SEQUENCE NO.	CTATE OF MADY AND	THIS REPORT MUST BE SUBMITTED WITHIN
C 1 42302 (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (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		PERMIT NO. FROM "PERMIT TO DRILL WELL"
DATE Received MM / DD 9 / 15	22 20 26 (TO NEAREST FOOT)	2/23/16 28 29 30 31 32 33 34 35 36 37
OWNER Williamshura H	mes (ionalistical)	30 000000
WELL SITE ADDRESS last name	first name TOWN_	
SUBDIVISION WESHAND FORM	SECTION	LOT /
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO bearing	CEMENT CM BENTONITE CLAY B C	5.4
1.cht	NO. OF BAGS 40 NO. OF POUNDS 33 OGALLONS OF WATER	PUMPING RATE (gal. per min.)
Brown 0/25	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE
Loung	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
	casing CASING RECORD	BEFORE PUMPING 65 ft.
Ourk, 21 57	insert appropriate STEEL CONCRETE	WHEN PUMPING 98 ft.
Brun	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
Lowing	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
Gry 57 210	60 61 63 64 66 70	J jet S submersible
Limeston	E OTHER CASING (if used) A diameter depth (feet)	27 27
White 210211	inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO
White 210211	69	(CIRCLE) (YES or NO)
	š — — — — —	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
brug 711 300	screen type or open hole ST BR AO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
Limestone 211 300	insert STEEL BRASS OF HOLE	CAPACITY:
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35
		PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED Yes N	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	C 2 1 23 24 26 30 32 36	LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED	S C 3 R 38 39 41 45 47 51	below 03 (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	R 38 39 41 45 47 51 E E SLOT SIZE 1 2 3	LATITUDE 3 9 . 5004 23
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26,04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	LONGITUDE 7 6 . 9 50 859 1
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN S ACCURATE AND COMPLETE TO THE BEST OF MY	OF SCREEN INCH)	(DEFAULT COORD. WGS 84)
DRILLERS LIC. NO. 1 M S D 009	from to	Pursuant to \$10-624 of the State Govt. Article of the Maryand Code personal info. requested on
allen ans	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT F IN BOX 68 68 MDE USE ONLY	may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the
LIC. NO.1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment is subject to the Maryland Public Information Act. This form may be made
	70 72	available on the Internet via MDE's website and is subject to inspection or copying, in whole or in
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.
MDF/WMA/PER 071	COUNTY	

B 1 38223 SEQUENCE NO		MARYLAND	STATE PERMIT NUMBER
1 2 3 6 (MDE USE ONL	APPLICATION FOR P	ERMIT TO DRILL WELL	110 10 010
	pleas	se type	70 fill in this form completely 79
Date Received (APA)		B 3	LOCATION OF WELL
8 MM DD YY 13 L 15 Last Name Owner	INFORMATION First Name 34	8 COUNTY 23 SUBDIVISION	d Farm Estates 42
	RFD 55 ate 72 Zip 76	SECTION L 44 46	LOT 48 50
DRILLER INFORMATION Driller's Name	M S D 609 76 License No. 81	B 4	
Firm Name	dbne, mol 21797	SOURCES OF DRILLING WATER 1	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signature B 2 WELL INFORMATION	9-23-15 Date		WEST SEAST 34 37 SOUN DISTANCE FROM ROAD
1 2 APPROX. PUMPING RA (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	TE 8 12 12 14 20		ENTER FT OR MI 38 39 TAX MAP: 45 BLK: 5 PARCEL
USE FOR WATER (CIF		NOT TO) BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
D DOMESTIC POTABLE SUPPLY & IRRIGATION	RESIDENTIAL	HEALT	T DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERIN IRRIGATION)	G & AGRICULTURAL	COUNTY NAME	COUNTY NO.
22 I INDUSTRIAL, COMMERCIAL, DEV	WATERING	STATE SIGNATURE	INSERT S -
P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORI O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL		DATE ISSUED	CO SIGNATURE EXP. DATE
APPROXIMATE DEPTH OF WELL 24	300 FEET NEAREST	SHOW PERMANENT STRU ROADS AND/OR LAND	ED LOCATION OF WELL ON LOT UCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, MARKS AND INDICATE NOT LESS THAN TWO CE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	INCH.		
METHOD OF DRI BORED (or Augered) JETTED AIR-PERcussion T CABLE METHOD OF DRI AIR-PERCUSSION REVerse-ROTary	LLING (circle one) Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRive-POINT	Ky-	1
other		(
REPLACEMENT OR (CIRCLE APPRO N THIS WELL WILL NOT REPLACE AN WELL WILL REPLACE A WELL ABANDONED AND SEALED	PRIATE BOX) I EXISTING WELL	No.	marland
39 S THIS WELL WILL REPLACE A WELL AS A STANDBY-CONTACT LOCAL A FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXIS	PPROVING AUTHORITY		x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PERMIT NUMBER OF WELL TO BE REPLA	ACED OR DEEPENED	N	
Not to be filled in by driller (MDE	OR COUNTY USE ONLY)		
APPROP. PERMIT NUMBER	G		
PERMIT No	0 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS			A

Date: January 29, 2016

FIELD DATE SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0165

Location of Property: Lime Kiln Rd Fulton, Md

Subdivision: Westland Farm Estates Lot: 11

Well Driller: Allen Compton Owner: Williamsburg Homes

Depth of Well: 300'

Distance of measuring point (M.P.) above ground: <u>3'</u>

Static water level (S.W.L.) below M.P.:_63'___

High rate pumping -reservoir Drawdown

Time pump started: 11:00 Pumping rate: _8.5_

Total time <u>90 Mins</u> to reach pumping water level <u>98 ft. below M.P.</u>

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

TIME (in 15 minute intervals)	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:00	63'	7 Seconds		8.5 gpm
11:15	84'	7		8.5
11:30	89'	7		8.5
11:45	96'	8 Seconds		7.5
12:00	102'	11 Seconds		5.4
12:15	103'	11		5.4
12:30	98'	11		5.4
12:45	98'	11		5.4
1:00	98'	11		5.4
1:15	98'	11		5.4
1:30	98'	11		5.4
1:45	98'	11		5.4
2:00	98	11		5.4
2:15	98'	11		5.4
2:30	98'	11		5.4
2:45	98'	11		5.4
3:00	98'	11		5.4 gpm

HO WARD COUNTY HEALTH DEPARTMENT SUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM TEL: (410)513-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pittess 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: fogle's well Purise + water Treatment, LLC 410-795-5670 Address: 580 Objects + Rd Sykeswille, Mb 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):	· · · . · ·
ver increases the rectains may be reposited to the appropriate medicing agency.	
Name of Property Owner Williams burg Hom Telephonie # 240-393-2942 Subdivision: UPSHOND FORMS Lot Well Tag # HO-15-0165 Site Address 12523 Westland Ct 6) I fon MO 20759	
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Walte: 6000000000000000000000000000000000000	
Figure capacity exceeds well yield a low water cutoff 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 bress rope adapter or other acceptable method inside of well casing NIA	
Bately topic, it is an action of the state o	•
Piping to house Type: 1' PON P1PR PVC skeve to undisturbed soil at wall penetration: 15 PSI: 7(40:50 psi-um). Length of sleeve(5 minimum from foundation): 10'	
Depth of supply line: 3(0"(36" min) Sleeve sealed properly: 15	
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 reservence. If this cannot be accomplished, contact this office for	¥
approval prior to installation.	
Signature of company representative responsible for installation date	
For Health Department Use Only—Not to be completed by Installer	
For Hearth Department use only - Not to be completed by Australies	. ,
Date Insp. Requested: 3/26/18 Date Insp. Approved: 3/26/18 Inspection. Sc. Inspection Data: Pitless adapter waterlight & water supply line at least 36" below grade.	
Two piece cap installed and attached to casing securely	,
Elec conduit extends at least 18th blow gradulattached to cap properly Safety rope not outside of well caplasing	
Conect well tag attached properly and casing 8" above finished grado	
Water supply line sleeved adequately at house connection	*
Adequate grout observed below pitters adapter	. 4



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 - January 18, 2019

July 18, 2018

Homeowner 12523 Westland Court Fulton, MD 20759

RE: Westland Farm Est., Lot 11

12523 Westland Court Building Permit: B17001677 Well Permit: HO-15-0165

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 3/26/2018. Final approval of the well line connection to the dwelling was granted on 3/26/2018. The well construction was completed on 1/29/2016. Water samples were collected on 6/21/2018.

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-15-0165. 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



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

In closing, please refer to our "<u>Homeowner Fact Sheet</u>" 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 #:

122759

Account #:

4470

Reference:

Westland Farms Lot 11

Company:

Williamsburg Homes LLC

Location:

12523 Westland Road

Requested By:

Tim Morris

Date/ Time Collected: 6/21/2018

Fulton, MD 20759

Source:

Well Water .

Date/Time Rec'd:

1005

Site:

Pressure Tank -

6/21/2018

1130 Total: ND

Treatment: pH:

None ___ 7.0

Chlorine ppm: Collected By:

Free: ND G. Lana

3799GL

Well #:

HO-15-0165

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD D	ATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	< ¥.0	MPN/ 100 ml	<1.0	SM20 9223	6/22/2018 / 0800 / CRS
Bacteria, E. coli, MPN	<1.0 /	MPN/ 100 ml	<1.0	SM20 9223	6/22/2018 / 0800 / CRS
Nitrate	7.06	mg/L	10	601	6/22/2018 / 0845 / CRS
Turbidity	1.69	NTU	<10	SM20 2130B	6/22/2018 / 0930 / CRS
Sand	NS '	mg/L	5	Visual/Gravimetric	6/22/2018 / 0930 / CRS

WFE 11

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.
- NS = None Seen (NS indicates less than 5 mg/L) 3
- 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
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test:

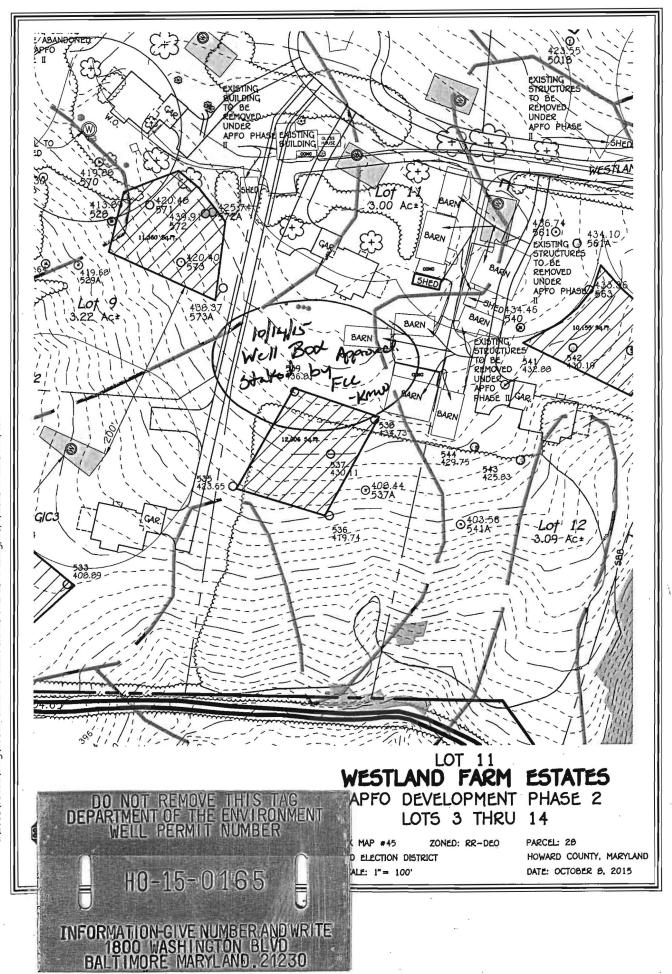
Use & Occupancy

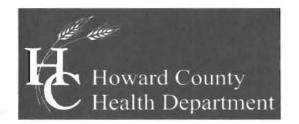
Building Permit #:

17001677

Date Reported:

6/22/2018





Bureau of Environmental Health

8930 Stanford Boulevard, 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

Dr. Maura J. Rossman, M.D., 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:
Subdivision/Property Name 5-7-8-10-11 Lime Kiln Rd Road Name
The well site has been staked by Fisher Collins + Carter Toc. (professional land surveyor or company employing professional land surveyors) on (date) and does not require a site inspection

☐ 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.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
1/29/16	
	On site during initial pumping at yield test. Well 300' with
	80' steel casing. Well to be growted after yield test 60
2/1/16	Got GPS Locatron SC
Balak	
21111	