

C1 56788

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 XILL

ST/CO USE ONLY DATE RECEIVED 02-04-19

DATE WELL COMPLETED 01-25-19 APPROVED 02/28/2019 Depth of Well 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0311

OWNER LAND Design + Development WELL SITE ADDRESS Folly Quarter Rd TOWN ELlicott City SUBDIVISION HMA Property SECTION LOT Parcel 113

WELL LOG Not required for driven wells Job

GROUTING RECORD yes no WELL HAS BEEN GROUTED Well Y N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.0

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.

NO. OF BAGS 30 NO. OF POUNDS 2250 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft. (enter 0 if from surface)

METHOD USED TO MEASURE PUMPING RATE Water bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 124 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible 378g

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 75

PUMP INSTALLED STOPPED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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

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

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) HO 75 300

PUMP COLUMN LENGTH (nearest ft.) 43 47

WELL HYDROFRACTURED Y N

A C H S C R E E N

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

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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

LATITUDE 39.26867 LONGITUDE 76.91219 (DEFAULT COORD. WGS 84)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

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.

DRILLERS LIC. NO. MWD 355

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRB113

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

C1 **56788** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER **XIII**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
02 04 19

DATE WELL COMPLETED
 MM DD YY
01 25 19
 APPROVED **2/28/20**
 Depth of Well **300** (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-17-0311

OWNER **Land Design + Development**
 WELL SITE ADDRESS **101 Holly Quarter Rd** TOWN **Ellicott City**
 SUBDIVISION **Hanna Property** SECTION _____ LOT **Parcel 113**

WELL LOG
 Not required for driven wells **Log**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Soil	0	6	
Brown shale	6	72	
Med Gray Rock	72	160	✓
Limestone	160	300	✓
	160		✓
	270		✓

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **39** NO. OF POUNDS **2250**
 GALLONS OF WATER **150**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **75** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **75**
PL **6** **75**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch 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 75 300

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED: **Y** **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **M W 355**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **WRP113**

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

C 2
 DEPTH (nearest ft.)
HO 75 300
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 46 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from _____ to _____

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
 70 _____ 72 _____ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **15.0**
 METHOD USED TO MEASURE PUMPING RATE **water bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **38** ft.
 WHEN PUMPING **124** ft.
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible **3780**

PUMP INSTALLED **STOPPED**
 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 _____ 36 _____
 PUMP HORSE POWER 37 _____ 41 _____
 PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below (nearest foot) 49 _____ 51 _____

LATITUDE **39.26867**
 LONGITUDE **76.91219**
 (DEFAULT COORD. WGS 84)

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C1 56788

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

XIII

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0311

OWNER LAND Design + Development WELL SITE ADDRESS TOWN Elkton City SUBDIVISION Hillman Property SECTION LOT Parcel 113

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, Brown shale, MDG Gray Rock, and Limestone.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 30 NO. OF POUNDS 2250

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (PL) (CO) (OT) Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 68 70

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

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT) diameter of screen (NEAREST INCH) 56 60

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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. MWD 355 DRILLERS SIGNATURE LIC. NO. WBD 113

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

DEPTH (nearest ft.) HO 75 300

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.0 METHOD USED TO MEASURE PUMPING RATE water bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 24 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 49 LAND SURFACE (nearest foot) 1 (50 51)

LATITUDE 39.21867 LONGITUDE 77.91219 (DEFAULT COORD. WGS 84)

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B 1
54258
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
30301-B please type

STATE PERMIT NUMBER
Ho-17-0309
70 fill in this form completely 79

8 Date Received (APA) 05/25/18
8 MM DD YY 13
15 Land Design + Development
15 Last Name Owner First Name 34
8318 Forrest Street
36 Street or RFD 55
Ellicott City MD 21043
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
60 Michael Barlow MD355
60 Driller's Name 76 License No. 81
60 Barlow Well Drill, Inc.
60 Firm Name
60 522 Underwood Lane 21014
60 Address
60 [Signature] 5-28-18
60 Signature Date

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 750
(GAL. PER DAY) 14 20

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

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A 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

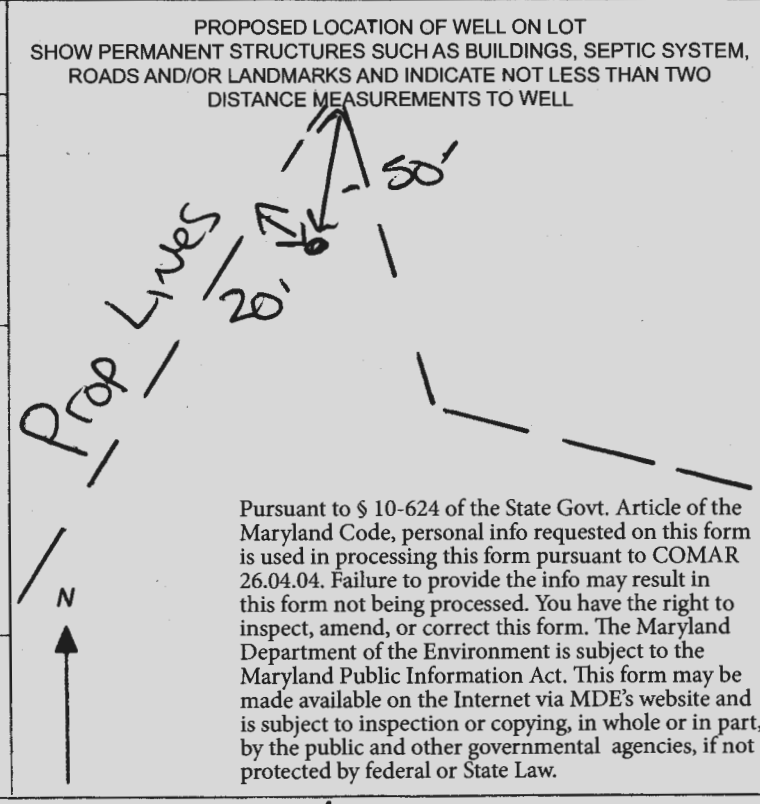
Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER - - - - - G - - - - -
PERMIT No. Ho-17-0309
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- RADIUM SAMPLES @ YIELD.

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Hyman Property 42
SECTION 44 48 LOT 48 50 Parcel 113
Ellicott City 113
52 NEAREST TOWN 71

B 4 SOURCES OF DRILLING WATER
1. Well
2.
3.
11 STREET ADDRESS Folly Quarter Rd 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 40 37 NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 23 BLK: 9 PARCEL 113

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
STATE SIGNATURE [Signature] INSERT S 41
DATE ISSUED 07/16/18
43 MM DD YY 49 CO SIGNATURE [Signature] EXP. DATE 07/16/19



5/15 - Faxed
10:58 AM

112 100

Well line inspection
Scheduled for
5/20 PM*

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)349-8640 FAX: (410)313-3648
373-1771

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 scheduled 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 (PUP Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: AMANTIC BLUE LLC Telephone #: 410 140 2583
Address: 1702 EASTMOR BLVD
HEATHCOTE, 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): MIK SURCRAW 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: CBJ HOMES, LLC Telephone #: 410-442-2211
Subdivision: HYDRA PROPERTY Lot #: 5 Well Tag #: HO-17-4311 (5)
Site Address: 3617 EASY QUAKER ROAD
DUNCOTT CITY, MD 21042

Submersible Pump Data

Make: GALIAS
Model #: _____
Pump Capacity: 7 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: CAMPDELL
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" E.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 27' (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrench or Cable guards are required - Must circle one

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

Pipes to house

Type: PVC
PSI: 20 (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'
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 of company representative responsible for installation

5/15/2020
date

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

Date Insp. Requested: 5/20/20

Date Insp. Approved: 5/20/20 (5)

Inspection Data: Pitless adapter and water supply line at least 36" below grade 44"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 34"
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 20"
Water supply line sleeved adequately at house connection 7"
Adequate ground observed below pitless adapter

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 13, 2021

November 13, 2020

Homeowner
3679 Folly Quarter Road
Ellicott City, MD 21042

RE: Foxleigh, Lot 5
3679 Folly Quarter Road
Building Permit: B19004207
Well Permit: HO-17-0311

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 **7/6/2020**. Final approval of the well line connection to the dwelling was granted on **5/20/2020**. The well construction was completed on **1/25/2019**. Water samples were collected on **11/9/2020**.

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.

Radium samples were also collected on 9/9/2020. Results showed a combined radium 226/228 level of **1.7 pCi/L**. At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-17-0311. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

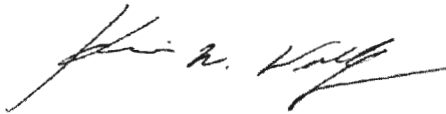
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a 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 onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.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

REPORT OF ANALYSIS

Laboratory ID #: 141070 Account #: 1045
Reference: CBI Homes/Foxleigh Lot 5 Company: Atlantic Blue Water Services
Location: 3679 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 11/9/2020 1000 Site: Well Tank
Date/Time Rec'd: 11/9/2020 1116 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: J. Sands 0111JS Well #: HO-17-0311

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/10/2020 / 0815 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/10/2020 / 0815 / CRS
Nitrate	<1.0	mg/L	10	601	11/10/2020 / 1130 / CRS
Turbidity	<0.30	NTU	<10	SM20 2130B	11/10/2020 / 1200 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	11/10/2020 / 1200 / CRS
Iron	<0.02	mg/L	0.3*	FR, 45 (126)	11/9/2020 / 1810 / CRS

NOTES

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B19004207

Date Reported: 11/10/2020

PROPERTY OF
LAWRENCE R HYMAN
TAX MAP 23 PARCEL 11
LIBER 864 FOLIO 37

Mac

ROLE BARN
TO BE
REMOVED

20' PRIVATE WELL
EASEMENT FOR THE
USE AND BENEFIT OF
TAX PARCEL #110

PRIVATE WELL
EASEMENT FOR THE
AND BENEFIT OF
PARCEL #111
LOT 15, LOCUST
ESTATES

10' PRIVATE
WELL WORKING
STRIP

WELL BOX
FOR LOT 15
HO-17-033

WELL BOX
FOR PARCEL

AREA TO
BE REMOVED
214 SQ. FT.

PROPERTY OF
LAWRENCE R HYMAN
LOIS W HYMAN
TAX MAP 23 PARCEL 110
LIBER 1856
FOLIO 242

10' PRIVATE
WELL WORKING
STRIP

WELL BOX
FOR PARCEL 110

Ex. Septic

Ex. Septic

Ex. Septic

G9B

Ex. Septic

PROPERTY OF
LAWRENCE R HYMAN
LOIS W HYMAN
TAX MAP 23 PARCEL 11
LIBER 1856 FOLIO 24

SECTION 17
BRIERFIELD
SECTION ONE
PARCELS 37 - 45
SECTION PARCELS
46, 5A AND 5B
NO. 12237

Approx Existing Well

Approx Existing Well
HO-94-077a

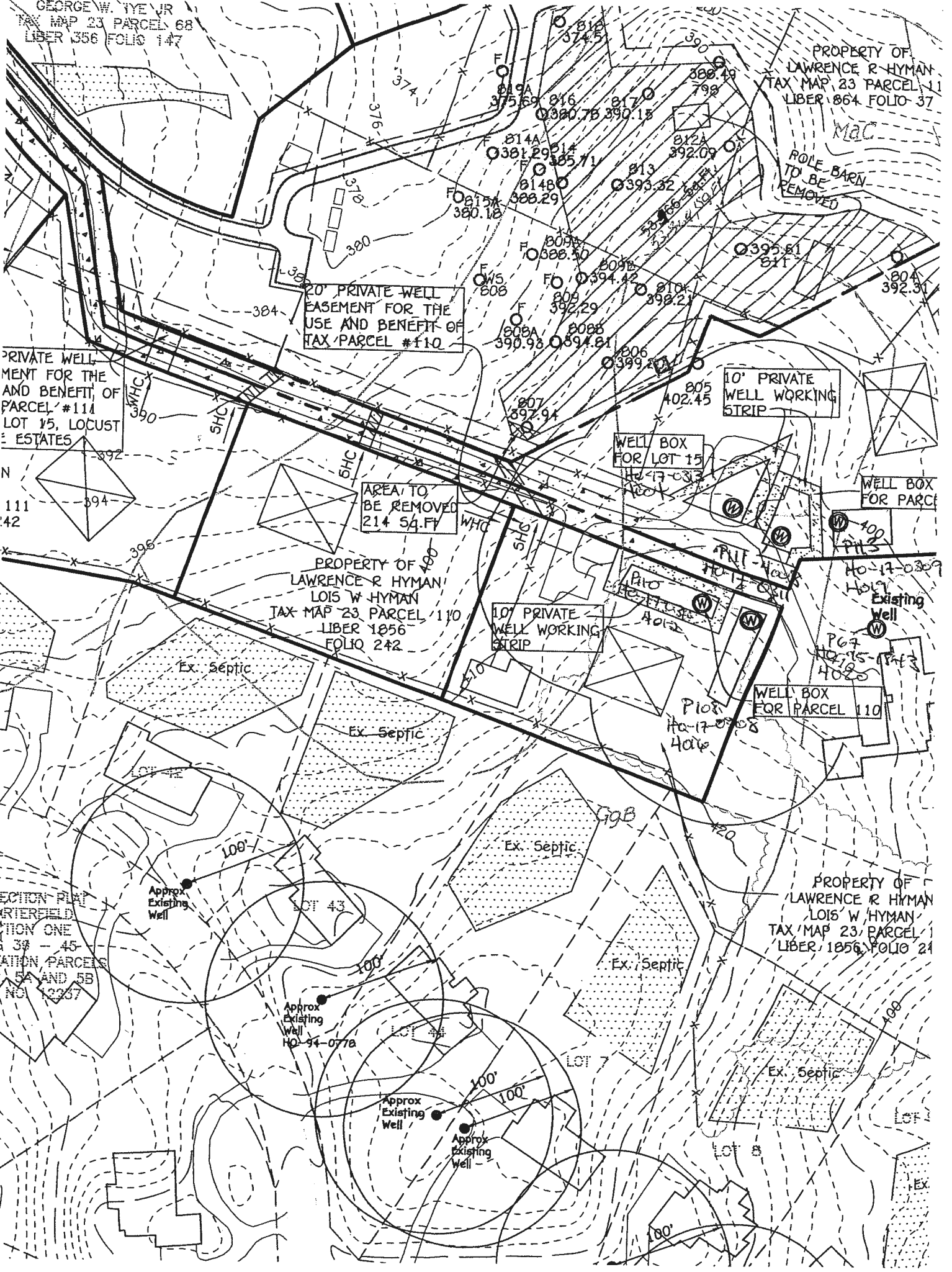
Approx Existing Well

Approx Existing Well

LOT 4


LOT 5

LOT 6



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

TO: Michael Barlow MWD 355

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

DATE: July 16th, 2018

RE: Hyman Property Subdivision – Well Special Conditions.

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.

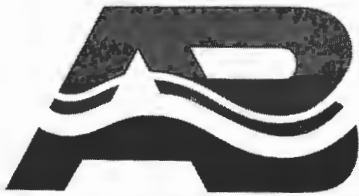
Parcel No. 140:

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.

JCC



ATLANTIC BLUE

WATER SERVICES

1808 Baltimore Boulevard, Westminster, MD 21157 – (410)840-2583

Laboratory ID # 139711 **Account #** 1045
Reference: Foxleigh Lot 5 **Requested By:** Mark Mather
Location: 3679 Folly Quarter Road
Ellicott City, MD 21042

Date/Time Collected: 9/9/2020 0930 **Source:** Well Water
Site: Hose Spigot
Chlorine ppm: FREE: ND **Treatment:** None
Collected By: A. PANNETON / 3508AP **pH:** 6.9

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.4	pCi/L	****	903.1	9/21/2020 / 0949 / MJN
Radium-228	1.3	pCi/L	****	Ra-05	9/21/2020 / 0936 / 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: 0.8 pCi/L; Radium 228 Error: +/- 0.6 pCi/L
- Results in less than or within the reference range are considered satisfactory and within potable limits at the time of sampling.
- 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: Client's Information

Date Reported: 9/22/2020

Tested By: FVAL MD State Certification #133



HOWARD COUNTY HEALTH DEPARTMENT

105 63001

DATE 5/25/18

Received From

Well Parents - Montgomery County

PHONE #

410 278 0106

CASH

CHECK

NO. 1012

For

Well Parents - Montgomery County, Parents

108, 111, 112, 113, 114

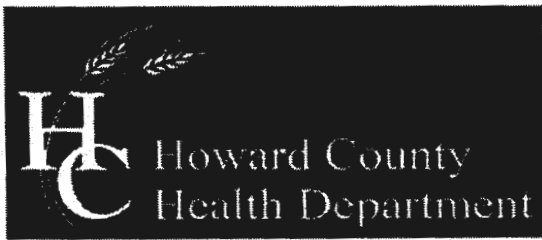
10125 10126 - 10127, 10128, 10129

Miscellaneous & Supply 10129 - 10130

Dollars

\$ 1000.00

Received By: [Signature]



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

Dr. Maura J. Rossman, M.D., 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:

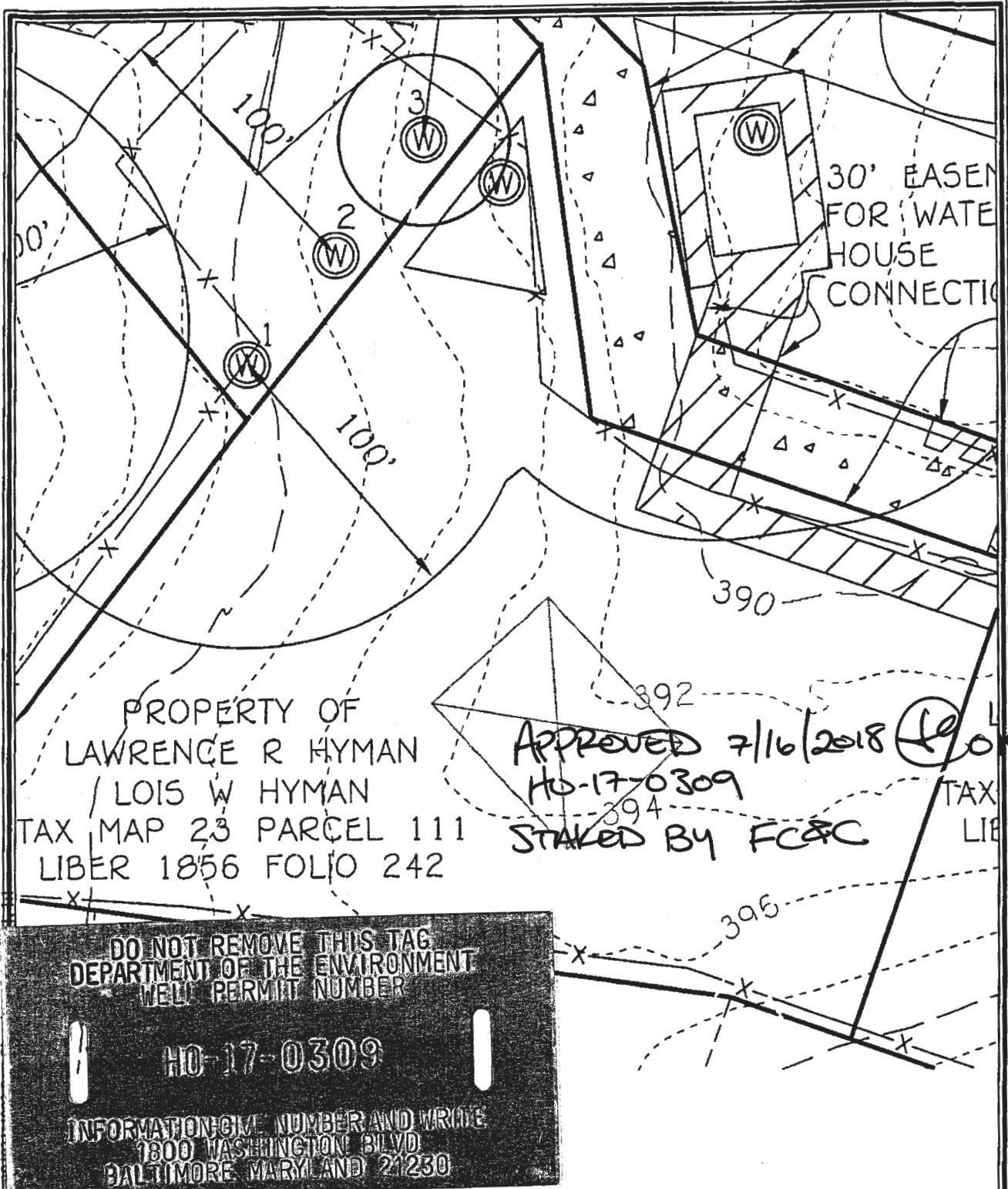
Well Site Location: PARCELS 108, 111
112, 113
+ 140 FOLIY QUARTER ROAD

HYMAN PROPERTY
 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 MAY 25, 2018 (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.



PROPERTY OF
 LAWRENCE R HYMAN
 / LOIS W HYMAN
 TAX MAP 23 PARCEL 111
 LIBER 1856 FOLIO 242

APPROVED 7/16/2018 *(Signature)*
 HO-17-0309
 STAKED BY FC&C
 TAX LIB

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-17-0309
 INFORMATION CALL NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

WELL EXHIBIT
(LAWRENCE R HYMAN)


FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTURIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 BELLEVILLE CITY, MARYLAND 21042
 (410) 461 - 2295

TAX MAP #23 GRID: 9
 3RD ELECTION DISTRICT
 SCALE: 1"=30'

PARCELS: 140, 66, 106, 110, 111, 112, 113
 HOWARD COUNTY, MARYLAND
 DATE: MAY 18, 2018

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

TO: Michael Barlow MWD 355

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

DATE: July 16th, 2018

RE: Hyman Property Subdivision – Well Special Conditions.

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.

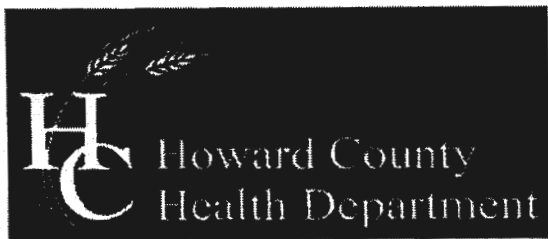
Parcel No. 140:

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JCC



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

Dr. Maura J. Rossman, M.D., 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:

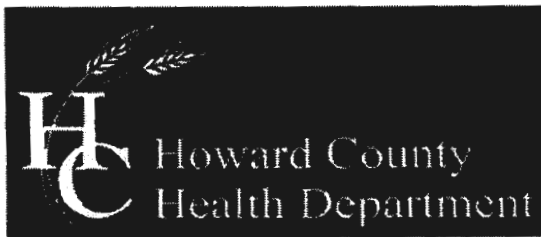
Well Site Location:

HYMAN Property	PARCELS 108, 111 112, 113 + 140	FOLLY QUARTER ROAD
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 MAY 25, 2018 (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.



Bureau of Environmental Health
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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., 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:

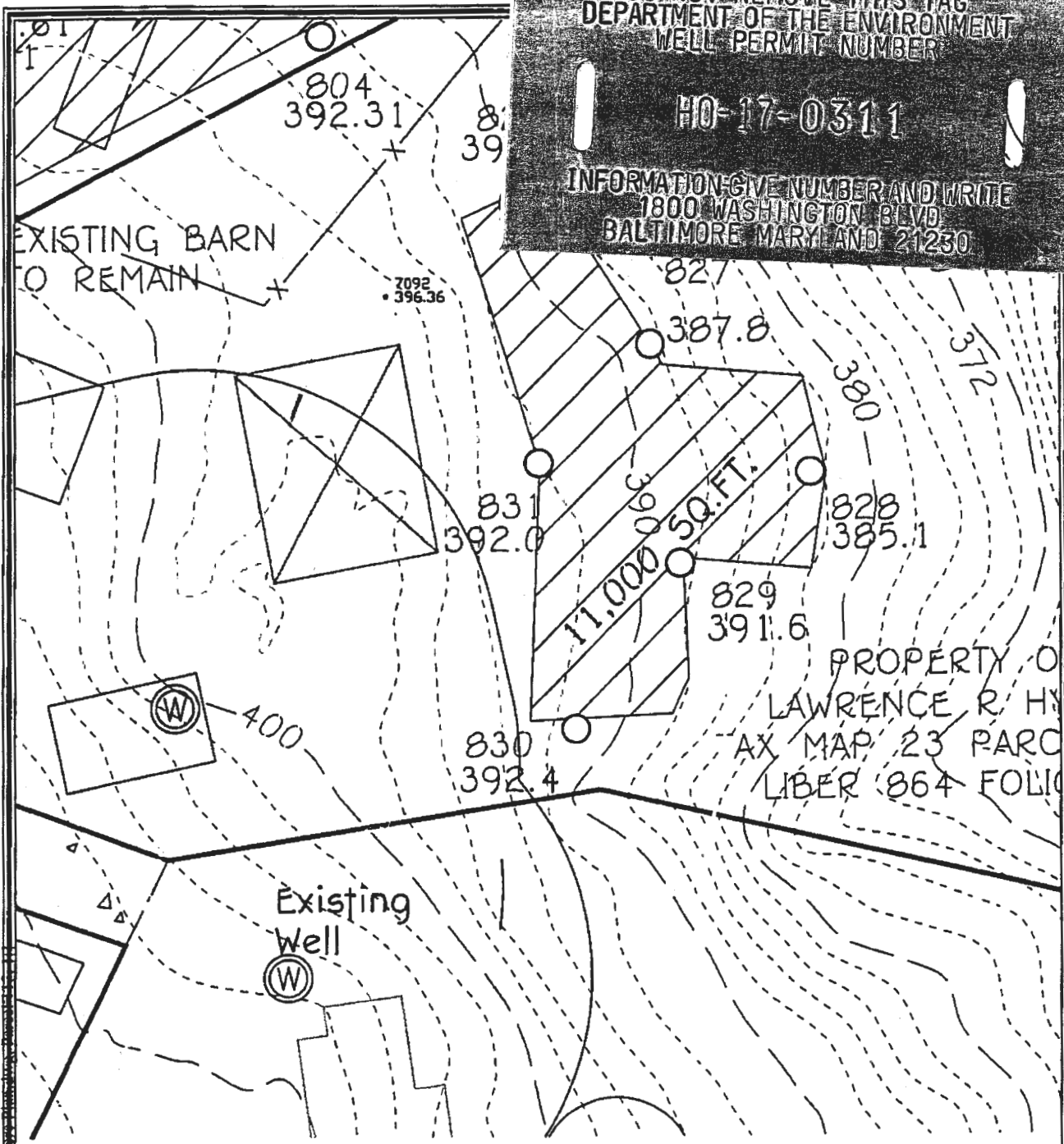
Locust Ridge 15 Folly Quarter Road
Subdivision/Property Name Lot # Road Name

The well site has been staked by Fisher, Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on MAY 25 2018 (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.

DO NOT REMOVE THIS TAG
 DEPARTMENT OF THE ENVIRONMENT
 WELL PERMIT NUMBER
HO-17-0311
 INFORMATION GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE MARYLAND 21230

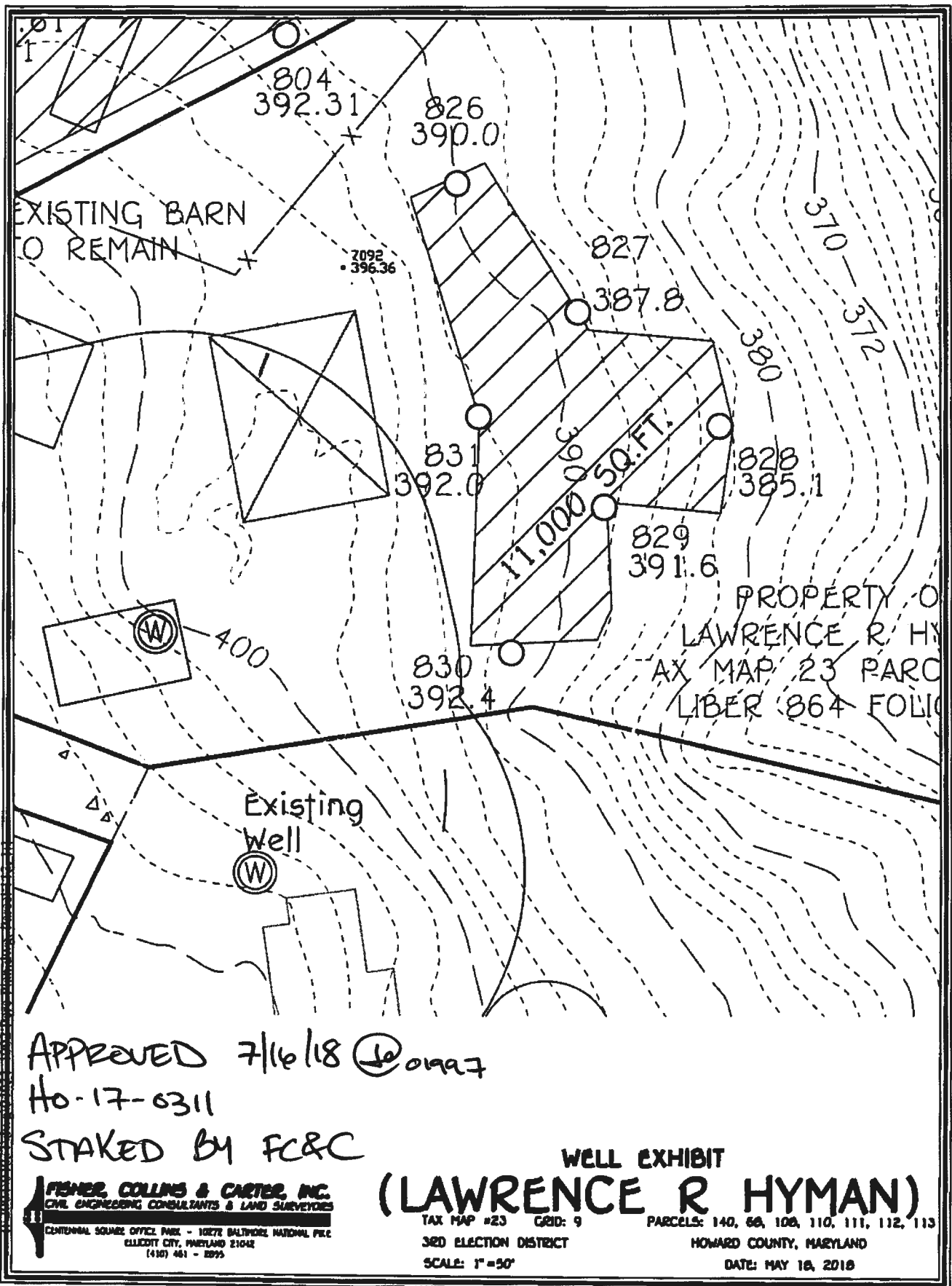


APPROVED 7/16/18 01997
 HO-17-0311
 STAKED BY FC&C

FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 CLICOTT CITY, MARYLAND 21042
 (410) 461 - 2095

WELL EXHIBIT
(LAWRENCE R HYMAN)

TAX MAP #23 GRID: 9 PARCELS: 140, 66, 106, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MAY 16, 2016



APPROVED 7/16/18 @ 0927
 Ho-17-0311
 STAKED BY FC&C

FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10672 BALTIMORE NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21042
 (410) 461-1899

WELL EXHIBIT
(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: MAY 18, 2018