

C 1 26155 SEQUENCE NO. (MDE USE ONLY)

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.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 09 04 14

Depth of Well 22 250 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-2682

OWNER Land Design + Development WELL SITE ADDRESS Fulton Estates Ct TOWN Fulton SUBDIVISION Fulton Manor Valley SECTION LOT 4

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. Rows include Soil, Red clay, Brown shale, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 21 NO. OF POUNDS 1974

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (PL) Nominal diameter 6 Total depth 75

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) HO 75 250

WELL HYDROFRACTURED (Y) (N)

TABLE WITH COLUMNS 1-6

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

CASING HEIGHT (circle appropriate box and enter casing height) 49 above LAND SURFACE 1 below (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

ELECTRIC LOG OBTAINED (P) TEST WELL CONVERTED TO PRODUCTION WELL

DRILLERS LIC. NO. MWD 355

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) M.C. NO. MS D 066

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

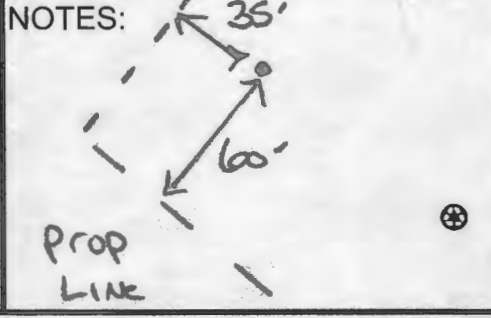
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.0 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 110 ft. TYPE OF PUMP USED (for test) 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

LATITUDE 39.15382 LONGITUDE 76.93282 (DEFAULT COORD. WGS 84)



B 1 29869

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2682

546308-C please type

Date Received (APA)

04/11/14

OWNER INFORMATION

Land Design & Development, 5300 Dorsey Hall Dr, Suite 102, Ellicott City, Md 21043

B 3

LOCATION OF WELL

Howard County, Fulton Manor Valley, Fulton, Part 1

DRILLER INFORMATION

Michael Barrow MW D 355, Barrow Well Drilling, 522 Underwood Lane 21014

B 4

SOURCES OF DRILLING WATER

1. Well

Fulton Estates Ct

600, 41, 78, 78

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.

AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A535210 13, STATE SIGNATURE, DATE ISSUED 04/15/2014, CO SIGNATURE, EXP. DATE 4/15/15

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Open Loop Geothermal, Closed Loop Geothermal

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

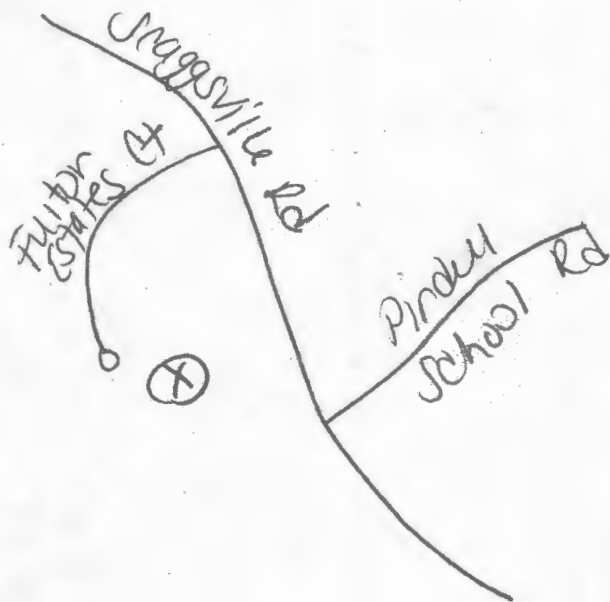
- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED

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

APPROP. PERMIT NUMBER, PERMIT No. HO-95-2682

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	August 7, 2014
Well Depth:	250 feet
Customer	Land Design & Development
Road	Fulton Estates Court
City	Fulton
State	Maryland
Permit #	HO-95-2682
Subdivision	Fulton Manor Valley
Section	
Lot #	4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:45 AM	30	4	15.00
10:00 AM	70	5	12.00
10:15 AM	110	10	6.00
10:30 AM	110	10	6.00
10:45 AM	110	10	6.00
11:00 AM	110	10	6.00
11:15 AM	110	10	6.00
11:30 AM	110	10	6.00
11:45 AM	110	10	6.00
12:00 PM	110	10	6.00
12:15 PM	110	10	6.00
12:30 PM	110	10	6.00
12:45 PM	110	10	6.00
1:00 PM	110	10	6.00
1:15 PM	110	10	6.00
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1071 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pileless 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, 25 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: Foales Well Pump & Water Treatment, LLC Telephone: 410 795 5070
Address: 580 Obrecht Rd
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): David C Foales License # MSD226

*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: Trinity Homes Telephone # _____
Subdivision: Fulton Manor Valley Lot # 4 Well Tag # HO-95-21682 (ST)
Site Address: 12171 Fulton Estates Ct
Fulton, MD 20754

<u>Submersible Pump Data</u>	<u>Pileless Adapter</u>	<u>Well Cap and Electric Casing</u>
Make: <u>Goulds</u>	Make: <u>Campbell II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>THSGE422</u>	Model #: <u>NA</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36" (36" min)</u>	Cap secured to casing: <u>YES</u>
Well Yield: <u>6</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 1" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>250</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Torque wrenches, Cable guards, or other acceptable method used - Must circle one		
Safety caps, if used, attached to Incess rope adapter or other acceptable method inside of well casing: <u>NA</u>		

<u>Piping in house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>20 (at 100 psi min)</u>	Length of sleeve: minimum from foundation: <u>6'</u>
Depth of supply line: <u>36" (36" min)</u>	Sleeve sealed properly: <u>YES</u>

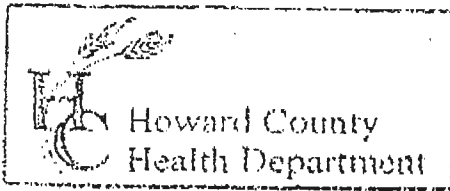
The water supply line is required to be at least 18" from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Foales date: 11/15/19

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

Date Insp Requested: 11/19/19 Date Insp Approved: 11/15/19 Inspector: (ST)

Inspection Data: Pileless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	44"
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec conduit extends at least 18" below grade attached to cap properly	<input checked="" type="checkbox"/>	41"
Safety rope not outside of well casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	19"
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	10"
Adequate ground observed below pileless adapter	<input checked="" type="checkbox"/>	



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

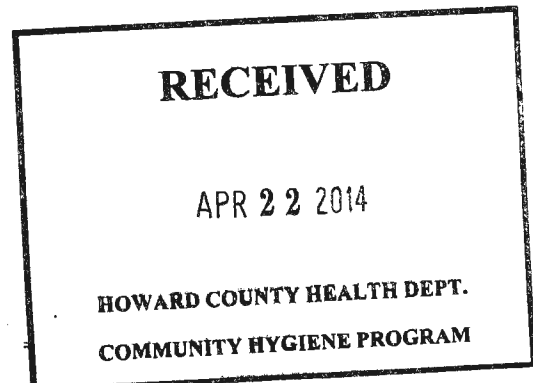
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Fisher Collins + Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 4/21/14 (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

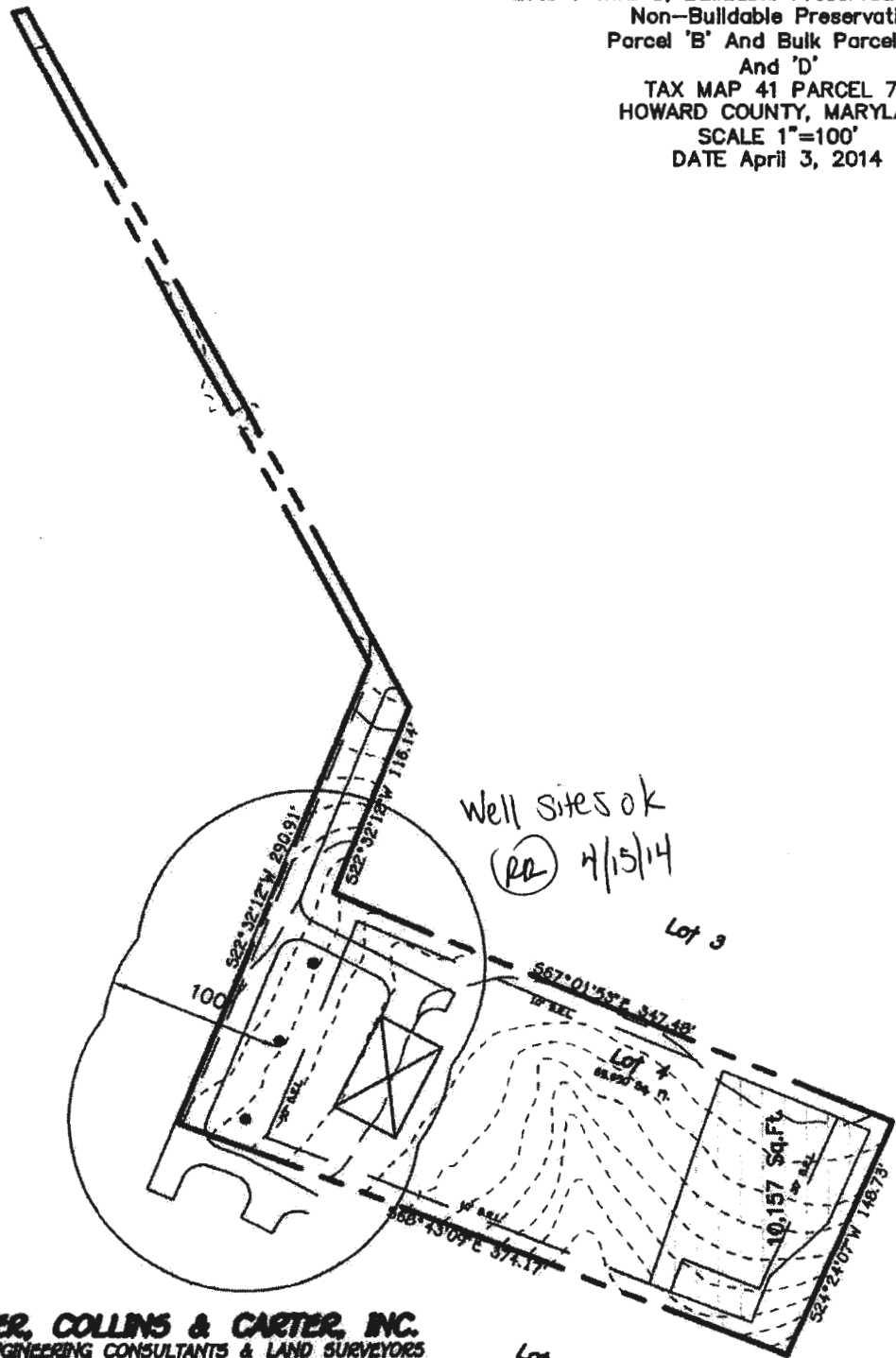
Michael Ison
 Barlow Well Drilling



I:\2011\11015\dwg\11015-001 Well Exhibit Lot 4.dwg, Model, 4/3/2014 11:54:20 AM, 1:100

FULTON ESTATES CT.

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 4
FULTON MANOR VALLEY - PART ONE
Lots 1 Thru 5, Buildable Preservation Parcel 'A',
Non-Buildable Preservation
Parcel 'B' And Bulk Parcels 'C'
And 'D'
TAX MAP 41 PARCEL 78
HOWARD COUNTY, MARYLAND
SCALE 1"=100'
DATE April 3, 2014



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

FAX TRANSMITTAL FORM

DATE: 4/22/14

TO: Ryan

COMPANY NAME:

FAX NUMBER: 410-313-2648

RE: Well stakes at Fulton Manor Valley

Number of Pages including cover: 2

Message: All 9 lots at Fulton Manor Valley have been staked by Fisher, Collins & Carter. Please let me know when the permits are available and I will have someone pick them up.

Mike Isom

RECEIVED

APR 22 2014

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – FEBRUARY 5, 2020

August 5, 2020

Homeowner
12171 Fulton Estates Court
Fulton, MD 20759

RE: Fulton Manor Valley, Lot 4
12171 Fulton Estates Court
Building Permit: B19000311
Well Permit: HO-95-2682

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 **6/26/2020**. Final approval of the well line connection to the dwelling was granted on **11/15/2019**. The well construction was completed on **9/4/2014**. Water samples were collected on **7/31/2020**.

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-95-2682. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

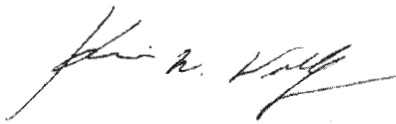
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 138890 Account #: 4035
Reference: Fulton Manor Valley Lot 4 Company: Trinity Quality Homes, Inc.
Location: 12171 Fulton Estates Court Requested By: Michael Pfau
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 7/31/2020 1355 Site: Pressure Tank
Date/Time Rec'd: 7/31/2020 1522 Treatment: Prior to Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: R. Ott 0266RO Well #: HO-95-2682

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2020 / 1030 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/1/2020 / 1030 / CCH
Nitrate	1.39	mg/L	10	601	7/31/2020 / 1600 / CRS
Turbidity	3.66	NTU	<10	SM20 2130B	7/31/2020 / 1715 / CWM
Sand	ND	mg/L	5	Visual/Gravimetric	7/31/2020 / 1715 / CS/CM

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B19000311

Date Reported: 8/3/2020

Reviewed By: Lo Ott