c 1 42309	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 6 (THIS NUMBER IS TO BE PUN IN COLS. 3-6 ON ALL CARDS		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD W 8 13	DATE WELL COMP	Depth of Well 22 25 0 26 (TO NEAREST FOOT)	9/2/16 PERMIT NO. FROM "PERMIT TO DRILL WELL" 5/2/16 28 29 30 31 32 33 34 35 36 37
OWNER	Manshur	Homes first name	
SUBDIVISION U	and fair	TOWN F	LOT G
WELL L		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS A	ONS PENETRATED, THEIR	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET check if water bearing	CEMENT C M BENTONITE CLAY B C	9.5
Light Brown	10 78	NO. OF BAGS NO. OF POUNDS SALE N	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE 1
to Park		from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)
Brown Mas		casing types insert (\$\sigma\) (\$\sigma\) (\$\sigma\)	BEFORE PUMPING 17 20 ft.
	78 210	appropriate code below PLASTIC OTHER	WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test)
sorray	10 70	MAIN Nominal diameter Total depth	A air P piston T turbine
Limestone		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)
White	210 211	60 61 63 64 66 70 E OTHER CASING (if used) A diameter depth (feet)	J jet S submersible
Marolle		inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP (CIPCLE) (VES or NO)
Greg	211 250	×	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
LUMBIONS		screen type or open hole street BRASS	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
A		(appropriate code below BRONZE HOLE P L O T	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
		PLASTIC OTHER	PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSFU	L WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	yes Y	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPR A WELL WAS ABANDONE WHEN THIS WELL WAS C	O AND SEALED	H ² 23 24 26 30 32 36 S C 3	LAND SURFACE DZ (nearest) foot)
TEST WELL CONVERTED		R 38 39 41 45 47 51	49 50 51
I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.04.04	HAS BEEN CONSTRUCTED IN	E SLOT SIZE 1 2 3 DIAMETER (NEAREST	LATITUDE 3 7. 150482 LONGITUDE 7 6. 952270
ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONDI CAPTIONED PERMIT, AND THAT TH HEREIN IS ACCURATE AND COMP	E INFORMATION PRESENTED	56 60	(DEFAULT COORD, WGS 84)
DRILLERS LIC NO. 1 M DRILLERS SIGNATURE (MUST MATCH SIGNATURE CM	SD 008.	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY	Pursuant to \$10-624 of the State Govt. Article of the Maryand 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
LIC. NO.1		(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	form. The Maryland Department of the Environment is snbject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is
SITE SUPERVISOR (sign, of responsible for sitework if different		70 72 72 74 75 76 TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law.

B 1 38283 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
I (MDE USE UNLT)	APPLICATION FOR PL	ERMIT TO DRILL WELL e type	HO - 15 - 02 04
Date Received (APA)		B 3	LOCATION OF WELL
OWNER INFOR	RMATION	11-1-	
8 MM 00 YY 13		B COUNTY	21
15 Last Name Owner	First Name 34	Wather	J Form Estates
15485 Khrons 5	ron Po	23 SUBDIVISION	42
36 Street or RFD	55	SECTION L 44 46	LOT 48 50
57 Town Town State	72 Zip 76	Figh	K
DRILLER INFORMATION		52 NEAREST TOWN	71
Allen Compton 1	150609 J	alvi I	
Driller's Name 76	5 License No. 81	B 4 SOURCES OF DRILLING WATER	1 . V:1 00
Firm Name	gue	1 Well water	11 STREET ADDRESS 30
PO BOX 202 Wordby	rend anon	2.	ON WHICH SIDE OF ROAD
Address Cerups	1/20/16	3.	(CIRCLE APPROPRIATE BOX) WEE
Signature	Date		34 310 37 WEST SEAST
B 2 WELL INFORMATION APPROX. PUMPING RATE —	5		DISTANCE FROM ROAD
(GAL. PER MIN.)	50 ¹²		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20		TAX MAP: 45 BLK: 5 PARCEL 38
USE FOR WATER (CIRCLE API		NOT TO HEALTH	BE FILLED IN BY DRILLER DEPARTMENT APPROVAL
IRRIGATION RESIDE	NIAL		
F FARMING (LIVESTOCK WATERING & AGE IRRIGATION)	RICULTURAL	COUNTY NAME	COUNTY NO.
22 I INDUSTRIAL, COMMERCIAL, DEWATERIN	NG	STATE SIGNATURE	INSERT S →
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	1NSER1 341
T TEST, OBSERVATION, MONITORING		12/10/16	Sel Ch. 2/10/17
O OPEN LOOP GEOTHERMAL		43 MM DO YY 48	CO SIGNATURE EXP. DATE
C CLOSED LOOP GEOTHERMAL			
APPROXIMATE DEPTH OF WELL L30	OJ FEET	SHOW PERMANENT STRU	ED LOCATION OF WELL ON LOT ICTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
24	28 NEAREST	The state of the s	MARKS AND INDICATE NOT LESS THAN TWO CE MEASUREMENTS TO WELL
APPROXIMATE DIAMETER OF WELL	inch inch	1 Sada	um, chloride,
METHOD OF DRILLING	(circle one)		
BORED (or Augered) JETTED	Jetted & DRIVEN		samples
AIR-PERcussion AIR-PERcussion REVerse-ROTary	ROTARY (Hydraulic Rotary) DRive-POINT	Col	lected 3/30/1656
other	<u>Drive 1 Ontil</u>		garlowich
REPLACEMENT OR DEEPE			In w
(CIRCLE APPROPRIATE N THIS WELL WILL NOT REPLACE AN EXISTI		()	-01)
THIS WELL WILL REPLACE A WELL THAT I		12	
ABANDONED AND SEALED	A/ILL BELISED	2	
39 AS A STANDBY-CONTACT LOCAL APPROVI			4/
D THIS WELL WILL DEEPEN AN EXISTING WI	ELL		") X
PERMIT NUMBER OF WELL TO BE REPLACED OF	R DEEPENED 52	N	8
			~ ~ ~
Not to be filled in by driller (MDE OR C	OUNTY USE ONLY)		
APPROP. PERMIT NUMBER	G		and the same of th
PERMIT No. HO	15-0204		
70 71 7	2 73 74 75 76 77 78 79		
SPECIAL CONDITIONS MOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED=	Codingo tollari	de TOC commole	

@ COUNTY

Date: March 30, 2016

FIELD DATE SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. <u>HO-15-0204</u>	
ocatian of Property: Lime Kiln Rd Ful	ton, MD
Subdivision: Westland Farm Estates L	ot#: <u>6</u>
Well Driller: Fogles Allen Compton	Owner: Williamsburg Homes
Depth of Well: <u>250'</u>	
Distance of measuring point	(M.P.) above ground: <u>3'</u>
Static water level (S.W.L.) bel	ow M.P.: <u>59'</u>
High rate pumping -reservoir Drawd	own
Time pump started: 9:15	Pumping rate: 6 GPM

Total time ______to reach pumping water level ______to below M.P.

Recovery pump test data – abservations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL Belaw M.P.	PUMPING RATE Time to fill 1 gallon bucket	FLOW METER READING (if used)	(gailons per minute)
9:15	59'	7 Seconds		8.5 gpm
9:30	59'	7	2	8.5 gpm
9:45	59'	7		8.5 gpm
10:00	59'	7		8.5 gpm
10:15	59'	7		8.S gpm
10:30	59'	7		8.5 gpm
10:45	59'	7		8.5 gpm
11:00	59'	7		8.S gpm
11:15	59'	7		8.5 gpm
11:30	59'	7		8,5 gpm
11:45	59'	7		8.5 gpm
12:00	59'	7		8.5 gpm
12:15	59'	7 Secands		8.5 gpm
		(

HOWARD COURTY HEALTH DEPARTMENT SUREAU OF ENVIRONMENTAL HEALTH WELL & SEPTIC PROGRAM TEL: (410)513-1771 FAX: (410)513-2648

Information Form for the Installation of the Well Punn, Piffess Adapter, and Supply Fining

347	Traver The interior and the first traver of the first travers of the fir
	· NGH: The installer is responsible for requesting we inspection prior to 9 zm on the day of the desired
٠.	inspection. No work is to be covered until approved by the Health Dopartment. All installations must comply.
	with the National Standard Plumbing Code (MPC, as amended locally) and COMAR 26.64.94 (MD Well
	Construction Regulations). Submission of a complete form is required order to Use and Occumancy appropria
	Company Name Froles Well Pump & Water Preprints = 410 795 5670
U#8	
٠.	Address 960 Awlen + 201.
. •	54Kesinne, mo 21784.
	(Minst circle rune) Linguised Plumber Linguised Well Drilling Linguised Well Pump, Installer
	License # and pame of individual responsible for the field installation:
2.0	Name Print: David C Frale Liversett MSD2Z6
	*A. Ticensed individual must perform the actual installation. Apprentices must be worker the supervision of a
	friensed jum neyman or master plumber, pump installer or well driller. Licenses may be subjected to field
•)	vermickism. Uniterest individuals may be reported to the appropriate breasing agency.
	Name of Property Owner Williams harry Home Telephonic # 240-393-2942
	Subitivism (1854 MMC) FOX MS) LOTE 10 WESTER HO-15-0204
	Site Address 12532 W/5+KWY) C+
	Fulton, mn 20759
	Salmerable Proup Data Friess Adapter Well Can and Electric Conduct
	Make Climpbell Two piece waterfight cape 1465
	Model - 1550 180 . Model NA Screened well care 1165
	Pump Capacity 15 GPM Depth 310 (36 min) Cap secured to casing with
	Well Yield 9 C GPM NSE/WSC approved NA Combat pain 18 B.G. 145
	Depth of well encountered at time of pusop installation / SO (first) Conduit secured to well cap:
	Expuring capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4
167	
147	Trapperamentors, Cable goards, or other acceptable method used Morst carele one
147 24*	
100 100 100 100	Torque are stors. Cable grands, or other acceptable method used. Must carde one Safety rope, at a said, attached to locass rope adapter or other acceptable method maide of well casing. [V]
	Temperatures to the grands, or other acceptable method used. Most carde one Safety rope, if used, attached to to ess rope adapter or other acceptable method inside of well exing. W/- Fromer to house House Connection
	Temperanesson, Cable goards, or other acceptable method used. Most circle one Sasiety rupe, if used, attached to toess rupe adapte or other acceptable method inside of well exing. N/7 Product to house Type: 1' ONY Pipe PC sleeve to indisturbed soil at wall penetration.
,	Trape are store. Cable grands, or other acceptable method used. Most carde one Safety rupe, if used, attached to buss rupe adapter or other acceptable method inside of well exing. N/- France to house Emission Connections Type: 1' 0014 0:00 PVC sleeve to undisturbed soil at wall penetration: 100 PSI-24 100 psi-ton) Length of sleeve (5) minimum from from the population of the connection of the connec
· · · · · · · · · · · · · · · · · · ·	Temperanesson, Cable goards, or other acceptable method used. Most circle one Sasiety rupe, if used, attached to toess rupe adapte or other acceptable method inside of well exing. N/7 Product to house Type: 1' ONY Pipe PC sleeve to indisturbed soil at wall penetration.
· · · · · · · · · · · · · · · · · · ·	Trape are store. Cable grands, or other acceptable method used. Most carde one Safety rupe, if used, attached to buss rupe adapter or other acceptable method inside of well exing. N/- France to house Emission Connections Type: 1' 0014 0:00 PVC sleeve to undisturbed soil at wall penetration: 100 PSI-24 100 psi-ton) Length of sleeve (5) minimum from from the population of the connection of the connec
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	Torque arcestor. Cable grands, or other acceptable method used. Most circle one Sasiety rupe, if used, attached to buess rupe adapte or other acceptable method inside of well exing. Fining to house House Connections Type: 1" ONY Pipe PVC sleeve to indisturbed soil at wall penetration. PSI-24 (Ab) psi-min). Length of sleeve scaled properly. Depth of supply line 30 (36 min) Sheeve scaled properly. The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, this individual distribution box, drainfields, and sewage reserve mea. If this cannot be accomplished, contact this office for approval prior to installation. For Health Department Use Only—Not to be completed by Installer
	Torque arrestors. Cable guards, or other acceptable method used. Must circle one Sasiety rupe, if used, attached to buses rupe adapter or other acceptable method inside of well cosing. [M] Printog to house Type: 'OAM P.
	Torque arrestors, Cable goards, or other acceptable method used—Most carde one Sasiety rope, it used, attached to locass rope adapte or other acceptable method inside of well-exing. N/ Prince to house Type: 1" PAN P.
	Torque ancestors. Cable grands, or other acceptable method used—Must circle one Sasiety rope, at used, attached to buses rope adapte or other acceptable method inside of well cosing. [M] Finding to house Figure 1. DON D. D. D. P. P. P. P. P. Stewe to indistribed soil at well penetration. PST 2. Med pointing. Length of supply line 3.0 [36" min.) Sheeve wated property. [C] The water supply line is required to be at least tenter from the septir tank, pump chamber, sowage piping, distribution bor, drainfields, and servage reserve wer. If this cannot be accomplished, contact this utilize for approval prior to installation. For Health Department Use Only—Not to be completed by Installer Date Inspection Data. Fibess adapter waterfield & water supply line at least 36" below grade. Two piece cap installed and attached to casing securely.
	Torque ancestors. Cable guards, or other acceptable nethod used. Most carde one Sasiety rope, if used, attached to incress rope adapter or other acceptable method inside of well cersing. Produce to house Type:
	Torque an esture. Cable groards, or other acceptable method used. Most carde one Sasiety cope, st used, attached to incess rope adapter or other acceptable method inside of well cosing. [M] Printing to house Type: 1" ONLY OF PVC sleeve to undistribed soil at wall penetration. [MS] PSI- 24 (Abb postum). Length of sleeve yaled property. Depth of supply line: 30 (36" min). Sleeve yaled property. The water supply line is required to be at least tenine from the septic tank, pump chamber, sewage piping. Itistribution but, drainfields, and sewage reserve were. If this cannot be accomplished, contact this office for approved prior to installation. Segmands of campany representative responsible for installation. Roy Health Department Use Only—Not to be completed by Installer. Date has Requested: [30 (30)] Date has Approved: [10 (30)] Inspection. [40] Inspection Data. Fibers adapter watering the water supply line at least 36" below grade. Two piece cap installed and attached to easing securely. Electroduit extends at least 18" below grade/attached to cap property. Safety rope not outside of well captasing.
Ex He	Tomperants to Sale years, or other acceptable method used. Most circle one Sale tyrope, if word, attracted to buses rope adapter or other acceptable method inside of years as any No. Prince is house Type: 1" PALV Display for the property of the property of the position. PRILE (1.60) position. Length of sleevers, minimum time from the supply line. Showing piping. The water supply line is required to be at least tentified from the supply tank, pump chamber, sawage piping, distribution bor, drainfields, and sawage reserve were. If this cannot be accomplished, cantact this office for approval print to installation. Sensitive of campany representative responsible for installation. Roy Health Department Use Only—Not to be completed by Installer Date long Requested: 10 20 10 Date insp. Approved: 10 20 8 Inspection. Inspection Data: Fibess adapted wateright & water supply line at least 36" below grade. Two piece cap installed and attacked to casing securely. Elec. conduit extends at least 1 suplesting. Connectional target attacked mountain and casing 5" above functed and 5.4" (120 (20 8)).
	Torque anisstus, Cable grands, or other acceptable method used—Most carde one Sasisty rope, if irod, attached to loves rope adaptar or other acceptable method inside of recilivating. Finder to house Type: 1 ON POPP POPP PVC share to undistanted soil at wall penetration. PSI ATTACO pointing. Length of sleeve used property. Che water supply line 300 (36° min) Sheeve used property. The water supply line is required to be at least ten feet from the septic tank, pump chamber, savage piping, this tribution bor, drainfields, and sevage reserve use. If this cannot be accomplished, cantact this unitee for approval prior to installation. Segmente of campany representative responsible for installation. Roy Health Department Use Only—Not to be completed by Installer. Date Imp Requested: 1 De 200 Date insp. Approved: 1 De 200 Inspective 1 De 100 Date inspective 1 December 1 Decembe
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· ir/se	Torque arrestors. Cable grands, or other acceptable method used. Must circle one Safety cope, if circle, attached to locase rope adapter or other acceptable method inside of well cosing. N/7 Figure 1 ON PiPP PVC slewe to indistribed soil at wall penetration. PSI-ANAI psi-tim). Length of supply line 50 G6 min) Sleeve realed property. The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping. Historibution box, drainfields, and sewage reserve use. If this cannot be accomplished, contact this office for approval prior to installation. Separative of campany representative responsible for installation. Rev Health Department Use Only—Not to be completed by Installer Date line Requested: 100 Date insp. Approved: 100 C8 inspection. Inspection Data: Fibers adapted waterfight & water supply line at least 36° below grade. Two piece cap installed and attached to casing securely. Electrodictic extends at least 18° below grade/attached to cap properly. Safety rope and contacted of well capturing. Safety rope and contacted of well capturing at house connection. Adapted to supply line sleeved adequately at house connection. Adapted to supply line sleeved adequately at house connection.
· ir/se	Torque ancestors. Cable grands, or other acceptable method used. Must circle one Safety rope, if used, attached to be as type adapter or other acceptable method inside of well exing. N/I Fining to house Type:



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 - JUNE 17, 2019

December 17, 2018

Homeowner 12532 Westland Court Fulton, MD 20759

RE:

Westland Farm Est., Lot 6 12532 Westland Court Building Permit: B18001111 Well Permit: HO-15-0204

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 11/20/2018. Final approval of the well line connection to the dwelling was granted on 11/20/2018. The well construction was completed on 3/30/2016. Water samples were collected on 12/14/2018.

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-15-0204. 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 "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

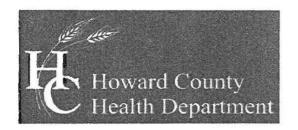
Groundwater Management Section

Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File



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

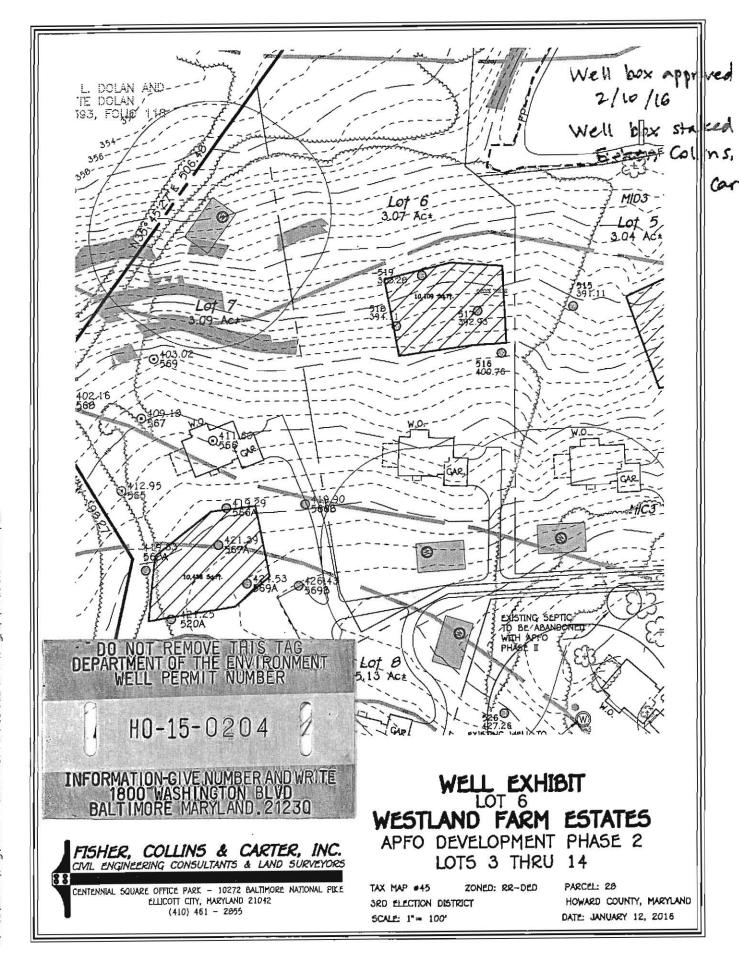
Dr. Maura J. Rossman, M.D., Health Officer

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 42 Lime Kiln Rd Subdivision/Property Name Lot # Road N	Name
The well site has been staked by Fisher Collins (professional land surveyor or company employing professional land sur on Security 14, 2016 (date) and does not	veyors) require a site inspection.
☐ The well driller, builder or property owner will call the H schedule a time to meet in the field to verify the proposed	
This sheet, along with two copies of an acceptable well site plan, must be	attached to the green well

permit application.



Collins, Sarah

From:

Collins, Sarah

Sent:

Monday, September 18, 2017 9:29 AM

То:

'kipstover@williamsburgllc.com'

Subject:

Westland Farms lot 6 well

Attachments:

Photo Sep 06, 11 11 56 AM.jpg

Hi Kip,

I noticed that the well at Westland Farms lot 6 is missing a cap. Please contact a well driller to get the cap replaced- it's possible that our office could hold up a building permit if the well isn't fixed.

Thanks, Sarah

Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
SCollins@howardcountymd.gov
410-313-6287

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9/22/17 Well cap replaced at Westland Farms, lot 6 (SC)



Send Report To: Bert Nixon

Howard Co Health Dept. Bureau of Environmental Health TRACE METALS LABORATORY 3930 Stanford Blyd

State of Maryland **DHMH** - Laboratories Administration Division of Environmental Chemistry

1770 Ashland Avenue

Please Print

Baltimore, Maryland 21205

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

THE BOAR WALLIAM THAN TO BE THAN THAN THE THAN THAN THAN THAN THAN THE E16003655001 Received: 03/31/2016 HO-15-0204

Do not write above this line

Sample Source: _	Line Kiln Rd. Street	Town or City	Collector:	Collins Name
Date Collected: _	3 / 30 /20 16 Time Co	llected: 11:30 a.		
Sample Preserved	By: □ Field □ Preservative Used: □/HN			
Sample Type: Data Category Code □□	☐ Drinking Water ☐ Community ☐ Non-Community ☐ Private	□ Stream	☐ Source (Raw Water) ☐ Distribution (Treated) ☐ Other	
	□/SDWA □ NPDES □ C	1.4		ls

1	Element	Results (ppm)	1	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
100	Arsenic (As)			Lead (Pb)	
The state of	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)	120		Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
1	Sodium (Na)			Potassium (K)	
	Thallium (Tl)			Uranium (U)	TED
				Vanadium (V)	RECEIVED

Lab Supervisor:

Remarks: Sample taken during yield

• Phone: (443) 681-3857

SUBMITTER'S COPY

HMH 4432 (05/15)

• Fax: (443) 681-4 07
HOWARD COUNTY HEALTH DEPT.
HOWARD COUNTY HYGIENE PROGRAM
COMMUNITY HYGIENE PROGRAM



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH 8930 STANFORD BLVD COLUMBIA, MD 21045

Lab Project No: E16003655 Date Coll.: 03/30/2016 Date Received 03/31/2016 Submitted By: Collins

Field ID: HO-15-0204

Lab No.: E16003655001

Method Element Result Units

nits Date Analyzed

EPA 200.7

Sodium

2.27

ppm

04/07/2016

Comments:

RECEIVED

APR 15 2016

HOWARD COUNTY HEALTH DEPT. COMMUNITY HYGIENE PROGRAM

Approved by:

Cufton Cha-

Approval date: 04/12/2016

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Telephone: (443) 681 - 3853

Fax: (443) 681-4507

S:\EnviroFinal-Metals.rpt

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

4470

Laboratory ID #: 127380 Account #:

Reference: Westland Farms Lot 6 Company: Williamsburg Homes LLC

Location: 12532 Westland Court Requested By: Bill McBride

Fulton, MD 20759 Source: Well Water

Date/ Time Collected: 12/14/2018 1110 Site: Pressure Tank

Date/Time Rec'd: 12/14/2018 1453 Treatment: None Chlorine ppm: Free: ND Total: ND pH: 7.2

Collected By: J. Yeager 6176JY Well #: HO-15-0204

PARAMETERS	RESULTS	UNITS RE	FERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/15/2018 / 1130 / BCD
Nitrate	1.90	mg/L	10	601	12/14/2018 / 1710 / RER
Turbidity	2.88	NTU	<10	SM20 2130B	12/14/2018 / 1655 / RER
Sand	NS	mg/L	5	Visual/Gravimetri	c 12/14/2018 / 1655 / 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 cheek: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test: Use & Occupancy

Building Permit#: 18001111

Date Reported: 12/17/2018