

C 1 1263
SEQUENCE NO. (MDE USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

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 13

ST/CO USE ONLY

DATE Received
MM DD YY
12 05 11

DATE WELL COMPLETED

MM DD YY
08 30 11

Depth of Well

22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0 - 95 - 2699
28 29 30 31 32 33 34 35 36 37

OWNER CHELSEA RIDGE L.C.
WELL SITE ADDRESS last name first name TOWN Mt. AIRY
SUBDIVISION CHELSEA KNOLLS SECTION LOT 4

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	
SOIL	0	8	
CLAY	8	16	
Brown shale	16	52	
CLAY	52	63	
Brown shale	63	300	✓
		120	✓
		145	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) YES ☒ NO ☐
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 23 NO. OF POUNDS 2115
GALLONS OF WATER 135
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
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)
PL 6 90
60 61 63 64 66 70

OTHER CASING (if used)

diameter
inch
depth (feet)
from to

SCREEN RECORD

screen type
or open hole
(insert
appropriate
code
below)
STEEL BRASS BRONZE PLASTIC
HO OPEN HOLE
OT OTHER

C 2 DEPTH (nearest ft.)

1 2
H0 90 300
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 3 38 39 41 45 47 51
R
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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 16.0
METHOD USED TO MEASURE PUMPING RATE TIMER/BUCKET
WATER LEVEL (distance from land surface)
BEFORE PUMPING 52 ft.
WHEN PUMPING 104 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

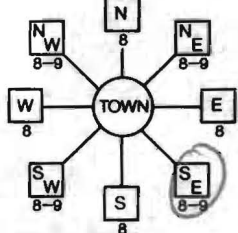
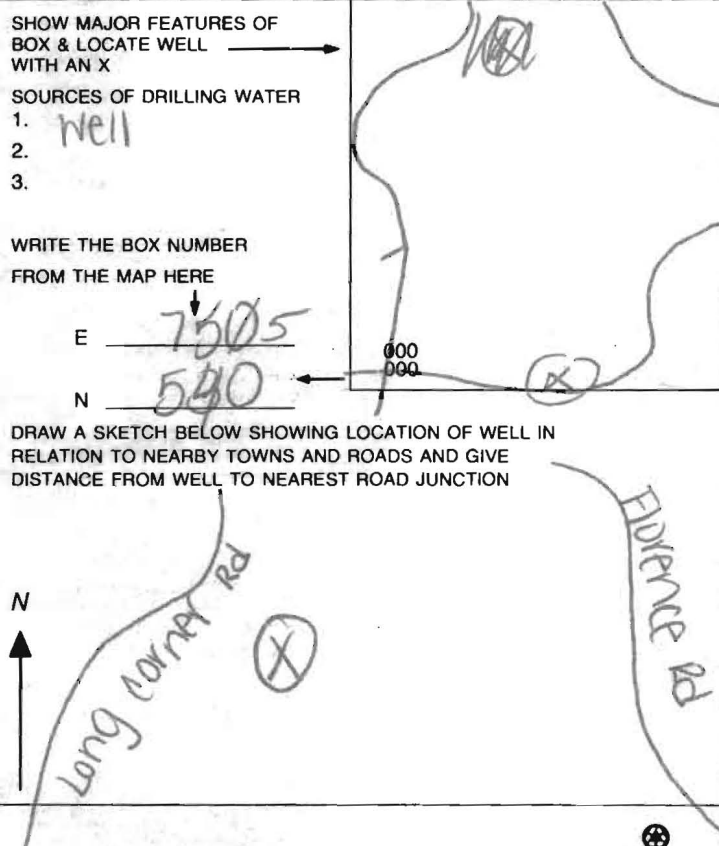
PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
(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 39.31214
LONGITUDE 77.15633
(DEFAULT COORD. WGS 84)

NOTES:

PRO Lines
55'
35'

B 1 1 2 3 6 2154	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>140-95-2099</u> fill in this form completely
Date Received (APA) 8 MM DD YY 13 <u>Elm Street Development</u> 15 Last Name Owner First Name 34 <u>1355 Beverly Rd, Suite 240</u> 36 Street or RFD 55 <u>McClan, VA 22101</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Chelsea Knolls</u> 42 SECTION <u>44</u> 46 LOT <u>4</u> 48 50 52 NEAREST TOWN <u>mt Airy</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> 73 76 78	
DRILLER INFORMATION Driller's Name <u>Michael Barlow</u> 76 License No. <u>355</u> 81 Firm Name <u>Barlow Well Drilling Service</u> Address <u>522 Underwood Ln, Belair, Md</u> Signature <u>[Signature]</u> 3-8-11 Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Long Corner Rd</u> 30 NEAR WHAT ROAD 34 <u>340</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>6</u> BLK: <u>22</u> PARCEL <u>9</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> 13 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/25/11</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> 57 EXP. DATE <u>4/25/12</u> 63 NORTH GRID <u>540</u> 50 000 55 EAST GRID <u>0355</u> 57 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>7505</u> N <u>540</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>250</u> 24 FEET 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		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) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEN 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>140-20-27G-005 (3)</u> PERMIT No. <u>140-95-2099</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			



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:

July 26, 2011

Well Depth: 300 feet

Customer Elm Street Development
Road Long Corner Road
City Mt. Airy
State Maryland

Permit # HO-95-2099
Subdivision Chelsea Knolls
Section
Lot # 4

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	52	4	15.00
9:15 AM	89	5	12.00
9:30 AM	98	6	10.00
9:45 AM	104	6	10.00
10:00 AM	104	6	10.00
10:15 AM	104	6	10.00
10:30 AM	104	6	10.00
10:45 AM	104	6	10.00
11:00 AM	104	6	10.00
11:15 AM	104	6	10.00
11:30 AM	104	6	10.00
11:45 AM	104	6	10.00
12:00 PM	104	6	10.00
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.			

**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 #: 4 Well Tag #: HO - 95 - 2099 ✓
Site Address: 18323 Chelsea Knolls Drive
Mount Airy, MD 21771

Submersible Pump Data

Make: Grundfos
Model #: 15SQE10-250
Pump Capacity 15 GPM
Well Yield: 10.00 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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 300 (feet)

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.

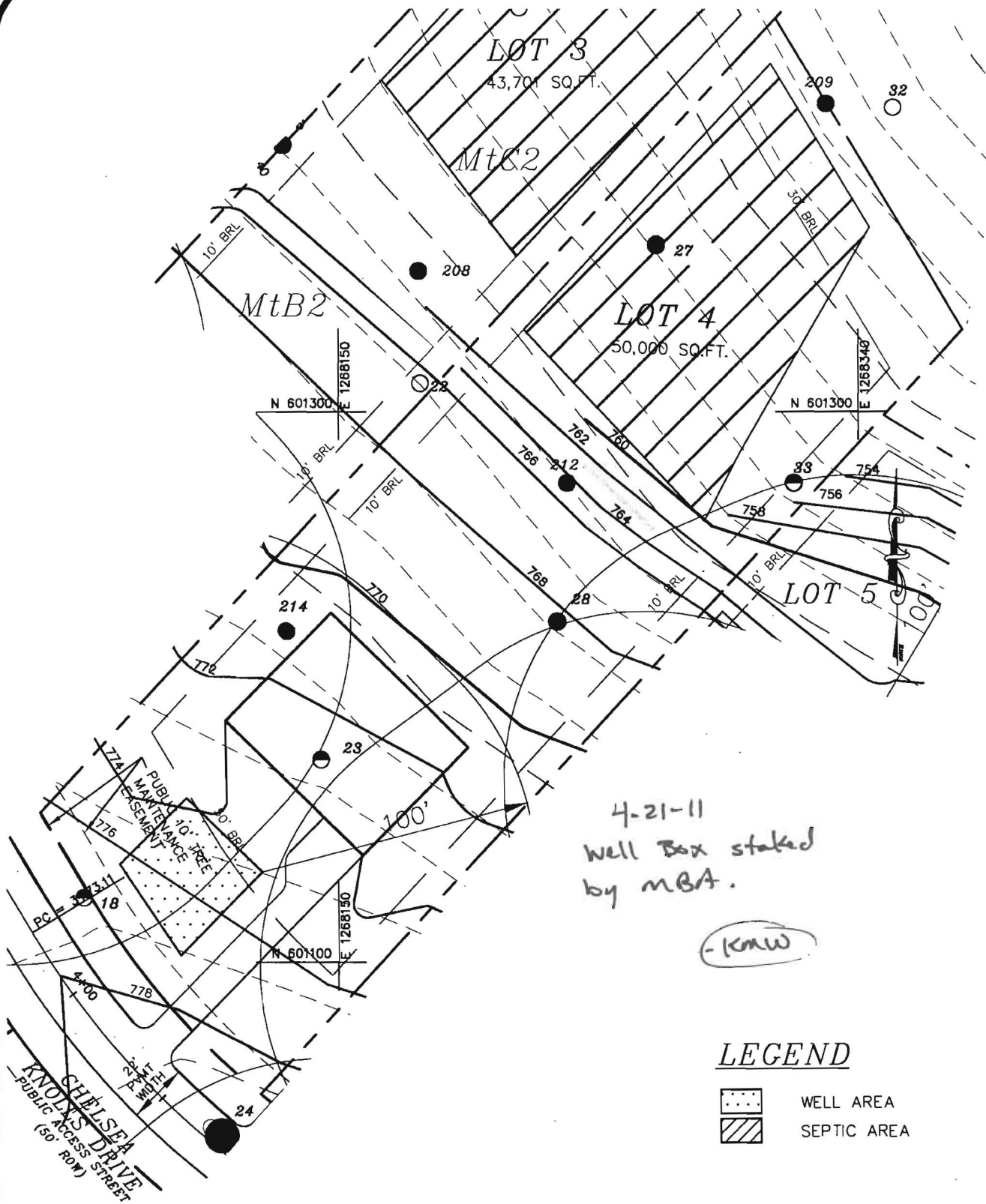
Joshua Henricks October 15, 2014
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/11/16 Date Insp. Approved: 3/11/16 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 ✓





WELL PERMIT
CHELSEA KNOLLS LOT 4

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

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.

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 #: 106442 Account #: 6488
Reference: Chelsea Knolls Lot 4 Company: Hatfield's Equipment, Inc.
Location: 18323 Chelsea Knolls Drive Requested By: Kenny Hatfield
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 3/31/2016 1215 Site: Pressure Tank
Date/Time Rec'd: 3/31/2016 1325 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: T. Frazier 3126TF Well #: HO-95-2099

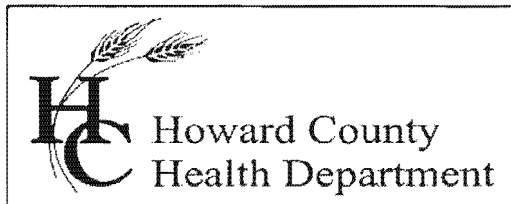
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/1/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/1/2016 / 1000 / LLO
Nitrate	4.18	mg/L	10	601	4/1/2016 / 0930 / CRS
Turbidity	0.57	NTU	<10	SM18 2130B	4/1/2016 / 1010 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/1/2016 / 1010 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B15004871

Date Reported: 4/1/2016



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 8, 2016

April 8, 2016

Homeowner
18323 Chelsea Knolls Drive
Mr. Airy, MD 21771

RE: Chelsea Knolls, Lot 4
18323 Chelsea Knolls Drive
Building Permit: B`15004871
Well Permit: HO-95-2099

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 **3/29/2016**. Final approval of the well line connection to the dwelling was granted on **3/11/2016**. The well construction was completed on **8/30/2011**. Water samples were collected on **3/31/2016**.

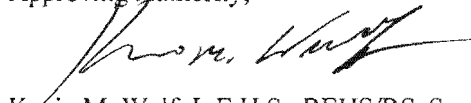
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2099. 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., REHS/RS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File