

C 1 5002

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received
MM DD YY

DATE WELL COMPLETED

8 13

15 20

Depth of Well

22 600 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0 - 95 - 0550
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

George Karvounis

Gen Cont.

last name Charles Dr

first name

TOWN

SECTION

LOT P 74

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

ropson
Brown mica 2 25
Grey mica 25 125
Green mica 125 145
Grey mica 145 600

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 200

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

40

60 61

63 64

66 67

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHER

C 2

DEPTH (nearest ft.)

1 140 38 600
E 6 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
R
E
N

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

68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

20

METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

111 25 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

NO

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.

29

CAPACITY:

GALLONS PER MINUTE
(to nearest gallon)

31 36

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

LAND SURFACE

- below

2 (nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

DRILLERS LIC. NO.

MD 040

George F. Laster

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

AW D 788

SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

B 1 7155

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0550

fill in this form completely

Date Received (APA)

OWNER INFORMATION 10351

8 MM DD YY 13

George Karvounis Gen Cont

15 Last Name Owner First Name 34

15216 Watergate Road

36 Street or RFD 55

Silver Spring, Md 20905

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature Date 10/3/2006

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 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
- ☐ GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- CABLE REVERSE-ROTARY DRIVE-POINT
- other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☐ 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED
(IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

PERMIT No. 40-95-0550

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

B 3 LOCATION OF WELL

Howard

8 COUNTY

CD# 21

Allnut Farms Estates

23 SUBDIVISION 42

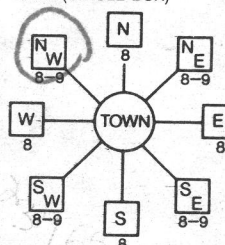
SECTION 44 46 LOT P-74 48 50

Highland

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

Charolais Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)34 200 37
DISTANCE FROM ROAD Ft. 38 39
ENTER FT OR MI

TAX MAP: 34 BLK: 15 PARCEL 74

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVALHoward 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

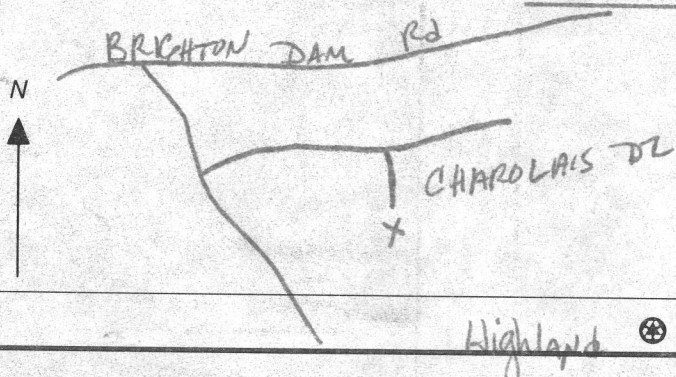
DATE ISSUED 10/16/06 10/17/06

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 496 000 EAST GRID 808 000
50 55 57 63SHOW MAJOR FEATURES OF
BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1.
2. wells
- 3.

WRITE THE BOX NUMBER
FROM THE MAP HERE800 8
E 496 6
N 000 000DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN
RELATION TO NEARBY TOWNS AND ROADS AND GIVE
DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 A 9

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: K+T Plumbing Telephone #: 4438449073
Address: Po Box 2151
Westminster MD 21158

Must circle one: ☒ Licensed Plumber / ☐ Licensed Well Driller / ☐ Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Jon D. Maggion License# 21451

*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: Majid Baha Telephone #: 410 442 8068
Subdivision: Alh. H. Farms East Lot #: Well Tag #: HO-95-0550
Site Address: 13465 Charolais Ct.
Highland MD 20777

Submersible Pump Data

Make: Deton
Model #: 1L2R4
Pump Capacity: 1 1/2
Well Yield: 12

Pitless Adapter

Make: SIMMONS +
Model#: 18225B
GPM Depth: 72 (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: 300 (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

Pipeline to house

Type: Poly
PSI: 250 (160 psi min)
Depth of supply line: 18 (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.

Thomas A. DiMaggio Jr.
Signature of company representative responsible for installation

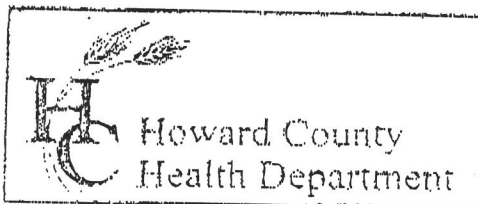
2/15/19
date

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

Date Insp. Requested: 2/15/19 Date Insp. Approved: 3/3/20 Inspector: KMW
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 ☒

- water in trench, could not inspect. Told Builder (2/19/19) Flood proof cap needs to be installed. (KMW)

(Revised form 10/24/2018)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., 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:

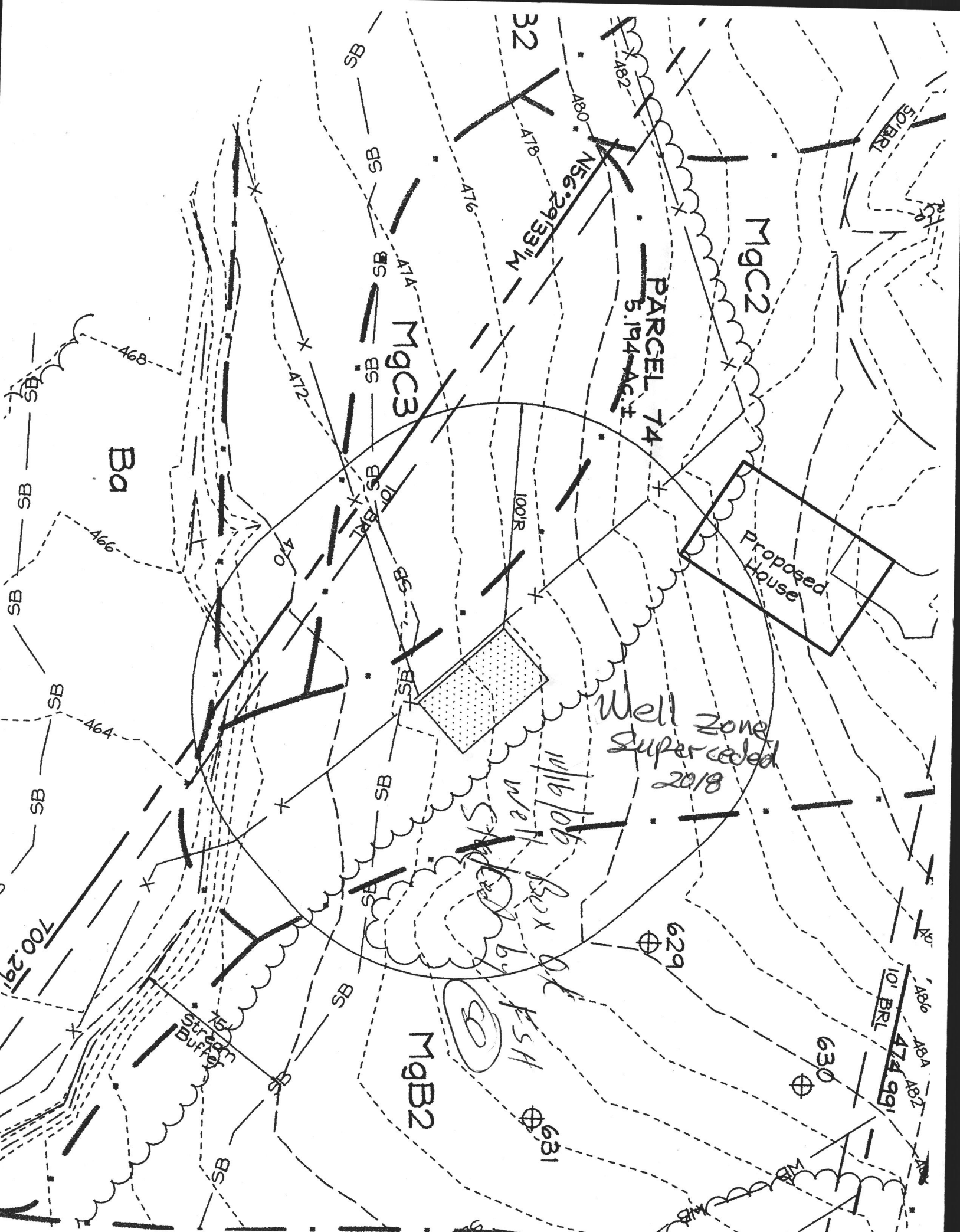
- ☒ The well site has been staked by FSH ASSOCIATES,
(professional land surveyor or company employing professional land surveyors)
on 9/28/06 (date) and does not require a site inspection.
- ☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the 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 6/10/03

George KARVOUNIS

Charolais Dr.



Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, February 19, 2020 11:59 AM
To: Dan Moore
Subject: RE: Viking
Attachments: [Untitled].pdf

Hey Dan,

I am in and out of meetings today. Unfortunately, we cannot approve this well with failing bacteria. I took a look at the completion report (attached) and I believe that we are dealing with higher than normal yield in the standing water column of the well. Which, in turn, is giving us the "artesian-like" water being forced out of the well. There is a concern here of how to properly shock this well but you will need to have this done in order for us to give an ICOP. My suggestion is have a well driller very informed of the wells condition, provide them with the completion report, and see what they can do for a forced chlorination. You may want to call the original well driller (Easterdays) and see what they say about it. At a minimum, please get a "artesian" well cap installed. Waters are not allowed to run to waste per COMAR.

Kevin

From: Dan Moore <dan@vikingcustomhomes.com>
Sent: Wednesday, February 19, 2020 8:31 AM
To: Wolf, Kevin <KWolf@howardcountymd.gov>
Subject: Viking

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hey Kevin,

Please give me a call. I need to get the well resolved at Charolais Ct.

Thank you

Dan Moore
VP Construction
Viking Custom Homes
443-250-5016

Bricker, Robert

From: Bricker, Robert
Sent: Thursday, September 20, 2018 4:52 PM
To: 'cary@vikingcustomhomes.com'
Subject: 13465 CHAROLAIS CT_KANG PROPERTY_well water test

Cary,
I noticed that you had been copied by Dan Staley on an email to me. I assume that indicates that you are the builder for the proposal on the Kang Property (13465 Charolais Ct). Please be advised that the property is within the radium test area and the well (HO-95-0550) has not been tested. Prior to Health Dept release of Use and Occupancy, a water sample originating from this well will have to be obtained and analyzed for concentration radium 226/228, or concentration of radium degradation products Gross alpha and Gross beta. The Bureau recommends that the water sample be obtained as early in the project as possible as analyses require several weeks. If the results exceed established Maximum Contamination Limits, a second round of sampling and analyses is required

ROBERT BRICKER, REHS/R.S., L.E.H.S.
ENVIRONMENTAL SANITARIAN II
BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774
Fax: 410-313-2648

E-mail: rbricker@howardcountymd.gov

CONFIDENTIALITY NOTICE

This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – SEPTEMBER 4, 2020

March 4, 2020

Homeowner
13465 Charolais Court
Highland, MD 20777

RE: Allnut Farm Est., P. 74
13465 Charolais Ct.
Building Permit: B18003293
Well Permit: HO-95-0550

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 **1/30/2020**. Final approval of the well line connection to the dwelling was granted on **3/2/2020**. The well construction was completed on **12/20/2006**. Water samples were collected on **1/29/2020, 2/11/2020, 3/2/2020**.

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-95-0550. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

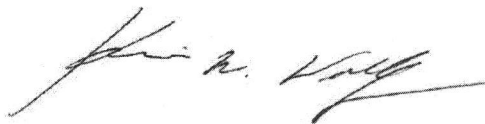
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

REPORT OF ANALYSIS

Laboratory ID #: 135372
Reference: Allnut Estates
Location: 13465 Charolais Court
Highland, MD 20777
Date/ Time Collected: 1/29/2020 1030
Date/Time Rec'd: 1/29/2020 1411
Chlorine ppm: Free: ND Total: ND
Collected By: J. Yeager 0819JY
Account #: 4226
Company: Viking Development Corporation
Requested By: Cary Cumberland
Source: Well Water
Site: Pressure Tank
Treatment: Prior to Spin Down Separator
pH: 7.0
Well #: HO-95-0550

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	6.4	MPN/ 100 ml	<1.0	SM20 9223B	1/30/2020 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/30/2020 / 0900 / CRS
Nitrate	<1.0	mg/L	10	601	1/29/2020 / 1430 / RER
Turbidity	2.51	NTU	<10	SM20 2130B	1/29/2020 / 1610 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	1/29/2020 / 1610 / 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 # : B18003293

Date Reported: 1/30/2020

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 #: 135644
Reference: Allnut Estates
Location: 13465 Charolais Court
Highland, MD 20777
Date/ Time Collected: 2/11/2020 1110
Date/Time Rec'd: 2/11/2020 1320
Chlorine ppm: Free: ND Total: ND
Collected By: J. Yeager 0819JY
Account #: 4226
Company: Viking Development Corporation
Requested By: Cary Cumberland
Source: Well Water
Site: Pressure Tank
Treatment: Prior to Spin Down Separator
pH: 7.1
Well #: HO-95-0550

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM20 9223B	2/12/2020 / 0830 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	2/12/2020 / 0830 / RER

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B18003293

Date Reported: 2/12/2020

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 #: 136009
Reference: Allnut Estates
Location: 13465 Charolais Court
Highland, MD 20777
Date/ Time Collected: 3/2/2020 0930
Date/Time Rec'd: 3/2/2020 1330
Chlorine ppm: Free: ND Total: ND
Collected By: R. Ott 0266RO
Account #: 4226
Company: Viking Development Corporation
Requested By: Cary Cumberland
Source: Well Water
Site: Pressure Tank
Treatment: Prior to Spin Down Separator/UV Light
pH: 6.9
Well #: HO-95-0550

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2020 / 0915 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/3/2020 / 0915 / CRS

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B18003293

Date Reported: 3/3/2020