

C1 28618

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-14-0071

OWNER VANVU BACH, WELL SITE ADDRESS 1615 OLD ANNAPOLIS RD, TOWN DOPLAR SPRINGS, SUBDIVISION VANVU Property, SECTION, LOT 1-2

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Tan slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 10, NO. OF POUNDS 1000, GALLONS OF WATER 60, DEPTH OF GROUT SEAL 36 ft.

CASING RECORD

MAIN CASING TYPE LT, Nominal diameter 6, Total depth of main casing 40. Includes casing types insert code below.

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.)

Table with columns for depth intervals (1-21, 23-32, 38-47) and slot size/diameter of screen.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED 3, PUMPING RATE 8.5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 36 ft. before, 152 ft. when pumping.

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO), TYPE OF PUMP INSTALLED S (submersible), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47.

LATITUDE 39.326947, LONGITUDE 77.105379 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted to production)

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

DRILLERS LIC. NO. MW D 040, George F. Rostenberg, LIC. NO. WR 0064

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

B 1	29244	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL WS 54578 please type	STATE PERMIT NUMBER HO - 14 - 0071 <small>fill in this form completely</small>
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OWNER INFORMATION **12615 B 3**

Date Received (APA) **8/13/2014**

8 MM 00 YY 13

YANVU **BACH**

15 Last Name Owner First Name 34

20316 SEABROOK DRIVE

36 Street or RFD 55

MONTGOMERY VILLAGE, MD 20886

57 Town 70 State 72 Zip 76

LOCATION OF WELL **CC#**

8 COUNTY **Howard** 21

23 SUBDIVISION 42

SECTION **44 46** LOT **1 48 50**

Poplar Springs

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday **MWD 040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday **8/13/2014**

Signature Date

SOURCES OF DRILLING WATER

1. wells

2.

3.

1615 Old Annapolis Road

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 **1000** 37

DISTANCE FROM ROAD **1000** Ft.

ENTER FT OR MI 38 39

TAX MAP: **7** BLK: _____ PARCEL **353**

WELL INFORMATION

1 2

APPROX. PUMPING RATE **8**

(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **500**

(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **B**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED **8/13/14** **H. Oswald** **8/13/15**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL BE REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

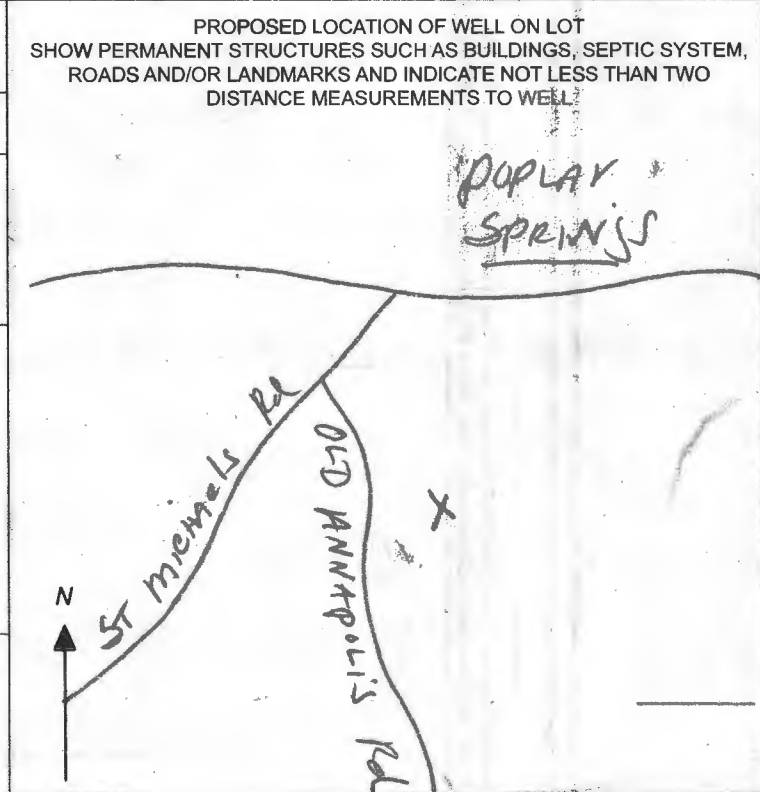
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO - 14 - 0071**

70 71 72 73 74 75 76 77 78 79



yes passed
8/31/20

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: All Around Plumbing Telephone #: 301-698-1028
Address: 530 E. Church St.
Frederick, MD.

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): James B. Madden License# 18121

*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: Caruso Homes/ David & Amanda Brong Telephone #: 301-698-1028
Subdivision: Vu Property Lot #: 066 Well Tag #: HO-~~9~~-0071 51
Site Address: 1611 Old Annapolis Rd.
Woodbine, MD 14

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>BIL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>5GS10422C</u>	Model#: <u>P-100-SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

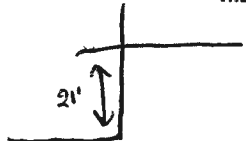
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" IPS</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>7'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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

Signature of company representative responsible for installation: Robert Daniel Benson date: 9-1-2020

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

Date Insp. Requested: 9/1/2020 Date Insp. Approved: 9/1/2020 Inspector: SD
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 48"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 45"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 13"
Water supply line sleeved adequately at house connection 6'
Adequate grout observed below pitless adapter



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 16, 2021

February 16, 2021

Homeowner
1611 Old Annapolis Road
Woodbine, MD 21797

RE: Vu Property, Lot 1
1611 Old Annapolis Road
Building Permit: B20001650
Well Permit: HO-14-0071

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 **12/9/2020**. Final approval of the well line connection to the dwelling was granted on **9/1/2020**. The well construction was completed on **8/15/2020**. Water samples were collected on **1/26/2021, 2/9/2021**.

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-14-0071

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

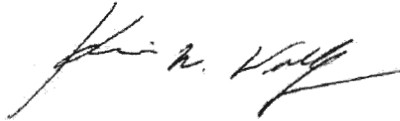
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 01/28/2021

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Date & Time Received: 01/26/2021 15:30

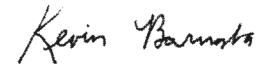
This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample Number: 199095-01 Sample Time: 01/26/21 13:00 Preservation: Ice
Location: 1611 Old Annapolis Road Chlorine Residual: 0.0 Sampler: TEwards8309TE (Exp. 5/14/2022)
Woodbine, MD 21797 Field pH: Not noted Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/27/2021	MAV-106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	01/27/2021	MAV-106
Nitrate + Nitrite as N	EPA 353.2	6.4 ✓	Pass	0.5	mg/l	10.0	01/27/2021	DLB-139
Nitrite-N	EPA 353.2	Not Detected	Pass	0.1	mg/l	1.0	01/27/2021	DLB-139
Lead, Total	SM 3113B	Not Detected	Pass	0.005	mg/l	0.015	01/27/2021	DLB-139
Iron, Total	H 8008	1.22	High	0.05	mg/l	0.30	01/27/2021	PAS-139
Turbidity	EPA 180.1	7.7	Acceptable	0.5	NTU	10.0	01/26/2021	MAV-106

Approved By



Lab Director

HOME LAND LABS



199095 Date Due: 1/28/20
Client: Hague Quality Water
Project:

Is the sample for a public water system? Yes No

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
MD Lab # 353

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

Client Name: HAGUE

Email Address: TEDWARDS@HAGUEWATEROFNO.COM

Phone Number: 410-757-2992

Property Address: 1611 OLD ANNAPOLIS RD
WOODBINE, MD 21797

Field Collection Information

Sampler Name: TIM EDWARDS

Sampler ID #: TEB309

Date Sampled: 1/26/2021 Time Sampled: 1:00pm

Well Tag Number:

Field pH:

Field Chlorine (mg/L): 0

Sand: 0

Clarity: 6000

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian N/A

Height Above Grade:	Cap Type:	Casing:	Conduit:
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Sample Point: <u>PRESSURE TANK</u>	Water Conditioning: <u>NONE</u>
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Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Pesticides
- VOC
- Other: _____
- Other: _____

List rush samples below

Refer to table for rush turnaround times and fees

Release Signatures

Released By: [Signature] Date/Time: 1/26/2021 2:25

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 1/26/2021 3:30pm

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
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State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 02/11/2011

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Date & Time Received: 02/09/2021 15:00

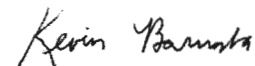
This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample Number: 199651-01	Sample Time: 02/09/21 13:00	Preservation: Ice
Location: 1611 Old Annapolis Road Woodbine, MD 21797	Chlorine Residual: 0.0	Sampler: TEwards8309TE (Exp. 5/14/2022)
	Field pH: 7.2	Sample Point: Bathroom Sink

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Iron, Total	H 8008	Not Detected	Acceptable	0.05	mg/l	0.3	02/10/2021	PAS-139
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/10/2021	MAV-106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	02/10/2021	MAV-106
Nitrate + Nitrite as N	EPA 353.2	5.3	Pass	0.5	mg/l	10	02/10/2021	DLB-139
Turbidity	EPA 180.1	0.8	Acceptable	0.5	NTU	10	02/09/2021	MAV-106

Approved By



Lab Director

Chain of Custody Form

HOME LAND

L A B S



199651

Date Due: 2/11/20

Client: Hague Quality Water

Project:

Is the sample for a public water system? Yes No

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401

3430 Rockefeller Court
Waldorf, MD 20602

MD Lab # 353

MD Lab # 106

MD Lab # 139

Client Name: HAGUE

Email Address: TEDWARDS@HAGUEWATEROFMD.COM

Phone Number: 410-737-2992

Property Address: 1611 OLD ANNAPOLIS RD
WOODBINE, MD 21797

Field Collection Information

Sampler Name: TIM EDWARDS

Sampler ID #: TE 8309

Date Sampled: 2/9/2021 Time Sampled: 1:00pm

Well Tag Number:

Field pH: 7.2

Field Chlorine (mg/L): 0

Sand: 0

Clarity: GOOD

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian N/A

Height Above Grade: _____ Cap Type: _____ Casing: _____ Conduit: _____

Sample Point: PRESSURE TANK BATHROOM SINK

Water Conditioning: _____

Requested Testing: (Please check all that apply)

- Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- FHA/VA (Bacteria, Nitrate + Nitrite, Nitrite, Turbidity, Lead, Iron)
- Bacteria
- Lead
- Nitrate + Nitrite
- Iron
- Turbidity
- Chlorides
- Hardness
- Arsenic
- Cadmium
- Gross Alpha
- Total Dissolved Solids
- Pesticides
- VOC
- Other: _____
- Other: _____

List rush samples below

"Refer to table for rush turnaround times and fees"

Release Signatures

Released By: [Signature] Date/Time: 2/9/2021 2:30pm

Released By: _____ Date/Time: _____

Released By: _____ Date/Time: _____

Received in lab by: [Signature] Date/Time: 2/9/2021 3:00pm