

C1 27683

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A56144

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/18/17

Depth of Well 240

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-17-0182

OWNER Cumberland Inc WELL SITE ADDRESS 2061 R+32 TOWN Sykesville

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED

PUMPING TEST

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. Includes entries for Brown Shale, mica Rock, and Water 85, 165.

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10

CASING RECORD MAIN CASING TYPE ST Nominal diameter top (main) casing 6

BEFORE PUMPING 23 ft. WHEN PUMPING 139 ft.

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

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO

SCREEN RECORD screen type or open hole insert appropriate code below

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47

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

DIAMETER OF SCREEN (NEAREST INCH) 56 60

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

DRILLERS LIC. NO. MS D 0 2 1 DRILLERS SIGNATURE

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

LATITUDE 39.31541 LONGITUDE 76.94974

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

Tag = 10/30/17

B 1 SEQUENCE NO. (MDE USE ONLY) **51635** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **510532** STATE PERMIT NUMBER **Ho-17-0182**
70 fill in this form completely 79

1 2 3 6 Date Received (APA) **012117**
8 MM **DD** **YY** **13**
15 Last Name **Cumberland** Owner First Name **Don** **34**
36 Street or RFD **6407 White Oak Ct** **55**
57 Town **Fredesick** **70** State **md** **72** Zip **21701** **76**

B 3 LOCATION OF WELL
8 COUNTY **Howard** **21**
23 SUBDIVISION **42**
SECTION **44** **46** **LOT** **48** **50**
52 NEAREST TOWN **Sykesville** **71**

DRILLER INFORMATION
76 Driller's Name **Larry Mayne** **MSD029** License No. **81**
76 Firm Name **Joseph & Mayne Well Drilling**
76 Address **5512 Ridge Rd Mt Airy Md 21771**
76 Signature **Larry Mayne** **9-15-17** Date

B 4 SOURCES OF DRILLING WATER
11 Well **2061 Route 32** **30** STREET ADDRESS
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
34 **65** **37** DISTANCE FROM ROAD **FT**
 ENTER FT OR MI **38** **39**
 TAX MAP: **15** BLK: **2** PARCEL **135**

B 2 WELL INFORMATION
1 APPROX. PUMPING RATE **5** (GAL. PER MIN.) **8** **12**
AVERAGE DAILY QUANTITY NEEDED **14** **500** **20** (GAL. PER DAY)

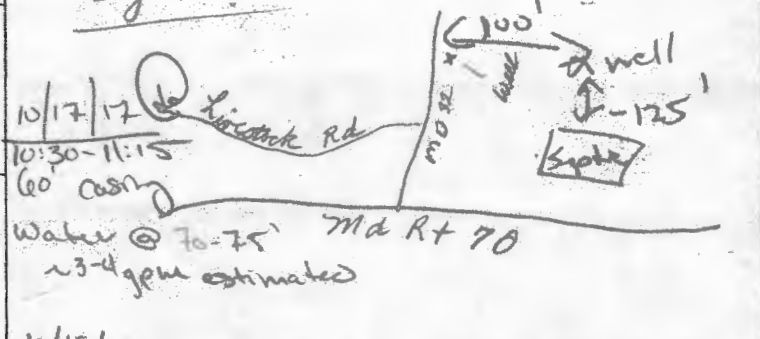
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **(13)** **A 561444**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **9/28/17** **9/28/18**
43 MM **DD** **YY** **48** CO SIGNATURE **John Wall** EXP. DATE

APPROXIMATE DEPTH OF WELL **24** **300** **28** FEET
APPROXIMATE DIAMETER OF WELL **6** **NEAREST INCH**

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
Sykesville

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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**

10/15/17
 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. _____ **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

SPECIAL CONDITIONS **MUST HAVE STEEL CASING + MINIMUM 50' OR 10' INTO BEDROCK - WHICHEVER IS DEEPER**

10/18/2017 @

16 bags White Cement

Union Bridge 10/14/17

USU Local 8-60031

10/18/2017 @

Ab Well - jet pump inside
~ 50' pump set

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – *NOVEMBER 18, 2020*

May 18, 2020

Homeowner
2061 Route 32
Sykesville, MD 21784

RE: M. 15, G. 5., P. 135
2061 Route 32
Building Permit: B18001567
Well Permit: HO-17-0182

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 **5/14/2020**. Final approval of the well line connection to the dwelling was granted on **1/9/2020**. The well construction was completed on **10/18/2017**. Water samples were collected on **5/1/2020, 5/12/2020**.

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.

The untreated water sample collected on **5/1/2020** indicated a nitrate level of **11.8 mg/L**. **This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09**. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on **5/12/2020** and indicated a nitrate level of **<1.0 mg/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of **10 mg/L or less**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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

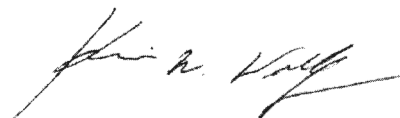
This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-17-0182. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

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 quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your Best Available Technology (BAT) for your onsite sewage disposal. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M Wolf, L.E.H.S., 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 #: 137048 Account #: 7085
Reference: Cumberland Dev. Custom Homes Company: Cumberland Dev. Custom Homes
Location: 2061 Route 32 Requested By: Curtis L. Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/1/2020 1138 Site: Pressure Tank
Date/Time Rec'd: 5/1/2020 1445 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Yeager 0819JY Well #: HO-17-0182

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/2/2020 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	5/2/2020 / 1000 / BCD
Nitrate	11.8	mg/L	10	601	5/1/2020 / 1500 / CRS
Turbidity	4.70	NTU	<10	SM20 2130B	5/1/2020 / 1520 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/1/2020 / 1520 / CRS

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 # : B18001567

Date Reported: 5/4/2020

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 #: 137232 Account #: 7085
Reference: Cumberland Dev. Custom Homes Company: Cumberland Dev. Custom Homes
Location: 2061 Route 32 Requested By: Curtis L. Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 5/12/2020 1052 Site: R/O Tap
Date/Time Rec'd: 5/12/2020 1434 Treatment: Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: R. Ott 0266RO Well #: HO-17-0182

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	5/12/2020 / 1615 / RER

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B18001567

Date Reported: 5/13/2020

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department (“the Health Department”) and curtis cumberland (“the Owner”).

WHEREAS, the Owner owns a tract of land at street address 2061 Rt. 32 Sykesville MD. 21784 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 15, Block # 5, Parcel # 135, Deed Reference # 18189/199 and Tax Account # 3282627 (“the Property”).

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit HO-17-0182 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed this Agreement on the dates set forth below.

<u>curtis cumbereland</u>	<u>5/18/20</u>	<u>curtis cumbereland</u>	<u>5/18/20</u>
Owner	Date	Buyer	Date

Owner	Date	Buyer	Date

Howard County Health Department Date

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

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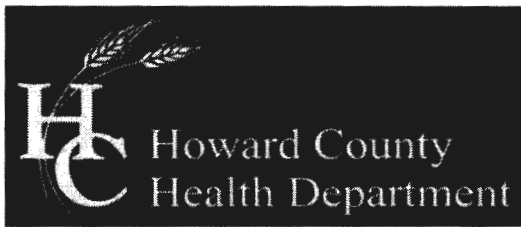
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B18001567

Date Reported: 5/4/2020



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

APPLICATION FOR VARIANCE TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL

Date Submitted 12/2/19

2061 Rt 32 Syksville MD. 21784

Property Address

Subdivision Lot Tax Map 15 Grid 5 Parcel 135 Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Existing Lot of record, building permit approved over a year ago, well installed over a year ago, Lot was reperked and approved for a 4 bedroom Perc over 18 months ago.

In the area below, list the specific section of the Code of Maryland Regulations (COMAR) to which a variance is being requested and provide a brief summary of the regulation and an explanation of why the variance is being requested (Attach a separate sheet if necessary).

Table with 2 columns: Regulation Section, Summary and Explanation. Row 1: Added egress area way on side of home.

Property Owner's Signature

Health Department Use Only

Reviewed by J. Williams HCHD Staff Date 12/3/19

Recommendation: [X] Recommended [] Not Recommended HCHD Supervisor Date 12/3/19

Comments/Conditions:

Approved by: Steven R. Krueger LEHS MDE Representative Date 12/5/19

Oswald, Hank

From: Oswald, Hank
Sent: Monday, November 25, 2019 7:25 AM
To: 'CUMBERLANDDEVCUSTOMHOMES@GMAIL.COM'
Cc: Williams, Jeffrey
Subject: Variance Application
Attachments: Variance application-interactive.pdf

Hello Mr. Cumberland:

Good morning. Attached, please find the variance application to reduce the well setback from house foundation. As I mentioned in my email dated 11/19, both BP site plan and OSDS Plan must be revised to show the basement egress.

When submitting the variance application, please include a hard copy of the updated BP site plan.

Should you have any questions, please don't hesitate to ask.

Respectfully,

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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 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK 11/8/17
 10

DATE WELL ABANDONED: 10-18-2017 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL:

HO - 17 - 0182

* PERSON ABANDONING WELL: Larry Mayne

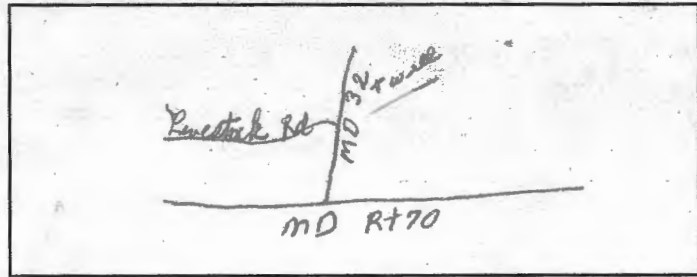
WELL DRILLER'S LICENSE NUMBER: MS0027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Cumberland, Lee

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Lylesville
 TAX MAP 15 BLOCK PARCEL 135
 SUBDIVISION:
 SECTION: LOT:
 STREET ADDRESS: 2061 Rt 32



LATITUDE 39.31538

LONGITUDE 76.95011

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>59</u>
VOLUME OF MATERIAL USED		
<u>1410 lb cement</u> <u>84 gals water</u>		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 59 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

Larry Mayne MS0027

MWD / MSD / MGS

CIRCLE ONE

11-2-17

DATE

COUNTY

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.

5.10
 9/1/17

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/18/2017	<p>Well grout Spec:</p> <p>Lehigh Portland Cement Type 1/II</p> <p>Union Bridge 10/14/2017</p> <p>USU Local 8-00031</p>
	<p>Existing well was abandoned and sealed; using Lehigh Portland Cement Type 1/II. ⊕</p>
11/01/17	<p>Email sent to Demo Applicant for Well ab report and Septic AB. pic + pump invoice. ⊕</p>

MARYLAND ROUTE 32

556.37
Invert in 24

559.42
24" Ash

561.98
30" Hickory

Well Sites Approved
See Special conditions
(Signature)

2ND ALT. WELL

15T ALT. WELL

DRY WELL

FIRST WELL

EXISTING HOUSE TO BE RAZED

559.00
24" Spruce

559.89
18" Ash

560.43
18" Spruce

560.32
PROANE VALVE

562.12
54" S.O.

PROANE VALVE
560.25

562.07
24" Maple

U2F

M1

504

505

503

566

564

562

501

10' B.R.L.

502

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0182

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

547.57
Invert

556

560

568

570

572

574

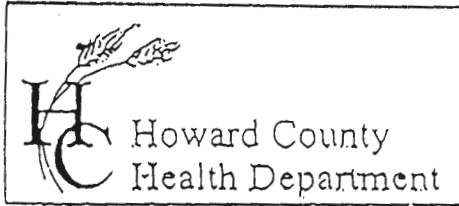
576

580

578

576

574



7178 Columbia Gateway Drive, Columbia, MD 21046
 (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:

Well Site Location:

		<u>2061 Rt 32</u>
Subdivision/Property Name	Lot#	Road Name

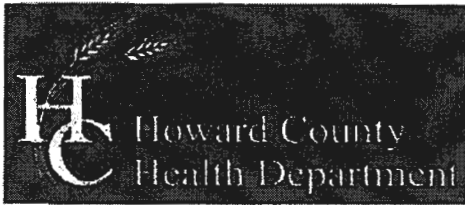
The well site has been staked by Fisher Collins Carter
 (professional land surveyor or company employing professional land surveyors)
 on 9-8-2017 (date) and does not require a site inspection.

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

*Cumberland Inc
 see Cumberland
 443-605-6864*



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

APPLICATION FOR VARIANCE

TO COMAR ONSITE WATER/SEWER FOR MDE APPROVAL

Date Submitted

July 28, 2017

Property Address

2061 Route 32, Sykesville, MD 21784

Subdivision

Lot

Tax Map

Grid

Parcel

Tax Account #

15

135

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Perc Certification

In the area below, list the specific section of the Code of Maryland Regulations (COMAR) to which a variance is being requested and provide a brief summary of the regulation and an explanation of why the variance is being requested (Attach a separate sheet if necessary).

Regulation Section

Summary and Explanation

1.

COMAR 28.04.02.05.B.(2)

Specifies that on-site sewage disposal system is to be located downgradient from a private water well.

2.

Property Owner's Signature

Health Department Use Only

Reviewed by

HCHD Staff

Date

Recommendation:

[X] Recommended

[] Not Recommended

HCHD Supervisor

8/11/17

HCHD Supervisor

Date

Comments/Conditions:

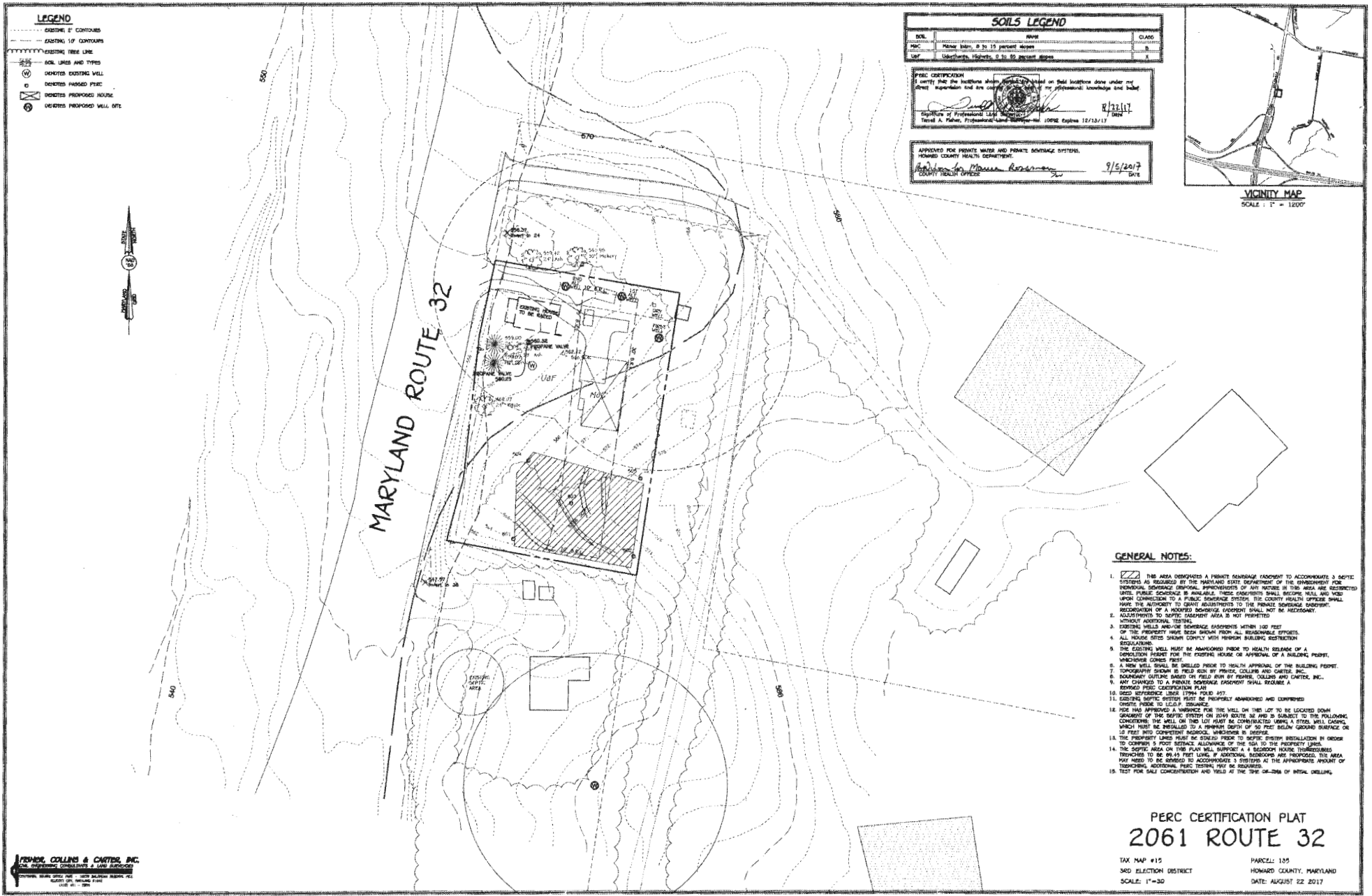
- wells steel casing to 50' depth or 10' to bedrock, whichever is deeper

Approved by:

MDE Representative

8/14/2017

Date



- LEGEND**
- - - EXISTING 5' CONTOURS
 - - - EXISTING 10' CONTOURS
 - - - EXISTING TREE LINE
 - SOIL LINES AND TYPES
 - ⊙ EXISTING EXISTING WELL
 - ⊙ EXISTING PROPOSED WELL
 - ⊙ EXISTING PROPOSED HOUSE
 - ⊙ EXISTING PROPOSED WALL OFT

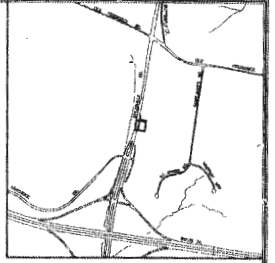
SOILS LEGEND

SOIL	NAME	CLASS
MHC	Prime loam, 0 to 15 percent slopes	B
UWf	Uplands, 15 to 25 percent slopes	A

PERC CERTIFICATION
I certify that the locations shown on this location done under my direct supervision and the control of my professional knowledge and skill.

Signature of Professional Land Surveyor: *R. J. Collins*
Terror A. Fisher, Professional Land Surveyor, 1005E Euphonia 12/13/17 DATE

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Signature of Health Department: *Andrew M. Brown* 9/5/2017 DATE
COUNTY HEALTH OFFICE



GENERAL NOTES:

1. [Hatched area] THIS AREA DESIGNATES A PRIVATE SEWERAGE FACILITY TO ACCOMMODATE 3 SEPTIC SYSTEMS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE SYSTEMS. PERMITS FOR ANY SYSTEMS IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE PERMITS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICE SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE FACILITY. RECONSTRUCTION OF A PRIVATE SEWERAGE FACILITY SHALL NOT BE NECESSARY.
2. ADJUSTMENTS TO SEPTIC CASSETTE AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
3. EXISTING WELLS AND/OR SEWERAGE CASSETTES WITHIN 100 FEET OF THE PROPERTIES HAVE BEEN SHOWN FROM ALL REASONABLE EFFORTS.
4. ALL HOUSE SITES SHOWN COMPLY WITH PERMITS BUILDING RESTRICTION REGULATIONS.
5. THE EXISTING WELL MUST BE ABANDONED PRIOR TO HEALTH RELEASE OF A DEPLETION PERMIT FOR THE EXISTING HOUSE OR APPROVAL OF A BUILDING PERMIT, WHOEVER COMES FIRST.
6. A NEW WELL SHALL BE DRILLED PRIOR TO HEALTH APPROVAL OF THE BUILDING PERMIT. TOPOGRAPHY SHOWN IS FIELD RUN BY PERIC COLLINS AND CARTER, INC.
7. BOUNDARY SURVEY BASED ON FIELD RUN BY PERIC COLLINS AND CARTER, INC.
8. ANY CHANGE TO A PRIVATE SEWERAGE FACILITY SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
9. USED REFERENCE: SINCE 1994 FORD 107.
10. EXISTING SEPTIC SYSTEMS MUST BE PROPERLY ABANDONED AND CONFIRMED: CHASE TO LOCAL SOURCE.
11. THE PROPOSED WELLS FOR THE WELL ON THIS LOT TO BE LOCATED DOWN GRADIENT OF THE SEPTIC SYSTEM ON ROAD ROUTE 32 AND IS SUBJECT TO THE FOLLOWING: CONSIDER THE WELL ON THIS LOT MUST BE CONSTRUCTED WITH A STEEL WELL CASING WHICH MUST BE INSTALLED TO A MINIMUM DEPTH OF 30 FEET BELOW GROUND SURFACE OR 10 FEET INTO CONCRETE BEDROCK, WHICHEVER IS DEEPER.
12. THE PROPOSED WELLS MUST BE INSTALLED PRIOR TO SEPTIC SYSTEM INSTALLATION IN ORDER TO OBTAIN A FOOT SETBACK ALLOWANCE OF THE SOIL TO THE PROPERTY LINES.
13. THE SEPTIC AREA ON THIS PLAN WILL SUPPORT A 4 BEDROOM HOUSE THREEDOORING TRENCHES TO BE 80-10 FEET DEEP. IF ADDITIONAL BEDROOMS AND PROPOSED, THE AREA MAY NEED TO BE REVISED TO ACCOMMODATE 3 SYSTEMS AT THE APPROPRIATE AMOUNT OF TRENCHING, ADDITIONAL PERC TESTING MAY BE REQUIRED.
14. TEST FOR SALT CONCENTRATION AND YIELD AT THE TIME OF-20% OF INITIAL DRILLING.

**PERC CERTIFICATION PLAT
2061 ROUTE 32**

TAX MAP #15 PARCELS 135
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: AUGUST 22 2017

PERIC COLLINS & CARTER, INC.
LAND SURVEYORS & CIVIL ENGINEERS
1005E EUPHONIA RD. | FREDERICK, MD 21704
410-338-1100 | WWW.PCCANDC.COM

LEGEND

EXISTING CONTROLS
 EXISTING DRAINAGE
 EXISTING TREE LINE
 EXISTING FENCE LINE
 EXISTING DRIVEWAY TYPES
 EXISTING SIDEWALKS
 EXISTING WELLS
 EXISTING UTILITY LINES
 EXISTING HOUSES
 EXISTING DRIVEWAYS



LEGEND

SYMBOL DESCRIPTION
 --- EXISTING CONTROL E. INTERNAL
 --- PROPOSED CONTROL E. INTERNAL
 + MA-5 SPOT ELEVATION
 -30' -35' SUPPOSED GROUND ELEVATION
 --- WELLS
 --- SPOTS OF BEST GRADE
 --- EXISTING DRIVEWAY PAVING
 --- STONE CONSTRUCTION ENTRANCE

NO.	REVISION	DATE

HOWARD COLLINS & CHITRE, INC.
 CIVIL ENGINEERS, ARCHITECTS & LANDSCAPE ARCHITECTS
 1000 W. BROADWAY, SUITE 100, RICHMOND, VA 23220
 PHONE: (804) 781-1111 FAX: (804) 781-1112
 WWW.HOWARD-COLLINS-AND-CHITRE.COM

THIS SITE PLAN IS SUBMITTED TO THE HOWARD SOIL CONSERVATION DISTRICT BY THE DEVELOPER FOR REVIEW AND APPROVAL. THE DISTRICT HAS REVIEWED THIS PLAN AND HAS APPROVED IT FOR CONSTRUCTION. THE DISTRICT'S REVIEW IS LIMITED TO THE SOIL CONSERVATION ASPECTS OF THE PLAN AND DOES NOT CONSTITUTE A GUARANTEE OF THE ACCURACY OF THE INFORMATION PROVIDED HEREON.

HOWARD SOIL CONSERVATION DISTRICT DATE: _____

PLAN
 SCALE: 1" = 30'

SOILS LEGEND

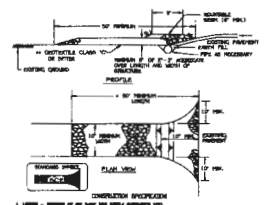
SOIL	NOTE	CLASS	E. FACTOR
SHC	Shaly loam, 0 to 15 percent slopes	S	24
SLP	Clay loam, 0 to 45 percent slopes	L	24

GENERAL NOTES

1. ALL DIMENSIONS SHOWN ON THIS PLAN ARE TO THE CENTERLINE OF THE ROAD UNLESS OTHERWISE NOTED.
 2. TOTAL AREA OF PROPERTY IS 1.00 ACRES.
 3. THE TOTAL AREA OF THE PROPOSED DEVELOPMENT IS 0.25 ACRES.
 4. THE PROPOSED DEVELOPMENT IS LOCATED ON THE EAST SIDE OF MARYLAND ROUTE 32.
 5. THE PROPOSED DEVELOPMENT IS TO BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.



LOCALITY MAP
 SCALE: 1" = 1000'



STABILIZED CONSTRUCTION ENTRANCE
 SEE TO SCALE

PROFESSIONAL CERTIFICATION

I, CURTIS OWEN, a duly licensed Professional Engineer in the State of Maryland, hereby certify that I have prepared this plan and that I am a duly licensed Professional Engineer in the State of Maryland. I have reviewed the plan and find it to be in accordance with the laws of the State of Maryland. I have also reviewed the plan and find it to be in accordance with the requirements of the Howard Soil Conservation District.

DATE: _____



DEVELOPER'S CERTIFICATE

I, CURTIS OWEN, hereby certify that all development and construction will be in accordance with the laws of the State of Maryland and that I am a duly licensed Professional Engineer in the State of Maryland. I have reviewed the plan and find it to be in accordance with the laws of the State of Maryland. I have also reviewed the plan and find it to be in accordance with the requirements of the Howard Soil Conservation District.

DATE: _____

SIGNATURE OF DEVELOPER: CURTIS OWEN DATE: _____

SITE GRADING & SEDIMENTATION CONTROL PLAN
2061 ROUTE 32

ZONED: R-10
 COUNTY: HOWARD
 DISTRICT: HOWARD SOIL CONSERVATION DISTRICT
 SHEET 1 OF 2



Bernard, Dana

From: Bernard, Dana
Sent: Monday, August 21, 2017 2:30 PM
To: Tony Fertitta
Subject: 2061 Route 32

Good Afternoon Tony,

I have some revisions needed for 2061 Route 32. We need to label the well furthest away from the septic and from the street. (First well to be drilled) And label the other 2 alternate wells.
We also need to add note to test for salt concentration and yield at the time of initial drilling .

Thank you & Have a*""
,,,' ,,'*"" ,,'*""
(,,' (,,' * Wonderful Day !

Dana Bernard, R.E.H.S/L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov