

C1 36103

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD

4-20-16

22 338 26 (TO NEAREST FOOT)

OK 5/6/16 SC

28 29 30 31 32 33 34 35 36 37

OWNER: Supp William ... WELL SITE ADDRESS: 6566 Belmont Woods TOWN: Elkridge MD

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. Includes entries like Topsoil, Red Clay, Red Brn Clay + Sand, etc.

GROUTING RECORD YES NO Y N

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

CASING RECORD ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

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

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

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

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER 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 533 DRILLERS SIGNATURE

LIC. NO. WRB 097

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

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

C 3 1 2 PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 - below LAND SURFACE (nearest foot)

LATITUDE 39.21046 LONGITUDE 76.74505 (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 **43877** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-15-0234**
APPLICATION FOR PERMIT TO DRILL WELL please type **558051** **fill in this form completely**

OWNER INFORMATION
 Date Received (APA) **05-28-16**
 8 MM DD YY 13
 15 Last Name **Sapp** William Wbde + Ham Hon Leo Talbot
 Owner First Name 34
 36 Street or RFD **6566 Belmont Woods Rd** 55
 57 Town **Elkridge** MD 70 State 72 Zip 76 **21075**

B 3 **LOCATION OF WELL**
 8 COUNTY **Howard** 21
 23 SUBDIVISION **Belmont** 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN **Elkridge** 71

DRILLER INFORMATION
 Driller's Name **John Hess** MW D 553 76 License No. 81
 Firm Name **Allied Environmental Svcs**
 Address **PO Box 251111, Hyattsville, MD 20781**
 Signature **John Hess** Date **03/16/16**

B 4 **SOURCES OF DRILLING WATER**
 1. **Public**
 2.
 3.
 11 STREET ADDRESS **6566 Belmont Woods Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 **725** 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: **0032** BLK: **0000** PARCEL **0191**

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

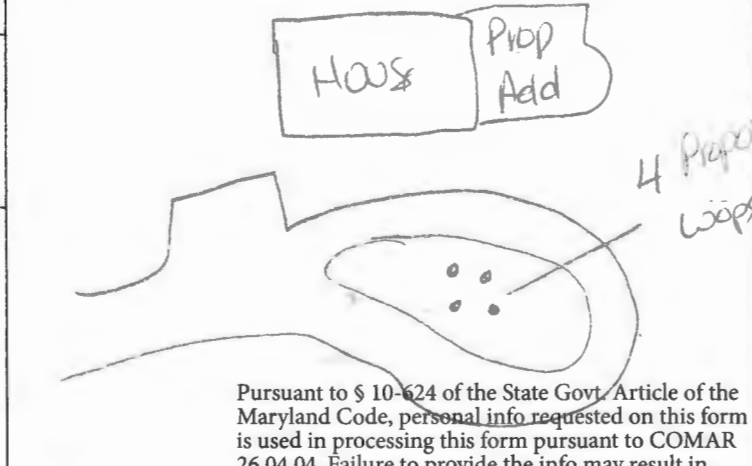
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL **4 loops**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **13**
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **4/18/16** CO SIGNATURE **[Signature]** EXP. DATE **4/18/17**
 43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **338** FEET
 24 28

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
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 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 _____ G _____
 PERMIT No. **HO-15-0234**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **Grout bottom to top.**
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648**

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

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

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

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Joshua Henricks License# PI0173

***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: Mr. William Sapp Telephone #: 917-913-1201
Subdivision: _____ Lot #: _____ Well Tag #: HO - - - - -
Site Address: 6566 Belmont Woods Drive
Elkridge, MD 21075-5201

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: _____ (36" min)
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

Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: Yes

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): _____
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.

Joshua Henricks April 6, 2017
Signature of company representative responsible for installation date

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

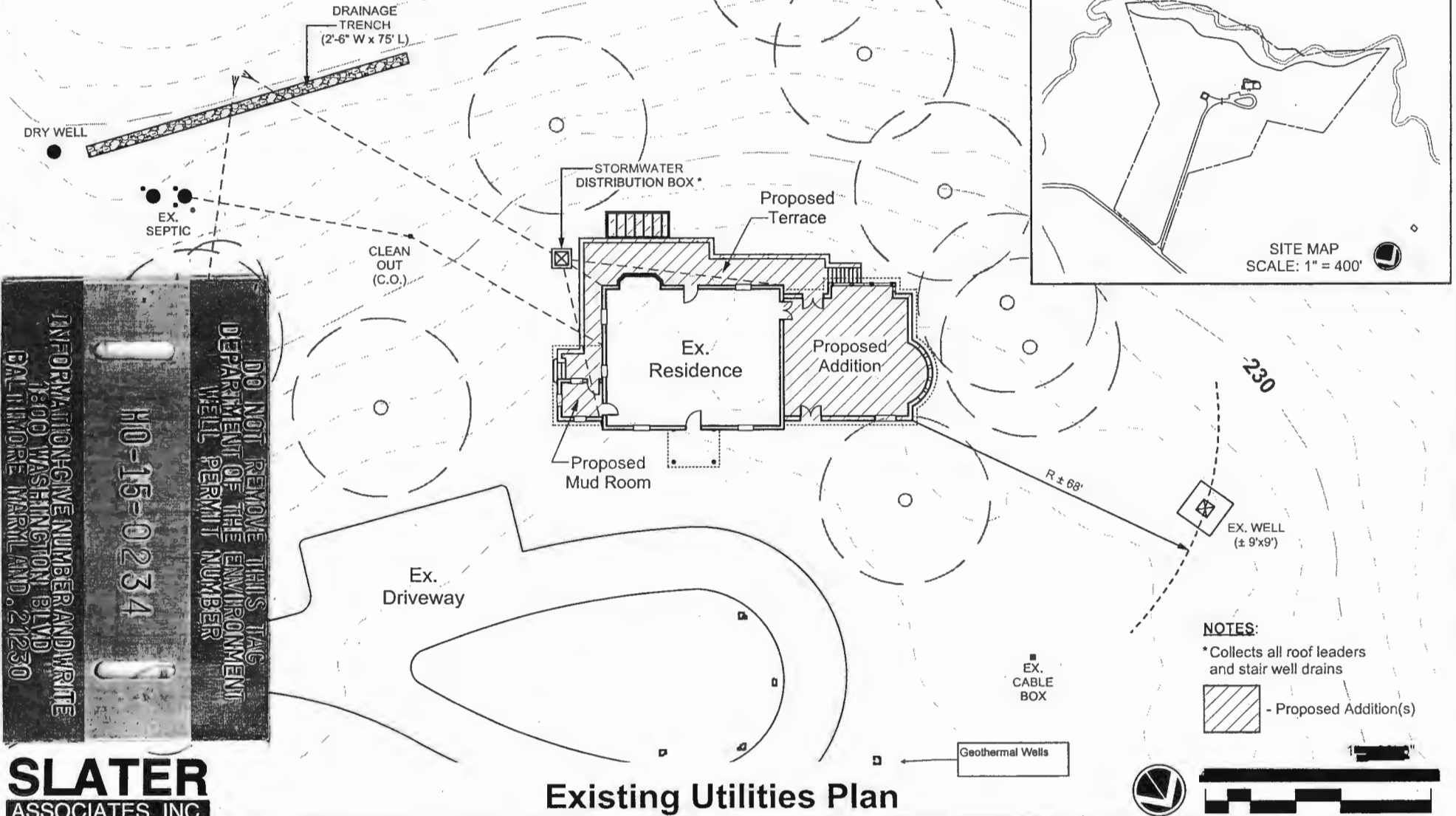
Date Insp. Requested: 4/12/17 Date Insp. Approved: 4/12/17 Inspector: Kmw
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope 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 ex...
Adequate grout observed below pitless adapter N/A

* Ex Pit Well
not...
...

Sapp Residence

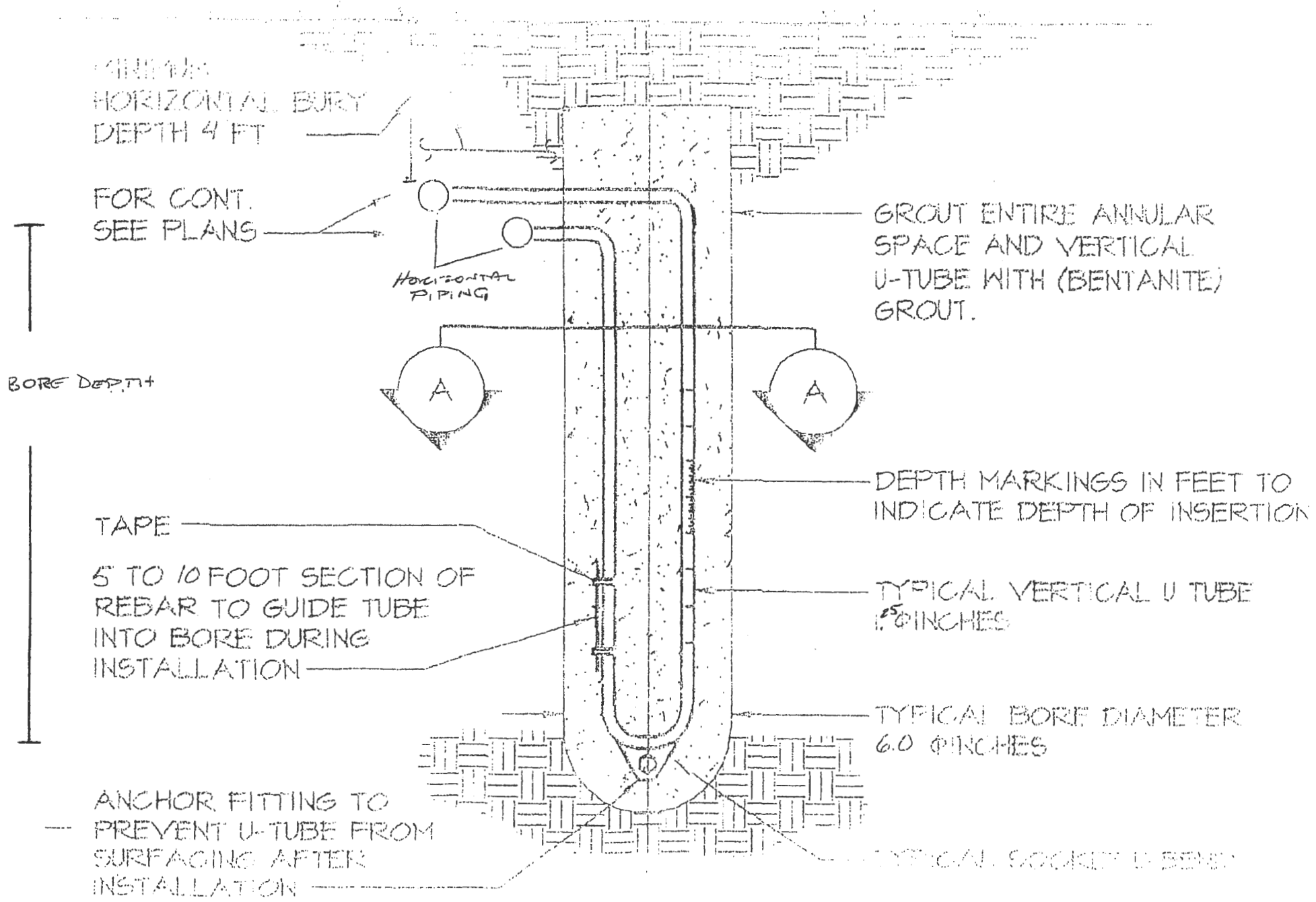
6566 Belmont Woods Road, Elkridge, MD 21075

December, 2015



GRADE

EACH BORE HOLE (TYP.)



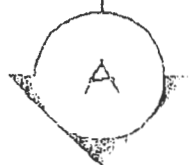
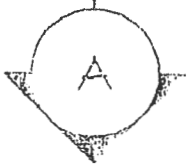
MINIMUM
HORIZONTAL BURY
DEPTH 4 FT

FOR CONT.
SEE PLANS

HORIZONTAL
PIPING

GROUT ENTIRE ANNULAR
SPACE AND VERTICAL
U-TUBE WITH (BENTANITE)
GROUT.

BORE DEPTH



DEPTH MARKINGS IN FEET TO
INDICATE DEPTH OF INSERTION

TAPE
5 TO 10 FOOT SECTION OF
REBAR TO GUIDE TUBE
INTO BORE DURING
INSTALLATION

TYPICAL VERTICAL U TUBE
1.5 INCHES

TYPICAL BORE DIAMETER
6.0 INCHES

ANCHOR FITTING TO
PREVENT U-TUBE FROM
SURFACING AFTER
INSTALLATION

TYPICAL SOCKET U-BEND

HOWARD COUNTY GROUTING PROCEDURE

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than $2.5 \text{ E}(-08) \text{ cm/sec}$. Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

4/18/16



4/18/16



↑
manmade
Berm.



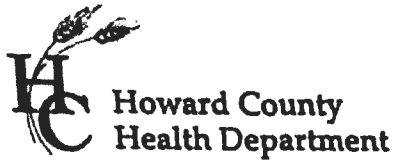
← Excessive
slopes



76
10" cut hit pipe?



← 'New'
Footing
where ex.
Greentrap resided.



Bureau of Environmental Health
8930 Stanford Blvd
Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

Emailed to: mpeach@howardcountymd.gov

June 24, 2014

Mike Peach
6550 BELMONT WOODS ROAD
ELKRIDGE, MD 21075

RE: Water Sample Results
6550 BELMONT WOODS ROAD (Dobbin House)

Dear Mike Peach,

We have received the results from the testing of the water sample(s) taken from the above referenced property on June 16, 2014. A description of the results and the established standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the powder room faucet contains no bacteria at this time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results.

Sincerely,

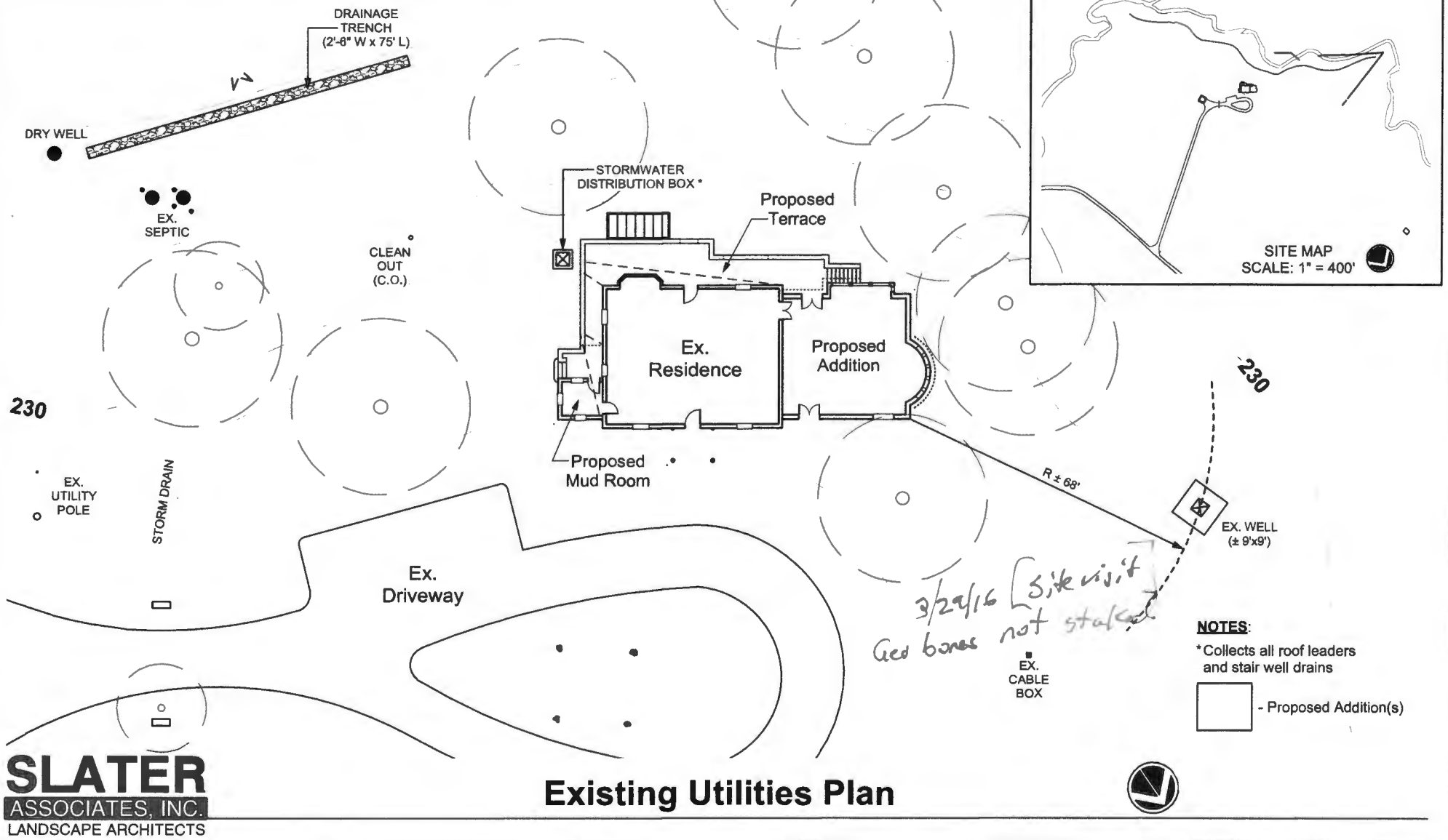
Ramar Martin, R.S.
Community Hygiene Program

Enclosures

Sapp Residence

December, 2015

6566 Belmont Woods Road, Elkridge, MD 21075



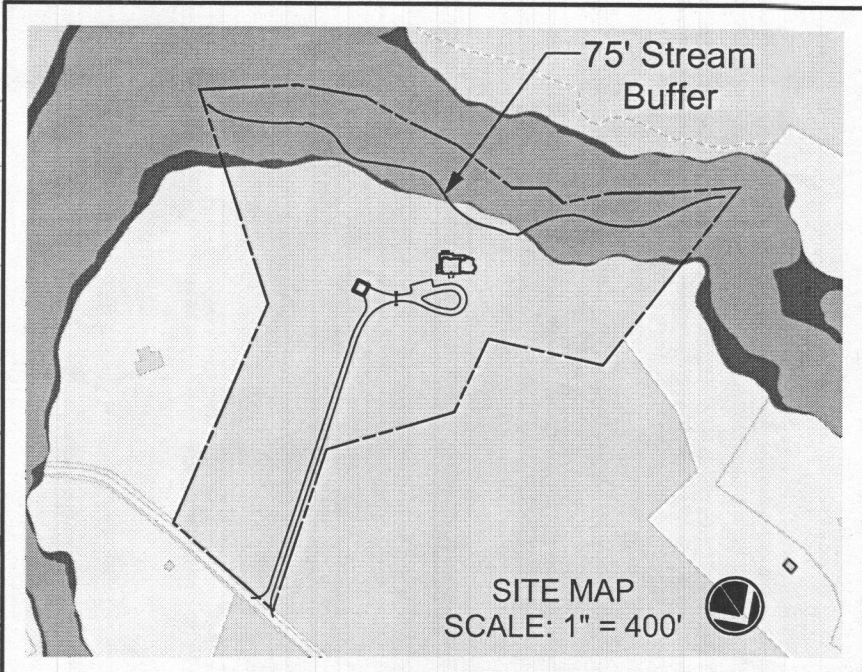
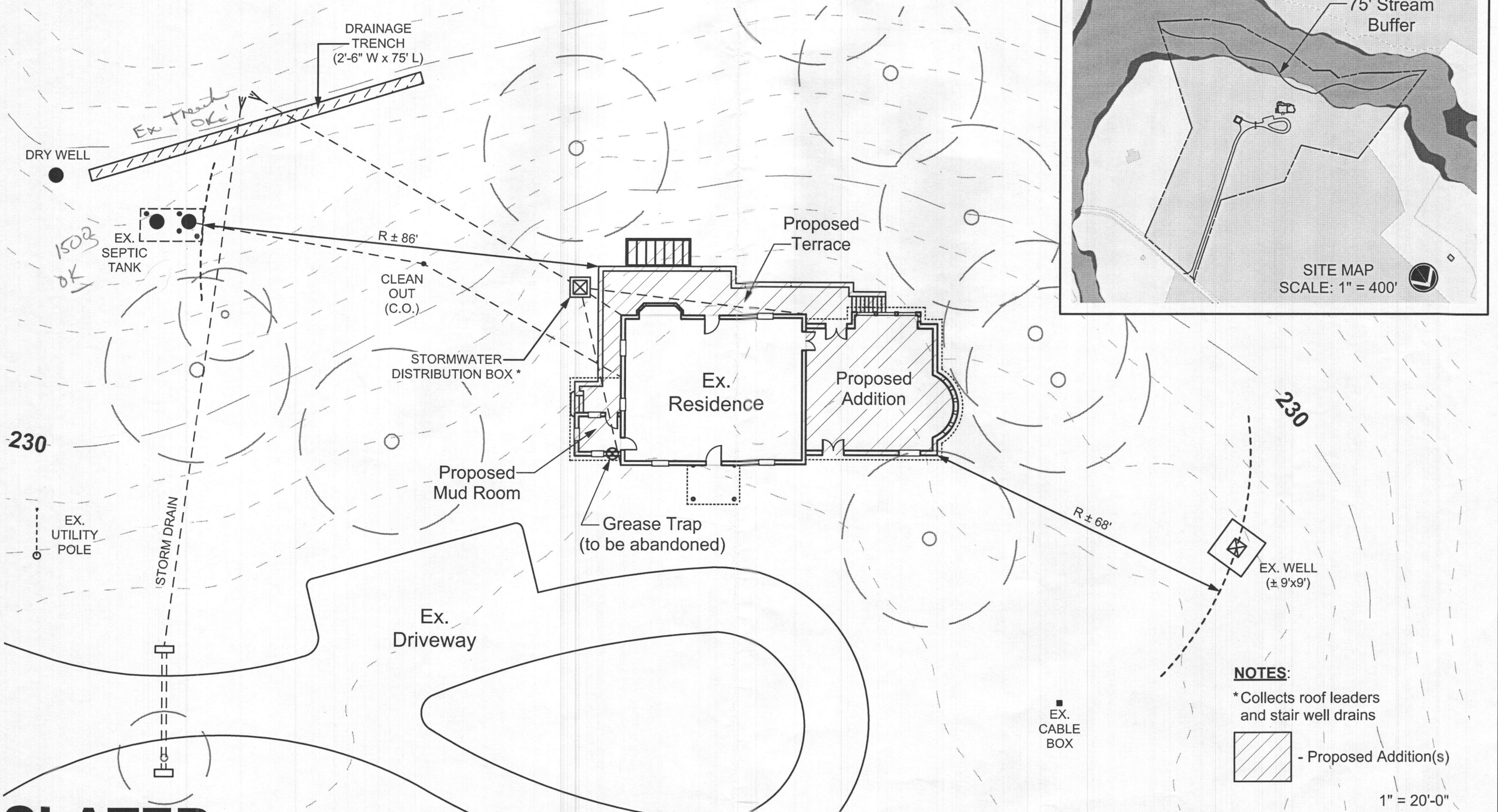
• = Geo Wells

Scale: 1" = 30'


Sapp Residence

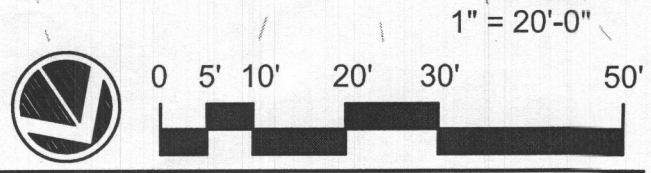
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December, 2015



NOTES:
* Collects roof leaders and stair well drains

 - Proposed Addition(s)



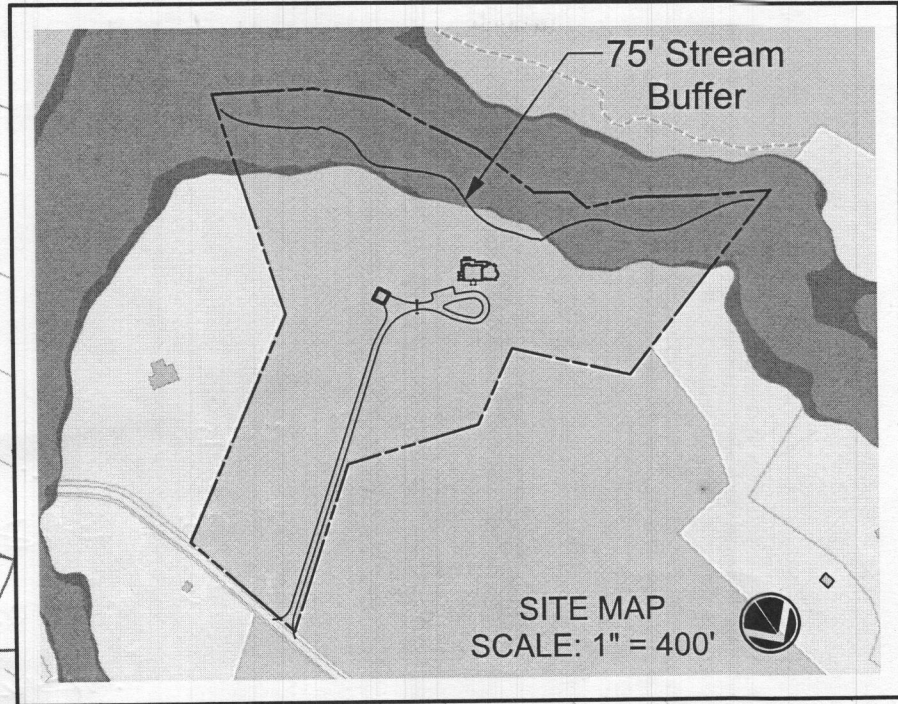
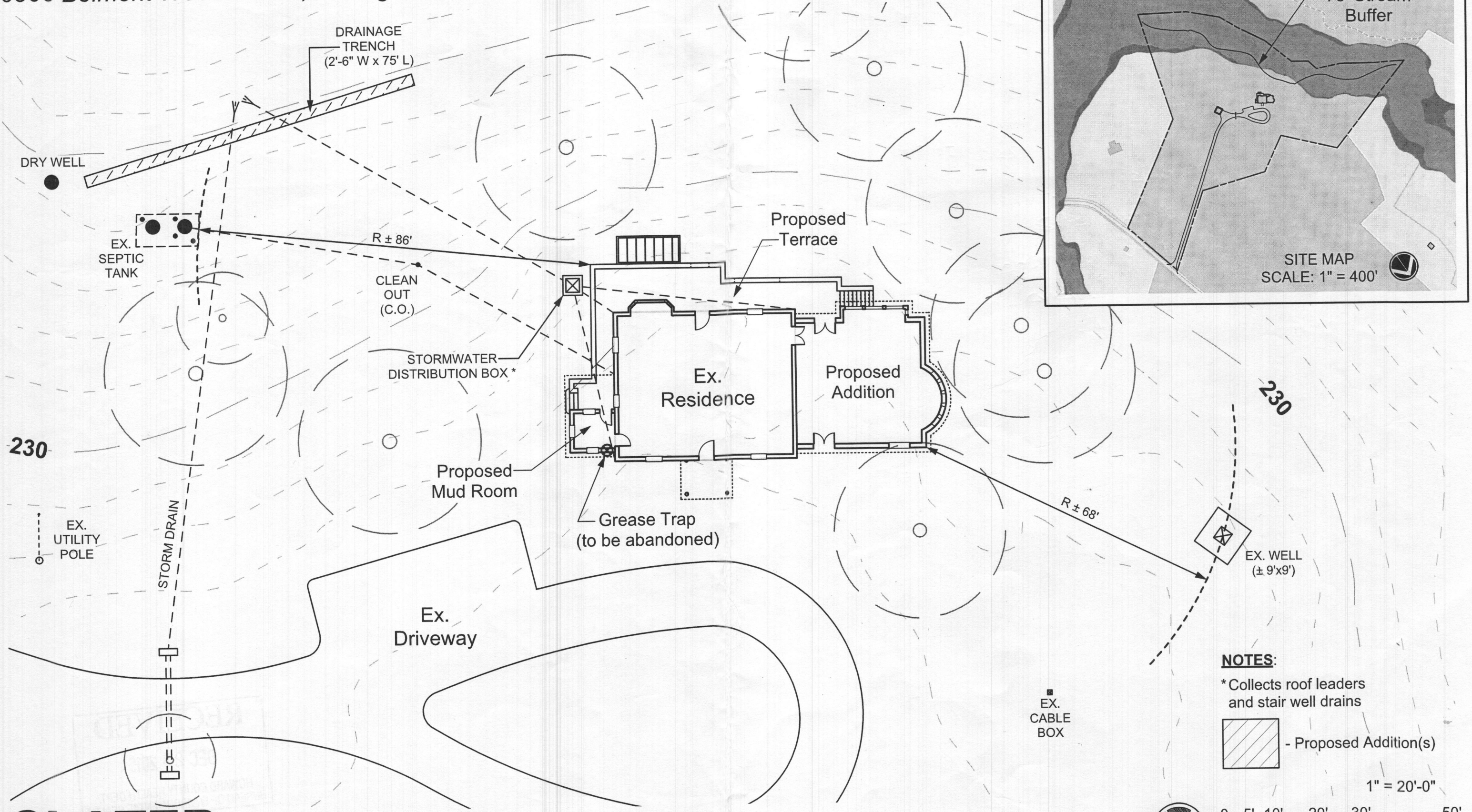
SLATER
ASSOCIATES, INC.
LANDSCAPE ARCHITECTS

Existing Utilities Plan

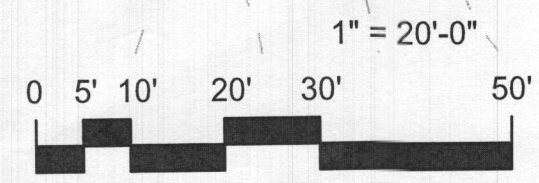
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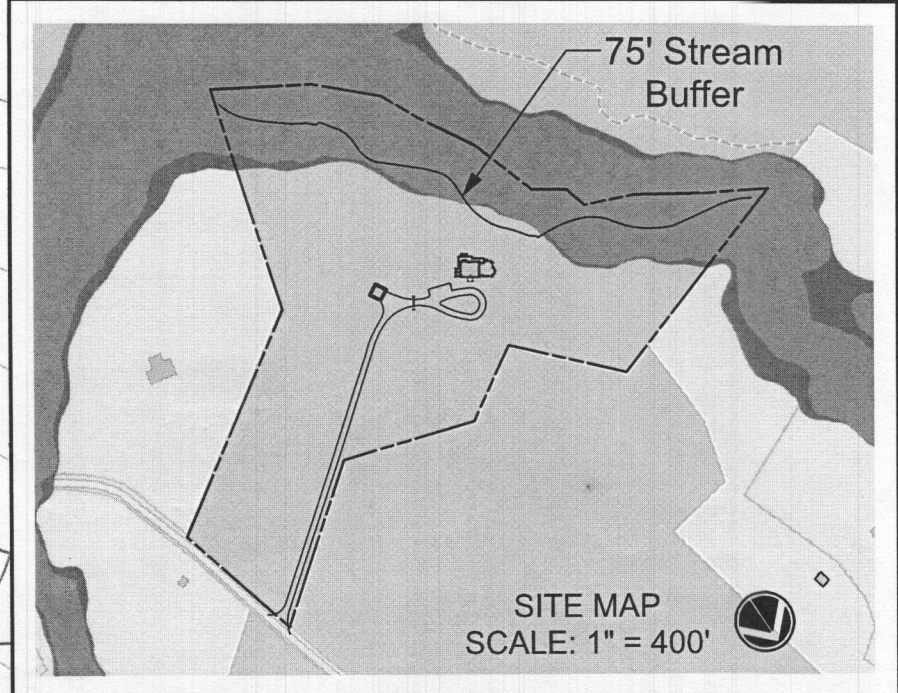
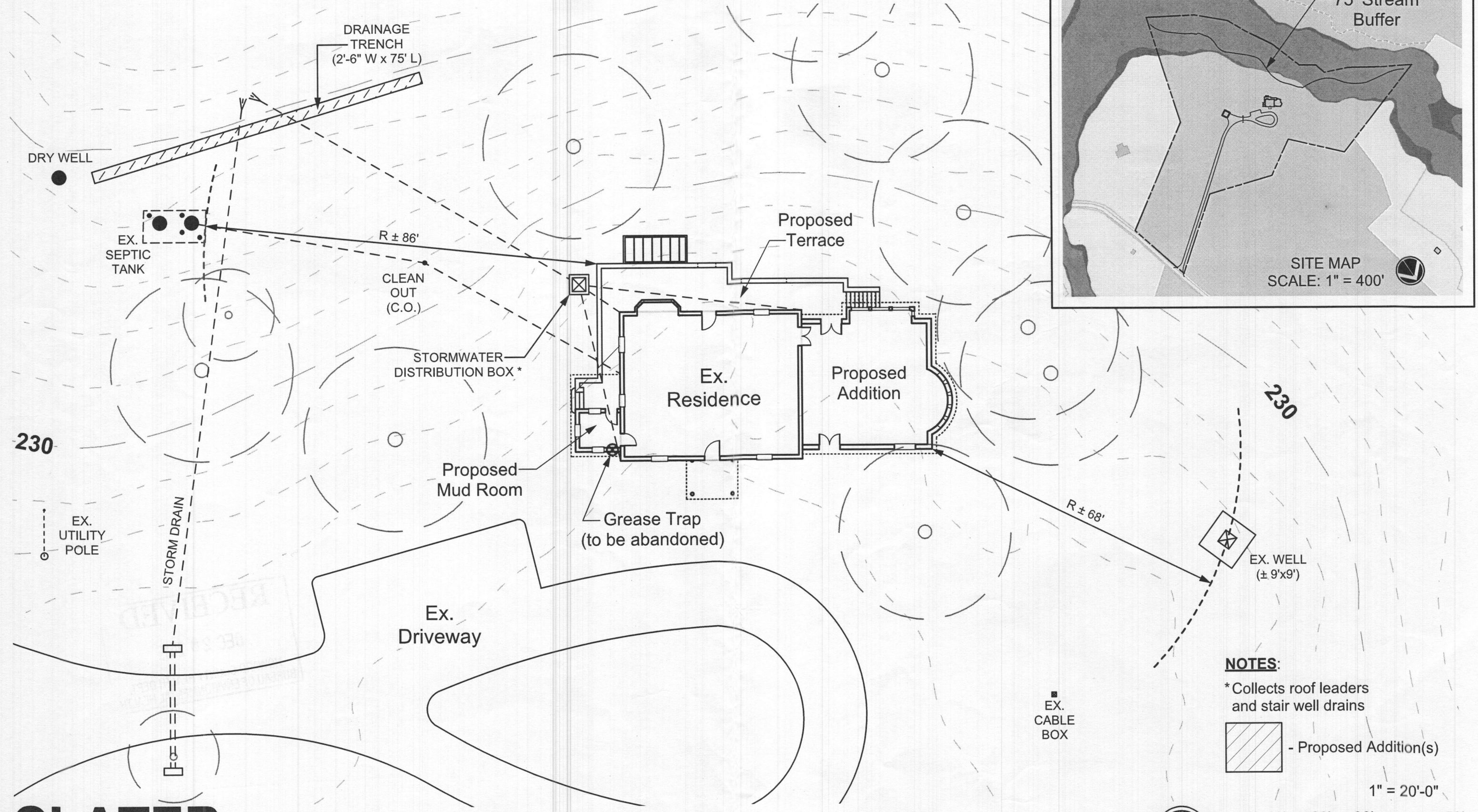
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ASSOCIATES, INC.
LANDSCAPE ARCHITECTS

Existing Utilities Plan

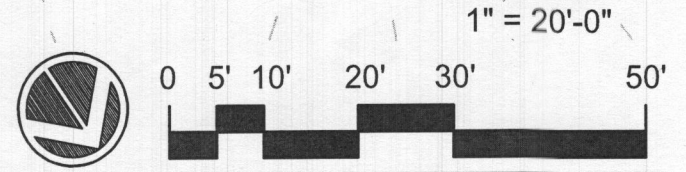
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SLATER
ASSOCIATES, INC.
LANDSCAPE ARCHITECTS

Existing Utilities Plan