

C 1	1295	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.	
		ST/CO USE ONLY DATE Received MM DD YY 01 11 14		DATE WELL COMPLETED MM DD YY 11 30 11	Depth of Well 22 300 26 (TO NEAREST FOOT)	COUNTY NUMBER 3/13/11 (K-2) 012
OWNER Elm Street Development		WELL SITE ADDRESS Long Corner Rd		TOWN mt Airy		
SUBDIVISION Chelsea Knolls		SECTION		LOT 6		

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
SOIL	0 8	
CLAY	8 21	
Brown shale	21 48	
GRAY ROCK	48 300	✓
	160	✓
Hole #1 500' Dry		
Hole #2 450' Dry		
Hole #3 450' Dry		
All Dry holes backfilled with drill cuttings to 20', then capped with cement		

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N 44 44		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC 45 46 45 46		
NO. OF BAGS 15 NO. OF POUNDS 1410		
GALLONS OF WATER 90		
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		
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) 60 60 61 63 64 66 70		
OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		
SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL PLASTIC OTHER		

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	6	
PUMPING RATE (gal. per min.)	1.58	
METHOD USED TO MEASURE PUMPING RATE	Submersible	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	45 ft.	
WHEN PUMPING	216 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	

NUMBER OF UNSUCCESSFUL WELLS: 3
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.: M WD 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.: M D 0106
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2	
DEPTH (nearest ft.)	
1 2	300
8 9 11 15 17 21	
23 24 26 30 32 36	
38 39 41 45 47 51	
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

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)	LAND SURFACE (nearest foot)
+ above	- below
LATITUDE 39.3716	
LONGITUDE 77.15535	
(DEFAULT COORD. WGS 84)	
NOTES:	
1 85' 30' 30' 20' 15' Well	
70' 140' Prop Lines	

C 1	1295	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		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED		Depth of Well		
DATE Received MM DD YY 01 11 12		MM DD YY 11 30 11		22 300 26 3/13/12 (TO NEAREST FOOT)		
ST/CO USE ONLY				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40 - 95 - 2101		
8 13		15 20		28 29 30 31 32 33 34 35 36 37		

OWNER Elm Street Development
WELL SITE ADDRESS Long Corner Rd TOWN mt Airy
SUBDIVISION Chelsea Knolls SECTION 6 LOT 6

WELL LOG Not required for driven wells			GROUTING RECORD yes no WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>15</u> NO. OF POUNDS <u>150</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>60</u> BOTTOM 58 ft. (enter 0 if from surface)			C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>1.58</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>45</u> ft. WHEN PUMPING <u>216</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>60</u> 60 61 63 64 66 70			PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <u>49</u> LAND SURFACE (nearest foot) <input type="checkbox"/> - below <u>49</u> <u>50</u> <u>51</u>		
DESCRIPTION (Use additional sheets if needed)			SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER			LATITUDE <u>39.3716</u> LONGITUDE <u>77.15535</u> (DEFAULT COORD. WGS 84) NOTES: 		
FEET FROM TO check if water bearing			DEPTH (nearest ft.) 1 2 <u>60</u> <u>300</u> E A C H 8 9 11 15 17 21 S 23 24 26 30 32 36 C 3 38 39 41 45 47 51 R E E N SLOT SIZE 1 <u>3</u> 2 <u>3</u> 3 <u>3</u> DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>			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		
Hole #1 500' Dry Hole #2 450' Dry Hole #3 450' Dry All Dryholes backfilled with Drill Cuttings to 20', then capped with Cement			DRILLERS LIC. NO. 1 <u>M ND 355</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Marty D...</u> LIC. NO. 1 <u>MS D 066</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					

B 1	2143	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2107</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town		70 State	72 Zip	76
DRILLER INFORMATION Driller's Name <u>Michael Barlow</u> MWD <u>355</u> Firm Name <u>Barlow Well Drilling Service</u> Address <u>522 Underwood Ln, Bel Air, Md</u> Signature <u>[Signature]</u> Date <u>3-8-11</u>				
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u>				
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME <u>13</u> COUNTY NO. STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>4/25/11</u> CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>4/25/12</u> NORTH GRID <u>540 000</u> EAST GRID <u>6756 000</u>				
APPROXIMATE DEPTH OF WELL <u>250</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. _____ 3. _____		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7506</u> N <u>68040</u>		
METHOD OF DRILLING (circle one) BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____ AIR-ROTary _____ AIR-PERcussion _____ ROTARY (Hydraulic Rotary) _____ CABLE _____ REVERSE-ROTary _____ DRIVE-POINT _____ other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Long Corner Rd</u> <u>Florence Rd</u>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED 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 <u>40 20 07G 005 (3)</u> PERMIT No. <u>40-95-2107</u>				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

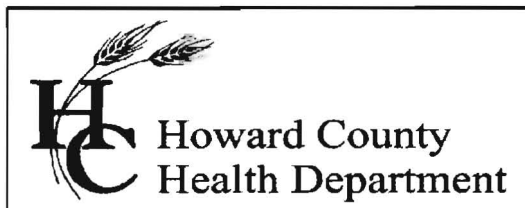


MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
522 Underwood Lane **Bel Air, Maryland 21014**
(410) 838-6910 **Fax (410) 838-3582**

WELL YIELD REPORT

Date Test Completed:		November 7, 2011	
Well Depth:		300	feet
Customer	Elm Street Development	Permit #	HO-95-2101
Road	Long Corner Road	Subdivision	Chelsea Knolls
City	Mt. Airy	Section	
State	Maryland	Lot #	6

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:00 AM	45	4	15.00
8:15 AM	130	4	15.00
8:30 AM	192	5	12.00
8:45 AM	214	35	1.71
9:00 AM	216	38	1.58
9:15 AM	216	38	1.58
9:30 AM	216	38	1.58
9:45 AM	216	38	1.58
10:00 AM	216	38	1.58
10:15 AM	216	38	1.58
10:30 AM	216	38	1.58
10:45 AM	216	38	1.58
11:00 AM	216	38	1.58
11:15 AM	216	38	1.58
11:30 AM	216	38	1.58
11:45 AM	216	38	1.58
12:00 PM	216	38	1.58
12:15 PM	216	38	1.58
12:30 PM	216	38	1.58
12:45 PM	216	38	1.58
1:00 PM	216	38	1.58
1:15 PM	216	38	1.58
1:30 PM	216	38	1.58
1:45 PM	216	38	1.58
2:00 PM	216	38	1.58
2:15 PM	216	38	1.58
2:30 PM	216	38	1.58
2:45 AM	216	38	1.58
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.			



Bureau of Environmental Health

8930 Stanford Blvd., 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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 28, 2016

March 29, 2016

Homeowner
18329 Chelsea Knolls Drive
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 6
18329 Chelsea Knolls Drive
Building Permit: B15004081
Well Permit: HO-95-2101**

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 **3/14/2016**. Final approval of the well line connection to the dwelling was granted on **2/4/2016**. The well construction was completed on **1/11/2012**. Water samples were collected on **3/10/2016 & 3/18/2016**.

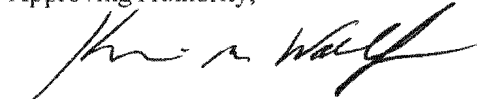
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2101. 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>

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf", is written over the printed name.

Kevin M. Wolf, L.E.H.S., 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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 106082 Account #: 6488
Reference: Chelsea Knolls Lot 6 Company: Hatfield's Equipment, Inc.
Location: 18329 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 3/10/2016 1135 Site: Pressure Tank
Date/Time Rec'd: 3/10/2016 1510 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: T. Frazier 3126TF Well #: HO-95-2101

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	9.9	MPN/ 100 ml	<1.0	SM18 9223	3/11/2016 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/11/2016 / 1015 / LLO
Nitrate	7.86	mg/L	10	601	3/11/2016 / 0900 / CRS
Turbidity	1.09	NTU	<10	SM18 2130B	3/11/2016 / 0950 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	3/11/2016 / 0950 / 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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B15004081

Date Reported: 3/11/2016

**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: Chelsea Knolls LC Telephone #: _____
Subdivision: Chelsea Knolls Lot #: 6 Well Tag #: HO - 95 - 2101
Site Address: 18329 Chelsea Knolls Drive
Mount Airy, MD 21771

Submersible Pump Data

Make: Grundfos
Model #: 15SQE10-250
Pump Capacity 15 GPM
Well Yield: 1.58 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (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: 300 (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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

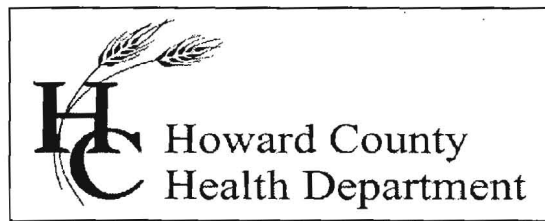
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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 October 15, 2014
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/4/16 Date Insp. Approved: 2/4/16 Inspector: SC
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 ✓



Bureau of Environmental Health

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

February 10, 2014

TO: Jason Van Kirk, Owner/Developer
Chelsea Knolls, LLC
jvankirk@elmstreetdev.com

RE: Chelsea Knolls subdivision, wells on Lot 6

Dear Mr. Van Kirk,

Please be advised that the Howard County Bureau of Environmental Health has recently learned that there are two wells established on Chelsea Knolls, Lot 6. As a result, there are several issues that arise and need to be resolved.

1. We would like to know how the situation came to exist, in essence, why was a second well established and the first not sealed?
2. One of the wells will have to be sealed by a Licensed Well Driller, and the Well Abandonment Report submitted to the Howard County Bureau of Environmental Health.
3. If the well with the well tag (HO-95-2101) remains, a revision of the Percolation Certification Plan will need to be completed for Lots 5 and 6, either separately or together. The Percolation Certification revision will
 - a. certify the well location on Lot 6 for the well with a tag,
 - b. certify two (2) alternate well locations on Lot 6,
 - c. reconfigure very slightly the SDA on Lot 6, and
 - d. reconfigure the SDA on Lot 5.

If you have questions related to this communication, you may reply to me via email, rbricker@howardcountymd.gov, or call my desk, 410-313-2691.

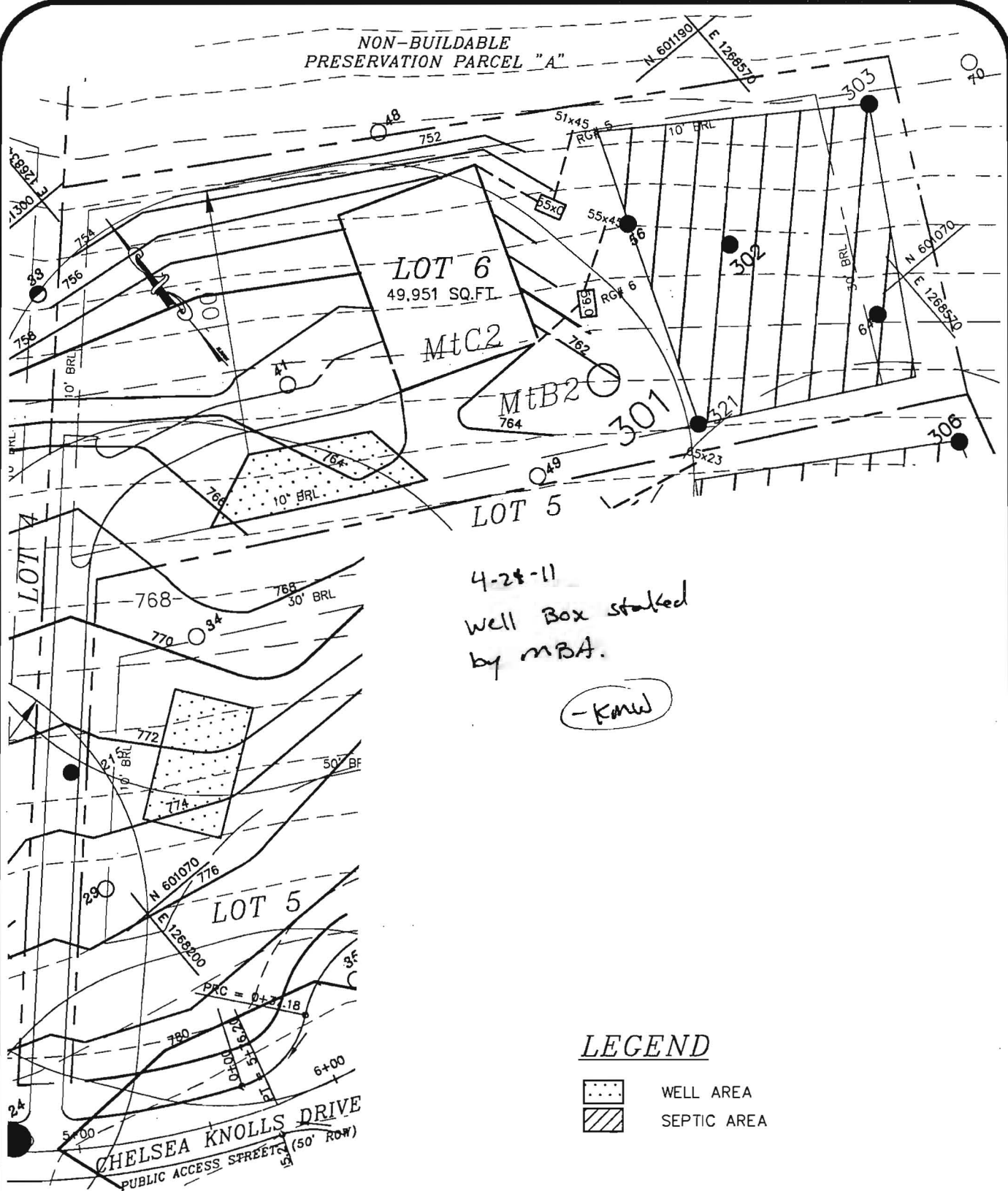
Respectfully,

Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian II
Well and Septic Program

RB

Copy: Jeff Williams, Supervisor, Well and Septic Program
file

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WELL PERMIT
CHELSEA KNOLLS LOT 6

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=60'

DRAWN BY: MMM

DATE: APRIL 2011

PN: 01-009



**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
6800 Deerpath Road, Suite 150, Elkridge, Maryland 21075
(410) 997-0296 Balt. (410) 997-0298 Fax.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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

DATE WELL ABANDONED: 5/21/14 (month/day/year)

* 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: Elm Street Development

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: mt. Airy

TAX MAP 6 BLOCK 22 PARCEL 9

SUBDIVISION: Chelsea Knolls

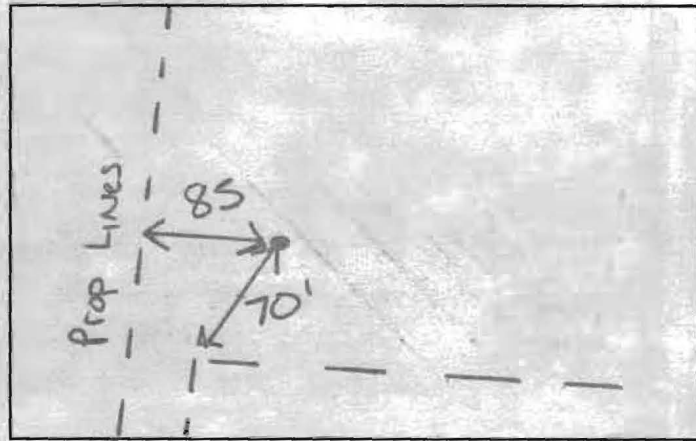
SECTION: 6 LOT: 6

STREET ADDRESS: Long Corner Rd

LATITUDE 3 9.31722

LONGITUDE 7 7.15555

SITE LOCATION MAP



* 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) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 450 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	450	50
Clay		
Cement	50	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 355

MWD / MSD / MGS
CIRCLE ONE

DATE 5/21/14

COUNTY

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 106214 Account #: 6488
Reference: Chelsea Knolls Lot 6 Company: Hatfield's Equipment, Inc.
Location: 18329 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 3/18/2016 1200 Site: Pressure Tank
Date/Time Rec'd: 3/18/2016 1256 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Yeager 6176JY Well #: HO-95-2101

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/19/2016 / 0830 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	3/19/2016 / 0830 / CCH

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 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B15004081

Date Reported: 3/21/2016

**MICHAEL BARLOW WELL DRILLING
522 UNDERWOOD LANE
BEL AIR, MD 21014
410-838-6910**

**Elm Street Developement
1355 Beverly Road, Suite 240
McClean, VA 22101
Attn: Jason Van Kirk**

May 22, 2013

Re: Chelsea Knolls lot 6 (HO-95-2107)

Mr. Van Kirk,

As we discussed, the dry hole on lot 6 that was left open at the conclusion of our drilling operations at Chelsea Knolls was abandoned and sealed with cement yesterday. After the abandonment was complete, I spoke with a sanitarian at Howard County to determine if any adjustments in our paperwork was required. I was informed that since it was originally included on our completion report for the lot as backfilled, that a separate abandonment report would not be necessary.

**Michael Isom
MSD162**