

C1 56753 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XIII

ST/CO USE ONLY DATE RECEIVED 02/28/19

DATE WELL COMPLETED 02/25/19 APPROVED 02/28/19 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0309

OWNER Land Design + Development last name Folly Quarter first name TOWN Elkton City SUBDIVISION SECTION LOT Parcel 111

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Soil, Brown shale, Med Gray Rock, Limestone.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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

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...

DRILLERS LIC. NO. 1 M D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LLC. NO. 1 W39113 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

GROUTING RECORD YES NO WELL HAS BEEN GROUTED (Circle Appropriate Box) GROUT

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 30 NO. OF POUNDS 2250 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 85 ft.

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 85

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) HO 85 300

Table for SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE water bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 88 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

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

LATITUDE 39 26 860 LONGITUDE 76 91 231 (DEFAULT COORD. WGS 84)

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.

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

TAG: 8/10/18 (SC)

B 1	SEQUENCE NO. (MDE USE ONLY) 54259	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 563001-C please type	STATE PERMIT NUMBER Ho-17-0309 70 111 in this form completely 79
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OWNER INFORMATION

Date Received (APA) 05/25/18

8 MM DD YY 13

15 Last Name Owner First Name 34
Land Design + Development

36 Street or RFD 55
8318 Forrest Street

57 Town 70 State 72 Zip 76
Ellicott City MD 21043

LOCATION OF WELL

B 3

8 COUNTY 21
Howard

23 SUBDIVISION 42
Hyman Property

SECTION 46 LOT 48 50
Parcel 113 III

57 NEAREST TOWN 71
Ellicott City

DRILLER INFORMATION

Driller's Name 76 License No. 81
Michael Barlow MW0355

Firm Name
Barlow Well Drilling

Address
522 Underwood Lane 2104

Signature Date
S-24-18

SOURCES OF DRILLING WATER

B 4

11 STREET ADDRESS 30
Folly Quarters Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 37 NORTH SOUTH
WEST EAST

DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
Low

TAX MAP: 23 BLK: 9 PARCEL: 113 III

WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20
750

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

COUNTY NAME Howard

STATE SIGNATURE [Signature] INSERT S →

DATE ISSUED 07/16/19 EXP. DATE 07/16/19

43 MM DD YY 48 CO SIGNATURE 41

DNI DEN: 8/8/18 DOG: 8/10/18

APPROXIMATE DEPTH OF WELL 24 28 FEET
300

APPROXIMATE DIAMETER OF WELL INCH
4

NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SERTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

8/9/2008

8/10

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

FINISHED DRILLING (2)

~80' to Rock

85' casing SDR 27.6

H₂O @ 245'

STOPPED @ 265'

28 gpm

45'

50'

Prop Lines

Reassigned to N-Lot

1/16/2019

-42' tremie hit blockage (couldn't nuclear by jetting w/ water)

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 (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

PERMIT No. Ho-17-0309

70 71 72 73 74 75 76 77 78 79



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

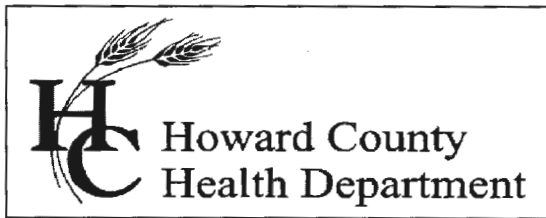
522 Underwood Lane
(410) 838-6910

Bel Air, Maryland 21014
Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	January 25, 2019		
Well Depth:	300	feet	
Customer	Land Design & Development	Permit #	HO-17-0309
Road	Folly Quarter Rd	Subdivision	Hyman Property
City	Ellicott City	Section	
State	Maryland	Lot #	Parcel 111 <i>w/ PAR 113 + LOT 15</i>

Time	Water Level feet pump set at 250'	Time to Fill 1-gallon bucket seconds	G.P.M.
11:15 AM	46	5	12.00
11:30 AM	66	5	12.00
11:45 AM	69	5	12.00
12:00 PM	73	5	12.00
12:15 PM	75	5	12.00
12:30 PM	76	5	12.00
12:45 PM	77	5	12.00
1:00 PM	79	5	12.00
1:15 PM	78	5	12.00
1:30 PM	80	5	12.00
1:45 PM	81	5	12.00
2:00 PM	84	5	12.00
2:15 PM	88	5	12.00
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.			



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

3/17/2020

Lawrence & Lois Hyman
3681 Folly Quarter Rd.
Ellicott City, MD 21042

**RE: Foxleigh, Lot 3
3681 Folly Quarter Rd.**

**Building Permit: BB19002055
Well Permit: HO-17-0309**

Dear Homeowner:

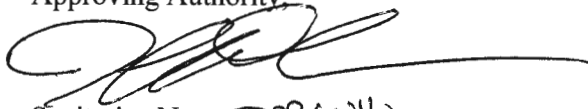
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/5/2020**. Final approval of the well line connection to the dwelling was granted on **2/12/2020**. The well construction was completed on **1/25/2019**. Water samples were collected on **2/26/20**.

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-17. 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>

Approving Authority

A handwritten signature in black ink, appearing to read 'Jeff Williams', with a long horizontal flourish extending to the right.

Sanitarian Name *Jeff Williams*
Environmental Sanitarian
Well & Septic Program

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

SEQUENCE NO. (MDE USE ONLY) **62796**

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER **HO-17-0389** fill in this form completely

OWNER INFORMATION: Date Received (APA), Lmd Design + Development, 8318 Forrest Street, Ellicott City, MD 21043

LOCATION OF WELL: Howard County, Human Property, monitor well #1, Ellicott City

DRILLER INFORMATION: Michael Barlow, M 4355, Barlow Well Drilling, 522 Underwood Lane, 21044, 1/3/19

SOURCES OF DRILLING WATER: Well, Foll-1 Quarts Rd, 600, 23, 9, 112

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 0, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard County, State Signature, Date Issued 01/14/19, CO Signature, Exp. Date

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, [T] TEST, OBSERVATION, MONITORING

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

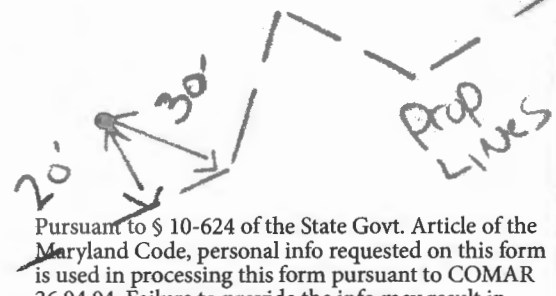
APPROXIMATE DEPTH OF WELL 30 FEET, APPROXIMATE DIAMETER OF WELL 4 INCH

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): [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL, [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

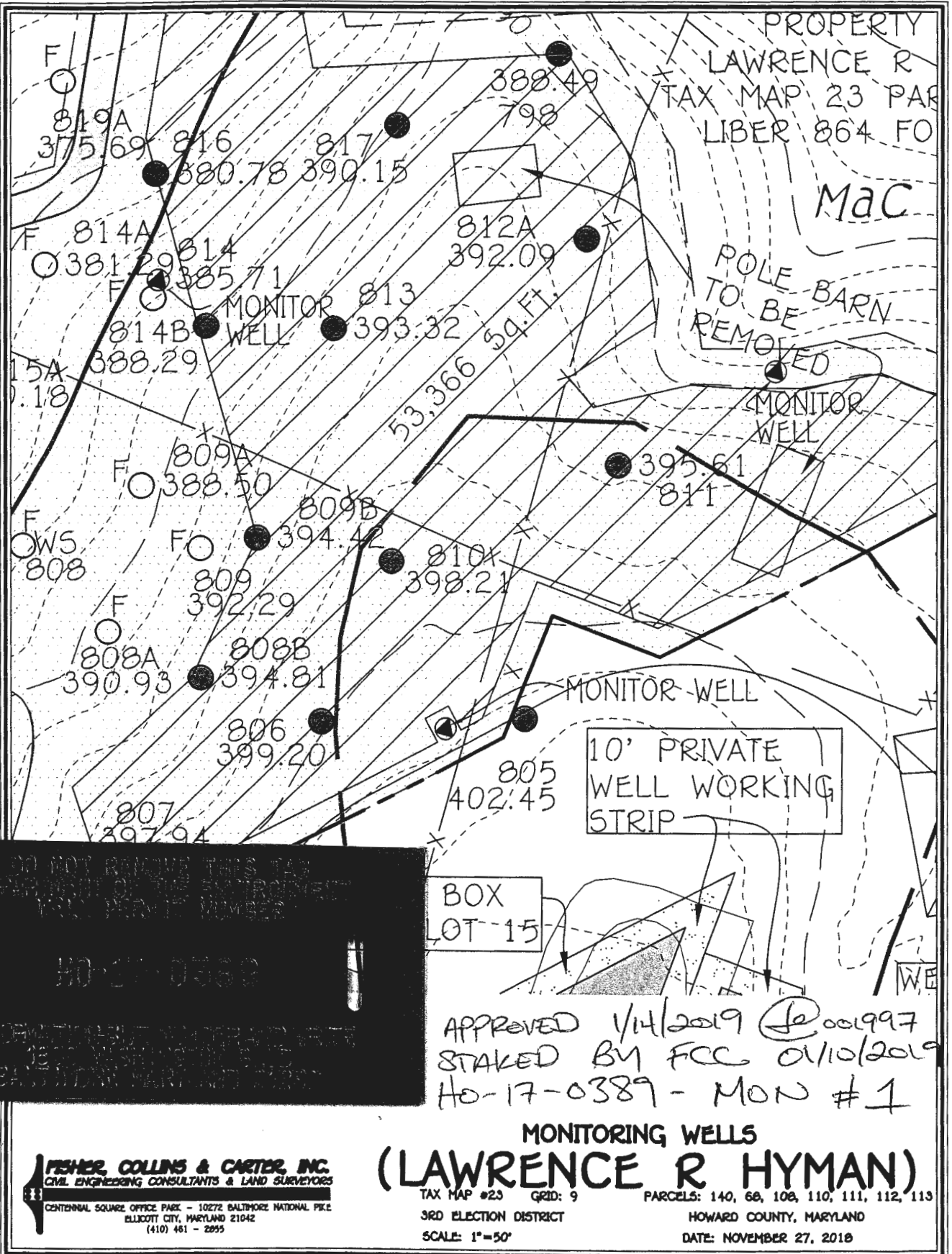
Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. HO-17-0389

CANCEL



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.

MUST CALL IN DRILLING ACTIVITIES FOR INSPECTION



APPROVED 1/14/2019 (Signature)
 STAKED BY FCC 01/10/2019
 HO-17-0389 - MON #1

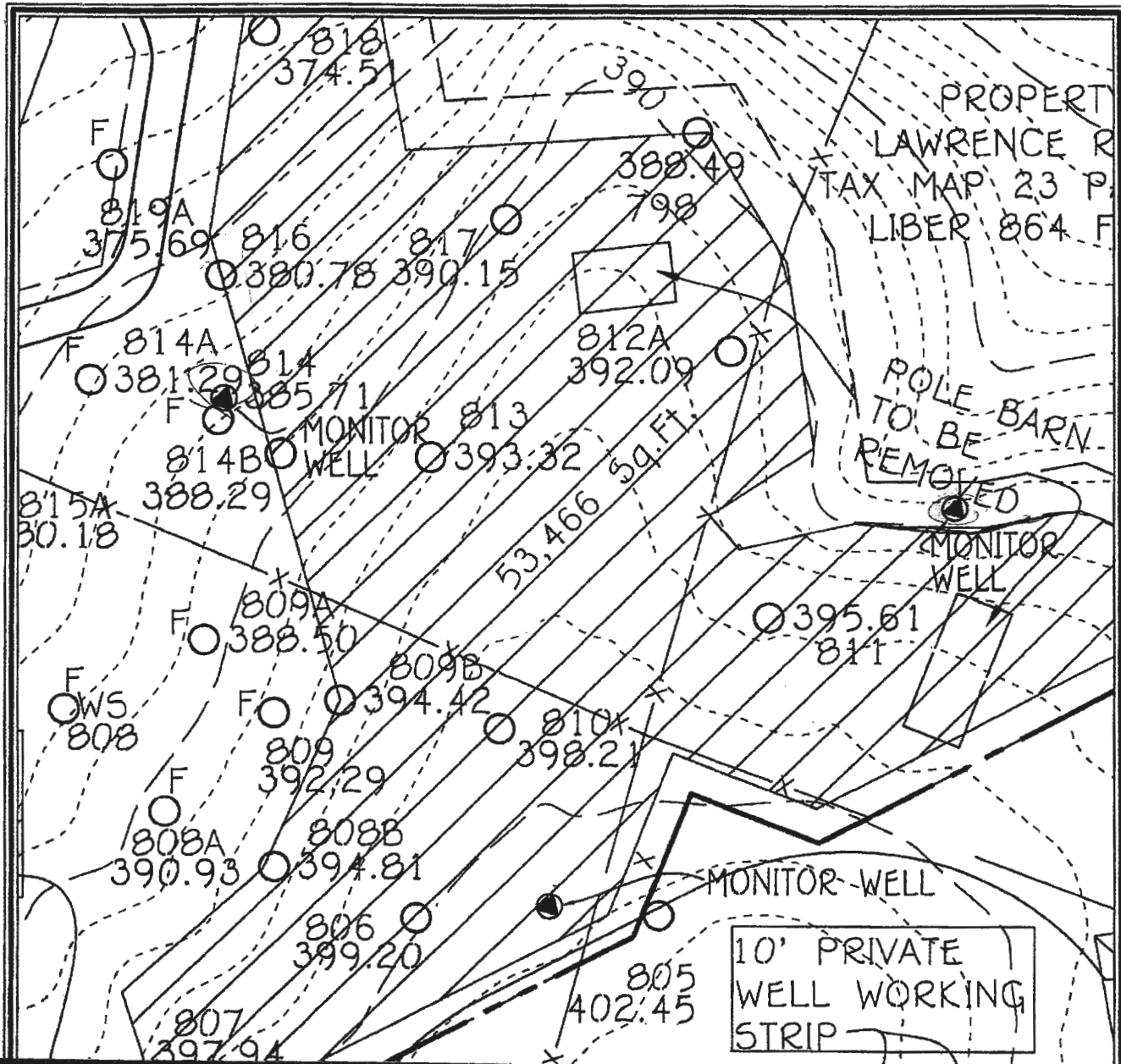
FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELlicOTT CITY, MARYLAND 21042
 (410) 461 - 2955

MONITORING WELLS
(LAWRENCE R HYMAN)
 TAX MAP #23 GRID: 9 PARCELS: 140, 68, 108, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: NOVEMBER 27, 2018

DRAWING WELLS, 1:1

1:2004\04031\dwg\04

1:2004\04031\dwg\04



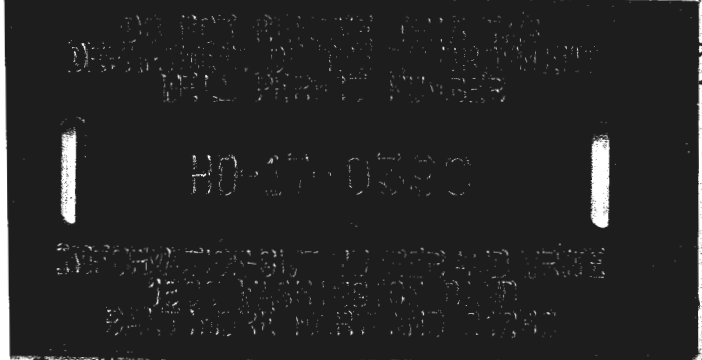
PROPERTY
LAWRENCE R
TAX MAP 23 P
LIBER 864 F

POLE TO BE BARN
REMOVED
MONITOR WELL

MONITOR-WELL
10' PRIVATE
WELL WORKING
STRIP

BOX
LOT 15A

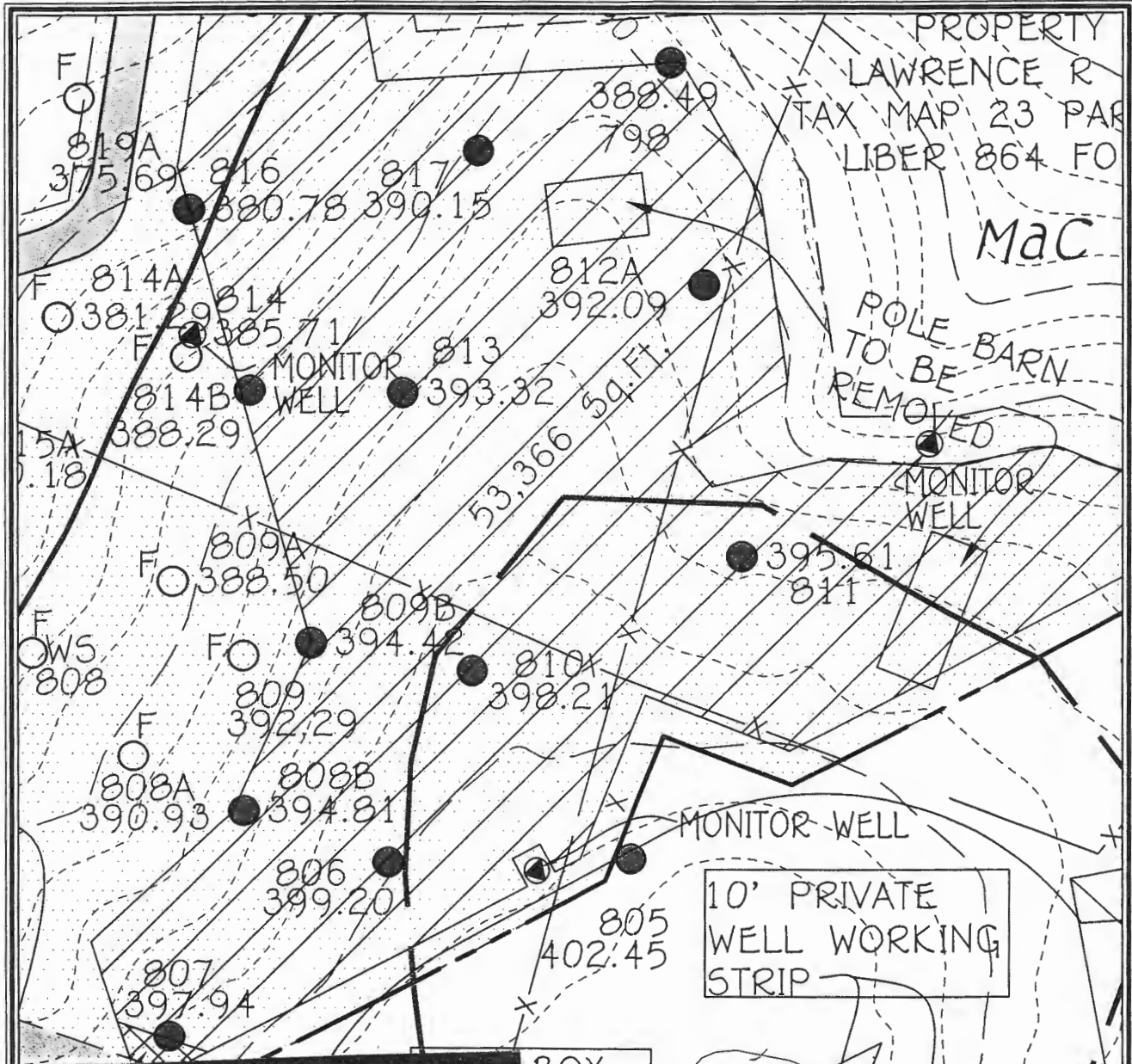
APPROVED 01/11/2019
STAKED BY FCC 1/10/2019
HO-17-0390 MON #2



FORBES COLLINS & CURTIS, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10672 BALTIMORE NATIONAL PIKE
BELLICOTT CITY, MARYLAND 21042
(410) 461-2000

**MONITORING WELLS
(LAWRENCE R HYMAN)**

TAX MAP #23 GRID: 9 PARCELS: 140, 68, 108, 110, 111, 112, 113
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: NOVEMBER 27, 2018



PROPERTY
LAWRENCE R
TAX MAP 23 PAR
LIBER 864 FO
MaC

POLE TO BE BARN
REMOVED

10' PRIVATE
WELL WORKING
STRIP

BOX
OT 15

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-17-0391
INFORMATION GIVE MILLER AND URICH
1200 WASHINGTON BLVD
BALTIMORE MARYLAND 21203

Approved 01/14/2019
Sealed by FCC 01/14/2019
Ho-17-0391 MON # 5

MONITORING WELLS

(LAWRENCE R HYMAN)

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2895

TAX MAP #23 GRID: 9
3RD ELECTION DISTRICT
SCALE: 1"=50'

PARCELS: 140, 68, 108, 110, 111, 112, 113
HOWARD COUNTY, MARYLAND
DATE: NOVEMBER 27, 2018

UNITS: SURVEYING WELLS, 1:1

B 1
62797

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HC-17-0390
fill in this form completely

1 2 3 6
Date Received (APA) 01/18/19
OWNER INFORMATION
8 MM DD YY 13
15 Last Name First Name
34
36 Street or RFD
55
57 Town 70 State 72 Zip 76
Ellicott City MD 21043

B 3 LOCATION OF WELL
8 COUNTY Howard
21
23 SUBDIVISION Hyman Property
42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION
Driller's Name Michael Barbow M W D 355
76 License No. 81
Firm Name Barbow Well Drilling
Address 522 Oakwood Lane 21014
Signature Date 1/3/19

B 4 SOURCES OF DRILLING WATER
1. well
11 STREET ADDRESS Folly Quarter Rd 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 600 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 23 BLK: 9 PARCEL 12

B 2 WELL INFORMATION
7 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
22 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

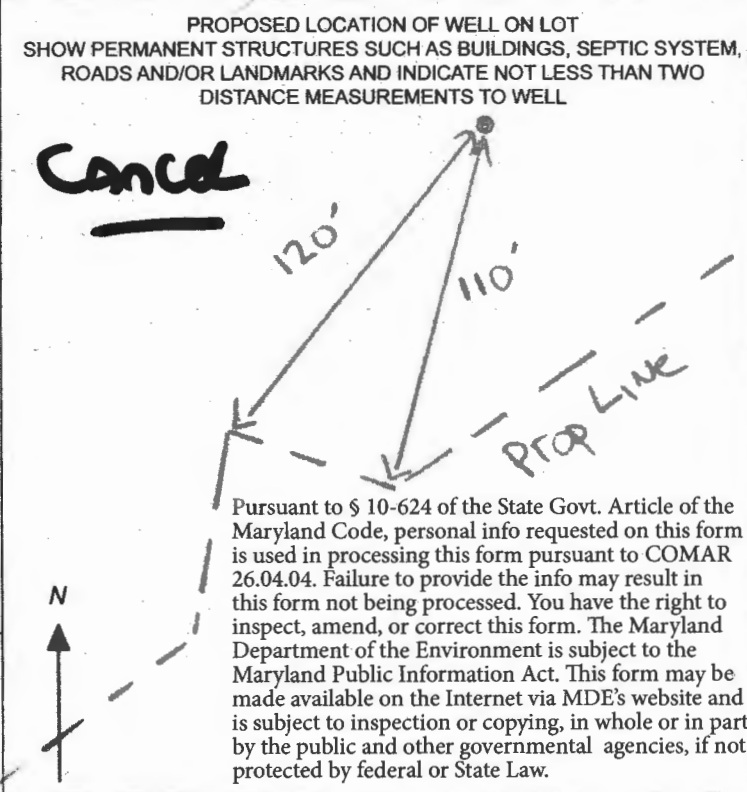
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME Howard
STATE SIGNATURE [Signature] INSERT S
DATE ISSUED 01/14/19 43 MM DD YY 48
CO SIGNATURE [Signature] EXP. DATE 01/14/20 41

APPROXIMATE DEPTH OF WELL 24 50 28 FEET
APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)
30 BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
39 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
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 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. HC-17-0390
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
CALL IN ALL DRILLING ACTIVITIES FOR INSPECTION

B 1 Date Received (APA) 01/18/19

OWNER INFORMATION

8 MM DD YY 13
Land Design + Development

15 Last Name Owner First Name 34
8318 Forest Street

36 Street or RFD 55
Ellicott City MD 21043

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Human Property 42

SECTION 44 LOT 48 50

52 NEAREST TOWN Ellicott City 71

DRILLER INFORMATION

Driller's Name Michael Barkow M WD 355 76 License No. 81

Firm Name Barkow Well Drilling

Address 523 Uphamwood Lane

Signature [Signature] Date 1/13/19

B 4 SOURCES OF DRILLING WATER

1. well

2.

3.

Folly Quarter Rd 11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 600 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 23 BLK: 9 PARCEL 12

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0 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

COUNTY NAME Howard COUNTY NO. 20

STATE SIGNATURE [Signature] INSERT S →

DATE ISSUED 01/18/19 CO SIGNATURE [Signature] EXP. DATE 01/18/20

APPROXIMATE DEPTH OF WELL 50 FEET 24 28

APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH

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 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

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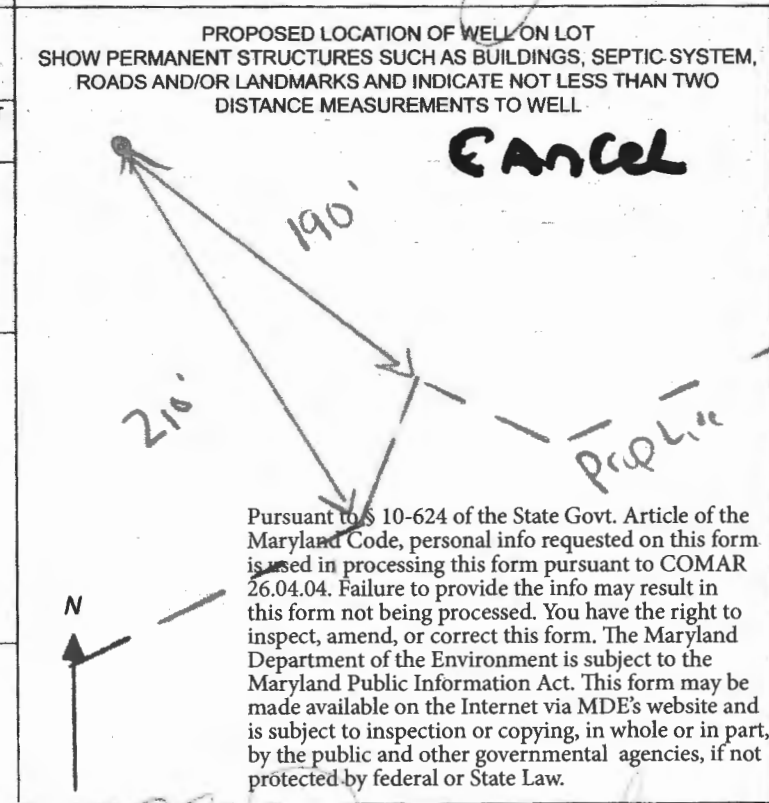
THIS WELL WILL DEEPEM AN EXISTING WELL

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)

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. HO-17-0391



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: Hyman Property Parcel 111 Lot #: 3 Well Tag #: HO - 17 - 0309
 Site Address: 3687 Folly's Quarter Rd
Ellicott City, MD 21042

1/22/20 Casing and electrical trace wire installed below frost line. Well line will be suction through at later date. (S)

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: _____ Date Insp. Approved: _____ Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
 Two piece cap installed & 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 _____

(Revised form 10/24/2018)

not 1026

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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: Atlantic Blue Water SVCS. Telephone #: 410-840-2583
Address: 1807 Baltimore Blvd
Wilmington MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Liv J. Greenall License# 70788

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Lawrence Hyman Telephone #: _____
Subdivision: Foxcreek Lot #: 3 Well Tag #: HO-17-0309 **(ST)**
Site Address: 3687 Folly Quarter Road
Furcott City, MD 21047

Submersible Pump Data

Make: Grundfos
Model #: _____
Pump Capacity 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Thompson
Model#: _____
Depth: 42" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" 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

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: PVC
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 20 ft
Sleeve caulked and 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] 2/5/20
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/12/20 Date Insp. Approved: 2/12/20 **(ST)**
Inspection Data: Pitless adapter and water supply line at least 36" below grade 36"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 22"
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 34"
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

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

MEMORANDUM

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: December 27th, 2018 *② 12/27/2018*

RE: Hyman Property Subdivision – Well Special Conditions.
(Hyman Par. 110, 111 and Locust Ridge Lot 15) (Hyman Par. 108 and 113)

*LOT 111
HO-17-0311
PREVIOUSLY LAW 413*

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

All wells are in the 1000 foot Baltimore Gneiss Buffer and Will require Radium Samples at the Yield.

Simultaneous Yield Contingency:

Note 14: Yield Tests must be simultaneous on all wells established within 50' of another newly established well. This simultaneous yield test must occur prior to submittal of building permit. The well completion report, including the yield test data must be approved by the Health Department prior to approval of the respective building permits.

Complex Yield Test:

Wells in cluster on Hyman Property Parcels 108, 110, 111, and 113 and the well on Locust Ridge Lot 15 will need a complex yield test involving the drawdown of one or more wells and the simultaneous monitoring of the static water level on all other wells in an effort to determine potential influence wells may have on each other.

Parcel No. 140:

Note 21: The New Home proposed on Parcel No. 140 requires the installation of a well as shown hereon Percolation Certification signed 06/15/2018. The approval by the Health Department for the Well installation requires the abandonment of the existing septic system on adjoining Parcel No. 28 and connection to the shared septic system.

Please begin drilling in an area of the well box that is 200 feet away or farther from the existing septic system on Parcel No. 28.

If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2643 or email jcabahug@howardcountymd.gov.

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

MEMORANDUM

TO: Michael Barlow MWD 355

FROM: Joseph Cabahug
Licensed Environmental Health Specialist 01997
Howard County Health Department
Well & Septic Program

DATE: December 27th, 2018 *Dec 27/2018*

RE: **Hyman Property Subdivision – Well Special Conditions.**
(Hyman Par. 110, 111 and Locust Ridge Lot 15) (Hyman Par. 108 and 113)

The following comments apply to the above referenced Well Permit Application. Please read through and complete as needed.

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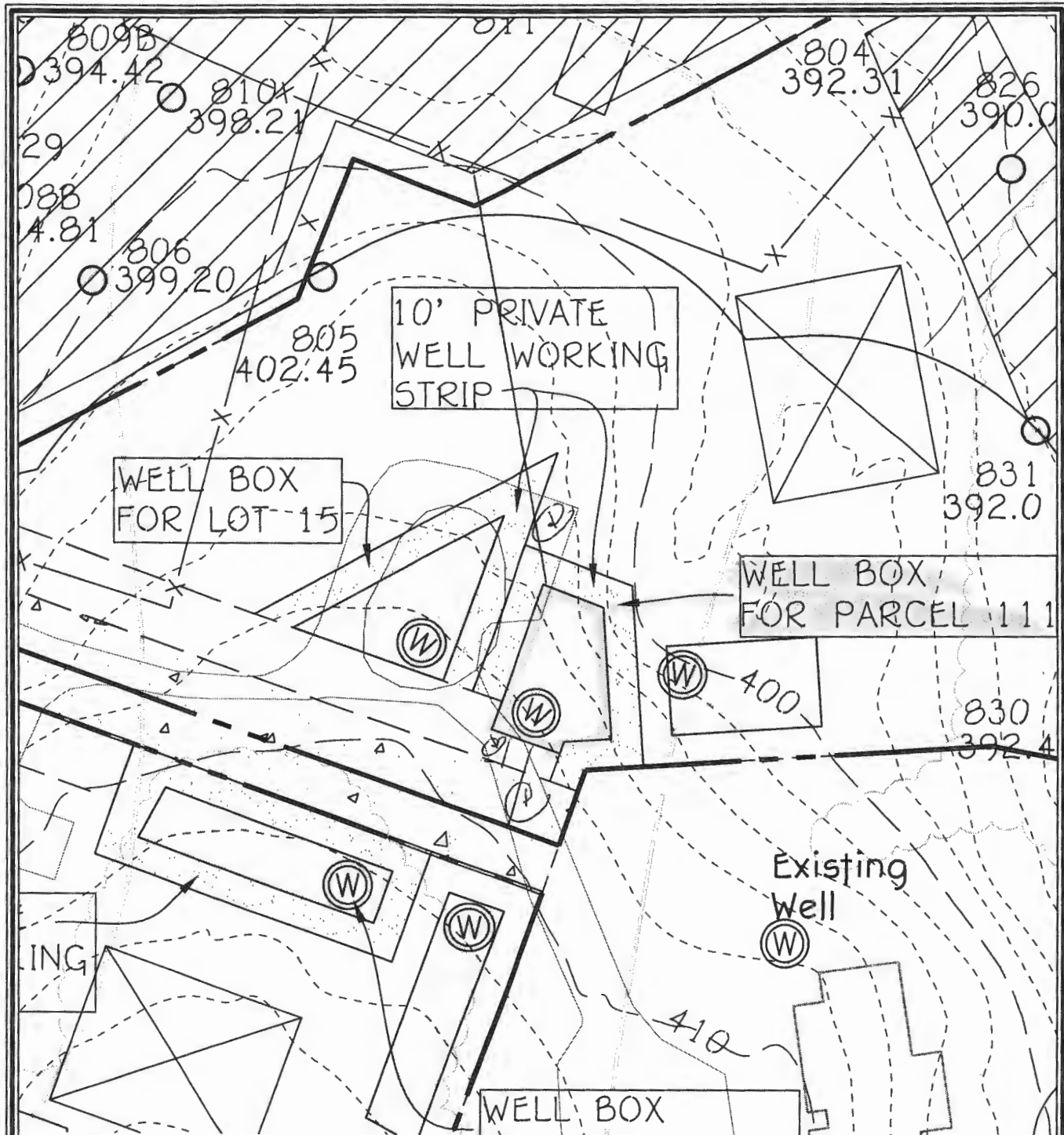
Parcel No. 140:

Note 21: The New Home proposed on Parcel No. 140 requires the installation of a well as shown hereon Percolation Certification signed 06/15/2018. The approval by the Health Department for the Well installation requires the abandonment of the existing septic system on adjoining Parcel No. 28 and connection to the shared septic system.

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If you have any questions regarding the above mentioned information, please feel free to contact me at 410-313-2643 or email jcabahug@howardcountymd.gov.

I:\2004\04031\dwg\04031-4002 Revised Perc Plan 8-17-18 ht.dwg, Parcel 111, 1:1



APPROVED 12/27/2018 P 001997

STAKED BY FCC 12/17/2018

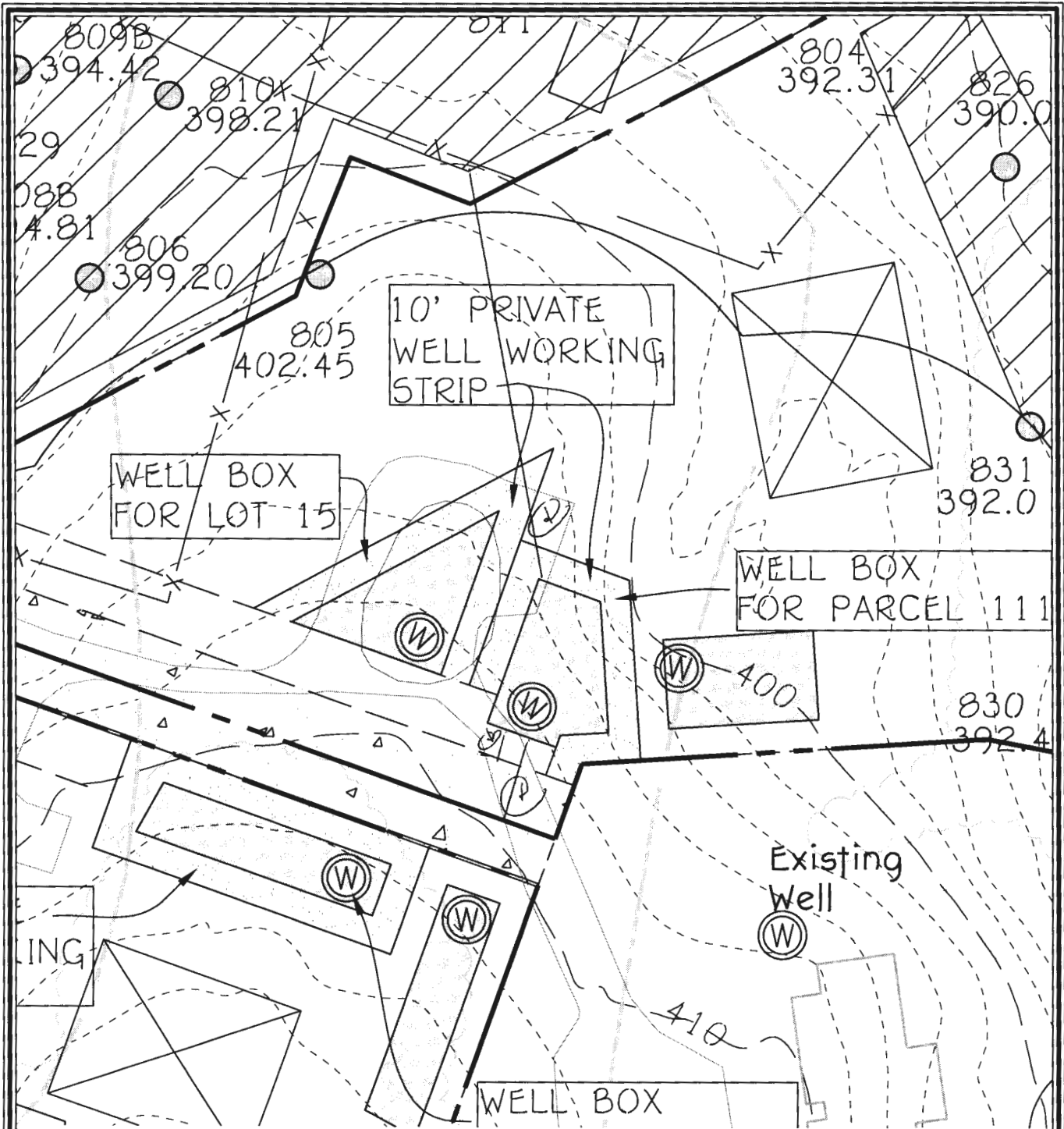
**WELL EXHIBIT FOR PARCEL 111
(LAWRENCE R HYMAN)**


FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

TAX MAP #23 GRID: 9
 3RD ELECTION DISTRICT
 SCALE: 1"=50'

PARCELS: 140, 60, 100, 110, 111, 112, 113
 HOWARD COUNTY, MARYLAND
 DATE: NOVEMBER 27, 2018

I:\2004\04031\dwg\04031-4002 Revised Perc Plan 8-17-18 ht.dwg, Parcel 111, 1:1



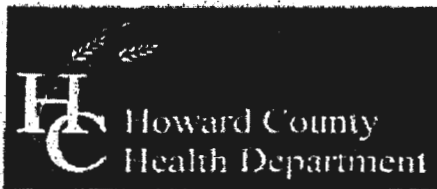
APPROVED 12/27/2018 

STAKED BY FCC 12/17/2018

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2899

**WELL EXHIBIT FOR PARCEL 111
 (LAWRENCE R HYMAN)**

TAX MAP #23 GRID: 9 PARCELS: 140, 60, 100, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: NOVEMBER 27, 2018



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

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:

HYMAN PROPERTY PARCE 110, 111 FOLLY QUARTER 121
Subdivision/Property Name Lot# Road Name

- The well site has been staked by FISHER, COLLINS & CARTER, INC.
(professional land surveyor or company employing professional land surveyors)
on 12/17/10 (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



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 #: 136138 Account #: 1045
Reference: CBI Homes Company: Atlantic Blue Water Services
Location: 3687 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/9/2020 1130 Site: Bathroom Sink
Date/Time Rec'd: 3/10/2020 1144 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: K. Sweeney 0280KS Well #: HO-17-0309

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/11/2020 / 0800 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/11/2020 / 0800 / RER
Nitrate	<1.0	mg/L	10	601	3/10/2020 / 1245 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	3/10/2020 / 1645 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/10/2020 / 1630 / 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 Sample collected by client, analyzed as received
- 7 ND = None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on site; Chlorine level tested in lab

Reason for Test : Use & Occupancy**Building Permit # :** B19002055Date Reported: 3/11/2020

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 #: 135958 Account #: 1045
Reference: CBI Homes Lot 3 Company: Atlantic Blue Water Services
Location: 3687 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/26/2020 1130 Site: Well Tank
Date/Time Rec'd: 2/26/2020 1545 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: M. Mather 0258MM Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	1.5	pCi/L	****	903.1	3/11/2020 / 0944 / MJN
Radium-228	2.6	pCi/L	****	Ra-05	3/11/2020 / 0926 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.2 pCi/L; Radium 226 Error: +/- 0.2 pCi/L
- Radium 228 Detection Limit: 1.0 pCi/L; Radium 228 Error: +/- 0.8 pCi/L
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- Sub-contracted to Reference Lab #278
- ND = None Detected; N/A: Not Available
- Sample collected by client, analyzed as received
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Real Estate

Date Reported: 3/12/2020

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 #: 136138 Account #: 1045
Reference: CBI Homes Company: Atlantic Blue Water Services
Location: 3687 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
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Date/Time Rec'd: 3/10/2020 1144 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: K. Sweeney 0280KS Well #: HO-17-0309

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/11/2020 / 0800 / RER
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Nitrate	<1.0	mg/L	10	601	3/10/2020 / 1245 / CRS
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Sand	NS	mg/L	5	Visual/Gravimetric	3/10/2020 / 1630 / RER

NOTES

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