

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER **PER 8/6/13** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-95-2490**

DATE RECEIVED **MM 03 DD 30 YY 13** DATE WELL COMPLETED **MM 03 DD 30 YY 13** Depth of Well **300** (TO NEAREST FOOT) OWNER **Land Design + Development** WELL SITE ADDRESS **11000 Lime Kiln Rd** TOWN **Fulton** SUBDIVISION **Dustin Property** SECTION **5** LOT **5**

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		check if water bearing
	FROM	TO	
SOIL	0	6	
CLAY	6	21	
Brown Shale	21	35	
MED GRAY Schist	35	300	✓
		130	✓
		225	✓

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **10** NO. OF POUNDS **940**
GALLONS OF WATER **60**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** TOP ft. to **38** BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **38**

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

SCREEN RECORD
screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**
WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 355**
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. **MSD 066**

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

C2 DEPTH (nearest ft.)
HO **38** **300**
E A C H S R E E N
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

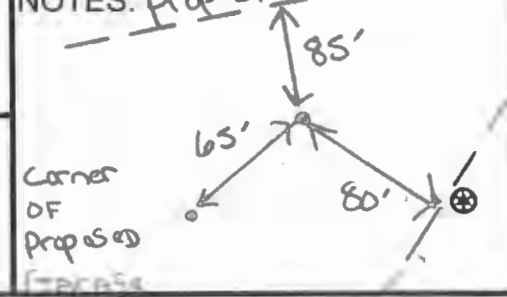
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **12.0**
METHOD USED TO MEASURE PUMPING RATE **Submersible**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **18** ft.
WHEN PUMPING **33** 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
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 } LAND SURFACE (nearest foot)
- below }

LATITUDE **39.14845**
LONGITUDE **76.93054**
(DEFAULT COORD. WGS 84)



B 1	23805	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 544551 please type	STATE PERMIT NUMBER H0 - 95 - 2490 <small>fill in this form completely</small>
------------	-------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 02 27 13

Land Design + Development
Last Name Owner First Name

5300 Dorsey Hall Dr Sunk 102
Street or RFD

Ellicott City, MD 21043
Town State Zip

LOCATION OF WELL

Howard COUNTY

Dustin Property SUBDIVISION

SECTION 44 LOT 5

Fulton NEAREST TOWN

DRILLER INFORMATION

Michael Barlow MWD 355
Driller's Name License No.

Barlow Well Drilling
Firm Name

522 Underwood Lane 21014
Address

[Signature] 2/26/13
Signature Date

SOURCES OF DRILLING WATER

1. Well

2. _____

3. _____

Lime Kiln Road STREET ADDRESS

C. IN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

1200 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 46 BLK: 1 PARCEL 103

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

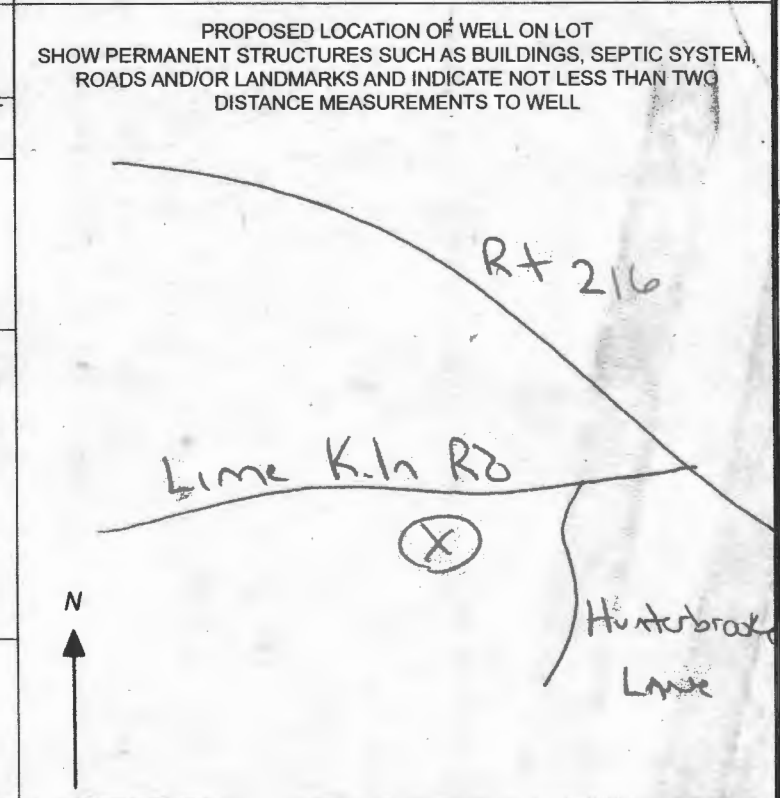
Howard COUNTY NAME A522884 COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 03/11/2013 CO SIGNATURE [Signature] EXP. DATE 3/11/14

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH



METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jettied & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

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

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) _____

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

APPROP. PERMIT NUMBER _____

PERMIT No. H0 - 95 - 2490

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:		March 30, 2013	
Well Depth:		300	feet
Customer	Ellicott City Landholding	Permit #	HO-95-2490
Road	Lime Kiln Road	Subdivision	Dustin Property
City	Fulton	Section	
State	Maryland	Lot #	5

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:15 AM	18	5	12.00
9:30 AM	33	5	12.00
9:45 AM	33	5	12.00
10:00 AM	33	5	12.00
10:15 AM	33	5	12.00
10:30 AM	33	5	12.00
10:45 AM	33	5	12.00
11:00 AM	33	5	12.00
11:15 AM	33	5	12.00
11:30 AM	33	5	12.00
11:45 AM	33	5	12.00
12:00 PM	33	5	12.00
12:15 PM	33	5	12.00
12:30 PM	33	5	12.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

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: Barlow Well Drilling Telephone #: 410-838-6960
Address: 522 Underwood Lane
Bel Air MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Jeremy Vanarsdale License# JSD158

*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: Ikenna Nwachukwu Telephone #: 443-988-3880
Subdivision: Dustin Property Lot #: 9 Well Tag #: HO-95 2490
Site Address: 8045 Kayladine Lane
Fulton, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>B11</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10GS10422</u>	Model#: <u>1005</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>

Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap:
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

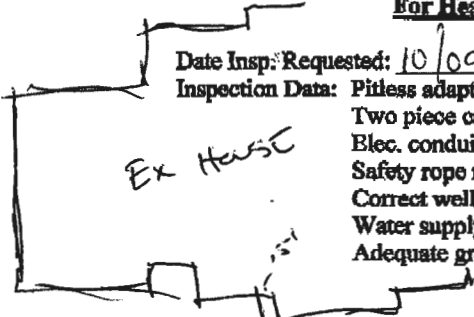
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <input checked="" type="checkbox"/>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: 10/09/2019 Date Insp. Approved: 10/09/2019 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 40" 10/09/2019 [Signature]
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 30" 10/09/2019 [Signature]
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 45" 10/09/2019 [Signature]
Water supply line sleeved adequately at house connection 7' 10/09/2019 [Signature]
Adequate grout observed below pitless adapter



INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 22, 2020

June 22, 2020

Homeowner
8045 Kayladine Lane
Fulton, MD 20759

RE: Dustin Golden Field, Lot 5
8045 Kayladine Lane
Building Permit: B18000563
Well Permit: HO-95-2490

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 **6/19/2020**. Final approval of the well line connection to the dwelling was granted on **10/9/2019**. The well construction was completed on **3/30/2013**. Water samples were collected on **5/19/2020, 6/3/2020**.

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-95-2490. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

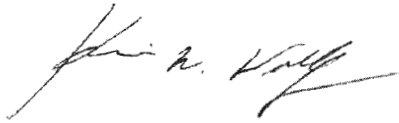
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

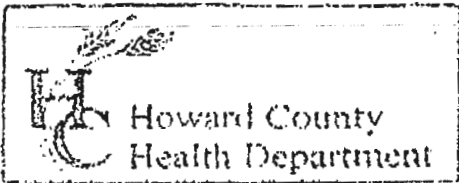
In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

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



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

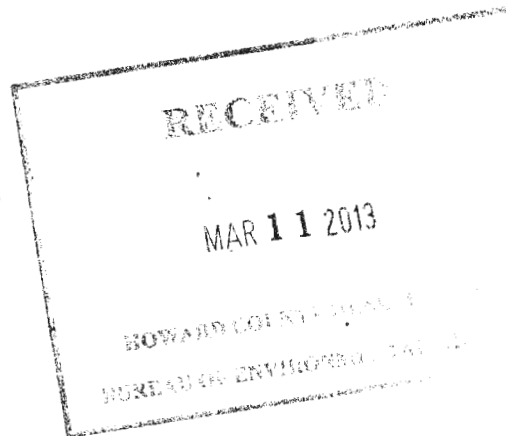
TO ALL INTERESTED PARTIES

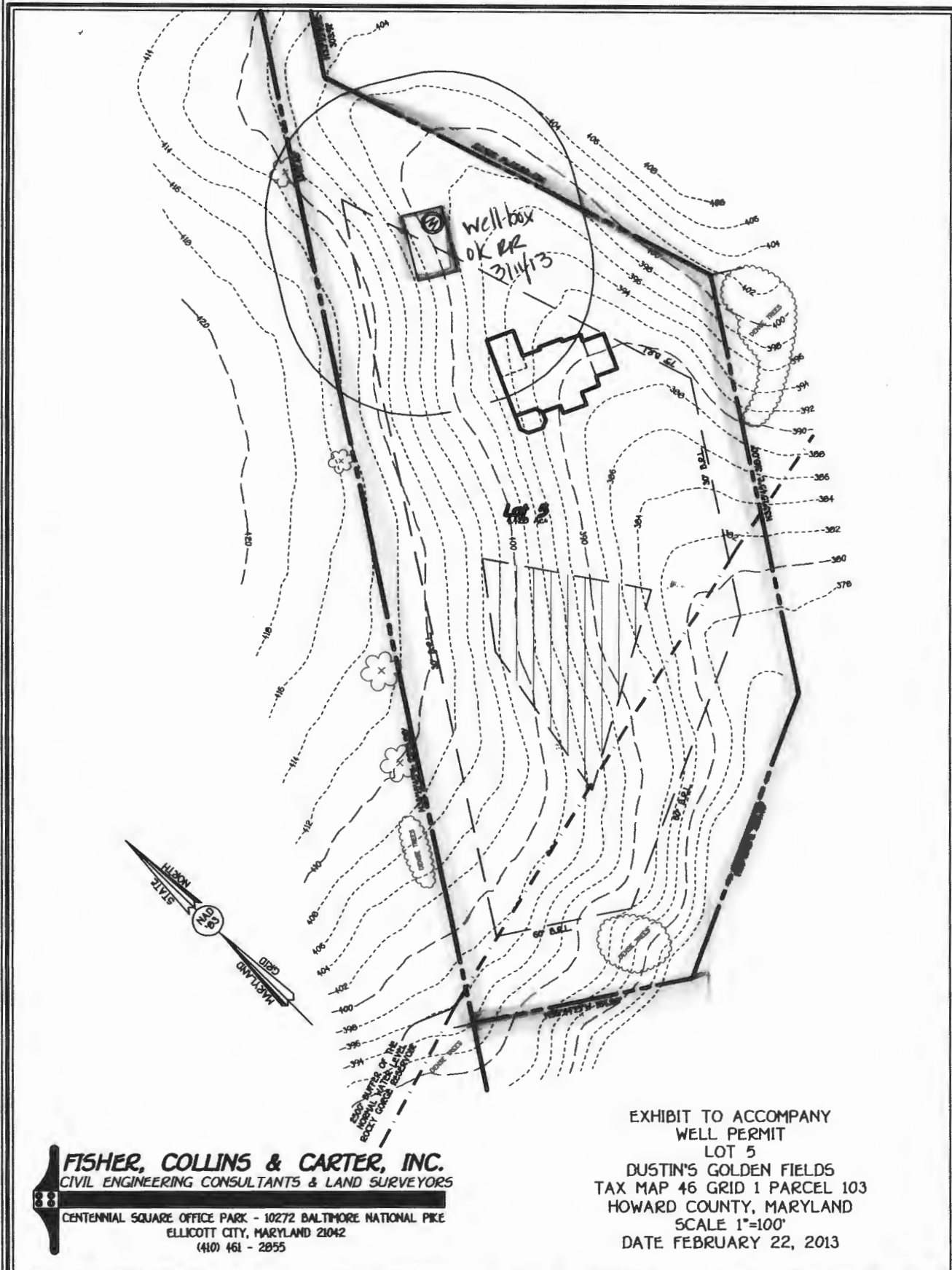
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- Dustin Property Lots 5, 6, 7, 8 + 9
- The well site has been staked by Fisher Collins + Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 2/27/13 (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





FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 5
 DUSTIN'S GOLDEN FIELDS
 TAX MAP 46 GRID 1 PARCEL 103
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE FEBRUARY 22, 2013

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 05/22/2020
Report Number: 200522155914
Use and Occupancy
PERMIT #:

LAB#- E063140-01 SAMPLE ID- 8045 Kayladine Ln WELL # HO 95-2490
LOCATION- Pressure Tank SAMPLER- 9382JV
DATE SAMPLED- 05/19/2020 TIME SAMPLED- 14:30 CHLORINE- Non detect
DATE RECEIVED- 05/19/2020 TIME RECEIVED- 17:15
DELIVERED BY- Steve Duklewski RECEIVED BY- Stephen Shelley
COMMENTS-

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	05/19/20 17:20	VPS	Absent	PASS
E. Coli	SM 9223B	05/19/20 17:20	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	05/19/20 20:40	BMG	4.75	mg/L	PASS
pH	SM4500-H+B	05/20/20 16:00	FRD	5.9	SU	
Sand	EPA 160.5	05/20/20 14:30	SES	< 0.5	ml/L/Hr	
Turbidity	EPA 180.1	05/20/20 16:00	FRD	0.3	NTU	

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling
522 Underwood Lane
Bel Air, MD 21014

Report Date: 06/05/2020
Report Number: 200605153307

PERMIT #:

LAB#- E063310-01 SAMPLE ID- 8045 Kayladine Ln WELL # HO 95-2490
LOCATION- Pressure Tank SAMPLER- 5967SB
DATE SAMPLED- 06/03/2020 TIME SAMPLED- 12:45 CHLORINE- Non detect
DATE RECEIVED- 06/04/2020 TIME RECEIVED- 16:58
DELIVERED BY- Steve Duklewski RECEIVED BY- Ginny Shelley
COMMENTS- Secure well, 2 piece PVC cap and casing.

COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
Microbiology by Enviro-Chem					
Total Coliform	SM 9223B	06/03/20 17:00	VPS	Absent	PASS
E. Coli	SM 9223B	06/03/20 17:00	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Stephen Shelley
Laboratory Director

Certifications

State of Maryland Laboratory

#192