

C1 27698

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 A518016

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

10-18-2016

22 285'

Ho-15-0302

OWNER: Heritage Realty and Land Development; WELL SITE ADDRESS: Lame Kiln Rd; TOWN: Fulton; SUBDIVISION: Hill Property; SECTION: ; LOT: 1

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

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and input fields for materials and dimensions.

PUMPING TEST section with input fields for hours pumped, rate, method used, and water level.

PUMP INSTALLED section with checkboxes for pump type, capacity, and casing height.

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES

DEPTH (nearest ft.) section with input fields for casing height and slot size.

LATITUDE 39.14837; LONGITUDE 76.94602; (DEFAULT COORD. WGS 84)

CIRCLE APPROPRIATE LETTER: A, E, P; I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS LIC. NO.: MSD 024; DRILLERS SIGNATURE: Joseph L. Mayne; LIC. NO.: MSD 027; SITE SUPERVISOR SIGNATURE: Joseph L. Mayne

MDE USE ONLY section with checkboxes for gravel pack, telescope casing, and log indicator.

B 1	SEQUENCE NO. (MDE USE ONLY) 42828	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 559758 please type	STATE PERMIT NUMBER HO-15-0302 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 09/07/16

8 MM DD YY 13

15 Last Name Heritage Realty + Land Development Owner First Name 34

36 P.O. Box 482 Street or RFD 55

57 Lisbon Md 21765 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard COUNTY 21

Hill Property SUBDIVISION 42

SECTION 44-46 LOT 48-50

Fulton NEAREST TOWN 71

DRILLER INFORMATION

Driller's Name Joseph L. Mayne License No. M SD 024 76 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21111

Signature Joseph L. Mayne Date 9-6-2016

B 4 SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS Lime Kiln Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 500 37 DISTANCE FROM ROAD ENTER FT OR MI 59

TAX MAP: 45 BLK: 5 PARCEL 59

B 2 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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A518016 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 9/16/2016 CO SIGNATURE Bryan Baker EXP. DATE 9/16/2017

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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

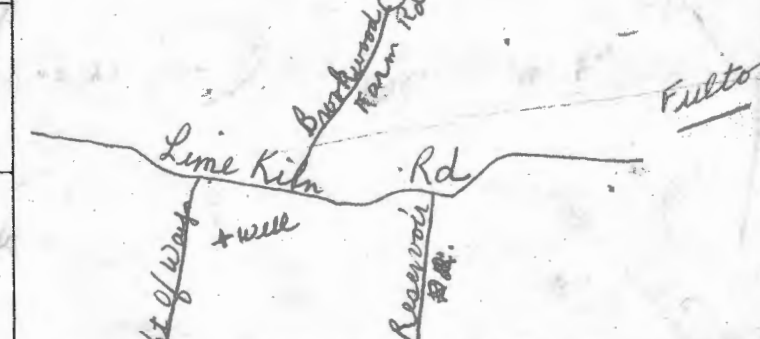
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-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

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.

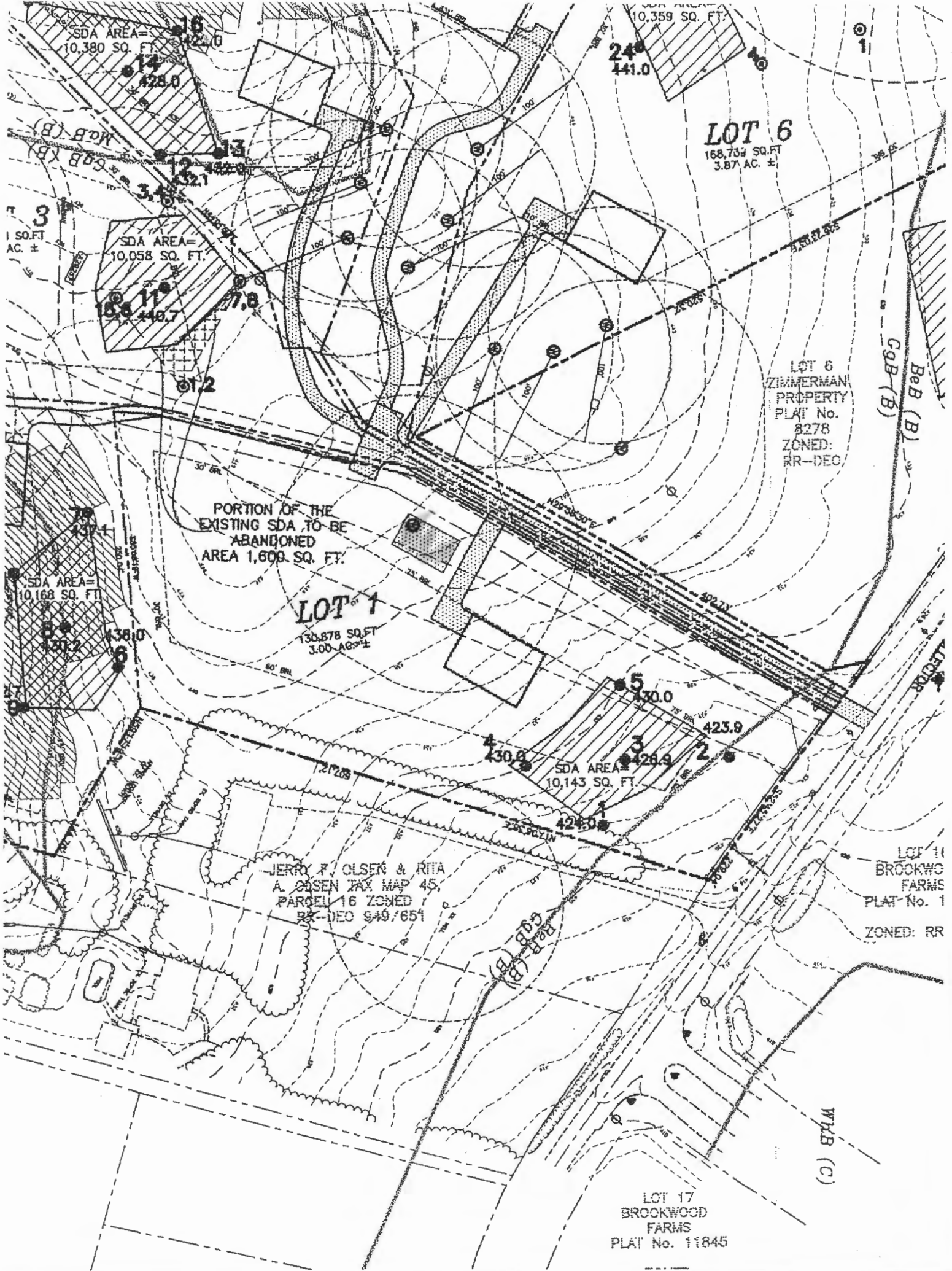
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-15-0302

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



10,359 SQ. FT.

240
141.0

LOT 6
168,734 SQ. FT.
3.87 AC. ±

LOT 6
ZIMMERMAN
PROPERTY
PLAT No.
8278
ZONED:
RR-DEC

PORTION OF THE
EXISTING SDA TO BE
ABANDONED
AREA 1,600 SQ. FT.

LOT 1
130,878 SQ. FT.
3.00 AC. ±

SDA AREA=
10,168 SQ. FT.

SDA AREA=
10,143 SQ. FT.

JERRY F. OLSEN & RITA
A. OLSEN TAX MAP 45,
PARCEL 16 ZONED
RR-DEC 949/651

LOT 11
BROOKWOOD
FARMS
PLAT No. 1
ZONED: RR

LOT 17
BROOKWOOD
FARMS
PLAT No. 11845

WRB (C)

BeB (B)
CoB (B)

3
1 SQ. FT.
AC. ±

SDA AREA=
10,058 SQ. FT.

SDA AREA=
10,380 SQ. FT.

138.0

430.0

426.9

425.9

424.0

160.7

112

17.8

12.1

12.0

128.0

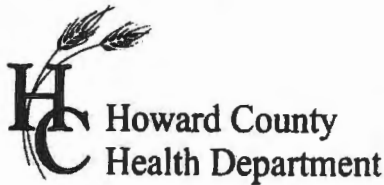
122.0

1

ALLEN

ELLEN

BeB (B)
CoB (B)



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Subdivision/Property Name</u>	<u>Lot #</u>	<u>Road Name</u>
Hill Property	1	Lime Kiln Rd

The well site has been staked by Mildenberg Boender & Assoc. Inc ,
(professional land surveyor or company employing professional land surveyors)
on 08/05/16 (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 3/11/07

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 -15 - 0302
 Site Address: _____

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____

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: _____

Depth of well encountered at time of pump installation: _____ (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 _____

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: _____

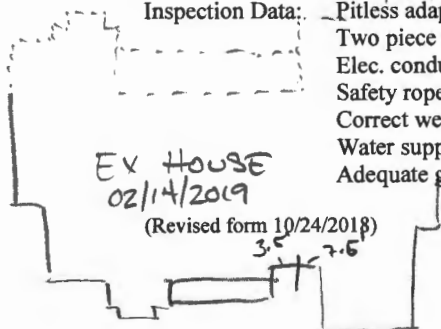
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 2/14/2019 Date Insp. Approved: 02/14/2019 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

(H)
 ✓ 56" 2/14/19 (H)
 ✓ 32" 2/14/2019 (H)
 ✓ 10" 2/14/2019 (H)
 ✓ 9' 2/14/2019 (H)



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: Robert L Fezzler Co Telephone #: 410-781-4655
Address: 6321 Barnett Ave
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Russell George License# PI0148

***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 #: 7 Well Tag #: HO - 95-2709
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goolds</u> \$	Make: <u>Boshart</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>10-65-10</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity <u>10</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: <u>20</u> GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: <u>440</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 <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PLU</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and 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.

Russell George 11/12/19
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 seen 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 _____

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 13, 2019

November 13, 2019

Homeowner
12415 Hill Crest
Fulton, MD 20759

RE: Hill Property, Lot 1
12415 Hill Crest
Building Permit: B18003380
Well Permit: HO-15-0302

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 **2/7/2019**. Final approval of the well line connection to the dwelling was granted on **2/14/2019**. The well construction was completed on **10/18/2016**. Water samples were collected on **10/9/2019**.

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-15-0302. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

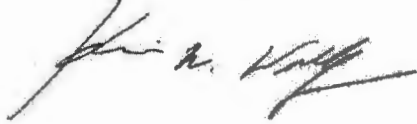
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Stevens Builders
4829 Ten Oaks Road
Dayton, Md 21036

Reporting Date: 10/15/2019
Report #: M7482

Submitted Sample Address: 12415 Hill Crest, Fulton, MD
Submitted Sample Source: Holding tank
Date / Time Collected: 10/9/2019 12:50 PM
Sample Type: Drinking Water
Sampler/Company: K. Wentworth 0137KW, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.0
Well Tag #: HO-15-0302

Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	ND	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	2.6	NTU	0.5	< 10 NTU*	MD Well Reg.

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 