

C1 08189

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A544480

ST/CO USE ONLY DATE Received MM 04 DD 19 YY 13

DATE WELL COMPLETED MM 04 DD 15 YY 13

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2484

OWNER ZEP Realty WELL SITE ADDRESS last name Box Berry Mill Rd / Rt. 97 TOWN GLENELG SUBDIVISION Gue Property SECTION LOT 1/A

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 132 DEPTH OF GROUT SEAL 0 to 50 ft.

CASING RECORD (S) (C) (P) (O) MAIN CASING TYPE PL Nominal diameter 6 Total depth 80

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (S) (B) (H) (P) (O) screen type or open hole (S) (B) (H) (P) (O)

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 8.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL BEFORE PUMPING 44 WHEN PUMPING 75 TYPE OF PUMP USED (S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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 CAPTIONED PERMIT...

DRILLERS LIC. NO. M D 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. Sand

DEPTH (nearest ft.) Table with columns 1-3 and rows A-C. Includes SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 to 60

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

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) 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 (+) above (-) below LAND SURFACE 2 (nearest foot)

LATITUDE 39.30519 LONGITUDE 77.01910 (DEFAULT COORD. WGS 84)

NOTES:

<b>B 1</b> 4978	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 544531A please type	STATE PERMIT NUMBER 10-95-2484 fill in this form completely
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**OWNER INFORMATION**

Date Received (APA) 02/13/13

8 MM DD YY 13

2ERR Realty

15 Last Name Owner First Name 34

PO Box 12

36 Lisbow MD 21765 55

57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

Howard

8 COUNTY 21

GUE Property

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50 1/4

West Friendship Ckerylg

52 NEAREST TOWN 71

**DRILLER INFORMATION**

Ralph E. Mayne MSD 117

Driller's Name 76 License No. 81

Ralph Mayne Well Drilling

Firm Name

17024 Handy Rd. Mt. Airy Md. 21771

Address

R E Mayne 2/11/13

Signature Date

**B 4** SOURCES OF DRILLING WATER

Roxbury Mills Rd.

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 450 37

DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 14 BLK: PARCEL 253

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard 13 A 544480

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 2/26/13 Kim Wolf 2/26/14

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH

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

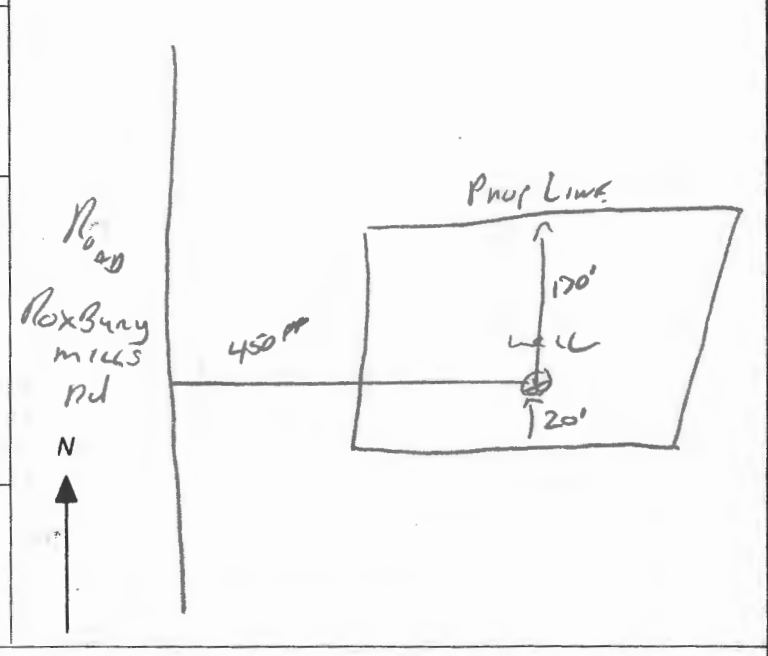
**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTary DRIVE-POINT

other



**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. 10-95-2484

70 71 72 73 74 75 76 77 78/79

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 95-2484  
 Location of property (road) Rox Berry Mill Rd / Pt 97  
 Subdivision Sub Property Lot N/A Block — Plat — Sec. —  
 Well Driller Ralph Mayne Owner ZEPH Reabty

Depth of well 270  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 44 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:00 Pumping rate 10 GPM  
 Total time 15 min to reach pumping water level 75 ft. below M.P.

**II. 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)	
8:00	44 ft.	<del>6</del> 6 Sec		10 GPM	
			TEST STARTED		
8:15	75 ft	7 Sec		8.5 GPM	
8:30	75 ft	7 Sec		8.5 GPM	
8:45	75 ft	7 Sec		8.5 GPM	
9:00	75 "	7 "	OK	8.5 "	
9:15	75 "	7 "		8.5 "	
9:30	75 "	7 "		8.5 "	
9:45	75 ft	7 Sec		8.5 GPM	
10:00	75 ft	7 Sec		8.5 GPM	
10:15	75 ft	7 Sec		8.5 GPM	
10:30	75 "	7 "		8.5 "	
10:45	75 "	7 "		8.5 "	
11:00	75 ft	7 Sec		8.5 GPM	
11:15	75 ft	7 Sec		8.5 GPM	

**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: Burgon Inc Telephone #: 410-259-8924  
Address: 640 Kees Mill Rd  
Westminster MD 21151

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

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

Name (Print): Tim Burgon License# 64892

**\*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: Todd Gue Telephone #: 301-674-6307  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-93-2484  
Site Address: 2385 Rt 97 E  
Glenwood MD 2/21/2009

**Submersible Pump Data**

Make: Nordson  
Model #: Nord Pro BF 6713  
Pump Capacity: 7 GPM  
Well Yield: 8.5 GPM

**Pitless Adapter**

Make: Campbell  
Model #: PA500LF  
Depth: 42" (36" min)  
NSF/WSC approved: X

**Well Cap and Electric Conduit**

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

Depth of well encountered at time of pump installation: 240 (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: Silverline Polyethylene  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: X  
Length of sleeve (5' minimum from foundation): 10 feet  
Sleeve sealed properly: ferroc + silicon

**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 7/22/19

**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 cap/casing \_\_\_\_\_

Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

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

**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-95-2484  
 Site Address: 2385 ROUTE 97  
2385

**Submersible Pump Data**

Make: \_\_\_\_\_  
 Model #: \_\_\_\_\_  
 Pump Capacity \_\_\_\_\_  
 Well Yield: \_\_\_\_\_

**Pitless Adapter**

Make: \_\_\_\_\_ +  
 Model#: \_\_\_\_\_  
 GPM Depth: \_\_\_\_\_ (36" min)  
 GPM 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

**Must circle one:** Torque arrestors / Cable guards / Other acceptable method used  
**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: 7/24/2019 Date Insp. Approved: 7/24/2019 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  
 Water supply line sleeved adequately at house connection  
 Adequate grout observed below pitless adapter

44" 7/24/2019  
 34" 7/24/2019  
 20" 7/24/2019  
 9' 7/24/2019

(Revised form 10/24/2018)

EX HOUSE  
 07/24/2019

**INTERIM CERTIFICATE OF POTABILITY**  
Expiration Date – JUNE 18, 2020

December 18, 2019

Homeowner  
2385 Route 97  
Cooksville, MD 21723

**RE: Gue Property, P. 253**  
**2385 Route 97**  
**Building Permit: B18003198**  
**Well Permit: HO-95-2484**

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 **12/3/2019**. Final approval of the well line connection to the dwelling was granted on **7/24/2019**. The well construction was completed on **4/15/2013**. Water samples were collected on **12/16/2019**.

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-95-2484. 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>

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

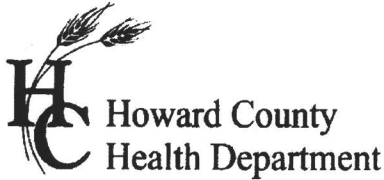
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment website which describes in further detail operation and maintenance of your septic system.

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



7178 Columbia Gateway Dr., Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Bienson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Gulf Property      N/A      Old Roxbury Rd. 97  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Fisher - Collins - Carter,  
(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.

Revised 3/11/07

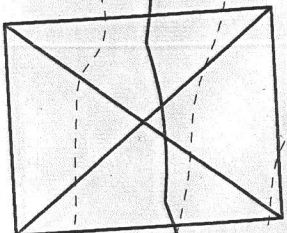
Lot 1  
Patrieks Place  
Plat Nos. 12314

Existing Well

Lot 2  
Patrieks Place  
Plat Nos. 12314

EXISTING SHED

EXISTING GARAGE



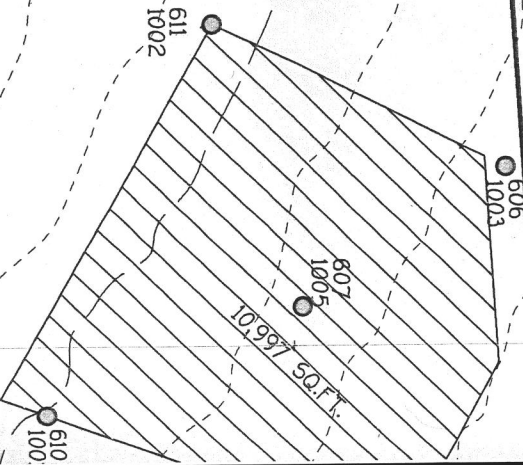
ggb



Parcel A  
Owandy Oak Estates  
Plat Nos. 11549-11553

2/28/13 Apprad.  
well sides by FCC  
-Kous

Parcel  
Owandy Oak  
Plat Nos. 115



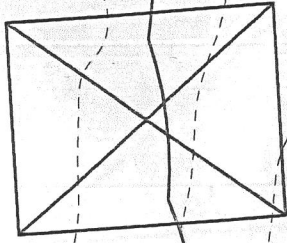
Lot 1  
Patrick's Place  
Plat Nos. 12314

(M) Existing Well

Lot 2  
Patrick's Place  
Plat Nos. 12314

EXISTING SHED

EXISTING GARAGE



99B

(M)

(M)

(M)

Parcel A  
Oxymy Oak Estates  
Plat Nos. 11543-11553

*2/26/15  
Site approved  
well by DC  
-KRM*

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-95- 2484  
INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD.  
BALTIMORE, MARYLAND 21230

0.606

Parcel  
Oxymy, Ct  
Plat Nos. 11

10'997 50'FT

611  
101

# 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 #: 134702 Account #: 7085  
Reference: Cumberland Dev. Custom Homes Company: Cumberland Dev. Custom Homes  
Location: 2385 Route 97 Requested By: Curtis L. Cumberland  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 12/16/2019 1338 Site: Pressure Tank  
Date/Time Rec'd: 12/16/2019 1540 Treatment: Prior to Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.4  
Collected By: J. Yeager 0819JY Well #: HO-95-2484

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/17/2019 / 1030 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	12/17/2019 / 1030 / RER
Nitrate	1.46	mg/L	10	601	12/17/2019 / 0900 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	12/17/2019 / 0930 / CRS
Turbidity	0.80	NTU	<10	SM20 2130B	12/17/2019 / 0930 / CRS

### 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy  
Building Permit # : 18003198

Date Reported: 12/17/2019