

C1 56754

SEQUENCE NO. (MDE USE ONLY)

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CD USE ONLY

DATE RECEIVED MM 02 DD 04 YY 19

DATE WELL COMPLETED

01 25 19 APPROVED 01/28/2019

Depth of Well

250 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-17-0313

OWNER LAND DESIGN + Development WELL SITE ADDRESS Folly Quarter Rd TOWN Elkton City SUBDIVISION Locust Ridge SECTION LOT 15

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 Soil, Brown Shale, Med Gray Rock, Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 24 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole. ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

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. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WRB 113

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

Table for well depth and casing height with columns: E A C H S C R E E N and rows for depth (nearest ft.) and casing height.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Watch/Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 ft. WHEN PUMPING 127 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES [N] 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 1 (nearest foot)

LATITUDE 39.26885 LONGITUDE 76.91221 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. 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.

B 1	SEQUENCE NO. (MDE USE ONLY) 54257	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5103001-A please type	STATE PERMIT NUMBER HO-17-0313 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (MPA) **052518**
8 MM DD YY 13

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

LOCATION OF WELL

Howard
8 COUNTY 21

Locust Ridge
23 SUBDIVISION 42

SECTION **44** LOT **15**
46 48 50

Ellicott City
52 NEAREST TOWN 71

DRILLER INFORMATION

Michael Barlow MWD 355
Driller's Name 76 License No. 81

Barlow Well Drilling
Firm Name

522 Underwood Lane 21044
Address

[Signature] 5/24/18
Signature Date

SOURCES OF DRILLING WATER

1. **Well**

2.

3.

Folly Quarters Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **23** BLK: **9** PARCEL **968**

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**
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
COUNTY NAME

[Signature]
STATE SIGNATURE

DATE ISSUED **07/16/18**
43 MM DD YY 48

[Signature]
DRILLER SIGNATURE

EXP. DATE **07/16/19**

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other _____

8/15/2018
Drilling Hole 1 bedrock 4'
500' Dry Hole 20' casing
Sealed 8/17/18

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

THIS WELL WILL DEEPEM AN EXISTING WELL

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

8/16/2018
Drilling Site 3
200' well hole
8/16/2018
10' 10' - Prop Lines

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

APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-17-0313**
70 71 72 73 74 75 76 77 78 79

8/17/2018
Sealed dry hole via top pair.

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SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **RADIUM SAMPLES REQ AT YIELD**



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
(410) 838-6910

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

WELL YIELD REPORT

Date Test Completed: January 28, 2019

Well Depth: 250 feet

Customer Land Design & Development
Road Folly Quarter Rd
City Ellicott City
State Maryland

Permit # HO-17-0313
Subdivision Locust Ridge
Section _____
Lot # 15

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
10:30 AM	50		
10:45 AM	52		
11:00 AM	54		
11:15 AM	55		
11:30 AM	55		
11:45 AM	55		
12:00 PM	56		
12:15 PM	57		
12:30 PM	57		
12:45 PM	57		
1:00 PM	57		
1:15 PM	58		
1:30 PM	58		
1:45 PM	58		
This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.			

106 106 6

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1791

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

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

Company Name: Atlantic Blue LLC Telephone #: 410-840-2583
Address: 1802 Baltimore Blvd.
Westminster, 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): Kirk Sweeney 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: CKI Homes, LLC Telephone #: 410-442-2211
Subdivision: Foxleigh - Hyman Property Lot #: 15 Well Tag #: HO-17-0313 (S)
Site Address: 3689 Folly Quarter Road
Ellicott City, MD 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing:
Well Yield: 18 GPM NSF approved: Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

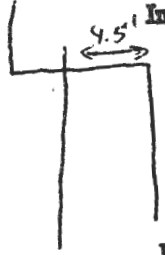
Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 20'
Depth of supply line: 36" min Sleeve caulked and sealed properly:

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] 9/10/2020
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 (S)
Inspection Data: Pitless adapter and water supply line at least 36" below grade 43"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 23"
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 24"
Water supply line sleeved adequately at house connection 10"
Adequate grout observed below pitless adapter



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.

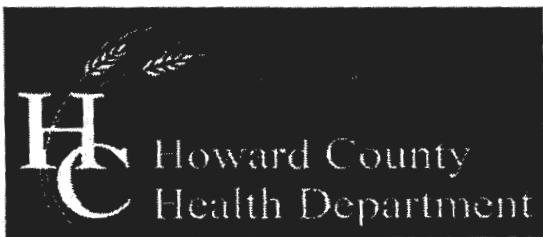
Parcel No. 140:

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



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

HYMAN Property

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.

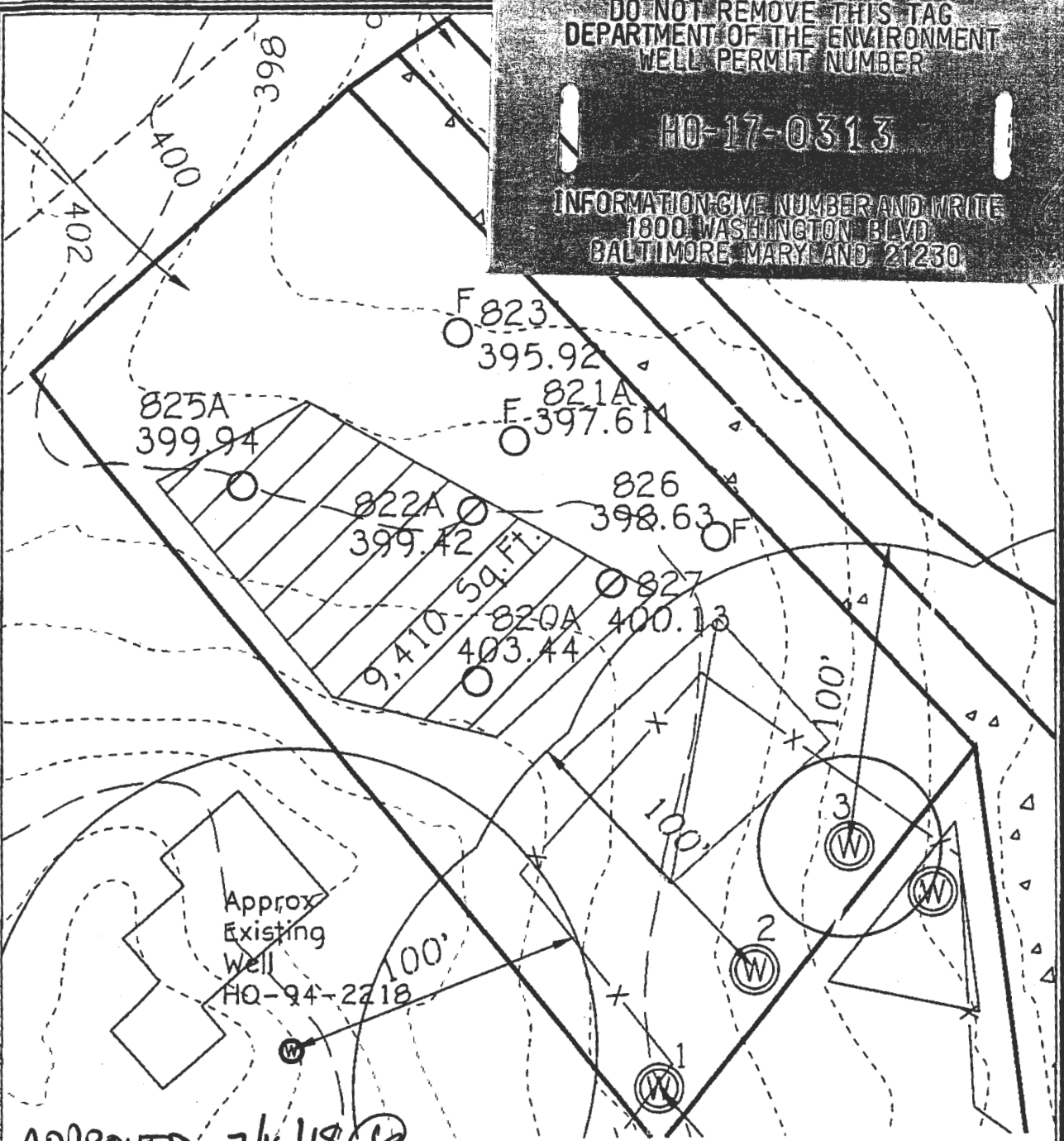
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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-17-0313

INFORMATION: GIVE NUMBER AND WRITE
 1800 WASHINGTON BLVD
 BALTIMORE, MARYLAND 21230



APPROVED 7/16/18 *[Signature]* 2019
 HO-17-0313
 STAKED BY F&C

WELL EXHIBIT
LOCUST RIDGE

LOT 15
 (LAWRENCE R. HYMAN)

FISHER COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10722 BALTIMORE NATIONAL PIKE
 ELLETTT CITY, MARYLAND 21042
 (410) 461 - 2899

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, 2018

PROPERTY OF
GEORGE W. TYE JR
TAX MAP 23 PARCEL 68
LIBER 356 FOLIO 147

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

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

AREA TO
BE REMOVED
214 SQ. FT.

WELL BOX
FOR LOT 15

WELL BOX
FOR PARCEL

PROPERTY OF
LAWRENCE R. HYMAN
LOIS W. HYMAN
TAX MAP 23 PARCEL 110
LIBER 1056
FOLIO 242

10' PRIVATE
WELL WORKING
STRIP

WELL BOX
FOR PARCEL 110

SECTION PLAN
ARTERFIELD
SECTION ONE
34 - 45
SECTION PARCELS
3, 5A AND 5B
NO. 12237

PROPERTY OF
LAWRENCE R. HYMAN
LOIS W. HYMAN
TAX MAP 23 PARCEL 1
LIBER 1056 FOLIO 24

Approx Existing Well

Approx Existing Well

Approx Existing Well

Approx Existing Well

Ex. Septic

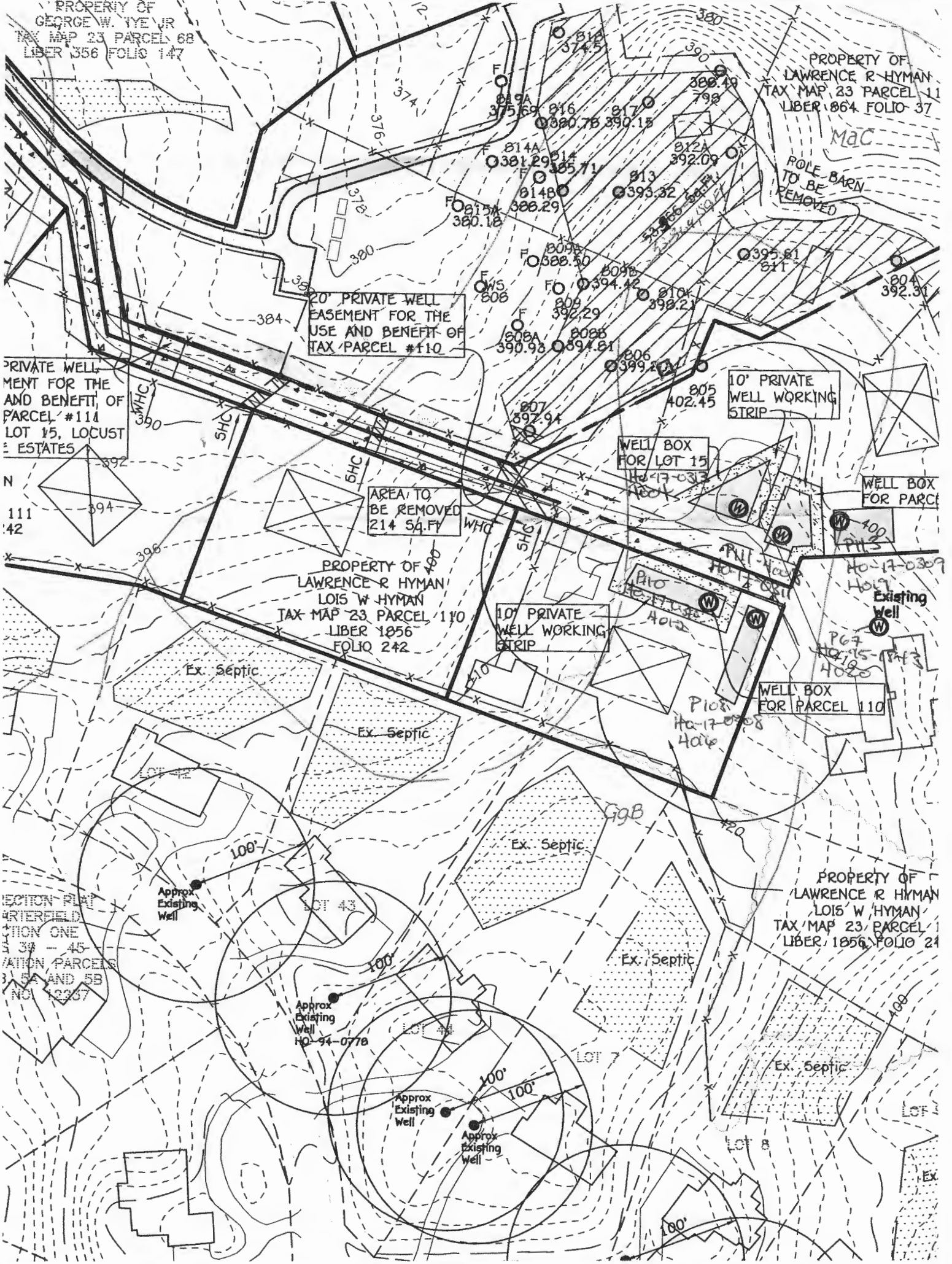
Ex. Septic

Ex. Septic

Ex. Septic

Ex. Septic

Ex.



 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

APPROVED
 03/29/2019 (H)

DATE WELL ABANDONED: 8/17/18 (month/day/year)

HW-17-0313

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

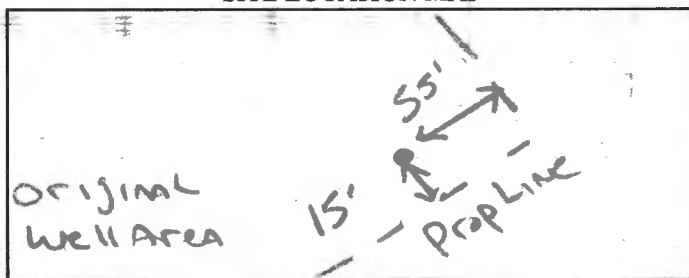
* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: (MWD) / MSD / MGD

* OWNER'S NAME: Land Design + Development

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP 23 BLOCK 9 PARCEL 608
 SUBDIVISION: Locust Ridge
 SECTION: _____ LOT: 15
 STREET ADDRESS: Folly Quarter Rd



LATITUDE 3 9.26908

LONGITUDE 7 76.91485

LOG OF SEALING MATERIAL

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

MATERIAL	FEET	
	FROM	TO
Drill Cuttings	500	20
Cement	20	0

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

VOLUME OF MATERIAL USED

600 lbs Cement

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify)
None - Dr. Hole

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

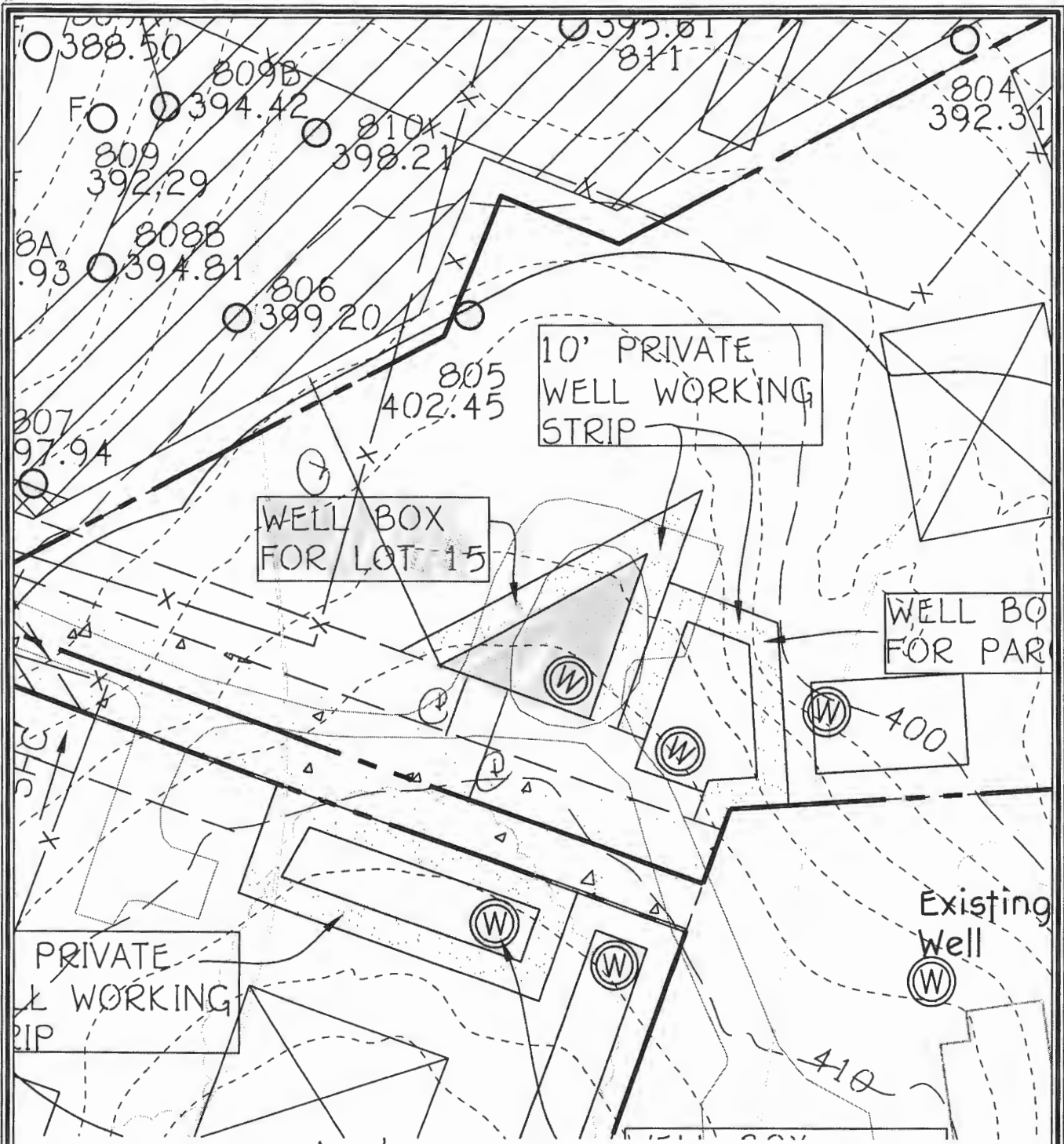
[Signature] 355
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

(MWD) / MSD / MGS 2/24/19
 CIRCLE ONE DATE

COUNTY

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I:\2004\04031\dwg\04031-4002 Revised Perc Plan 8-17-18 ht.dwg, Lot 15, 1:1



APPROVED 12/27/2018 @ 001997

STAKED BY FCC 12/17/2018

WELL EXHIBIT

LOCUST RIDGE

LOT 15

(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: November 27, 2018

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLCOTT CITY, MARYLAND 21042
 (410) 461 - 2995

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

MEMORANDUM

TO: Michael Barlow MWD 355

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

DATE: December 27th, 2018 *J Cabahug*

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

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

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

Simultaneous Yield Contingency:

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

Complex Yield Test:

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

Parcel No. 140:

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

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

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

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

MEMORANDUM

TO: Michael Barlow MWD 355

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

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

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

*Doc 1/4/2019
Doc 1/8/2019*

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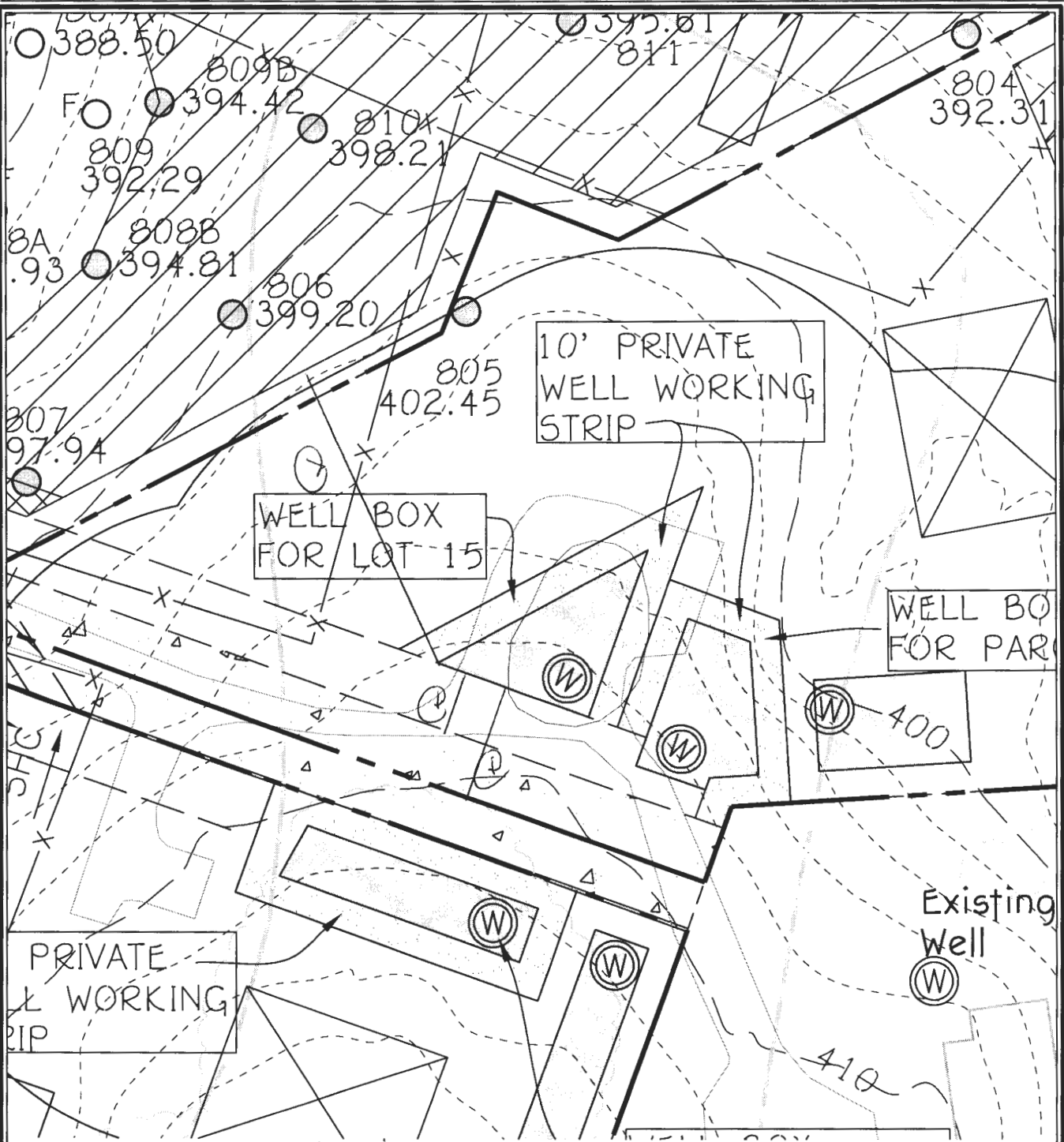
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I:\2004\04031\dwg\04031-4002 Revised Perc Plan 8-17-18 ht.dwg, Lot 15, 1:1



APPROVED 12/27/2018 @ 001997

STAMPED BY FCC 12/17/2018

WELL EXHIBIT

LOCUST RIDGE

LOT 15
(LAWRENCE R HYMAN)

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

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

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



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:
LOCUST RIDGE 15 BOULY QUARTER RD
 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 12/17/19 (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



Wolf, Kevin

From: Wolf, Kevin
Sent: Tuesday, March 9, 2021 10:22 AM
To: Rick Scranton
Subject: RE: 3689 FOLLY QUARTER ROAD LOT 15 PASSING WATER TEST RESULTS

Rick,
All these lots out here are within the Radium area. Have you taken any of the necessary radium water tests? If so, can you forward me the lab results? We would need gross alpha/beta short term at a minimum. If this comes back elevated, treatment would be needed along with post treatment samples for radium 226/228. With all the confusion on these lots/wells from the beginning, sharing fractures, etc., we would need to solidify the radium before we process the ICOP. Let me know if you have anything on it.

Kevin

From: Rick Scranton <tricky1209@comcast.net>
Sent: Monday, March 8, 2021 4:10 PM
To: Wolf, Kevin <KWolf@howardcountymd.gov>; Martin, Sharhonda <smmartin@howardcountymd.gov>; Pam Walter <pregester@catonsvillehomes.com>
Subject: Re: 3689 FOLLY QUARTER ROAD LOT 15 PASSING WATER TEST RESULTS

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Kevin
Any word when we will see the ICOP letter.

Thanks
Rick

Sent from my iPhone

On Mar 5, 2021, at 12:26 PM, Rick Scranton <tricky1209@comcast.net> wrote:

Kevin
Here are the passing water results for 3689 Folly Quarter road. If you could process the ICOP letter. Have a great weekend.

Thanks
Rick Scranton
CBI Homes
410-977-1727

Sent from my iPhone

Begin forwarded message:

From: Customer Service <customerservice@atlanticblue.net>
Date: March 5, 2021 at 12:18:13 PM EST

Wolf, Kevin

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Sent: Tuesday, March 9, 2021 10:22 AM
To: Rick Scranton
Subject: RE: 3689 FOLLY QUARTER ROAD LOT 15 PASSING WATER TEST RESULTS

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Sent from my iPhone

Begin forwarded message:

From: Customer Service <customerservice@atlanticblue.net>
Date: March 5, 2021 at 12:18:13 PM EST

To: tricky1209@comcast.net, Pam Walter <pregester@catonsvillehomes.com>
Subject: 3689 FOLLY QUARTER ROAD LOT 15 PASSING WATER TEST RESULTS

Hello,

Attached is a copy of water test results for the property at:

3689 FOLLY QUARTER ROAD
ELLCOTT CITY, MD 21042

The lab has sent a copy of this report to the Howard County Health Department.

Most Sincerely,
Atlantic Blue Water Services Team

ATLANTIC BLUE WATER SERVICES
1802 Baltimore Blvd
Westminster, MD 21157
(410) 840-2583
www.atlanticbluewaterservices.com

<3689 FOLLY QUARTER ROAD PASSING WATER TEST RESULTS - FVAL.pdf>

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 9, 2021

March 9, 2021

Homeowner
3689 Folly Quarter Road
Ellicott City, MD 21042

RE: Foxleigh, Lot 15
3689 Folly Quarter Road
Building Permit: B20001366
Well Permit: HO-17-0313

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 **12/11/2020**. Final approval of the well line connection to the dwelling was granted on **9/16/2020**. The well construction was completed on **1/25/2019**. Water samples were collected on **3/4/2021**.

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.

Radium samples were also collected on **1/22/2021**. Results showed a combined radium 226/228 level of **<1.4 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-17-0313. 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.**

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 143093 Account #: 1045
Reference: CBI Homes Foxleigh Lot 15 Company: Atlantic Blue Water Services
Location: 3689 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 3/4/2021 1310 Site: Laundry Tub
Date/Time Rec'd: 3/4/2021 1552 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: M. Mather 0258MM Well #: HO-17-0313

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2021 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/5/2021 / 1000 / LLO
Nitrate	1.15	mg/L	10	601	3/4/2021 / 1630 / CRS
Turbidity	0.47	NTU	<10	SM20 2130B	3/4/2021 / 1610 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/4/2021 / 1610 / 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 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B20001366

Date Reported: 3/5/2021

File No. F-19-016
Locust Ridge Estates

**DEPARTMENT OF PLANNING AND ZONING
FINAL PLAT ORIGINAL FOR SIGNATURE APPROVAL**

This form is for the processing of originals for signature approvals. If corrections or additions must be made to the original, the corrections needed must be identified in the space provided and the plans must be returned unsigned to the Department of Planning and Zoning. DPZ will notify the owner of the required revisions and request that the owner's engineer make the corrections or contact the appropriate County agency with questions concerning such revisions.

DPZ Date Received Date Forwarded
J. Maerhardt 8/29/18 8/29/18
Reviewing Agent

~~Rejected For:~~ Ask Kent about access easement

HEALTH Date Received Date Forwarded
Dona Bevard 8-31-18 _____
Reviewing Agent

Rejected For: Wells must be drilled prior to signature

DED Date Received Date Forwarded

Reviewing Agent

Rejected For: _____

Chief, DLD Date Received Date Forwarded

Reviewing Agent

Rejected For: _____