

C1 66804 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

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

ST/CO USE ONLY DATE Received MM DD YY 06 24 2021

DATE WELL COMPLETED MM DD YY 06-16-21 APPROVED 07/15/2021 Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-21-0099

OWNER Tally Nishala WELL SITE ADDRESS 19830 Old Frederick Rd TOWN Woodbine Md SUBDIVISION 2nd Cannockshut Well SECTION LOT 5

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 FROM TO check if water bearing Brown Shales 0 79 Blue Rock 79 200 WATER 77 ft 135 ft

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 88 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 90

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 72 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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)

LATITUDE 39.33402 LONGITUDE 77.02800 (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 61287 SEQUENCE NO. (MDE USE ONLY) WS72818 **STATE OF MARYLAND** APPLICATION FOR PERMIT TO DRILL WELL please type **STATE PERMIT NUMBER** HO 20 0099 **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) 05/20/2021
 8 MM DD YY 13
 15 Last Name Gally Owner J. Nicholas First Name J. 34
 36 Street or RFD 14830 Old Frederick Rd 55
 57 Town Woodbine MD 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Mc Cann Estates West 42
 SECTION 44 46 LOT 5 48 50
 52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION
 Driller's Name Larry Mayne MS D 0027 License No. 76 81
 Firm Name Joseph Mayne Well Drilling
 Address 5512 Ridge Rd Mt. Airy Md
 Signature Larry Mayne Date 4-29-2021

B 4 SOURCES OF DRILLING WATER
 1. Well
 2.
 3. 6/16/21
 25 bags cement
pump 190'
12 GPM
static 43' level 72'
 11 STREET ADDRESS 14830 Old Frederick Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 DISTANCE FROM ROAD 40 37
 ENTER FT OR MI ft 38 39
 TAX MAP: 8 BLK: 10 PARCEL 27B

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

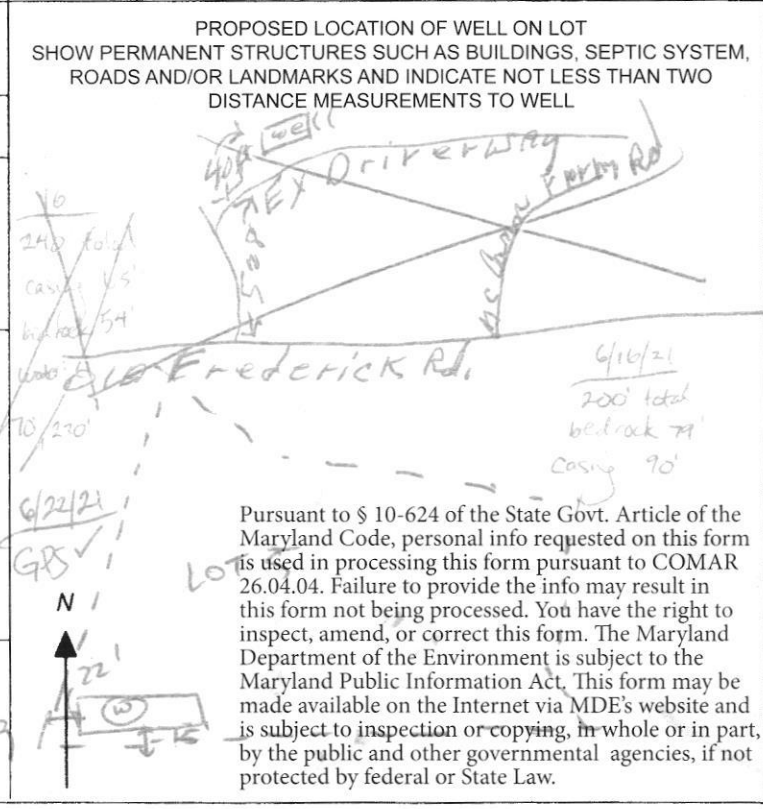
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. XIII
 STATE SIGNATURE [Signature] INSERT S 05/20/2021 41
 DATE ISSUED 05/20/2021
 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & 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
 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)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO 20 0099
 70 71 72 73 74 75 76 77 78 79



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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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Dave C. Fogle License# MSD226

***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: Williamsburg Group Telephone #: 410 977 3345
 Subdivision: McCann Farm Lot #: 2W Well Tag #: HO-20-0049 / 08/24/2022
 Site Address: 14775 McCann Farm Rd
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
 Model #: 155WE07-R80
 Pump Capacity 15
 Well Yield: 12

Pitless Adapter

Make: Campbell
 Model#: N/A
 GPM Depth: 36" (36" min)
 GPM NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
 Screened, vented well cap: yes
 Cap secured to casing: yes
 Conduit min 18" B.G.: yes
 Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 200 (feet)
 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 N/A

Piping to house

Type: 1" poly pipe
 PSI: 200 psi (160 psi min)
 Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
 Length of sleeve (5' minimum from foundation): 6'
 Sleeve sealed properly: yes

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: [Signature]

Date: 8/23/2022

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

Date Insp. Requested: 08/24/2022 Date Insp. Approved: 08/24/2022 Inspector:
 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

[Signature] 39" 08/24/2022
[Signature] 31" 08/24/2022
[Signature] 19" 08/24/2022



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 5, 2023

December 5, 2022

Homeowner
14775 McCann Farm Road
Woodbine, MD 21797

**RE: McCann Farm Est., Lot 2 W
14775 McCann Farm Rd
Building Permit: B21004405
Well Permit: HO-20-0099**

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 **12/2/2022**. Final approval of the well line connection to the dwelling was granted on **8/24/2022**. The well construction was completed on **7/15/2021**. Water samples were collected on **10/28/2022**.

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-20-0099. 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 #: 155459 Account #: 4470
Reference: McCann Farm Estates Lot 2 West Client: Williamsburg Homes LLC
Location: 14775 McCann Farm Road Requested By: Bill McBride
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/28/2022 1141 Site: Pressure Tank
Date/Time Rec'd: 10/28/2022 1255 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: R. Ott 0266RO Well #: HO-20-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/29/2022 / 0930 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/29/2022 / 0930 / TSD
Nitrate.	0.92	mg/L	10	EPA 300.0	10/28/2022 / 1735 / MEW
Turbidity	0.66	NTU	<10	SM2130B	10/28/2022 / 1500 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	10/28/2022 / 1510 / MEW

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 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B21004405

Date Reported: 10/31/2022

NOT DETERMINED
BULK PARCEL "A"

RETAIL COMMERCIAL
PROPERTIES LLC
L. 9567 F. 307
PARCEL F. 307
LOT 5

LOT 5
3.27 AC.±

LOT 4
3.22 AC.±

NICHOLAS J. LALLY
L. 12519 F. 190
PARCEL 27-A

LOT 3
3.05 AC.±

WILBUR-EI
L. 909
PARCEL

LOT 2
3.93 AC.±

NICHOLAS J. LALLY
L. 12519 F. 190
PARCEL 27-B

APPROVED 05/20/2021
STATED BY MITCHELL BOLE
WILLIAMS G. SINGLUFT
L. 17702 F. 00191
PARCEL 216

DIANE B. DALLI
L. 12087 F. 985
McCANN PROPERTY
LOT 2
PLAN # 15471

JAYESH PATEL
L. 10073 F. 498
McCANN PROPERTY
LOT 3
PLAN # 15471

DIRENDORA KUMAR SINGHA
PRAJEE SINHA
L. 18293 F. 114
McCANN PROPERTY

HOOVER J. ADGER
L. 7964 F. 1696
McCANN PROPERTY

APPROVE LOCATION OF
POTABLE WATER WELLS
ZONE TO BE
RELOCATED.

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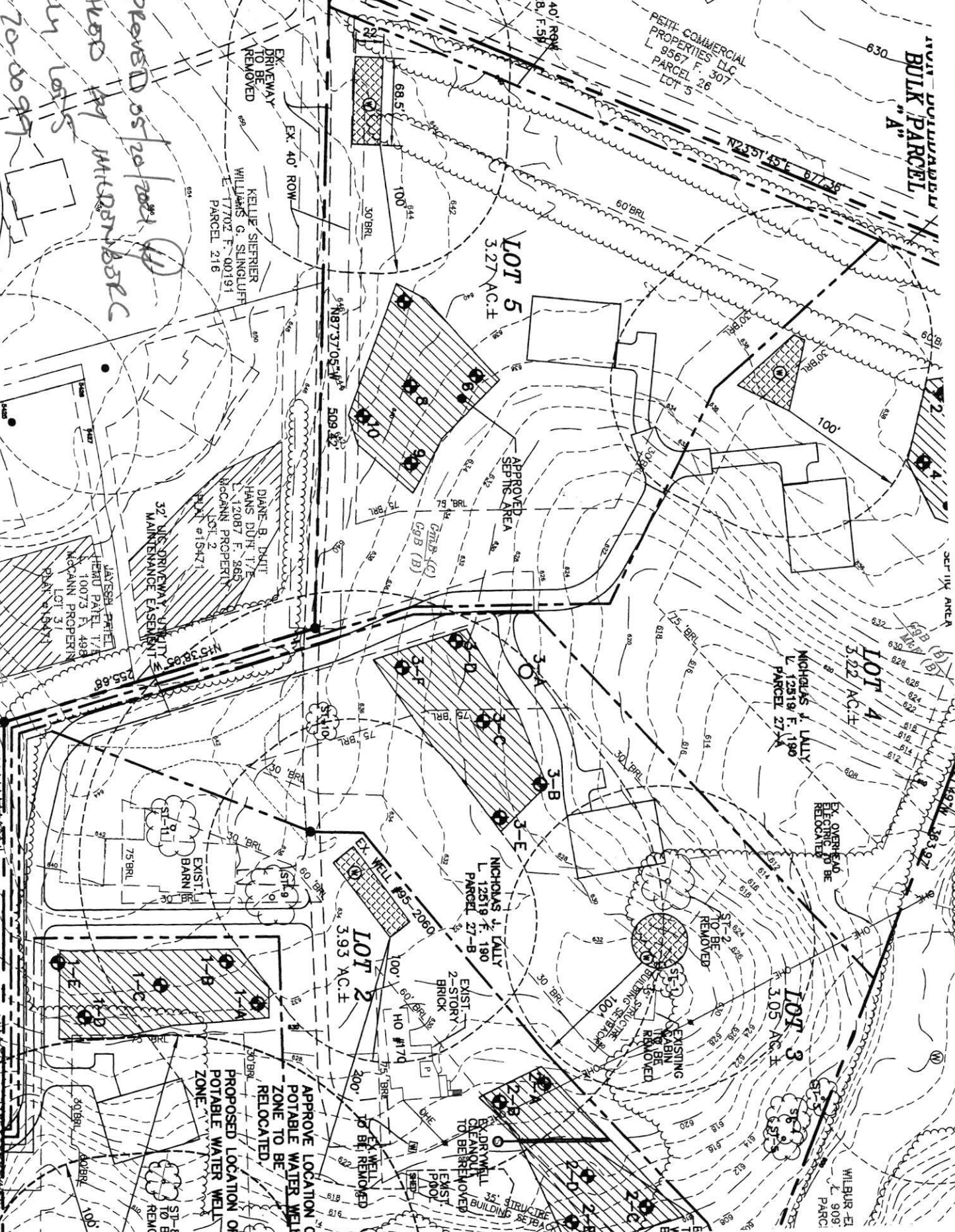
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HOWARD COUNTY HEALTH DEPARTMENT

72818

DATE 10/20/20

W5

Received From

Nicholas John Kelly

PHONE #

CASH
 CHECK
NO. 232

For WWP permits - 14830 - Old Frederick Rd.

Six hundred forty Dollars

\$ 1040 100

Received By J King