

C1 56790

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

01 25 19 APPROVED 02/28/2009

345 (TO NEAREST FOOT)

HO-17-0310

OWNER LAND DESIGN + Development last name first name TOWN Elkton City SUBDIVISION Hymn Property SECTION LOT Patch 110

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. Rows include Soil, Brown Shale, Med Gray Rock, Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below SCREEN RECORD

NUMBER OF UNSUCCESSFUL WELLS: 01

WELL HYDROFRACTURED

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. M WD 355

DRILLERS SIGNATURE

LIC. NO. WRB 113

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

DEPTH (nearest ft.)

HO 70 345

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10.0 METHOD USED TO MEASURE PUMPING RATE Wash bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 ft. WHEN PUMPING 67 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,R,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LATITUDE 39.26844 LONGITUDE 76.91267 (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.

TAG = 218/209 @

B 1 SEQUENCE NO. (MDE USE ONLY) **54260** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **563001-D** please type

STATE PERMIT NUMBER **HO-17-0310** fill in this form completely

OWNER INFORMATION

Date Received (ARA) **05/25/18**

8 MM DD YY 13

15 Last Name Owner First Name 34
Land Design + Development

36 Street or RFD 55
8318 Forrest Street

57 Town 70 State 72 Zip 76
Ellicott City MD 21043

B 3 LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Hyman Property** 42

SECTION **48** LOT **48** 50 **Parcel 112**

52 NEAREST TOWN **Ellicott City** 71

DRILLER INFORMATION

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

Firm Name **Barlow Well Drilling**

Address **522 Underwood Lane 2104**

Signature **[Signature]** Date **5/24/18**

B 4 SOURCES OF DRILLING WATER

1. **Well**

2. ***NOTE**

3. **well for lot 110**

11 STREET ADDRESS **Foil + Quarter Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **400** 37

DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39

TAX MAP: **23** BLK: **9** PARCEL **112**

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard**

STATE SIGNATURE **[Signature]** INSERT S →

DATE ISSUED **07/16/18** 41

43 MM DD YY 48 CO SIGNATURE **[Signature]** EXP. DATE **02/16/19**

Doc: **8/15/18** Doc: **08/10/18** Doc: **01/28/2019 @**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

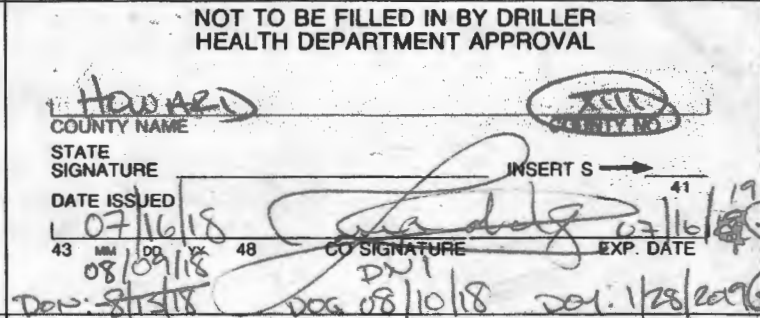
INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL



APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL _____ INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other _____

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

39 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

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-17-0310** 70 71 72 73 74 75 76 77 78 79

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.

REASSIGNMENT NOTES

FROM ORIGINAL DRILL DATE

begin drilling at well string in well bore

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

RADIUM SAMPLES REQ @ YIELD

Not 1066

**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 (3rd 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. #2
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 Sweetnell 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: OKT Homes, LLC Telephone #: 410-442-2211
Subdivision: Hyman Property Lot #: 2 Well Tag #: HO-17-0310 (ST)
Site Address: 3195 Folly Quarter Rd.
Ellicott City, MD 21042

Submersible Pump Data **Pitless Adapter** **Well Cap and Electric Conduit**
Make: Aquads 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: 10 GPM NSF approved: _____ Conduit min 1 1/2" B.G.:
Depth of well encountered at time of pump installation: 345 (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: PVC PVC sleeved to undisturbed soil at wall penetration:
PSI: 20 (160 psi min) Approximate length of sleeve: 30'
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] 7/29/2020
Signature of company representative responsible for installation date

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

Date Insp. Requested: 8/12/2020 Date Insp. Approved: 2/17/21
Inspection Data: Pitless adapter and water supply line at least 36" below grade 33"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 24"
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade 32"
Water supply line sleeved adequately at house connection 5"
Adequate grout observed below pitless adapter



HD-215 (Rev. 8/00)

8/12/20 Builder says he will raise grade around casing to make pitless > 36" below grade. Reinspect. (ST)

Reinspected on 8/13 see file inquiry notes (ST)
Reinspected and approved on 2/17/21 (ST)

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

April 30, 2019

Mr. and Mrs. Lawrence Hyman
3681 Folley Quarter Road
Ellicott City, Maryland 21042-1452

RE: Hyman Property Par. 110
Folley Quarter road
Well Tag: HO - 17 - 0310

Dear Mr. Keane:

A sample was collected during a yield test on January 28, 2019 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 11.0 ± 2.5 picocuries/liter (pCi/L), while the **Gross Beta** level was 4.4 ± 1.9 pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted standard of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the well water supply is **within** EPA regulatory standards. Additional testing **for these parameters** does not appear necessary to secure the future Use & Occupancy. Please **note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be needed to help secure Use & Occupancy.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to schedule additional testing.

Sincerely,



Bert Nixon, Director
Bureau of Environmental Health

Enclosure

✓cc: Property file

SEND REPORT TO: Nixon, B
Howard County Health Department
Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Sciences
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No. ETV1618729

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: FOLLY QUARTER ROAD County: HOWARD

Sample Source: HYMAN PROP PAR 110 Location: HO-17-0310

(Well no., lab sink, sample tap, etc.)

~~Radon-222~~ Bottle A HOX 03082A Radon-222 Field Blank Bottle A _____
 RADIUM Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: HIF Federal Project: _____
 Collector: CABANG, J Telephone No.: 410 313 2643
 Date Collected: 01/28/2019 Time Collected: _____ a.m. 12:00 p.m.
 Field pH: 7.5 Field Chlorine: NEG
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: SAMPLED AT YIELD

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/> Gross Alpha	4000	1618	EPA900.0	11.0 ± 2.5	01/30/19	LIA	02/4/19
<input checked="" type="checkbox"/> Gross Beta	4100	1618	EPA900.0	4.4 ± 1.9	01/30/19	LIA	02/4/19
<input type="checkbox"/> Radium-226	4020						
<input type="checkbox"/> Radium-228	4030						
<input type="checkbox"/> Total Uranium	4006						
<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha-Conf		1618	EPA900.0	10.7 ± 2.3	01/31/19	RH	02/4/19
<input checked="" type="checkbox"/> Gross Beta-Conf		1618	EPA900.0	<4.0	01/31/19	RH	02/4/19

Date Received: 01/29/19 Received By: [Signature]
 Data Release Signature: [Signature] Date: 2/4/19

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
 DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

REPORT TO: NIXON, B
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, Maryland 21045

State of Maryland
 DHMH - Laboratories Administration
 Division of Environmental Sciences
RADIATION LABORATORY
 1770 Ashland Avenue
 Baltimore, Maryland 21205

Lab No. 1618 0310

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: FOLLY QUARTER ROAD County: HOWARD

Sample Source: HYMAN PROP PAR 110 Location: HO-17-0310
(Well no., lab sink, sample tap, etc.)

~~Radon-222~~ Bottle A HOX 030821 Radon-222 Field Blank Bottle A _____
 RADIUM Bottle B _____ Bottle B _____

County 13 Plant No. _____

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: HIF Federal Project: _____

Collector: CABANOG, J Telephone No.: 410 313 2643

Date Collected: 01/28/2019 Time Collected: _____ a.m. 12:00 p.m.

Field pH: 7.5 Field Chlorine: NEG

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: SAMPLED AT YIELD

TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
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<input type="checkbox"/> Radium-226	4020						
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<input type="checkbox"/> Radon-222 (Bottle A)	4004						
<input type="checkbox"/> Radon-222 (Bottle B)	4004						
<input type="checkbox"/> Radon Field Blank A	4004						
<input type="checkbox"/> Radon Field Blank B	4004						
<input type="checkbox"/> Tritium							
<input checked="" type="checkbox"/> Gross Alpha-Conf		1618	EPA900.0	10.7 ± 2.3	01/31/19	RH	02/4/19
<input checked="" type="checkbox"/> Gross Beta-Conf		1618	EPA900.0	<4.0	01/31/19	RH	02/4/19

Date Received: 01/29/19 Received By: [Signature]
 Data Release Signature: [Signature] Date: 2/4/19

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
 DHMH 4540 05/17

PROGRAM COPY

SAMPLE TESTED AS RECEIVED

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – AUGUST 17, 2021

February 17, 2021

Homeowner
3685 Folly Quarter Road
Ellicott City, MD 21042

**RE: Foxleigh, Lot 2
3685 Folly Quarter Road
Building Permit: B20001564
Well Permit: HO-17-0310**

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 **2/9/2021**. Final approval of the well line connection to the dwelling was granted on **2/17/2021**. The well construction was completed on **1/25/2019**. Water samples were collected on **2/10/2021**.

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 **12/23/2020**. Results showed a combined radium 226/228 level of **<2.0 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-17-0310. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

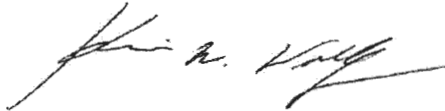
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

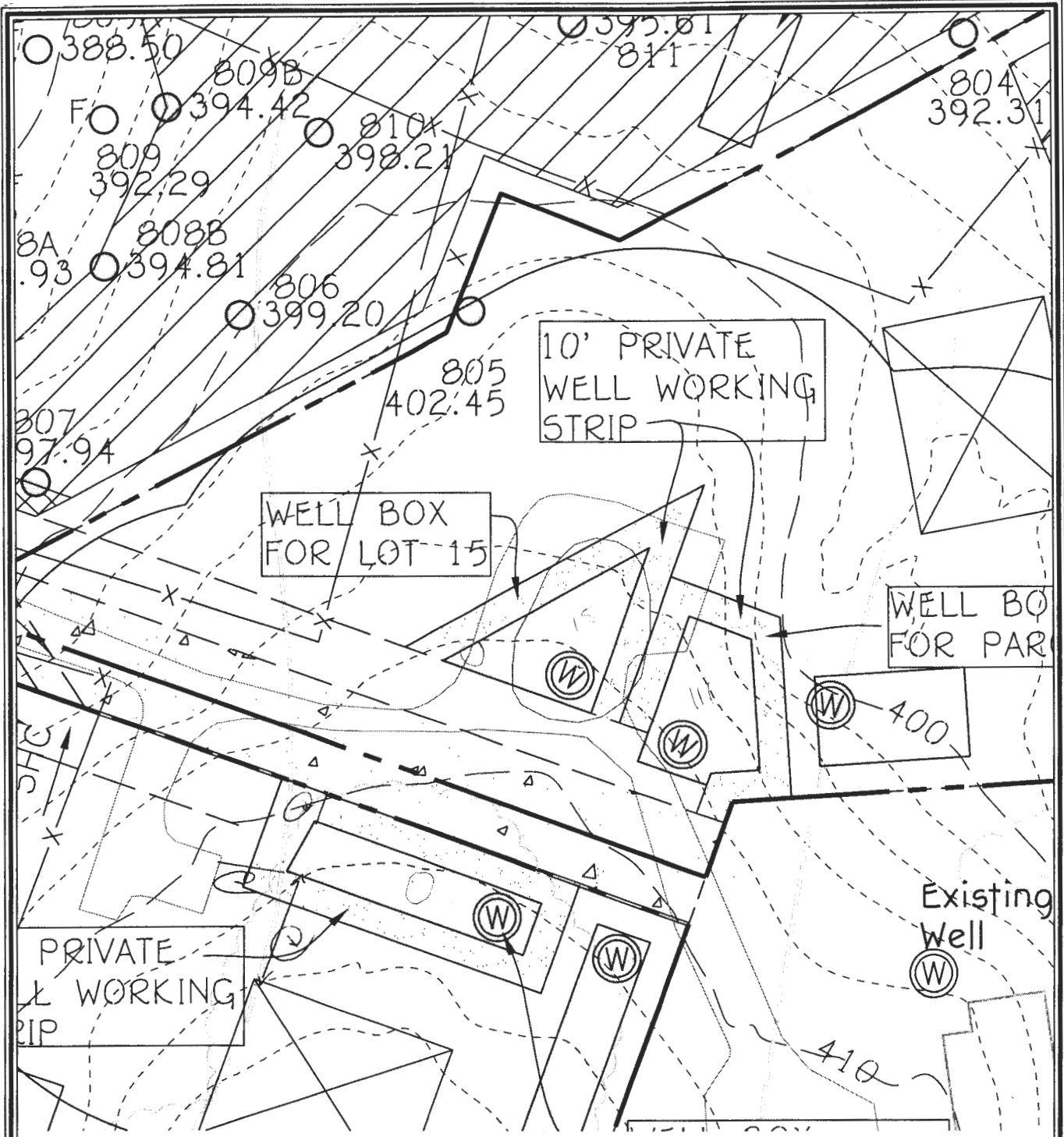
Approving Authority,



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

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



APPROVED 12/27/2018 *[Signature]*
 STAKED BY FCC 12/17/2018

FORMERLY LOT 108

WELL EXHIBIT LOCUST RIDGE

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

~~PARCEL NO~~ PARCEL NO
 (LAWRENCE R HYMAN)
 TAX MAP #23 GRID: 9 PARCELS: 140, 68, 106, 110, 111, 112, 113
 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: November 27, 2018

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

ROLE BARN
TO BE
REMOVED

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
FOOT

WELL BOX
FOR PARCE

AREA TO
BE REMOVED
214 54.FY

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

GGB

Ex. Septic

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

SECTION PLAN
PRIERFIELD
SECTION ONE
PARCELS 33 - 45
SECTION PARCELS
33, 5A AND 5B
NO. 12267

Approx Existing Well

Approx Existing Well
HO-14-077a

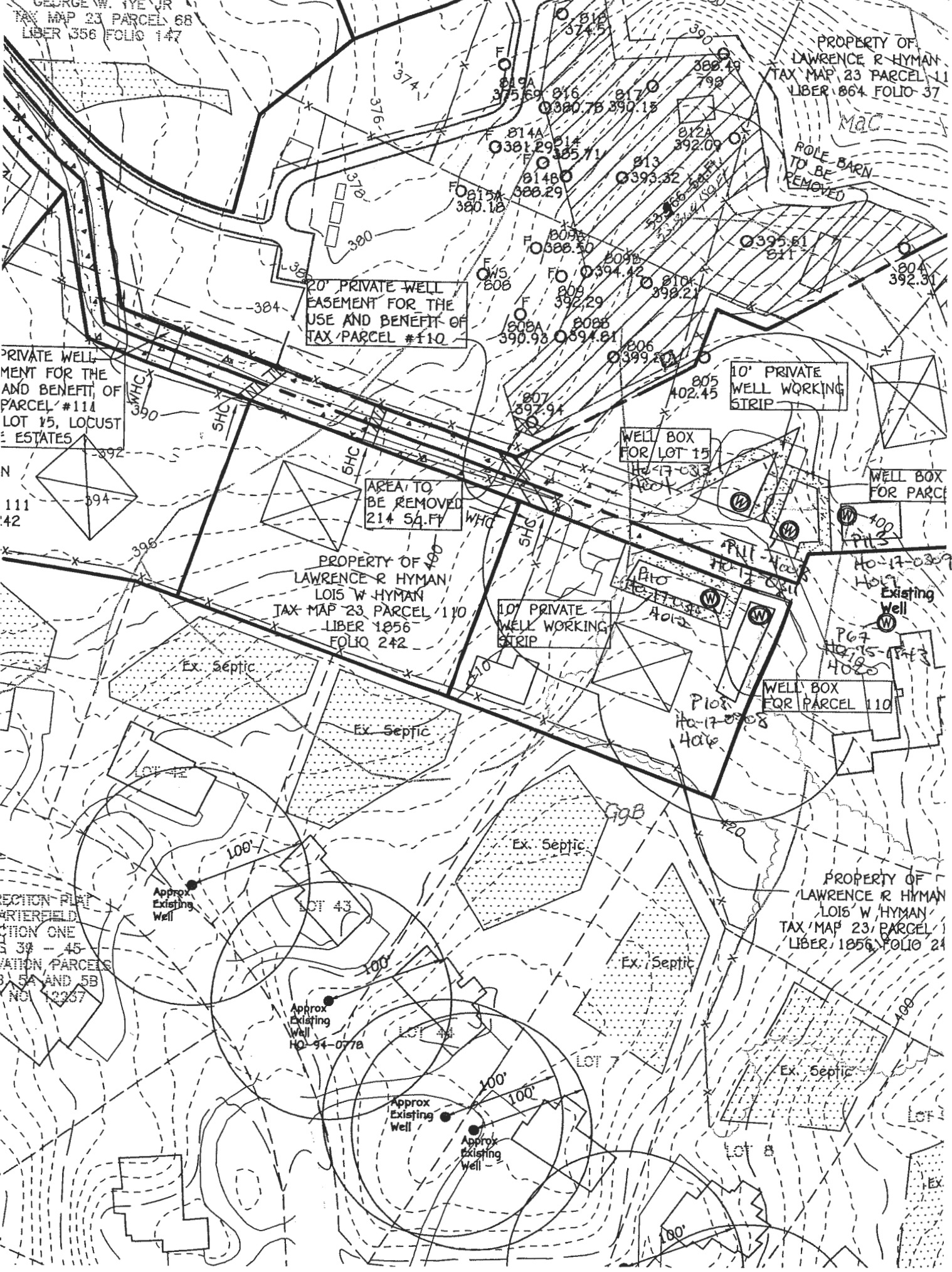
Approx Existing Well

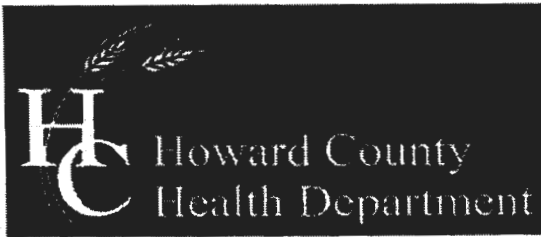
Approx Existing Well

Ex. Septic

Lot 8

Ex.





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:

<u>HYMAN Property</u>	<u>PARCELS 108, 111 112, 113 + 140</u>	<u>FOLLY QUARTER ROAD</u>
Subdivision/Property Name	Lot #	Road Name

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

EASEMENT

807
397.94
O

PROPERTY OF
LAWRENCE R HYMAN
LOT 5 W HYMAN
TAX MAP 23 PARCEL 108
LIBER 1856-FOLIO 242

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

HO-17-0308

INFORMATION: CIVIL NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

APPROVED 7/16/18 

HO-17-0308
STAKED BY FCAC

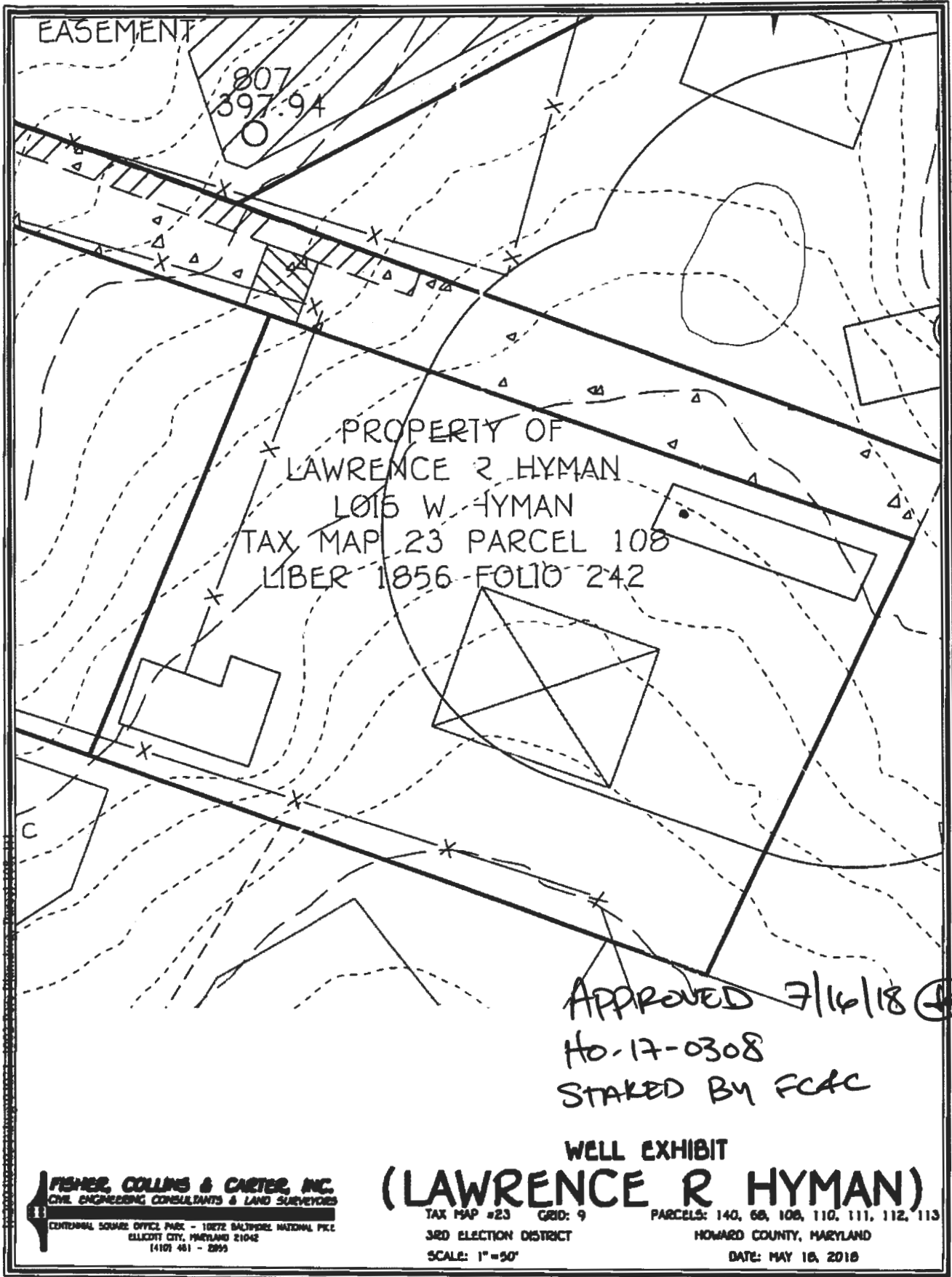
WELL EXHIBIT

(LAWRENCE R HYMAN)

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SOURCE OFFICE PARK - 10872 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2999

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

PARCELS: 140, 68, 108, 110, 111, 112, 113
HOWARD COUNTY, MARYLAND
DATE: MAY 16, 2018



EASEMENT

807
397.94
O

PROPERTY OF
LAWRENCE R HYMAN
LOT 5 W HYMAN
TAX MAP 23 PARCEL 108
LIBER 1856 FOLIO 242

APPROVED 7/16/18
Ho-17-0308
STAKED BY FCAC

FISHER COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTRAL SQUARE OFFICE PARK - 10872 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 461 - 2999

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

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
03/20/2019

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

17-17-0310

* 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 112
SUBDIVISION: Hyman Property
SECTION: _____ LOT: Parcel 110
STREET ADDRESS: Folly Quarter

Drilled in original well area for Parcel 112

LATITUDE 3 9.26946

LONGITUDE 7 6.91422

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Drill cuttings	300	20
Cement	20	0

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) NONE - Dry 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

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.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 355

MWD MSD / MGS

CIRCLE ONE

2/26/19

DATE

COUNTY

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 142746 Account #: 1045
Reference: CBI Homes Foxleigh Lot 2 Company: Atlantic Blue Water Services
Location: 3685 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 2/10/2021 1315 Site: Laundry Tub
Date/Time Rec'd: 2/10/2021 1553 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: M. Mather 0258MM Well #: HO-17-0310

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/11/2021 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/11/2021 / 1030 / CRS
Nitrate	<1.0	mg/L	10	601	2/11/2021 / 1420 / CRS
Turbidity	0.35	NTU	<10	SM20 2130B	2/10/2021 / 1630 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	2/11/2021 / 1140 / 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 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B19004211

Date Reported: 2/11/2021

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 141959 Account #: 1045
Reference: CBI Homes Foxleigh Lot 2 Company: Atlantic Blue Water Services
Location: 3685 Folly Quarter Road Requested By: Mark Mather
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 12/23/2020 0930 Site: Well System Drain
Date/Time Rec'd: 12/23/2020 1342 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: M. Mather 0258MM Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Radium-226	0.6	pCi/L	****	903.1	1/6/2021 / 0946 / MJN
Radium-228	1.4	pCi/L	****	Ra-05	1/6/2021 / 0938 / SN

NOTES:

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- pCi/L = picocuries per liter
- Radium 226 Detection Limit: 0.1 pCi/L; Radium 226 Error: +/- 0.1 pCi/L
- Radium 228 Detection Limit: 0.7 pCi/L; Radium 228 Error: +/- 0.5 pCi/L
- Sample collected by client, analyzed as received
- Sub-contracted to Reference Lab #278
- ND = None Detected; N/A: Not Available
- Visual well check: Sealed, vented cap
- pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Date Reported: 1/7/2021

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
8/13/20	<p style="text-align: center;">WLI</p> <p>- in the morning I called the applicant due to heavy rains to say that if the pitless was submerged in 1420 then the reinspection should be pushed to a later date. Atlantic Blue confirmed w/ Builder that reinspection should still happen. Upon arrival the pitless hole was full of water and there appeared to be no change to the grade. Builder was onsite and I waited while he bucketed all the water so the pitless was visible (per his request because he said he wanted this approved so he could "move on"). It was still 33" to final grade and he showed me where the final grade would, but I wasn't sure w/ the slope how he'd get it higher. He wanted to backfill the hole so we measured from the pitless to the top of the well which was 66". I told him he could backfill and a final grade the yard and we could verify that there was at least 30" of casing above grade once he was finished. I didn't approve WLI and reinspection will be required once builder was finished w/ the final grading. He was alright with worst case scenario of hand digging out the pitless to verify 36" depth @ a later date. I told him I could not officially approve it. He stated that he'd reach out to K. Wolf and S. Thomas once all was completed. (SR) 2/17/21 Reinspection found 25" of casing above grade. Approved. (SR)</p>