

C1 2935 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 **A 522526**

ST/CO USE ONLY DATE RECEIVED **OCT 05 2006** DATE WELL COMPLETED **MM 10 DD 3 YY 06** Depth of Well **440'** PERMIT NO. FROM "PERMIT TO DRILL WELL" **Ho-95-0520**

OWNER **Dodd** **William**
 STREET OR RFD **Hardy Rd** TOWN **Mt. Airy**
 SUBDIVISION **Woodcamp** SECTION _____ LOT **1**

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Shale	0	56	
Blue Rock	56	440'	

GROUTING RECORD (Circle appropriate Box) **Y** **N**

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **15** NO. OF POUNDS **1410**

GALLONS OF WATER **90**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **56** ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE **ST**

Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **60**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

E A C H C A S I N G

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD024**

DRILLERS SIGNATURE **Joseph L Mayne**

LIC. NO. **D**

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

C2 DEPTH (nearest ft.)

1 **440** 58 440

E A C H S C R E E N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

from _____ to _____

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

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

T (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **1.5**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **50** ft.

WHEN PUMPING **380** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine

C centrifugal **R** rotary **O** other (describe below)

J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

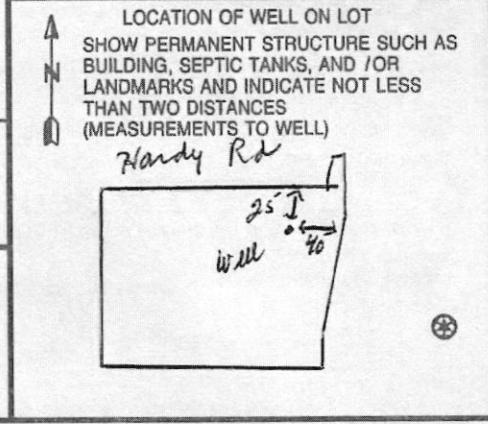
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } **2** (nearest foot)



B 1	1404	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525249 please type	STATE PERMIT NUMBER 40-95-0520 <small>fill in this form completely</small>
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Date Received (APA) **OCT 03 2006**

OWNER INFORMATION

15 Last Name Dodd Owner William First Name William 34

36 Street or RFD 17545 Hardy Rd 55

57 Town Mt. Airy Md 70 State 21771 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Wayne License No. MSD024 81

Firm Name Joseph L. Wayne well drilling

Address 5512 Ridge Rd Mt Airy Md. 21771

Signature Joseph L. Wayne Date 9/8/06

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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

GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 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 _____

PERMIT No. 40-95-0520

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Woodcamp 42

SECTION 44 LOT 1 46 48 50

52 NEAREST TOWN Mt. Airy 71

MILES FROM TOWN (enter 0 if in town) 3 1/2 M I 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD Hardy Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 4.5 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 6 PARCEL 485

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. AS22526

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 9/10/06 EXP. DATE 9/10/07

43 MM DD YY 48 CO SIGNATURE Scott B...

NORTH GRID 550 000 EAST GRID 764 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

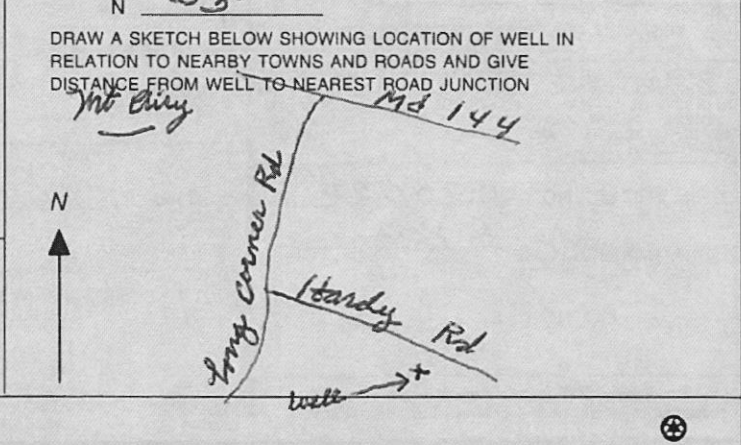
- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 764

N 550

000
000



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

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: KE T Plumbing Telephone #: 717-524-9530
 Address: PO BOX 2151
Westminster, MD 21158

Must circle one Licensed Plumber Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): Thomas A DiMaggio Jr License# 21451

*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: Lakshmi Gondi Telephone #: 410-442-9068
 Subdivision: William & Susan Gadd Property Lot #: 1 Well Tag #: HO-95-0520
 Site Address: 17549 Hardy Road
Mount Airy, Md. 21771

Submersible Pump Data
 Make: Starite
 Model #: 57PMHS10221-02
 Pump Capacity: 1hp 7gpm
 Well Yield: 1.5 gpm
 Depth of well encountered at time of pump installation: 440 (feet)

Pitless Adapter
 Make: Harvard +
 Model#: PT300NL
 GPM Depth: 40" (36" min)
 GPM NSF/WSC approved:

Well Cap and Electric Conduit
 Two piece watertight cap:
 Screened, vented well cap:
 Cap secured to casing:
 Conduit min 18" B.G.:
 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
 Must circle one: Torque arrestors / Cable guards / Other acceptable method used
 Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house
 Type: 1" Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 40 (36" min)

House Connection
 PVC sleeve to undisturbed soil at wall penetration:
 Length of sleeve (5' minimum from foundation):
 Sleeve sealed properly:

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

Signature of company representative responsible for installation: Thomas A DiMaggio Jr date: 9/20/22

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

Date Insp. Requested: 9/21/22 Date Insp. Approved: 9/21/22 Inspector: RR
 Inspection Data:
 Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

(Revised form 10/24/2018)



INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MAY 2, 2023

November 2, 2022

Homeowner
17549 Hardy Road
Woodbine, MD 21797

RE: Dodd Property, Lot 1
17549 Hardy Road
Building Permit: B21003667
Well Permit: HO-95-0520

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 **8/19/2022**. Final approval of the well line connection to the dwelling was granted on **9/21/2022**. The well construction was completed on **10/3/2006**. Water samples were collected on **10/17/2022, 10/14/2022, 10/31/2022**.

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-95-0520. 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 Environment's 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 #: 155489 Account #: 4226
Reference: Viking Development Client: Viking Development Corporation
Location: 17549 Hardy Road Requested By: Cary Cumberland
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/31/2022 1531 Site: Pressure Tank
Date/Time Rec'd: 10/31/2022 1628 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: R. Ott 0266RO Well #: HO-95-0520

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/1/2022 / 1100 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/1/2022 / 1100 / 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 Visual well check: Sealed, vented cap
- 5 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy
Building Permit # : B21003667

Date Reported: 11/1/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	155393	Account #:	4226
Reference:	Viking Development	Client:	Viking Development Corporation
Location:	17549 Hardy Road Mount Airy, MD 21771	Requested By:	Cary Cumberland
Date/ Time Collected:	10/24/2022 1230	Source:	Well Water
Date/Time Rec'd:	10/24/2022 1525	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	**
Collected By:	J. Yeager 0819JY	pH:	7.2
		Well #:	HO-95-0520

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	2.0	MPN/ 100 ml	<1.0	SM20 9223B	10/25/2022 / 1100 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/25/2022 / 1100 / TSD

NOTES:

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 pH & Chlorine level tested on site
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy
Building Permit # : B21003667

Date Reported: 10/25/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 155253 Account #: 4226
Reference: Viking Development Client: Viking Development Corporation
Location: 17549 Hardy Road Requested By: Cary Cumberland
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 10/17/2022 1245 Site: Pressure Tank
Date/Time Rec'd: 10/17/2022 1509 Treatment: **
Chlorine ppm: Free: ND Total: ND pH: 7.0
Collected By: J. Yeager 0819JY Well #: HO-95-0520

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	12.4	MPN/ 100 ml	<1.0	SM20 9223B	10/18/2022 / 1000 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/18/2022 / 1000 / TSD
Nitrate.	1.86	mg/L	10	EPA 300.0	10/18/2022 / 0051 / MEW
Turbidity	1.13	NTU	<10	SM2130B	10/18/2022 / 0920 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	10/18/2022 / 0900 / TSD

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 pH & Chlorine level tested on site
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 **Sample collected prior to Spindown Separator

Reason for Test : Use & Occupancy
Building Permit # : B21003667

Date Reported: 10/18/2022