

C1 7246

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9 27 07

Depth of Well 125 (TO NEAREST FOOT)

OK Se 9/17/07

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1182

OWNER: Keelty Co. STREET OR RFD: Woodstock rd. TOWN: Woodstock SUBDIVISION: Myrtue PRO. SECTION LOT: 6

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. Entries: Brown Shale (0-46), Gray Granite (46-125).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [X] NO [] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 15 NO. OF POUNDS 1990 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft.

CASING RECORD

casings types insert appropriate code below: [ST] STEEL, [CO] CONCRETE, [PL] PLASTIC, [OT] OTHER. MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 51

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

SCREEN RECORD screen type or open hole: [ST] STEEL, [BR] BRASS, [HO] OPEN HOLE, [PL] PLASTIC, [OT] OTHER

DEPTH (nearest ft.)

Table with columns: 1-2, 3-6, 7-10, 11-14, 15-18, 19-22, 23-26, 27-30, 31-34, 35-38, 39-42, 43-46, 47-50, 51-54, 55-58, 59-62, 63-66, 67-70. Entries: 51, 125

DIAMETER OF SCREEN (NEAREST INCH) 58 to 60

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE 1906 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 46 ft. TYPE OF PUMP USED (for test) [A] air, [P] piston, [T] turbine, [C] centrifugal, [R] rotary, [O] other, [J] jet, [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 to 35 PUMP HORSE POWER 37 to 41 PUMP COLUMN LENGTH (nearest ft.) 43 to 47 CASING HEIGHT (circle appropriate box and enter casing height) [X] above, [] below LAND SURFACE d (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) [Hand-drawn diagram showing well location relative to structures]

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES [Y] NO [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.: MSD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

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

B 1 4339

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526657 please type

STATE PERMIT NUMBER

HD-95-1182 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Keelty Company P.O. Box 528 Timonium md 21094

B 3 LOCATION OF WELL

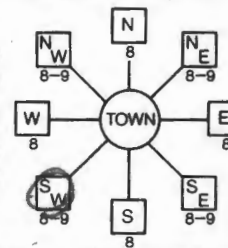
8 COUNTY Howard 21 Myrtle Property 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Woodstock

DRILLER INFORMATION

Allen Compton MSD 009 Driller's Name 76 License No. 81 Fogle Well Drilling Firm Name 580 Obrecht Rd Address 4-14-07 Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Woodstock rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST

34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 10 BLK: 24 PARCEL: 225

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

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 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard AS/B 006-14 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/8/07 (8/8/08) 41 43 MM DD YY 48 CO SIGNATURE 836 EXP. DATE NORTH GRID 541 000 EAST GRID 836 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) 30 CABLE REVerse-ROtary DRive-POINT 37 other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

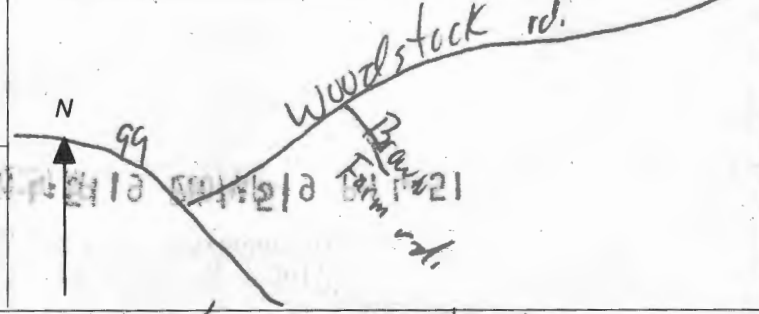
E 836 N 541

8/27/09 y+g Radium Sample Collected During Yield Test. (BB) X

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 A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS 39 D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER HD 2006 G 010 PERMIT No. HD-95-1182

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Need radium sample @ yield test

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #: H0-95-1182

Date of Test: 8-27-07

Subdivision Name: Myrtle PRO.

Section _____ Lot # 6

Street Address: _____

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 125' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

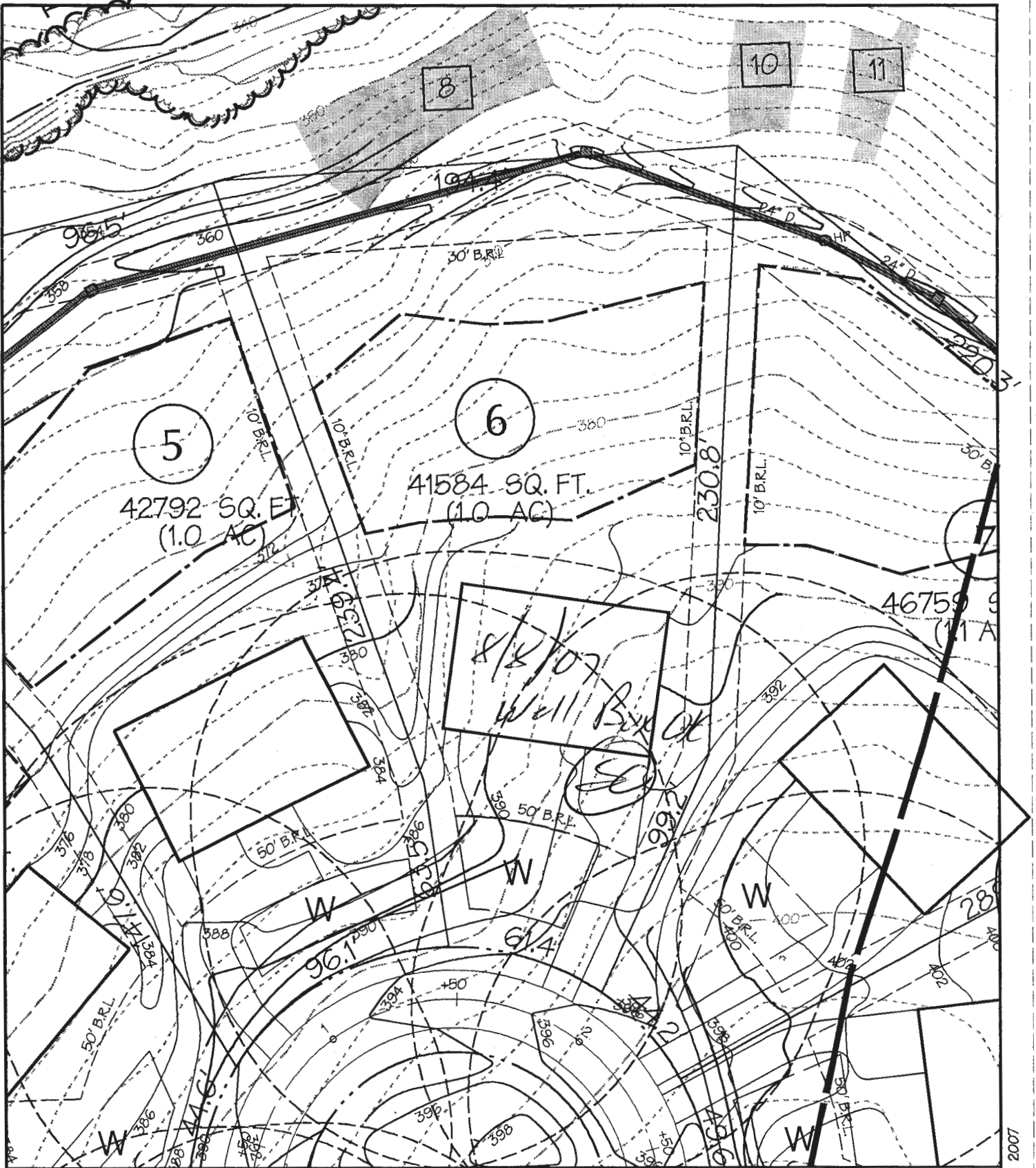
Submit to:

Pump Start Time <u>8:00</u>	Static Water level <u>32</u> ft.	Pumping Rate <u>4</u> sec. () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

#	TIME	WATER LEVEL ft.	PUMPING RATE	GPM
1	8:00	32	4	15
2	8:15	40	7	8.5
3	8:30	40	7	8.5
4	8:45	40	7	8.5
5	9:00	40	7	8.5
6	9:15	40	7	8.5
7	9:30	40	7	8.5
8	9:45	40	7	8.5
9	10:00	40	7	8.5
10	10:15	40	7	8.5
11	10:30	40	7	8.5
12	10:45	40	7	8.5
13	11:00	40	7	8.5
14	11:15	40	7	8.5
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:



MYRTUE PROPERTY

LOT 6

DMW

Daft-McCune-Walker, Inc.

200 East Pennsylvania Avenue
Towson, Maryland 21286
(410) 296-3333
Fax 296-4705

A Team of Land Planners,
Landscape Architects,
Engineers, Surveyors &
Environmental Professionals

Job No. 02033

Scale: 1"=50'

Date: 04/16/07

Drawn By: MDT

n:\02033\Lot Wells\Lot06.DGN

Wed Apr 25 11:50:09 2007

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by DaFT-McCune Walker on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Engineer stated well box is
Staked on corners*

Martine Prof. Lots 1-31

**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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Russell George License# PI0148

***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: Keystone Homes Telephone #: 877-513-0385
Subdivision: Marriotts Ridge Lot #: 6 Well Tag #: HO .95 .1182 **(ST)**
Site Address: 1813 Davis Branch Road
Woodstock, Maryland 21183

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Yes</u>
Model #: <u>5GS05</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>Yes</u>
Pump Capacity ⁵ _____ GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>Yes</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <u>Yes</u>
Depth of well encountered at time of pump installation: ¹²⁰ _____ (feet)	Conduit secured to well cap: <u>Yes</u>	
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 <u>inside of well casing</u> ^{N/A}		

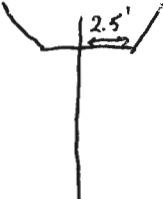
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve sealed properly: <u>Yes</u>

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.

Robert L. Feezer Drinking Water and Sewerage Inspector, Howard County Health Department
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 9/16/2020 Date Insp. Approved: 9/16/2020 Inspector: **(ST)**
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 46"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 23"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 16"
Water supply line sleeved adequately at house connection ✓ 5'
Adequate grout observed below pitless adapter ✓



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 2, 2021

December 2, 2020

Homeowner
15457 Rivercrest Ct.
Brookville, MD 20833

RE: Rivercrest, Lot 12
15457 Rivercrest Ct.
Building Permit: B20001420
Well Permit: HO-94-3854

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 **10/1/2020**. Final approval of the well line connection to the dwelling was granted on **7/28/2020**. The well construction was completed on **5/21/2004**. Water samples were collected on **11/16/2020, 11/24/2020**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-94-3854

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

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

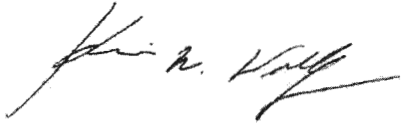
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

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

Approving Authority,



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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 141234 Account #: 1919
Reference: Columbia Builders Lot 12 Company: Robert L. Feezer Co. Inc.
Location: 15457 Rivercrest Road Requested By: Rusty George
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 11/16/2020 1045 Site: Tap at CMB Booster Pump
Date/Time Rec'd: 11/16/2020 1440 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: J. Yeager 0819JY Well #: HO-94-3854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	11/17/2020 / 1015 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/17/2020 / 1015 / CCH
Nitrate	<1.0	mg/L	10	601	11/17/2020 / 1120 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	11/17/2020 / 1200 / CRS
Turbidity	4.18	NTU	<10	SM20 2130B	11/17/2020 / 1000 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 20001420

Date Reported: 11/17/2020

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 141423 Account #: 1919
Reference: Columbia Builders Lot 12 Company: Robert L. Feezer Co. Inc.
Location: 15457 Rivercrest Road Requested By: Rusty George
Brookeville, MD 20833 Source: Well Water
Date/ Time Collected: 11/24/2020 1138 Site: Tap at CMB Booster Pump
Date/Time Rec'd: 11/24/2020 1526 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: R. Ott 0266RO Well #: HO-94-3854

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/25/2020 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/25/2020 / 1000 / CRS

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 20001420

Date Reported: 11/25/2020