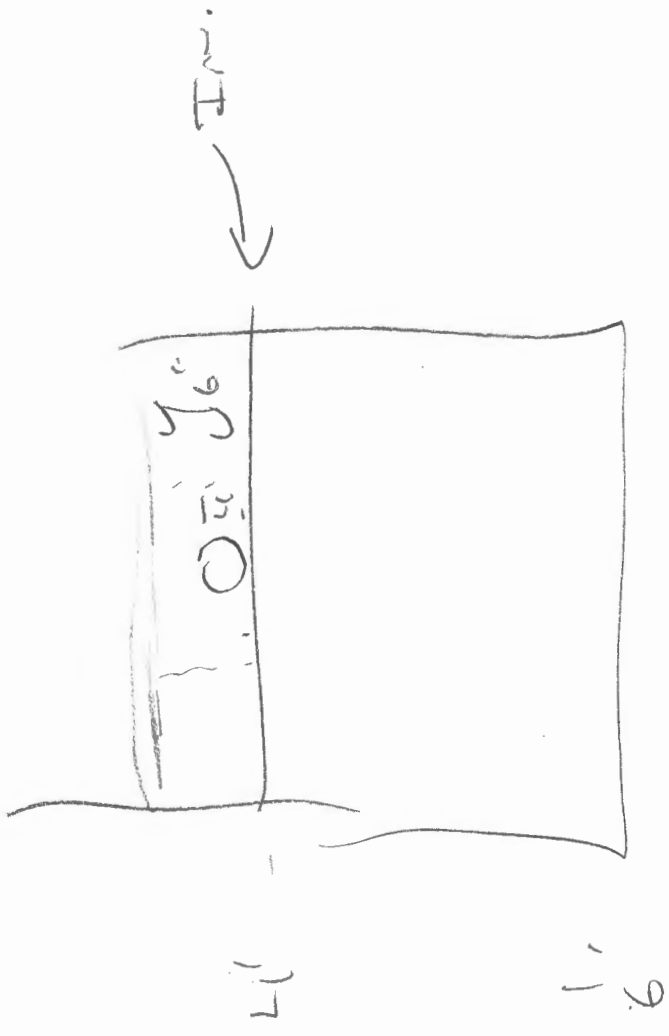
Date Insp. Requested: 5/20/2019 Date Insp. Approved: 09/06/2019 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to 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 _____

NEW PITLESS
INSTALLED IN
EXISTING PITLESS
BORE. CONTRACTOR
REPORTS CONDITION
OF BORE WAS
OK. STAINLESS
BASKET USED.

9' 5/20/2019



5/20/2019
EX WELL HAD AN EX PITLESS INSTALL.
REINSPECTION WELL CASING.
5/20/2019 CASING HAS PUNCTURE



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 8, 2020

November 8, 2019

Homeowner
14522 Ambreen Way
Cooksville, MD 21723

**RE: Percival Property, Lot 3
14522 Ambreen Way
Building Permit: B19000653
Well Permit: HO-73-3223**

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 **5/7/2019**. Final approval of the well line connection to the dwelling was granted on **9/6/2019**. The well construction was completed on **5/8/1979**. Water samples were collected on **11/5/2019**.

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-73-3223. 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

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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Hank Oswald

Hank Oswald, LEHS,
Well & Septic Program

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

Oswald, Hank

From: Oswald, Hank
Sent: Friday, November 08, 2019 2:10 PM
To: TIM@BURKARDHOMES.COM
Subject: ICOP_14522 Ambreen Way
Attachments: ICOP_14522 Ambreen Way_11.8.19.pdf

Hi Tim:

Attached, please find a copy of the ICOP letter for 14522 Ambreen Way.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov



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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 #:	133895	Account #:	7101
Reference:	Lot 3	Company:	Burkard Homes
Location:	14522 Ambreen Way Cooksville, MD 21723	Requested By:	Walt Weise
Date/ Time Collected:	11/5/2019 0956	Source:	Well Water
Date/Time Rec'd:	11/5/2019 1525	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	R. Ott 0266RO	pH:	6.2
		Well #:	HO-73-3223

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2019 / 1000 / RER
Nitrate	9.12	mg/L	10	601	11/5/2019 / 1605 / RER
Turbidity	1.68	NTU	<10	SM20 2130B	11/5/2019 / 1610 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	11/5/2019 / 1610 / RER

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 # : 19000653

Date Reported: 11/6/2019

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 #: 133895 Account #: 7101
Reference: Lot 3 Company: Burkard Homes
Location: 14522 Ambreen Way Requested By: Walt Weise
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 11/5/2019 0956 Site: Pressure Tank
Date/Time Rec'd: 11/5/2019 1525 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: R. Ott 0266RO Well #: HO-73-3223

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2019 / 1000 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/6/2019 / 1000 / RER
Nitrate	9.12	mg/L	10	601	11/5/2019 / 1605 / RER
Turbidity	1.68	NTU	<10	SM20 2130B	11/5/2019 / 1610 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	11/5/2019 / 1610 / RER

NOTES

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