C 1 23462 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE WELL COMPL	ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY 8 13 15	22 600 26 (2 20 (TO NEAREST FOOT) 26	126/1550 HO - 14 - 0007
OWNER MUNRUMONIA	To first name	
WELL SITE ADDRESS / NECEST	TOWN	FULTON
SUBDIVISION MUNRO Proper	SECTION	LOT 3
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST
DESCRIPTION (Use FEET check water additional sheets if needed) FROM TO bearing	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
Thomas to bearing	NO. OF BAGS NO. OF POUNDS 1400	PUMPING RATE (gal. per min.)
Top 5011 0. 2	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Auchot
0 5/1/2 10 1	from 48 TOP 52 ft. to 40 ft.	WATER LEVEL (distance from land surface)
Blown Sidie	(enter 0 if from surface)	BEFORE PUMPING 70 tt.
Brown Mica 10 45	types ST CO	1/.7
	appropriate STEEL CONCRETE	WHEN PUMPING / U 122 / U 125 IL
Gray Mica 45 600	below PLSTIC OTHER	TYPE OF PUMP USED (for test)
	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
14 bags coment 25 bags /	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)
4 10 4	60 61 63 64 66 70	
	E OTHER CASING (if used)	J jet S submersible
Yi etd :	diameter depth (feet)	PUMP INSTALLED
2 gal v 120 mins 240 gal	s S	DRILLER INSTALLED PUMP YES NO
pur 2 hrs 2 hrs	ß — — — —	IF DRILLER INSTALLS PUMP, THIS SECTION
Storage:	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS: TYPE OF PUMP INSTALLED
140. 590'- 70' = 570' + 0.05 = 336 gal	or open hole ST BR HO	PLACE (A.C.J.P.R.S.T.O) 29 IN BOX 29.
+ 74294	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
1510 gar	code below PL OT OTHER	(to nearest gallon) 31 35
		PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED YES NO	E 1 HO 58 600	CASING HEIGHT (circle appropriate box
CIRCLE APPROPRIATE LETTER	Ĉ ₂	above above LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	23 24 26 30 32 36 S	helow (nearest)
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	49 Delow) 50 51 foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	LATITUDE 3 9. L 3 3 144
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	DIAMETER (NEAREST OF SCREEN INCH)	LONGITUDE 74.942035
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	56 60 from to	(DEFAULT COORD. WGS 84)
DRILLERS LIC. NO.1 MIA D 040	GRAVEL PACK	NOTES:
Dearso 7 Hoterlan	IF WELL DRILLED WAS FLOWING WELL	
(MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 58 58 MDE USE ONLY	
LIC. NO.1 750035 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q.	
Bury Ghonoman	70 72	●
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76	
MDE/WMA/PER.071	COLINTY	NO. 1 TABLE 1 TO 1 T

B 1 29210 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
		ERMIT TO DRILL WELL	HO -14 - 0027
SPANISH TELEVISION CO.	pleas	e type	70 fill in this form completely 79
Date Received (APA)	12581	B 3	LOCATION OF WELL
OWNER INFORM	MATION		
8 MM DO YY 13		8 COUNTY Howard	21
	ONALD First Name 34	Munco	Property
	THE THE STATE OF	23 SUBDIVISION	42
36 Street or RFD	55	SECTION L	LOT 1 3,1
The state of the s		44 46	48 50
57 Town MD 20759 70 State 72	Zip 76	L Fulton	
DRILLER INFORMATION	1: 1:	52 NEAREST TOWN	71
M M	Wo	Maria - TESS I	
Driller's Nameleorge F. Easterday 76	License No. 81	B 4	
1 1 Empliin England Inc		SOURCES OF DRILLING WATER	L Reservoir Rd
Firm Name, L. Franklin Easterday, Inc.	STUDIES AND THE REAL PROPERTY.	1. wells	11 STREET ADDRESS 30
9265 Rown Church Rd. Mt.	Airy Md 21771	2	ON WHICH SIDE OF ROAD NORTH
Address n 0 1 1		1	(CIRCLE APPROPRIATE BOX)
Slave t. Casterl	5/8/2014)		WEST
Signature	Date		34 325 37 south
B 2 WELL INFORMATION APPROX. PUMPING RATE —	5	The best of the second	DISTANCE FROM ROAD FL.
(GAL PER MIN.) 8	12	The state of	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 14	500		TAX MAP: 45 BLK: 12 PARCEL 9
USE FOR WATER (CIRCLE APPR		NOT TO	BE FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENT			H DEPARTMENT APPROVAL
IRRIGATION			
F FARMING (LIVESTOCK WATERING & AGRIC	CULTURAL	Howard	(13) A 5 372871
IRRIGATION)		COUNTY NAME STATE	COUNTY NO.
22 INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL		SIGNATURE	INSERT S
P PUBLIC WATER SUPPLY WELL \ T TEST, OBSERVATION, MONITORING		DATE ISSUED	1 - IN -halin
O OPEN LOOP GEOTHERMAL		43 W DD YY 48	CO SIGNATURE EXP. DATE
C CLOSED LOOP GEOTHERMAL			
(S) 71777-141 112 112 112 112 112 112 112 112 112	Residence of		
			ED LOCATION OF WELL ON LOT
APPROXIMATE DEPTH OF WELL 24 30	O 28 FEET		CTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, MARKS AND INDICATE NOT LESS THAN TWO
	NEAREST		CE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	8 INCH		N 11 -14 . 1
METHOD OF DRILLING (c	ircle ana)		HIGHLAND
BORED (or Augered) JETTED	Jetted & DRIVEN		0
20	OTARY (Hydraulic Rotary)	LEIS LANGE	& X
37 CABLE REVerse-ROTary	DRIVE POINT		and I in
other			A/R K.
REPLACEMENT OR DEEPEN	ED WELLS		V. 40/1
(CIRCLE APPROPRIATE B			B / 10 / Stillburg &
N THIS WELL WILL NOT REPLACE AN EXISTING	G WELL		# /20 217
THIS WELL WILL REPLACE A WELL THAT WI	LL BE		AL VA
ABANDONED AND SEALED	The Advisor		×
39 S THIS WELL WILL REPLACE A WELL THAT WI			8,0
FOR POLICY ON STANDBY WELLS			1 29 (
THIS WELL WILL DEEPEN AN EXISTING WEL		EVER STATE	100
PERMIT NUMBER OF WELL TO BE REPLACED OR (IF AVAILABLE) 41	DEEPENED 52	N	
		A	
Not to be filled in by driller (MDE OR CO	UNTY USE ONLY)		
APPROP. PERMIT NUMBER	G		
APPROPAPERMIT NUMBER			\ \ \
PERMIT No. HO -	14 - 0027		1
	73 74 75 76 77 78 79	A SHIPPER SHEET	
SPECIAL CONDITIONS MOTE APPROVING AUTHORITIES SHOOLD LIBE SETWINGTE SHEET IF NEXT ED.	· 一种 · · · · · · · · · · · · · · · · · ·		•
The second secon	A PART OF THE PART	The state of the s	

Page	of
Date	1-14-15

Review	

FIELD DATA SHEET HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-14-	0027 Elect	ion District	3
Location of Property (road) Recent	nr.		
Subdivision MUNRO Proporty	ot 3 Block	Plat	Sec.
Well Driller EASTERDay	Owner Don	munro	
Depth of Well 600 Distance of Measuring Point (Static Water Level (S.W.L.) be			_

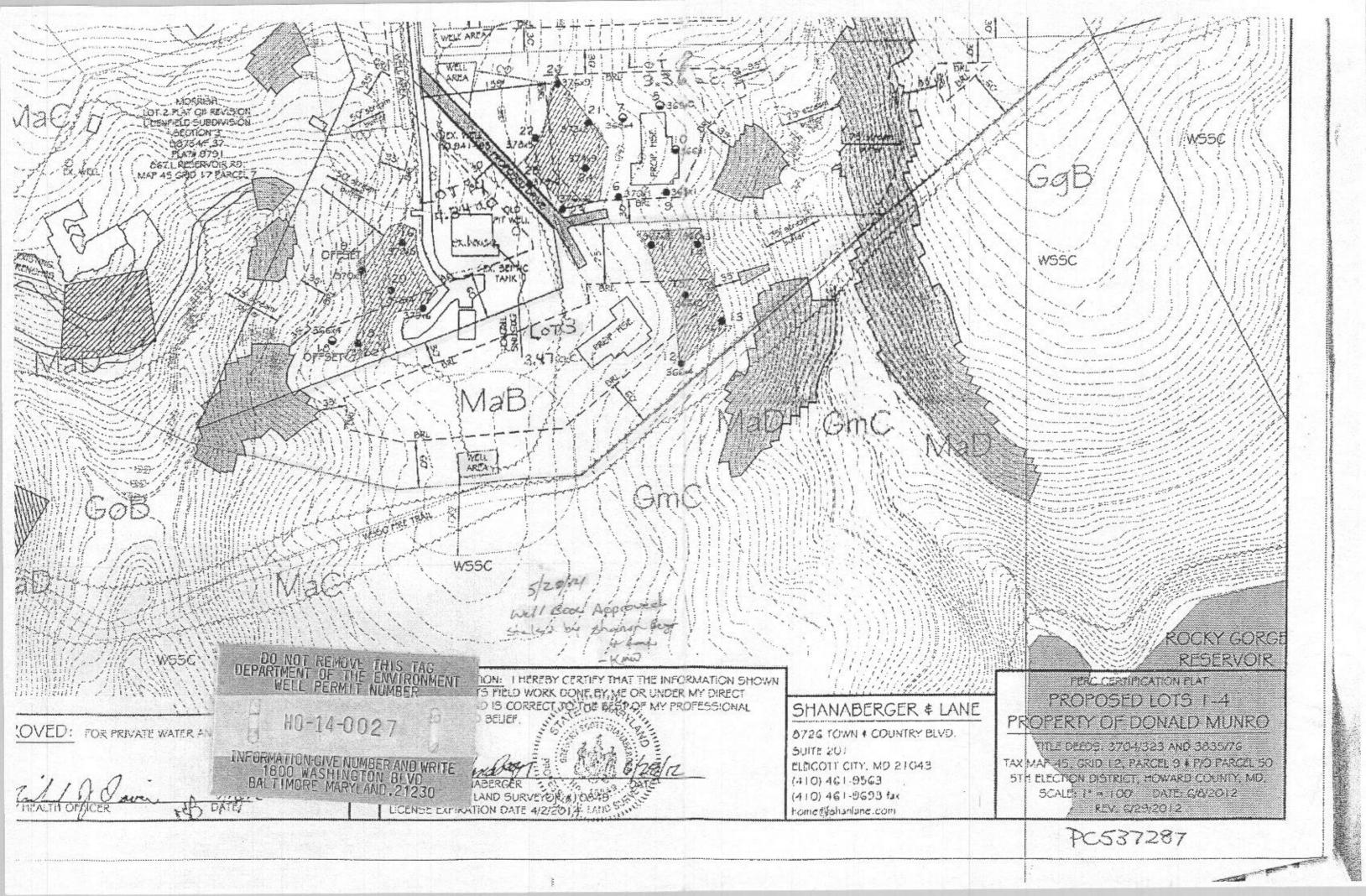
I. High Rate Pumping -- reservoir drawdown

Time pump started 9'15 Pumping rate 20 cpm.
Total time 30 mg to reach pumping water level 166 ft. below M.P.

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

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 	FLOW METER READING LIF used)	CALCULATED FLOW (gallons per min.
945 AM	166 ft	30 300	480 FT	2 6 pm
10:00	166 Ft	30 Sec		26pm
10:15	166 PT	30 8-6	(. 26 PM
0:30	166 At	30 Sec		2 6 PM
0:45	166 FF	30 Suc)	26Pm
11:00	166 ft .	30 sec		26PM
11:15	166 ft.	30 Sec		26Pm
11:30	166 ft	30 Sei		2 6pm
11.45	166 C4 ·	30 800		2 600
1200	166 4	20 846		2. 6 Ru
215	1664	30 50		2 con
1230	1669	30 sn		2 con-
1245	166KT	30 ***		2 Cpm
100	166 ft	30 su		2 cpm
115	166 4	30 00		7 68m
130	166 4	30 m.		2 6000
145	166 44	30 su		Z Brown
200	169 ft	3052		2 6pm
215	167 Ft	30 oa		2 6pm
230	16764	3082		2 6pm
245	167 4	30 our		2 EPM
200	162 Ft	30 500		2 6PM
315		30 Sec		2 GAM
330	167ft 1	30 54		2 6Pm
845	167 #	30 su		2 6PM

Trafer By Dirkie



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: AGAPE PLUMBING
Address: 112 FAXCIFFE RS
GRASONEUR MD 2428 Telephone #: 410-490-4846 (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: License# 21958 Name (Print): CHARLES MCNICHOLAS *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: San DAVID Woodworm Telephone #: 410 - 14 - 6290
Subdivision: Lot #: Well Tag #: HO - 14 - 0027 Site Address: 8593 RESERVOLR FULTON MY Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make: Make: Make: FRANKLIN Two piece watertight cap: Y 65 Model#: APT 800 NL Model #: FM4F07510305 Screened, vented well cap: 915 Pump Capacity 17 GPM Depth: 36" (36" min) Cap secured to casing: 365
Well Yield: GPM NSF/WSC approved: Conduit min 18" B.G.: 765
Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: 765 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 House Connection Piping to house PVC sleeve to undisturbed soil at wall penetration: 5 Type: I' TLASTIC WELL PIPE PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min) Length of sleeve(5' minimum from foundation): /O' 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 Signature of company representative responsible for installation date For Health Department Use Only - Not to be completed by Installer Date Insp. Requested: 3/10/17 Date Insp. Approved: 3/10/17 Inspector: \$C 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 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date - DECEMBER 6, 2018

June 6, 2018

Homeowner 8593 Reservoir Road Fulton, MD 20759

RE: Munro Property, Lot 3

8593 Reservoir Road

Building Permit: B16005094 Well Permit: HO-14-0027

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 3/16/2018. Final approval of the well line connection to the dwelling was granted on 3/10/2017. The well construction was completed on 1/14/2015. Water samples were collected on 5/30/2018.

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-14-0027. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:

122207

Account #: Company:

Reference:

Greenleaf Builders

Carroll Water Systems

Location:

8593 Reservoir Road

Requested By: Brian Smith

Fulton, MD 20759

Source:

Date/ Time Collected: 5/30/2018

1615

Well Water

Date/Time Rec'd:

Site:

Bathroom Sink

5/31/2018

1500

Treatment:

None

Chlorine ppm:

Free: ND

Total: ND

pH:

7.7

Collected By:

T. Aronhalt

2662TA

Well #:

HO-14-0027

PARAMETERS	RESULTS	UNITS RI	EFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/1/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	6/1/2018 / 1000 / CRS
Nitrate	1.29	mg/L	10	601	5/31/2018 / 1525 / RER
Turbidity	1.52	NTU	<10	SM20 2130B	5/31/2018 / 1510 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	5/31/2018 / 1510 / RER

NOTES

- Revised Report to show Building Permit # and Well Tag # for Use & Occupancy Permit. 6/1/18 BCD 1
- 2 mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample. 3
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units 5
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND = None Detected; N/A: Not Available
- 8 pH tested on site; Chlorine level tested in lab
- Sample collected by client, analyzed as received

Reason for Test:

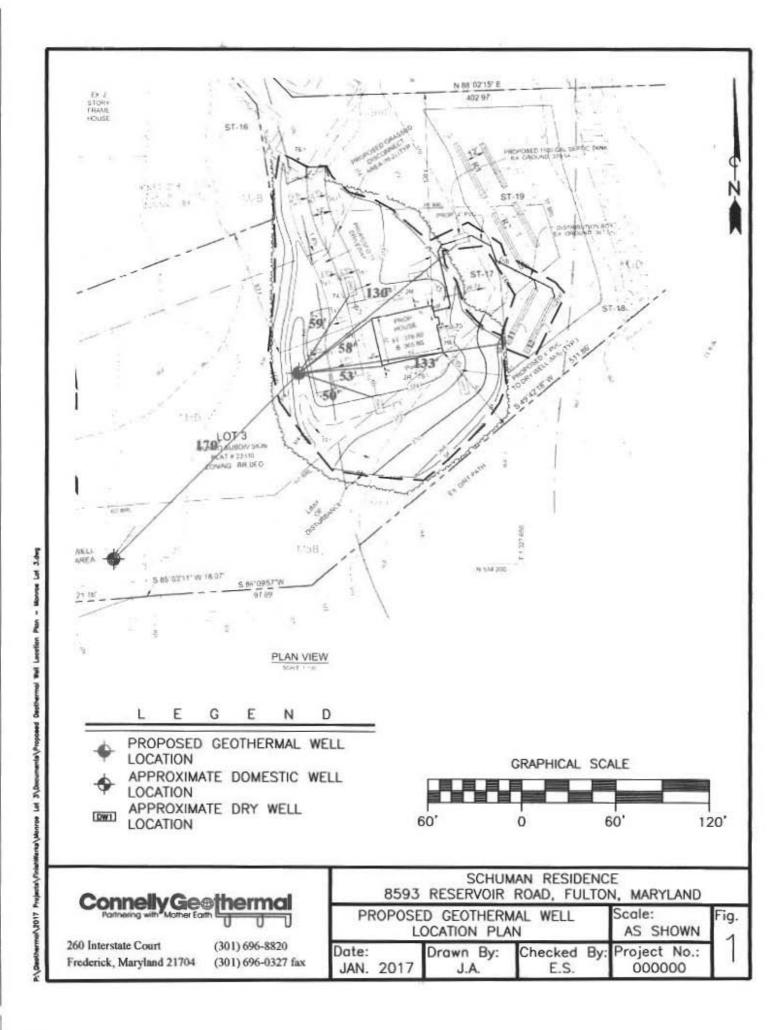
Use & Occupancy

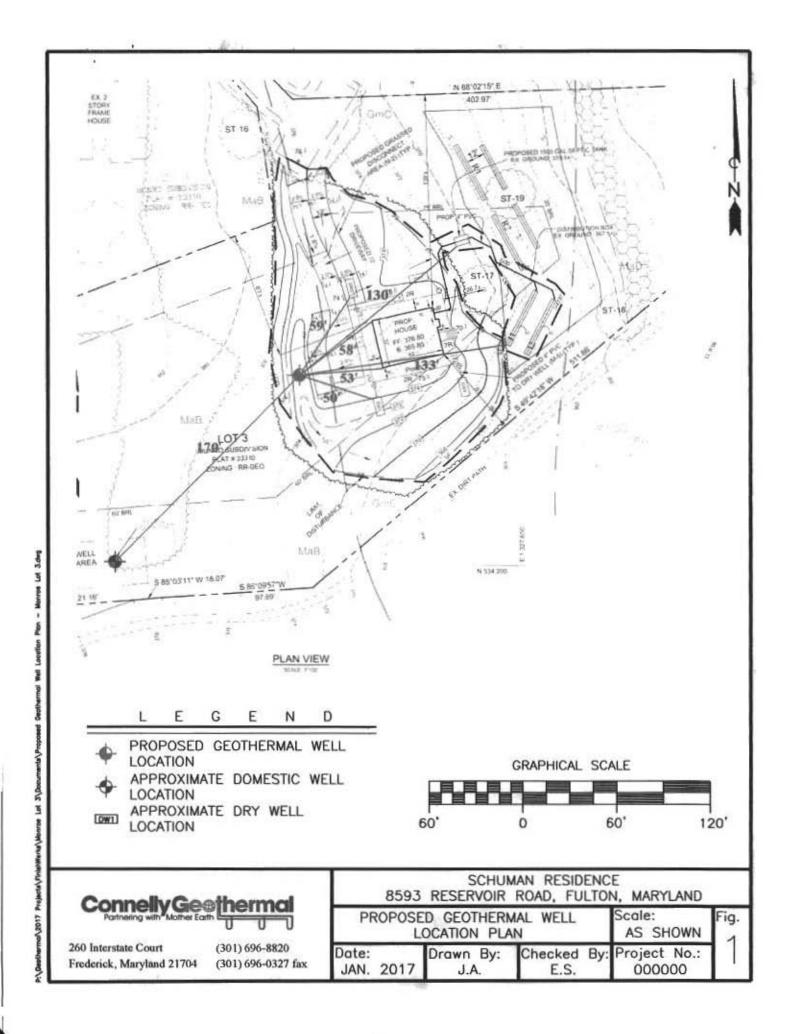
Building Permit #:

B16005094

Date Reported:

6/1/2018





Construction Malerial around well location at Site. Drillers will measure again to verify well location before drilling.

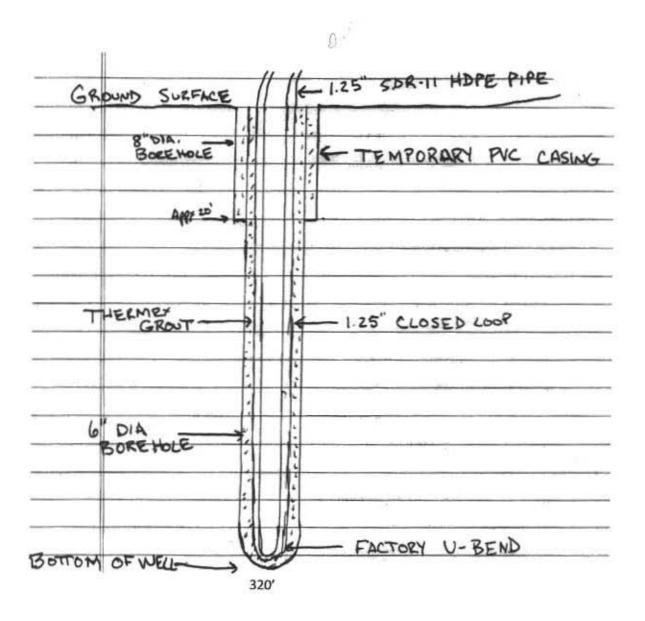
Thank you,

Josh April Connelly + Assoc. 3013667270





Geothermal Closed Loop - 8593 Reservoir Road, Fulton, Maryland



Grout information for this property is as follows:

Thermex grout mixture of 50 lb. grout to 19 gallons water, placed in the well using the tremie method, from bottom to top.

Val = 12315 cu 1 .