C 1 2093  1 2 3 (THIS NUMBER IS TO BE P IN COLS. 3-6 ON ALL CAR	(MDE US UNCHED	NCE NO.	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 A 52 9512
ST/CO USE ONLY DATE Received MM DO YY 8 13	DATE W	2º2-20	Depth of Well 22 260 26 (TO NEAREST FOOT) 0, k	30/2010 FROM "PERMIT NO. PERMIT N
OWNERSTREET OR RFD_//	adam	rute 3	7.01	Sykewille
SUBDIVISIONWELL	100		GROUTING RECORD / yes   no	LOT
Not required for			WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMA COLOR, DEPTH, THICKNESS	TIONS PENETRAT	ED, THEIR BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water	CEMENT CM BENTONITE CLAY BC	9 9
top soil Blue Rock	0 1		NO. OF BAGS 46 NO. OF POUNDS 45548 9  GALLONS OF WATER 36  DEPTH OF GROUT SEAL (to nearest toot)	PUMPING RATE (gal. per min.)  METHOD USED TO MEASURE PUMPING RATE Bucket
Blue Kork	1 26	at 159	from 62 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)  BEFORE PUMPING 3.5 ft.
			casing types insert appropriate CASING RECORD  STEEL CONCRETE	WHEN PUMPING 17 20 ft. 15 9 ft.
		1	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air  P piston  T turbine
			MAIN Nominal diameter Total depth of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (descrit below)
			60 61 63 84 66 70  E OTHER CASING (if used)	J jet Submersible
			diameter depth (feet) inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
			\$ N1	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
		-	screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)  29
			insert appropriate code below PL OT	IN BOX 29.  CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31 3
			C 2 DEPTH (nearest ft.)	PUMP HORSE POWER 37 4
NUMBER OF UNSUCCESSE	FUL WELLS:	0_	12/40 20 260	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes	(N	E	CASING HEIGHT (circle appropriate box and enter casing height)
A WELL WAS ABANDON WHEN THIS WELL WAS	COMPLETED		H 23 24 26 30 32 36 S C 3	LAND SURFACE / (neares foot)
P TEST WELL CONVERTE WELL	D TO PRODUCT		R 38 39 41 45 47 51 E SLOT SIZE 1 2 3	49 50 51  A LOCATION OF WELL ON LOT
I HEREBY CERTIFY THAT THIS WE ACCORDANCE WITH COMAR 26.04 IN CONFORMANCE WITH ALL CON CAPTIONED PERMIT, AND THAT HEREIN IS ACCURATE AND COI KNOWLEDGE.	IN "WELL CONSTR IDITIONS STATED I THE INFORMATION	N THE ABOVE PRESENTED	DIAMETER	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND JOR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1		yne yne	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88 88	#0 pt 32
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  LIC. NO. 1 D 1			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Egs week
SITE SUPERVISOR (sign. or responsible for sitework if dit	f driller or journe terent from pern	eyman nittee)	70 72  TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	G 84,00 <b>❸</b>
DENV-CR00			COUNTY	

SEQUENCE NO.	STATE OF M	ADVIAND	STATE PERMIT NUMBER
BIT MOE USE ONLY)	STATE OF MA	AT USES THE WAY IN THE TOTAL T	110 05 1070
1 2 3 8 6	APPLICATION FOR PER		HU-75-18/2
The state of the s	532531 please to	ype	70 fill In this form completely 79
Date Received (APA)	E	3 3 4/	LOCATION OF WELL
OWNER INFOR		Howar	
8 MM DD YY 13	16	8 COUNTY	21
1 Odams Seriese +	Steppen	P. H. S. 2195.	
15 Last Name Owner	First Name 34	23 SUBDIVISION	42
1 4618 Learned Sage	1	SECTION L	LOT PAREL TO (2)
36 Street or AFD	55	44 46	48 50
Ellest City Md	21042	Sykesville	Y-10 / /
	72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	100	MILES FROM TOWN (enter	Oif in town)
Joseph & Mayne N		171 # 1	73 76 77 78
Driller's Name 76	B License No. 81		11110 R. 1- 30
Joseph & mayne Well	Diller S	OWN (CIRCLE BOX)	1140 Noute 32
Firm Name	· m/	OWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
3512 Kidge Ka Mr. Cli	ny 111a 21771,		ON WHICH SIDE OF ROAD
Address	2 2 4 2 4 4		(CIRCLE APPROPRIATE BOX)
Joseph L Mayre	2-20-2010	. \	WEST S EAST
B 2 WELL INFORMATION	Date	TOWN)—E	34 200 37 SOUTH DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE —	_7		ENTER FT OR MI 38 39
(GAL. PER MIN.)	500 12	SW SE	9 // 9/
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8-9 5	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE API		NOT TO	BE FILLED IN BY DRILLER
OSE / O/I WATE/I ICINOLEAN	HOPHIATE BOX)		DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDEN	ITIAL	Haylard	(13) A529512
	CULTUBAL	COUNTY NAME	COUNTY NO.
F IRRIGATION	OCTORAL	STATE	
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	G	SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL		275 SY 2010 (5)	man Daker 2/24/2011
	\(\frac{1}{2}\)	43 MM DD YY 48	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING		NORTH 538 07	0.0 GRID 8 2 000
G GEO-THERMAL	1.	GRID 50	55 57 63
		SHOW MAJOR FEATURES	OF
APPROXIMATE DEPTH OF WELL 300	FEET	BOX & LOCATE WELL '-	<del></del>
24	28	WITH AN X	W-F-0 X
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING W	AJEH
	iivon a	2.	
METHOD OF DRILLING	(circle one)	3.	
BORED (or Augered) JETTED	Jetted & DRIVEN		13
	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	200
37 CABLE REVerse-ROTary	DRIVE-POINT	FROM THE MAP HERE	L00
other		01/2	CQ 000 TO
REPLACEMENT OR DEEPE	NED WELLS	E 8142	000
(CIRCLE APPROPRIATE		528	000
THIS WELL WILL NOT REPLACE AN EXISTI	NG WELL	N JOB	— <u>四</u> 四五
THIS WELL WILL REPLACE A WELL THAT V	VILL BE		SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	W. DE NOCO		WNS AND ROADS AND SIVE
39 S THIS WELL WILL REPLACE A WELL THAT V		Re Sykessille	W = ====
FOR POLICY ON STANDBY WELLS		The man	M 80 =
D THIS WELL WILL DEEPEN AN EXISTING WE		KINDED WOO	当 3 3 3 3 3 3 3 3 3 3 3 3 3
PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) 41	DEEPENED 52	N	1 . 3 . 3
		A 10	Qui
Not to be filled in by driller (MDE OR CO	OUNTY USE ONLY)	T Well -	. \ /
ADDROG BERNET MUNICO	G	V	4
APPROP. PERMIT NUMBER		Part of Decay	4
PERMIT No. HO -	45-1872		
70 71 72	73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			•
The state of the s			

Review	

# FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

subdivis Well Dri	ien lier Joseph	& Macho	Lot	Steppen and	Plac	_ Sec. Parul;
Territoria	July	· sicajic		siggen any	corpue	adams
9	epth of well	260				
		ring point (M.P.) a	bove ground	d /'		
		1 (S.W.L.) below M.				
					Carrie and a	
I Hig	h rate pumping -	- reservoir drawdow	'n	* N		
201	ne numn started	7:45	Pin	mping rate	20 91	d an
44.4						

II. Recovery pump test data - observations to be recorded every 15 minutes

CIME (in 15 rinuce in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	(gallons per minuta)
8:00 -	79"	3eec	A STATE OF THE STA	209pm
8:15	159	4		15
81 30	159	8		7,5 gpm
8:45	159	8		1.3
9:00	159	8		7.5
9: 15	159	8		7.5
9: 30	159	8		7.5
9:45	159	8		
10:00	159	8		7.5
10:15	159	. 8		7.5
10:30	159	8		7.5
10:45	159	8 .		7.5
11:00	159	8		7.5
11:15	159	8		7:5
		Market Annual Control		90
				75
		4 Marine Marine		
		Harris Anna Carlotte		
			The state of the s	
				*
•				
		recovered to example		

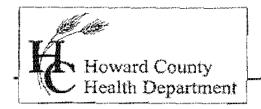
#### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

KEITH HUNDERTMARK

#### Information Form for the Installation of the Well Pump, Pitiest Adapter, and Samply Piting

NOTE: The last allor is responsible for requesting an impection prior to 9 am on the day of the desired

importion. No work is to be covered as	itii approved by the Hadi · Cado District as amand	kh Department. All installedom west comp ed locally) and COMAR 26.04.04 (MD Well	Ţ
Construction Regulations). Submission	of a complete form large	culted order to Use sad Octubesci sources	À
Company Name: Kill-Plyn-blog. Address: #10 001512.D51 West The Street	· · · · · · · · · · · · · · · · · · ·	· 410-259-5910	
Company Name: A 11 ( Lyr-colog)	I esergence	<b>28</b> 8, <u>71 9 8-3 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 </u>	
TO STATE OF THE PARTY OF THE PA	AX 77832		
val printed and the second	Million Market Survey		
(Mines electe ent) Licensed Plumber	Licensed Well Driller	Licensed Well Pusse Installer	
License # and name of individual respons	ible for the field installatio		
Name (Print): Kett & Hundart	Market Commencer	13000 8 3 CC	
"A Scenard individual must perform th	e actual installation. Ap	prentices must be under the direct	
mpromon of a licensed journeyman of	r master primber, primp	installer or well deliker. Lieuwen may be	
subjected to field verification. Name of Property Owner: STEPPY			Malac
Subdivision:		Well Trag # : HO 4.5.	44×
Site Address 1/40 KT-32		The second of th	
SU RESULTED MO	21784		
Sabmerakka Pama Dele	Zitiess Adamser	Well Can and Final de Canduit	
Make: 300465	Make GM Sandy	LAO haca matang kat cah:	
Model #: 5 125 GLIFFL DC	Model# 27 800	Screened, vented well cap	
Pump Councily 3 GPM Well Yield: 7.5 GPM	Depth (12 ()6" min) NSF systemat (12)	Cap secured to caping:	
Dopth of well encountered at time of pum	nar kiyawwa 7 57	Conduct man 14" B.O.: Z	
If pump capacity exceeds well yield, a lov			
Torque present or Cable guards are requ		and the state of the second state of the second	
Sufety rope, if used, attached to justice a		<b>!</b>	
<b></b>			
Type: 1064 1 175-PE 3408	Moneya, Companya dan	we are a self-rea and the manual and the discount	
PSI: /60 (160 pgi min)	PYC BROWNER TO MINCHEN	urbed soil at wall pennetration:	
Depth of manyly line: 12-(36" min)	Approximate length of Sleeve caulted and sea		
welves on antibal time. The control	CHALL ANNUADO MEN MOS	ica in Alexandra	
The water supply line is required to be	nt deant top feet from the	septic tank, pump chamber, sewage piping,	
distribution box, drainfields, and news	pe receive area. Utable gi	sured be accomplished, contact this office for	r
suproval prior to installation.			
KULLES		7-21-10	
Signature of company representative resp	ensible for installation	Michael Company of the Company of th	
marginarios o see astronomy profession and the contract of a see the			
For Esseith Desert	meret Use Craly - Not to	e commission by immediate	
Pore from Brownested	Date Into. /	worms: 9/14/2010 (PB)	
Importion Dest. Pitiess adapter and wait		NOW AND THE RESIDENCE OF THE PARTY OF THE PA	
Two plece cup installed	and attached to casing ex-	wely	
Alex: conduit extends si	least it" below grade/acts		
Safety rope installed in			
	d properly and casing 8" a		
Adaquate grout observe	ed adequately at house one A halow mitters whenev	MONTH DE MARKET	
a definited electrical Marketon Appending a se	en manage between assembles	ere dimensioner	



Bureau of Environmental Health

7178 Gateway Drive (410) 313-2640 TDD (410) 313-2323 Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

Website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

November 11, 2010

Homeowner 1144 Route 32 Sykesville, MD 21784

RE:

Adams Property 1144 Route 32 BP #: B10001494 Well Tag: HO-95-1872

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 09/14/2010. Final approval of the well line connection to the dwelling was approved on 09/01/2010.

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### INTERIM CERTIFICATE OF POTABILITY

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-95-1872 Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:

11/02/2010

Date of Well Completion:

03/22/2010

Approving Authority,

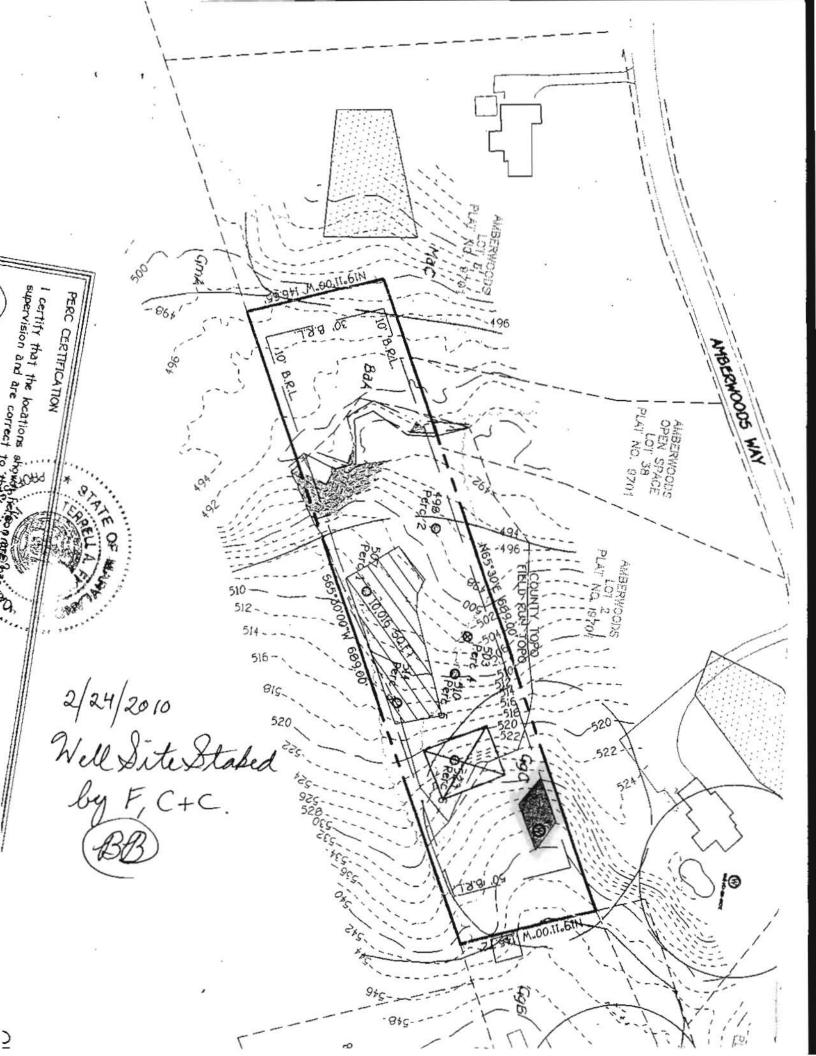
Kevin M. Wolf, R. S./R.E.H.S. Environmental Sanitarian

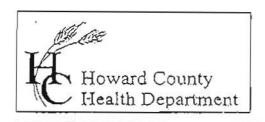
Well & Septic Program

cc:

Building Inspector's Office Community Hygiene Program

File





7178 Columbia Gateway Drive, Columbia, MD 21046 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:	1	
Subdivision/Property Name	Lot#	Road Name
The well site has been (professional land surveyor	n staked or compar	by <u>Aisher Collins &amp; Carter</u> , ny employing professional land surveyors)
		and does not require a site inspection.
		El .
(1) The well driller, build	ler or pro	perty owner will call the Health Departme

C) The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

ppuldams

Revised 3/11/05

< 2



TRACE LABORATORIES, INC

3 North Park Orive Huer Valley, MD 21030 USA

Telephone: 410/384-9099 / Fax: 410/584-9117 Website: www.cracelabs.com/Email: high racelabs.com

Maryland State Certified Laboratory #318

#### CERTIFICATE OF ANALYSIS

4105849117

Requester:

S/O Number: 79344

Carrigan Homes 9812 Kaillins Court Ellicott City, MD 21042 Report Date: November 2, 2010

Property Sampled:

1144 Route 32

Building Permit #:

B10001494

Sample Location:

Utility Sink in Basement

Sampler ID #:

9813AM

Residual Chlorine:

<0.1 mg/L

Samples Iced:

Yes

County: Map:

Howard

N/A

Subdivision:

Parcel:

N/A N/A

Lot #: N/A

Date/Time Collected in Field:

November 1, 2010 at 2:30 pm

Date/Time Received in Lab:

November 1, 2010 at 3:35 pm

Well Tag #: Well Condition: HO-95-1872 2-Piece Cap

Satisfactory

Water Conditioning/Treatment:

None

	······································	минического при от	
METHOD	MCL/*SMCL	RESULT	PASS/FAIL
SM 9223B	Absent	Absent	Pass.
SM 9223B	Absent	Absent	Pass
SM 4500D	10 mg/L as N	3.7 mg/L) as N	Pass V
EPA 180.1	10 NTU	<1.0 NTU	Pass
EPA 150.1	*6.5-8.5 Units	6.2 Units	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Negative	Negative	
	SM 9223B SM 9223B SM 4500D EPA 180.1	SM 9223B Absent SM 9223B Absent SM 4500D 10 mg/L as N EPA 180.1 10 NTU EPA 150.1 *6.5-8.5 Linits	SM 9223B         Absent         Absent           SM 9223B         Absent         Absent           SM 4500D         10 mg/L as N         3.7 mg/L as N           EPA 180.1         10 NTU         <1.0 NTU           EPA 150.1         *6.5-8.5 Units         6.2 Units

Allison R. Milburn

Drinking Water Division Manager

MCL: Maximum Contamination Level, an enforceable level established by the EPA

\*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

<sup>\*\*\*</sup>A non-enforceable parameter that may cause cosmetic effects or acsthetic effects (such as taste, color or odor) in drinking water.

## FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/30/	RESULTS OF REVIEW FOR FILE 2010 AH, Well #1: 1144 Rte 32.
	Should a replacement well ever be causidered
	Should a replacement well ever be considered at Att. Well #1 location at #1144 Rt=32,
	PRIOR TO HEALTH DEPT, approval
	of that location, an investigation
	an man our of the nate that effects
	or review of the potential effects by onsite wastewater disposal at # 1140 Rte 32 must be conducted.
	+ 11110 Dt= 32 west be conducted
	HIGO NESE Mas ( DE Conauctea)
- 200	