SEC SEC	QUENCE NO.	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN
C1 42305 (MDE USE ONLY)		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)	39	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
DATE Reseived	WELL COMPL	×	OK FROM "PERMIT TO DRILL WELL"
8 13 15	2/19/16	22 25 26 (TO NEAREST FOOT) 26	3/4/16 SC 28 29 30 31 32 33 34 35 36 37
OWNER	ensburg	Homes first name	
SUBDIVISION	tarm	ESTARS SECTION	LOT 4
WELL LOG		GROUTING RECORD	CI3I
		WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMATIONS PENE COLOR, DEPTH, THICKNESS AND IF WA		CEMENT	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FED additional sheets if needed) FROM	TO if water bearing	NO. OF BAGS 38 NO OF POUNDS 55772	PUMPING RATE (gal. per min.)6.6
Light 0	85	GALLONS OF WATER	METHOD USED TO
arm		DEPTH OF GROUT SEAL (to nearest toot)ft. toft.	
Long	1	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface)
		casing CASING RECORD	BEFORE PUMPING 17 20 ft.
Anna 85	225	types insert appropriate	WHEN PUMPING 10.3 tt.
and 00		code below PL OT	TYPE OF PUMP USED (for test)
Horatova		PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine
		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
White 225	224	ST 06 109	27 27 27 27 below)
VP *EES		60 61 63 64 66 70 E OTHER CASING (if used)	J jet S sulmersible
Orney 226	250	A diameter depth (feet)	
y I cus			DRILLER INSTALLED PUMP YES NO
White			(CIRCLE) (YES or NO)
Amespice		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.
		or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.
	• . /	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
		below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35
	-	PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS	: O	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	/es po	$E \frac{1}{8} \frac{1}{9} \frac{109}{11} \frac{250}{1517} \frac{21}{21}$	CASING HEIGHT (circle appropriate box
	Y N	A C 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2 H 2	and enter casing height) LAND SURFACE
A WELL WAS ABANDONED AND SE WHEN THIS WELL WAS COMPLETE	EALED	23 24 26 30 32 36 S C 3	below 07 (nearest)
E ELECTRIC LOG OBTAINED		R 38 39 41 45 47 51	49 50 51 foot)
P TEST WELL CONVERTED TO PROE WELL		E SLOT SIZE 1 2 3	LATITUDE 3 9. 1502113
I HEREBY CERTIFY THAT THIS WELL HAS BEEN ACCORDANCE WITH COMAR 26.04.04 "WELL CO IN CONFORMANCE WITH ALL CONDITIONS STA	NSTRUCTION" AND		LONGITUDE 7 6950476
CAPTIONED PERMIT, AND THAT THE INFORM HEREIN IS ACCURATE AND COMPLETE TO KNOWLEDGE.	THE BEST OF MY	56 60 from to	(DEFAULT COORD. WGS 84) Pursuant to §10-624 of the State Govt. Article of
DRILLERS LIC. NO. 1 M SD	009,	GRAVEL PACK	the Maryand Code personal info. requested on this form is used in processing this form pursuant
alle 6		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICAT	TION)	MDE USE ONLY	have the right to inspect, amend, or correct this form. The Maryland Department of the
LIC. NO. I D .		(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	Environment issubject 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 responsible for sitework if different from		TELESCOPE LOG 74 76 78 CASING INDICATOR OTHER DATA	part, by the pulic and other governmental agencies, if not protected by federal or state law.
Land the second		onund on on one of the own	

COUNTY

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER 28 SEQUENCE NO B STATE OF MARYLAND (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL HO- 15 - 0203 1881 please type 70 fill in this form completely LOCATION OF WELL Date Received (APA) B 3 OWNER INFORMATION 8 13 15 34 42 LOT 55 SECTION 46 11 70 76 State Zip NEAREST TOW 71 DRILLER INFORMATION M50009 **B** 4 Lane Cilo SOURCES OF DRILLING WATER er 100211 Waller Firm Name 30 2 NORTH ON WHICH SIDE OF ROAD (CIRCLE APPROPRISTS BOX) 3 WZE 120/16 CHA. Date 34 37 Signature DISTANCE FROM ROAD B 2 WELL INFORMATION APPROX. PUMPING RATE 2 ENTER FT OR MI 38 39 (GAL. PER MIN.) 12 TAX MAP: 45 BLK: 5 PARCEL 28 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION HOWNONO F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) COUNTY COUNTY NO. STATE 1 INDUSTRIAL, COMMERCIAL, DEWATERING 22 INSERT S -41 P PUBLIC WATER SUPPLY WELL DATE ISSUED T TEST, OBSERVATION, MONITORING 10 **OPEN LOOP GEOTHERMAL** 0 CLOSED LOOP GEOTHERMAL C PROPOSED LOCATION OF WELL ON LOT 300 FEET SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM. APPROXIMATE DEPTH OF WELL ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL NEAREST APPROXIMATE DIAMETER OF WELL INCH METHOD OF DRILLING (circle one) Factor RA JETTED **Jetted & DRIVEN** BORED (or Augered) 30 AIR-BOTan AIR-PERcussion **ROTARY (Hydraulic Rotary)** CALIN **REVerse-ROTary DRive-POINT** other Ime Kiln RO REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N HIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE Y ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS 39 D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 52 Not to be filled in by driller (MDE OR COUNTY USE ONLY) G APPROP. PERMIT NUMBER 15 PERMIT No. 72 75 SPECIAL CONDITIONS 8 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATE SHEET HOWARD COUNTY WELL YIELD TEST

 Well Permit No. <u>HO-15-0203</u>

 Location of Property: <u>Lime Kiln Rd Fulton, Md</u>

 Subdivision: <u>Westland Farm Estate</u>

 Location of Property: <u>Lime Kiln Rd Fulton, Md</u>

 Subdivision: <u>Westland Farm Estate</u>

 Location of Property: <u>Lime Kiln Rd Fulton, Md</u>

 Subdivision: <u>Westland Farm Estate</u>

 Location of Property: <u>Subdivision</u>

 Well Driller: <u>Fogles Allen Compton</u>

 Owner: <u>Williamsburg Homes</u>

Depth of Well: <u>200'</u> Distance of measuring point (M.P.) above ground: <u>2'</u> Static water level (S.W.L.) below M.P.:<u>70'</u>

High rate pumping -reservoir Drawdown

Time pump started: <u>8:45</u> Pumping rate: <u>8.5</u> Total time 45 Mins to reach pumping water level <u>103'</u> ft. below M.P.

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)
8:45	70'	7 Seconds		8.5 gpm
9:00	95'	7		8.5 gpm
9:15	<i>98'</i>	7		8.5 gpm
9:30	103'	9 Seconds		6.6 gpm
9:45	103'	9		6.6 gpm
10:00	103'	9		6.6 gpm
10:15	103'	9		6.6 gpm
10:30	103'	9		6.6 gpm
10:45	103'	9		6.6 gpm
11:00	103'	9		6.6 gpm
11:15	103'	9		6.6 gpm
11:30	103'	9		6.6 gpm
11:45	103'	9		6.6 gpm
12:00	103'	9		6.6 gpm
12:15	103'	9		6.6 gpm
12:30	103'	9		6.6 gpm
Ann				
				······································
NR				

HOWARD COUNTE BEALTH DEPARTMENT SUREAD OF ENVIRONMENTAL HEALTH WELL & EEPTIC PROGRAM TEL: (410)513-1711 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Piffess Adapter, and Supply Finne

:	· NOTE: The insider is responsible for requesting an inspection pains to 9 am an the day of the desired	
۰.	inspection. No work is to be covered until approved by the Health Department. All installations must comply .	
	with the National Standard Plumbing Code (NPC, 25 amended locally) and COMAR 26.84.84 (MD Well	
•••	Construction Repairings). Submission of a complete form is required prior to Use and Occumancy approval.	•
•	Company Name FOODS Well Rimps Water Telephone = 410 795 5670	
•	Company Name (0015 Well Rimps Water Telephone = 410 795 5670	
	Address JSBU Abrecht Ri	
	SYKESVILLE, MD 21784	
	(Minstrinele nue) Licensed Plancher Licensed Well Driller Licensed Well Promp. Installer	,
	Lacense # and name of individual responsible for the field installation	
	Name Crinit: DUVID (FOOLD Lineaset WSD 226.	
	*A licensed individual most perform the actual installation. Apprentices must be under the supervision of a	
	licensedjourneyman or master plounder, promp istaller or well inflier. Tacenses may be subjected in field	
	verificision. Duficensed individuals may be reported to the appropriate licensing agency.	
	110 mes	
	Name of Property OwnerNINUER_WITHIN MEDURY. Telephonie # 240-393-2442	
•	Subdivision 11PSHUND FOR MG JALE 4 WEI Tagt HO-15-0203	
	STIE ANIES 12520 WAR and Ct	
	611ton MD 20759	
	Sabmersable Pump Data Piffers Adapter Well Cap and Electric Conduct	
	Make CIMptel I Two piece waterfight cape 15	
	Model # 1550 E07-180 Model NA Screened, wanted well cape	
	Primp Capacity 15 GPM Depth: 3/1 (36" min) Cap secured to casing. 4/5	
	Well Yield 10. 6 GPM NSE/WSC approved VS Conduct un 18 E.G. 185	
	Depth of well encountered at time of pomp installation: 2 (first) Conduct secured to well cap: 1/1/2	
	Erpmon capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4 Torque anestors, Cable guards, or other acceptable withod used—Mirst carele one	
	Carter and some guards, to buses rope adapte or other acceptable method marke of well craims. (1/2)	
	Sensity usbes as received to measure and the susting of print, successing method manage or their correct 111-2	
	Figure House Concerting	
	Type_11/polypipe PVC sleve to indistincted soil at wall penetration VS	
	PSE-24 (LSD psi-min) Length of sleevers minimum from foundation) (0'	
	Depth of supply line 36' (36' min) Sleeve saled property. 195	
		•
	The water supply fine is required to be at least ter test from the septic tank; pump chandler, sewage piping.	
	distribution boy, drainfields, and sewage reservence. If this cannot be accomplished, contact this office in	
• •	annual installation	•
,	Stenatore of company representative responsible for installation date	
	For Health Department Use Only - Not to be completed by Installer	
	Date Inen Requested 01/09 2019 Date Insp. Approved 01/09 209 Inspective	
•	Inspection Data Filless anapter waterfight & water supply Ine at least 36" below grade51" ya (2019)	
	Two where was metalled and attached to example	
1+0	Filer conduct estends at least 18" below gradulatiached to cap property 33" a lon loo 19	
	$\frac{1}{2}$	
	Contex well rag anachen propent and casing st above initiated grants	
	Adequate grout observed below piless adapter	
L	* Sloe ve	
	No L	

Ex 1/9



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:

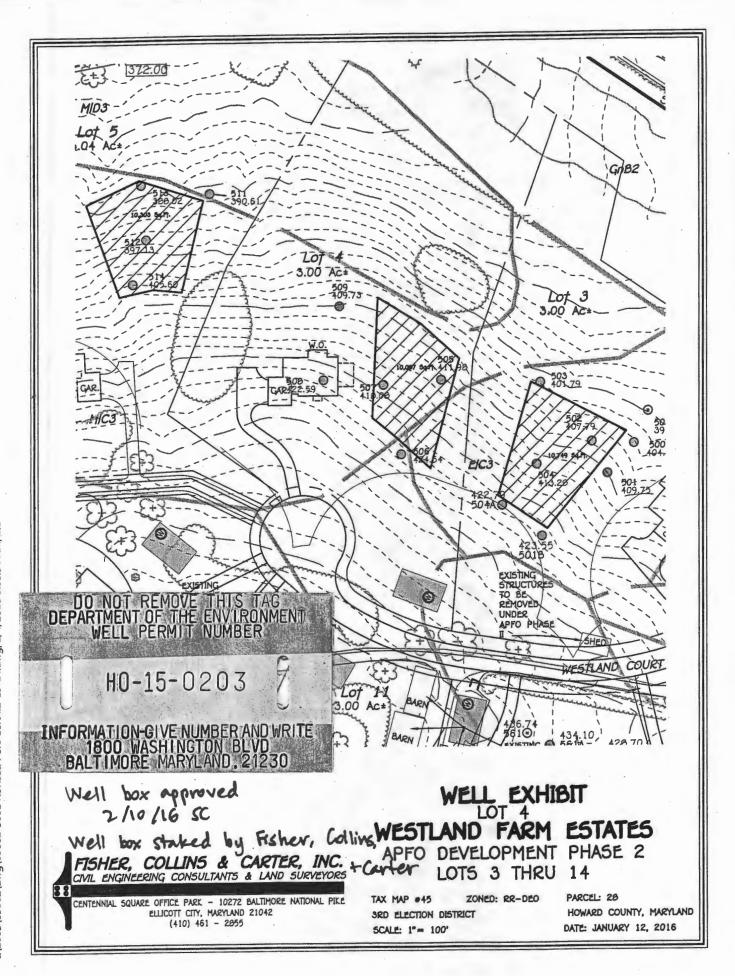
Well Site Location:

West	land Farm Estates	4	Lime Kiln Rd	
	Subdivision/Property Name	Lot #	Road Name	
,				
×	The well site has been staked (professional land surveyor or compar	by FISh	er Callins + Carter	

on <u>Nouary</u> 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.



C:\2005\05062\dwg\05062-3001 Revised Perc Cert 12-15-14.dwg, 2/4/2016 9:08:54 AM, 1:1



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 – NOVEMBER 21, 2019

May 21, 2019

Homeowner 12520 Westland Court Fulton, MD 20759

RE: Westland Farm Est., Lot 4 12520 Westland Court Building Permit: B18000758 Well Permit: HO-15-0203

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 1/10/2019. Final approval of the well line connection to the dwelling was granted on 1/9/2019. The well construction was completed on 2/19/2016. Water samples were collected on 3/28/2019.

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-15-0203. 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 "<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,

to want

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 #:129281Reference:Westland Farms Lot 4Location:12520 Westland CourtFulton, MD 20759		Account #: Company: Requested By: Source:	4470 Williamsburg Homes LLC Bill McBride Well Water	
Date/ Time Collected:	3/28/2019	1135	Site:	Tap after Constant Pressure Tank
Date/Time Rec'd:	3/28/2019	1354	Treatment:	None
Chlorine ppm:	Free: ND	Total: ND	pH:	7.1
Collected By:	J. Yeager	6176JY	Well #:	HO-15-0203

	ALC: NUMBER				A DESIGNATION NEADERS AND A	
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/29/2019 / 0830 / RER	
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/29/2019 / 0830 / RER	
Nitrate	4.1	mg/L	10	300.0	3/28/2019 / 2203 / BMG	
Turbidity	4.20	NTU	<10	SM20 2130B	3/28/2019 / 1555 / RER	
Sand	NS	mg/L	5	Visual/Gravimetric	3/28/2019 / 1555 / 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 Nitrate Detection Limit: 0.2 mg/L
- 4 Nitrate Sub-contracted to Reference Lab #192
- 5 NS = None Seen (NS indicates less than 5 mg/L)
- 6 NTU = Nephelometric Turbidity Units
- 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 8 , ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test :	Use & Occupancy
Building Permit # :	B18000758

Date Reported: <u>3/29/2019</u>

MD State Certification # 133

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
2/17/17	On site during drilling. Setting coving - using 110' steel. 50
2/19/16	Vield test prior to site visit. Well 250', 109' static, 103' measuring
	point, 6.6 gpm. SO