

C1 42323 <small>1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	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 04 26 14		DATE WELL COMPLETED MM DD YY 4-8-16	
OWNER <u>Williamsburg Homes</u> WELL SITE ADDRESS <u>12549 Lime Run RD</u> SUBDIVISION <u>Westland Farm</u>		Depth of Well 22 <u>250</u> 26 (TO NEAREST FOOT)	
TOWN <u>Fulton</u> SECTION <u>9</u> LOT <u>9</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO 15 - 0205</u>	
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
Light to Dark Brown Mica	0	60	
Gray mica	60	205	
White	205	206	✓
Gray Mica	206	250	
GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>30</u> NO. OF POUNDS <u>2820</u> GALLONS OF WATER <u>180</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>28</u> BOTTOM 58 ft. (enter 0 if from surface)			
CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>80</u> 60 61 63 64 66 70			
OTHER CASING (if used) diameter inch depth (feet) from to EACH CASING			
SCREEN RECORD screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER			
C2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 HO 80 250			
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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			
TELESCOPE CASING LOG INDICATOR OTHER DATA			
C3			
PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>8.5</u> METHOD USED TO MEASURE PUMPING RATE <u>1900</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>77</u> ft. WHEN PUMPING <u>81</u> 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 (CIRCLE) (YES or NO) YES <input type="radio"/> NO <input checked="" type="radio"/> 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 <u>02</u> (nearest foot)			
LATITUDE <u>39.150394</u> LONGITUDE <u>76.951171</u> (DEFAULT COORD. WGS 84)			
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.			
DRILLERS LIC. NO. <u>M 5 D 009</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			

B 1 38284 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY) <div style="border: 1px solid black; padding: 2px; text-align: center;"> STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>557988-A please type</small> </div>	STATE PERMIT NUMBER <div style="text-align: right; font-size: 1.2em;"> 0205 10-15-0205 <small>fill in this form completely</small> </div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px;"> 02/18/16 <small>8 MM DD YY 13</small> </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Westland Farm Estates</u> 42 SECTION <u>44</u> 46 LOT <u>9</u> 50 52 NEAREST TOWN <u>Fulton</u> 71 </div>
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> 15 Last Name <u>Williamsburg Homes</u> 34 36 Street or RFD <u>5485 Harpers Farm RD</u> 55 57 Town <u>Columbia, Md.</u> 70 State <u>MD</u> 72 Zip <u>21044</u> 76 </div>		B 4 SOURCES OF DRILLING WATER <div style="border: 1px solid black; padding: 2px;"> 11 STREET ADDRESS <u>Lime Kiln RD</u> 30 2. <u>Well water</u> 3. <div style="text-align: center;"> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center;"> NORTH N WEST W EAST E SOUTH S </div> <div style="margin: 0 10px;"> 34 <u>1200</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div> </div> </div>
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> Driller's Name <u>Allen Compton</u> 76 License No. <u>M SD 009</u> 81 Firm Name <u>Eagles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine Md 21097</u> Signature <u>Allen Compton</u> 11/24/16 Date </div>		B 2 WELL INFORMATION <div style="border: 1px solid black; padding: 2px;"> 1 APPROX. PUMPING RATE <u>5</u> 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED <u>500</u> 20 (GAL. PER DAY) </div>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px;"> <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;"> <u>Howard</u> (13) COUNTY NO. COUNTY NAME STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>2/10/16</u> CO SIGNATURE <u>Sub. Ch.</u> EXP. DATE <u>2/10/17</u> </div>
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST INCH</small>		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL <div style="border: 1px solid black; padding: 10px; height: 200px;"> </div>
METHOD OF DRILLING (circle one) <div style="border: 1px solid black; padding: 2px;"> BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____ </div>		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="border: 1px solid black; padding: 2px;"> <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 39 <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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 </div>
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="border: 1px solid black; padding: 2px;"> APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-15-0205</u> <small>70 71 72 73 74 75 76 77 78 79</small> </div>		SPECIAL CONDITIONS <div style="border: 1px solid black; padding: 2px;"> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>Existing well must be sealed.</u> </div>

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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

*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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 15 - 0205 ✓
Site Address: 12535 Westland Ct. as of 12/7/18 (R)

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

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

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.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 08/20/2018 Date Insp. Approved: _____ Inspector: _____

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 12/7/18 ✓

Water supply line sleeved adequately at house connection _____ ✓

Adequate grout observed below pitless adapter _____ ✓

12/7/18 - pitless & well
line already
backfilled (R)

26" 08/20/2018 TO CURRENT
GRADE

20" 08/20/2018

6' 08/20/2018

8/20/2018 REINSPECT GRADE. 16" well terminal is
36" PITLESS COVER MARK. 52" FROM WELL
CAP TO PITLESS ADAPTER.

EX HOUSE
8/20/2018
6.5' 7'

HOWARD COUNTY HEALTH DEPARTMENT
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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: Foote's Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
Myersville, 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): David C Foote License #: MSD2226

*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: Williamsburg Group Telephone #: _____
Subdivision: Westland Farms Lot #: 9 Well Tag #: HO-15-0205
Site Address: 12535 Westland Ct
Edison, MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Ampbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>155AEG7-180</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>30</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8.5</u> GPM	NSE/WSC approved: <u>YES</u>	Conduit min 18" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>250</u> (feet)	Conduit secured to well cap: <u>YES</u>	

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Tongue and groove, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>250</u> (250 psi min)	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <u>30</u> (36" min)	Sleeve sealed properly: <u>YES</u>

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.

Signature of company representative responsible for installation: [Signature] Date: 8/20/18

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

Date Insp. Requested: _____	Date Insp. Approved: _____	Inspector: _____
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 casing _____		
Correct well tag attached properly and casing 8" above finished grade _____		
Water supply line sleeved adequately at house connection _____		
Adequate grant observed below pitless adapter _____		

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 14, 2019

December 14, 2018

Homeowner
12535 Westland Court
Fulton, MD 20759

RE: Westland Farm Est.
12535 Westland Court
Building Permit: B18001112
Well Permit: HO-15-0205

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 8/20/2018. Final approval of the well line connection to the dwelling was granted on 12/7/2018. The well construction was completed on 4/8/2016. Water samples were collected on 11/29/2018.

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-15-0205. 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>



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 #:	126958	Account #:	4470
Reference:	Westland Farms Lot 9	Company:	Williamsburg Homes LLC
Location:	12535 Westland Court	Requested By:	Tim Morris
	Fulton, MD 20759	Source:	Well Water
Date/ Time Collected:	11/29/2018 1220	Site:	Pressure Tank
Date/Time Rec'd:	11/29/2018 1545	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	7.3
Collected By:	J. Yeager 6176JY	Well #:	HO-15-0205

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/30/2018 / 1015 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/30/2018 / 1015 / RER
Nitrate	6.64	mg/L	10	601	11/29/2018 / 1620 / RER
Turbidity	1.56	NTU	<10	SM20 2130B	11/29/2018 / 1625 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	11/29/2018 / 1625 / RER

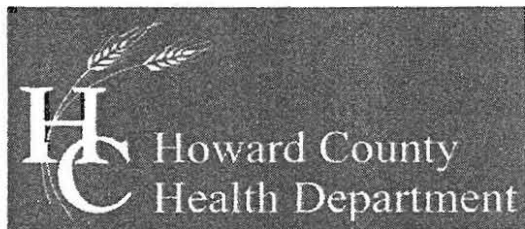
NOTES

- 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 # : B18001112

Date Reported: 11/30/2018



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:

Westland Farm Estates

Subdivision/Property Name

9

Lot #

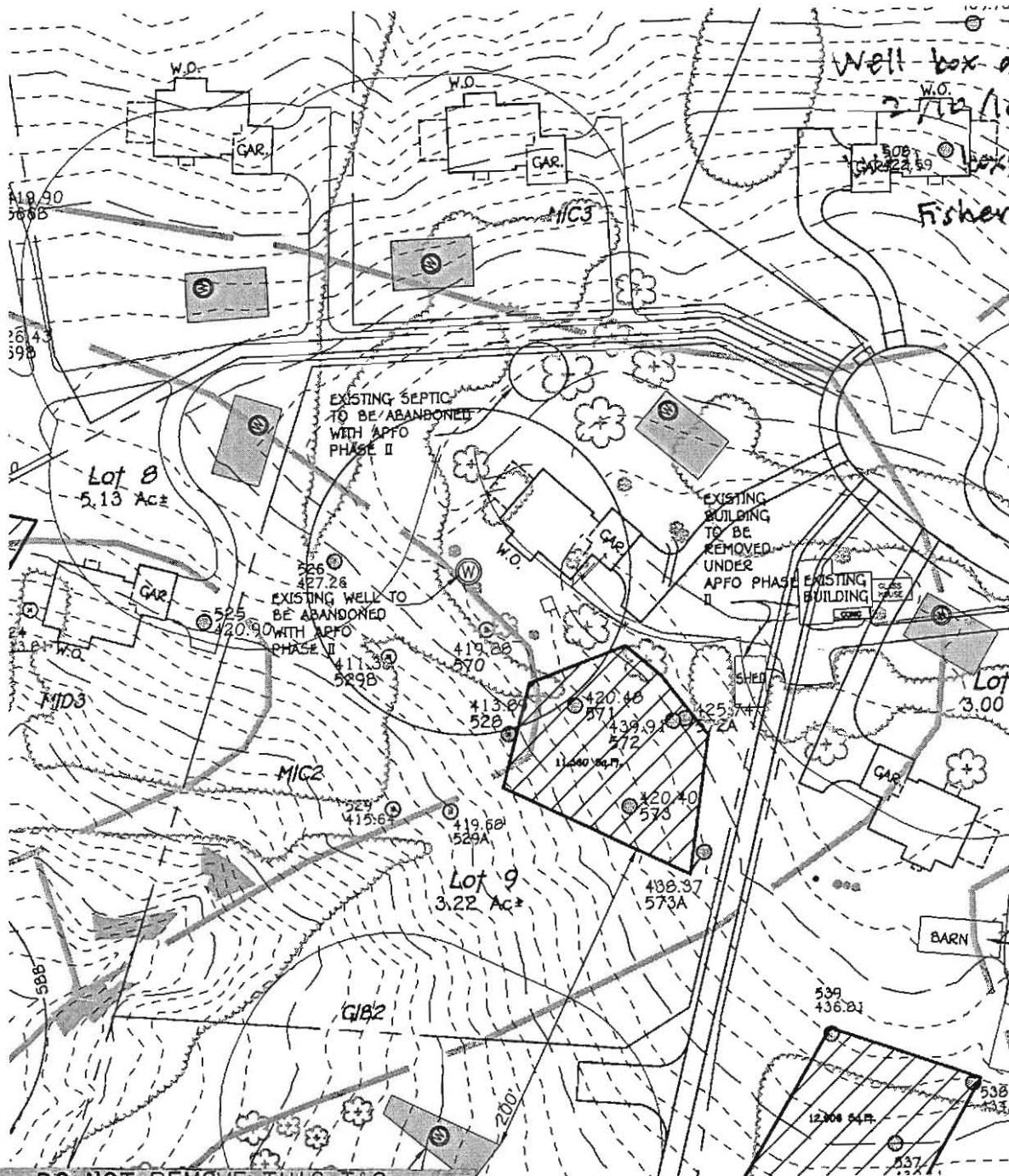
Lime Kiln Rd

Road Name

☒ The well site has been staked by Fisher Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on January 14, 2016 (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.



Well box approved
2/12/16
box: staked by
Fisher, Collins, +
Cantor

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0205

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230

WELL EXHIBIT **LOT 9** **WESTLAND FARM ESTATES** **APFO DEVELOPMENT PHASE 2** **LOTS 3 THRU 14**

TAX MAP #45

ZONED: RR-DEO

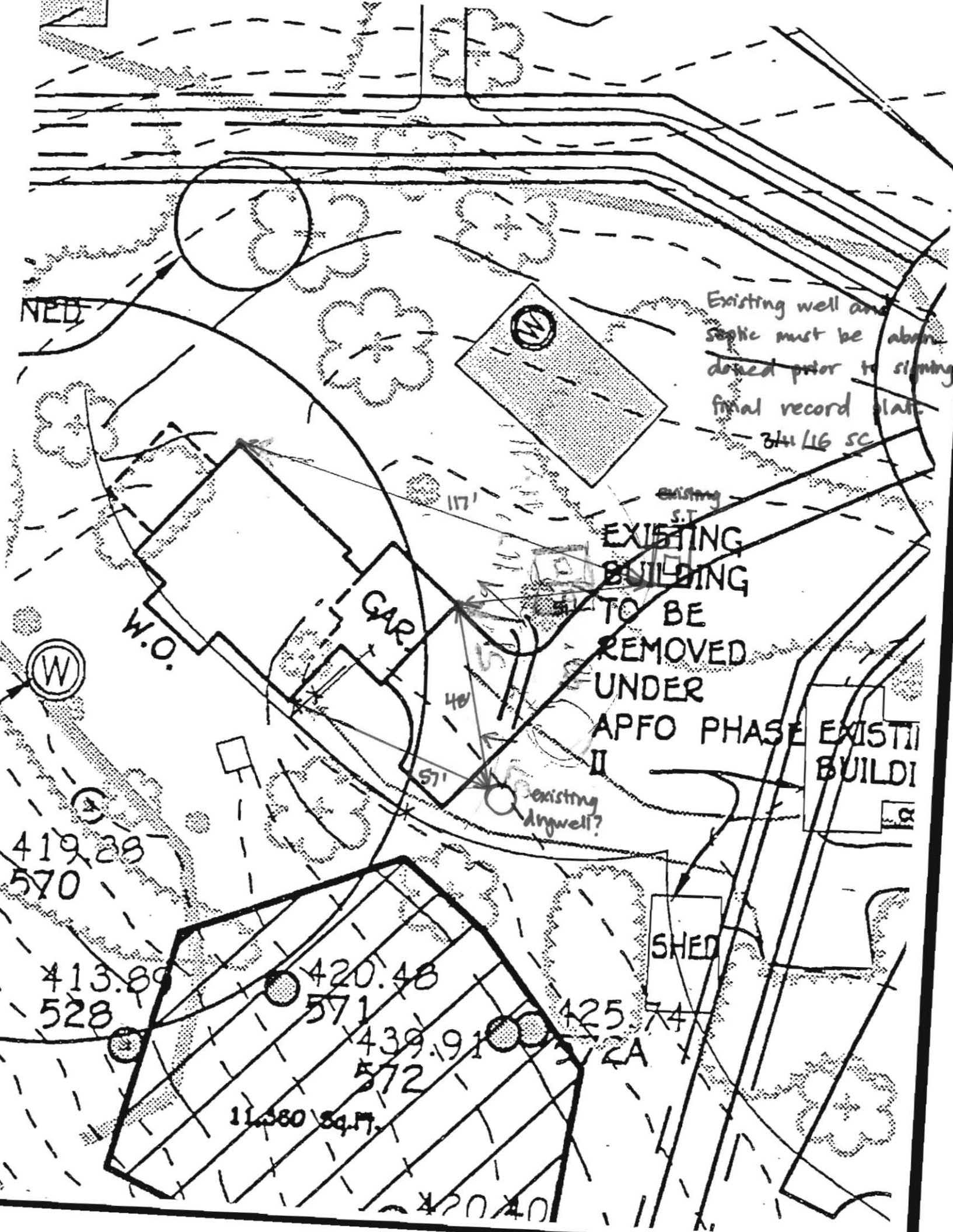
PARCEL: 28

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: JANUARY 12, 2016



NED

Existing well and
septic must be aban-
doned prior to signing
final record plat.
3/41/16 SC

EXISTING
BUILDING
TO BE
REMOVED
UNDER
APFO PHASE
II

EXISTING
BUILDING

W.O.

GAR.

SHED

419.28
570

413.80
528

420.48
571

439.91
572

425.74
574

11.380 54.77

420.40

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

WATER WELL ABANDONMENT-SEALING REPORT FORM

04/21/16
SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK
5/26/16 SC

DATE WELL ABANDONED: 4-8-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Aileen Gwynn

WELL DRILLER'S LICENSE NUMBER: _____

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

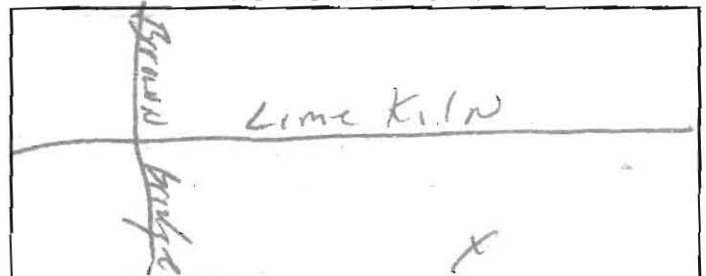
NEAREST TOWN: Fulton

TAX MAP 45 BLOCK _____ PARCEL 28

SUBDIVISION: Westland Farm

SECTION: _____ LOT: 9

STREET ADDRESS: Lime Kiln Rd



LATITUDE 3 9 . 150 3 1 4 3

LONGITUDE 7 6 . 951 4 9 9 9

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Concrete</u>	<u>0</u>	<u>100</u>
<u>Rock cuttings</u>	<u>100</u>	<u>400</u>

VOLUME OF MATERIAL USED

1.5 yards

* 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)

Dryhole

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

Aileen Gwynn 009

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS

CIRCLE ONE

DATE

4-8-16



COUNTY

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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: 4-8-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Conylon

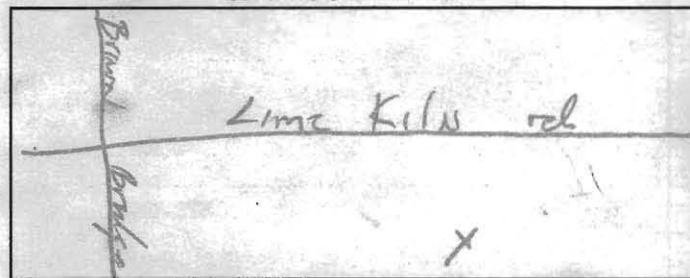
WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 45 BLOCK _____ PARCEL 28
SUBDIVISION: Westland Farm
SECTION: _____ LOT: 9
STREET ADDRESS: Lime Kiln Rd



LATITUDE 3 9.1503487

LONGITUDE 7 6.9515991

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>100</u>
<u>Rock cutting</u>	<u>100</u>	<u>400</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</u>		

* 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) Dryhole

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Conylon LICENSE# 009

MWD / MSD / MGS

CIRCLE ONE

DATE 4-8-16

COUNTY

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FILE INQUIRY NOTES

[illegible]