

C1 42307	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM <u>04</u> DD <u>26</u> YY <u>16</u>	DATE WELL COMPLETED MM <u>4</u> DD <u>26</u> YY <u>16</u>	Depth of Well 22 <u>500</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>5/2/16</u> <u>HO 15-0207</u>
OWNER <u>Williamsburg Homes</u> WELL SITE ADDRESS <u>Time Kith RD</u> SUBDIVISION <u>Westland Farm Estates</u> SECTION <u> </u> LOT <u>13</u>		TOWN <u>Fulton</u>	

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>27</u> NO. OF POUNDS <u>2538</u> GALLONS OF WATER <u>162</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>85</u> ft. (enter 0 if from surface)																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Brown to red mica</td> <td>0</td> <td>67</td> <td></td> </tr> <tr> <td>Gray mica</td> <td>67</td> <td>195</td> <td></td> </tr> <tr> <td>White</td> <td>195</td> <td>196</td> <td>✓</td> </tr> <tr> <td>Gray mica</td> <td>196</td> <td>436</td> <td></td> </tr> <tr> <td>White</td> <td>436</td> <td>437</td> <td>✓</td> </tr> <tr> <td>Gray mica</td> <td>437</td> <td>500</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Brown to red mica	0	67		Gray mica	67	195		White	195	196	✓	Gray mica	196	436		White	436	437	✓	Gray mica	437	500		CASING RECORD casing types insert appropriate code below <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST STEEL </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> CO CONCRETE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> PL PLASTIC </div> <div style="text-align: center;"> <input type="checkbox"/> OT OTHER </div> </div> <table style="width:100%;"> <tr> <td>MAIN CASING TYPE <u>ST</u></td> <td>Nominal diameter top (main) casing (nearest inch) <u>06</u></td> <td>Total depth of main casing (nearest foot) <u>88</u></td> </tr> <tr> <td>60 61</td> <td>63 64</td> <td>66 67 70</td> </tr> </table> OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING _____	MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>06</u>	Total depth of main casing (nearest foot) <u>88</u>	60 61	63 64	66 67 70
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NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>	SCREEN RECORD screen type or open hole (insert appropriate code below) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST STEEL </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> BR BRASS </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> HO HOLE </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> PL PLASTIC </div> <div style="text-align: center;"> <input type="checkbox"/> OT OTHER </div> </div>																																				

WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <input checked="" type="checkbox"/> N	C2 88 500 DEPTH (nearest ft.) <table style="width:100%;"> <tr> <td>1 2</td> <td>3 4</td> <td>5 6</td> <td>7 8</td> <td>9 10</td> <td>11 12</td> <td>13 14</td> <td>15 16</td> <td>17 18</td> <td>19 20</td> </tr> <tr> <td>8</td><td>9</td><td>11</td><td>15</td><td>17</td><td>21</td><td>23</td><td>24</td><td>26</td><td>30</td></tr> <tr> <td>32</td><td>36</td><td>38</td><td>39</td><td>41</td><td>45</td><td>47</td><td>51</td><td>53</td><td>57</td></tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____	1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	8	9	11	15	17	21	23	24	26	30	32	36	38	39	41	45	47	51	53	57
1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20																						
8	9	11	15	17	21	23	24	26	30																						
32	36	38	39	41	45	47	51	53	57																						

DRILLERS LIC. NO. <u>1 MSD 009</u> DRILLERS SIGNATURE <u>Alfred</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>1</u> <u>D</u>	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 _____ 70 _____ 72 _____ 74 75 76 _____ TELESCOPE CASING LOG INDICATOR OTHER DATA
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SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	PUMPING TEST HOURS PUMPED (nearest hour) <u>6</u> PUMPING RATE (gal. per min.) <u>2.5</u> METHOD USED TO MEASURE PUMPING RATE <u>1000</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>38</u> ft. WHEN PUMPING <u>170</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,P,R,S,T,O) IN BOX 29. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>02</u> (nearest foot)	
LATITUDE <u>39.1498260</u> LONGITUDE <u>76.9494247</u> (DEFAULT COORD. WGS 84)	

Pursuant to §10-624 of the State Govt. Article of the Maryland 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 form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 38287 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>5571882</i> please type	STATE PERMIT NUMBER H0-15-0207 <small>70 fill in this form completely 79</small>
Date Received (APA) 02/20/16 <small>8 MM DD YY 13</small> OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> <small>15</small> Last Name Williamsburg Homes </div> <div> <small>34</small> First Name 5485 Harpers Farm RD </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>36</small> Street or RFD Columbia, md 21044 </div> <div> <small>55</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>57</small> Town Columbia, md 21044 </div> <div> <small>70</small> State md </div> <div> <small>72</small> Zip 21044 </div> <div> <small>76</small> </div> </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div> <small>8</small> COUNTY Howard </div> <div> <small>21</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>23</small> SUBDIVISION Westland Farm Estates </div> <div> <small>42</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>53</small> SECTION 13 </div> <div> <small>48</small> LOT 13 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>52</small> NEAREST TOWN Fulton </div> <div> <small>71</small> </div> </div>	
DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> <small>76</small> Driller's Name Allen Compton </div> <div> <small>81</small> License No. M S D 009 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>76</small> Firm Name Fogles Well Drilling, LLC </div> <div> <small>81</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>76</small> Address P.O. Box 202 Woodbine md </div> <div> <small>81</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <small>76</small> Signature Allen Compton </div> <div> <small>81</small> Date 1/20/16 </div> </div>		B 4 SOURCES OF DRILLING WATER 1. well water 2. 3. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <small>11</small> STREET ADDRESS Lime Kiln RD </div> <div> <small>30</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>34</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) S </div> <div> <small>37</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>38</small> DISTANCE FROM ROAD 200 </div> <div> <small>39</small> ENTER FT OR MI FT </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>40</small> TAX MAP: 45 </div> <div> <small>41</small> BLK: 5 </div> <div> <small>42</small> PARCEL 28 </div> </div>	
B 2 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div> <small>76</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 </div> <div> <small>81</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>76</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 </div> <div> <small>81</small> </div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <small>43</small> COUNTY NAME Howard </div> <div> <small>44</small> COUNTY NO. 13 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>45</small> STATE SIGNATURE [Signature] </div> <div> <small>46</small> INSERT S → </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>47</small> DATE ISSUED 2/10/16 </div> <div> <small>48</small> CO SIGNATURE [Signature] </div> <div> <small>49</small> EXP. DATE 2/10/17 </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between;"> <div> <small>22</small> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL </div> </div>		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 <div style="text-align: center; margin-top: 20px;"> </div>	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>24 28</small>		METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> <small>36</small> <input checked="" type="radio"/> BORED (or Augered) <small>37</small> <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> CABLE other _____ </div> <div> <small>36</small> JETTED <small>37</small> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> Drive-POINT </div> <div> <small>36</small> Jetted & DRIVEN <small>37</small> </div> </div>	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between;"> <div> <small>39</small> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL </div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) <small>41</small> _____ <small>52</small>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. H0-15-0207 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

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, Pileless 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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410 795 5670
Address: 580 Obrecht Rd
Sykesville, MD 21797

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

Name (Print): David C. Fogle License #: MSD 226

*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: Williamsburg Homes Telephone #: _____
Subdivision: Westland Farms Lot #: 13 Well Tag #: HO-15-0207
Site Address: 12511 Westland Ct
Fulton, MD 20759

Sanitaryable Pump Data	Pileless Adapter	Well Cap and Electric Conduit
Make: <u>Grundfos</u>	Make: <u>campbell II</u>	Two piece watertight cap: <u>YES</u>
Model: <u>1566E13-290</u>	Model: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>15</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>2.5</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1" R.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>500</u> (feet) Conduit secured to well cap: <u>YES</u>		
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.2.4		
Torque wrench, Cable guards, or other acceptable method used - Must circle one		
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: <u>N/A</u>		

Protrusion to house	House Connection
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>YES</u>

The water supply line is required to be at least 6 feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reservoirs. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] Date: 12/14/2019

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

Date Insp Requested: 12/4/2019 Date Insp Approved: 12/4/2019 Inspector: [Signature]
Inspection Date: 12/4/2019 Pileless adapter watertight & water supply line at least 36" below grade: YES 47" 12/4/2019
Two piece cap installed and attached to casing securely: YES 41" 12/4/2019
Elec. conduit extends at least 18" below grade/attached to cap properly: YES 10" 12/4/2019
Safety rope not outside of well casing: YES
Correct well tag attached properly and casing 8" above finished grade: YES
Water supply line sleeved adequately at house connection: YES
Adequate grant observed below pileless adapter: YES

EX HOUSE

35'

FIELD DATE SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-15-0207Location of Property: Lime Kiln Rd Fulton, MdSubdivision: Westland Farm Estates Lot: 13Well Driller: Allen Compton Owner: Williamsburg HomesDepth of Well: 500'Distance of measuring point (M.P.) above ground: 1'Static water level (S.W.L.) below M.P.: 38'

High rate pumping –reservoir Drawdown

Time pump started: 8:30 Pumping rate: 8.5Total time 90 Mins to reach pumping water level 170 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)
8:30	38'	7 Seconds		8.5 gpm
8:45	79'	7		8.5 gpm
9:00	109'	8 Seconds		7.5 gpm
9:15	135'	9 Seconds		6.6 gpm
9:30	152'	10 Seconds		6 gpm
9:45	164'	11 Seconds		5.5 gpm
10:00	170'	24 Seconds		2.5 gpm
10:15	170'	24		2.5 gpm
10:30	170'	24		2.5 gpm
10:45	170'	24		2.5 gpm
11:00	170'	24		2.5 gpm
11:15	170'	24		2.5 gpm
11:30	170'	24		2.5 gpm
11:45	170'	24		2.5 gpm
12:00	170'	24		2.5 gpm
12:15	170'	24		2.5 gpm
12:30	170'	24		2.5 gpm
12:45	170'	24		2.5 gpm
1:00	170'	24		2.5 gpm
1:15	170'	24		2.5 gpm
1:30	170'	24		2.5 gpm
1:45	170'	24		2.5 gpm
2:00	170'	24		2.5 gpm
2:15	170'	24		2.5 gpm
2:30	170'	24		2.5 gpm
2:45	170'	24		2.5 gpm
3:00	170'	24		2.5 gpm
3:15	170'	24		2.5 gpm
3:30	170'	24		2.5 gpm
3:45	170'	24		2.5 gpm
4:00	170'	24 Seconds		2.5 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 Sump Pump

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: Foale's Well Pump & Water Treatment, LLC Telephone: 410 795 5670
Address: 530 Obrecht Rd
Sykesville, MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): David C Foale License #: MSD 226

*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: Williamsburg Homes Telephone: 410 207 591
Subdivision: Westland Farms Lot #: 13 Well Tag #: HO-15-0207
Site Address: 12511 Westland Ct
Fulton, MD 20759

Sanitary Pump Data Pitless Adapter Well Cap and Electric Conduit
Maker: Grundfos Maker: campbre II Two piece watertight cap: YES
Model #: 1566E15-290 Model #: N/A Screened, vented well cap: YES
Pump Capacity: 15 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 2.8 GPM NSP/WSC approved: YES Conduit min 1" E.G.: YES
Depth of well encountered at time of pump installation: 500 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cutoff switch is required by NSPC 1990 Section 17.34
Torque wrench, cable guards, or other acceptable method used - Must circle one
Safety rope, if used, attached to hoist rope adapter or other acceptable method inside of well casing: N/A

Pipe to house House Connection
Type: 1" poly pipe PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 200 (psi min) Length of sleeve (minimum from foundation): 6'
Depth of supply line: 36" (36" min) Sleeve sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, manholes, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: David C Foale date: 12/14/2019

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

Date Insp Requested: 12/4/2019 Date Insp Approved: 12/4/2019 Inspector: (Signature)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 47" 12/4/2019 (Signature)
Two piece cap installed and attached to casing securely ✓
Elec conduit extends at least 1" below grade/attached to cap properly ✓ 41" 12/4/2019 (Signature)
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 10" 12/4/2019 (Signature)
Water supply line sleeved adequately at house connection ✓
Adequate grant observed below pitless adapter ✓

Ex House

35'



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

Subdivision/Property Name

13

Lot #

Lime Kiln Rd

Road Name

- ☒ The well site has been staked by Fisher Collins + Carter
(professional land surveyor or company employing professional land surveyors)
on January 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.



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-15-0207

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD.
BALTIMORE MARYLAND. 21230

Well box approved
2/10/16 SC

Well box staked by Fisher,
Collins + Carter

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

WELL EXHIBIT

LOT 13

WESTLAND FARM ESTATES
APFO DEVELOPMENT PHASE 2
LOTS 3 THRU 14

TAX MAP #45

ZONED: RR-DEO

PARCEL: 28

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: JANUARY 12, 2016

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – SEPTEMBER 1, 2020

March 31, 2020

Homeowner
12511 Westland Court
Fulton, MD 20759

**RE: Westland Farm Est., Lot 13
12511 Westland Court
Building Permit: B18000759
Well Permit: HO-15-0207**

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 **12/4/2019**. Final approval of the well line connection to the dwelling was granted on **12/4/2019**. The well construction was completed on **4/12/2016**. Water samples were collected on **3/30/2020**.

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-15-0207. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

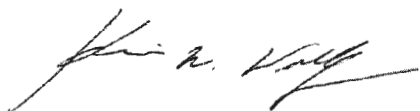
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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 #: 136548 Account #: 4470
Reference: Williamsburg Homes LLC Company: Williamsburg Homes LLC
Location: 12511 Westland Court Requested By: Bill McBride
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 3/30/2020 1246 Site: Pressure Tank
Date/Time Rec'd: 3/30/2020 1427 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.2
Collected By: J. Yeager 0819JY Well #: HO-15-0207

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2020 / 0930 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/31/2020 / 0930 / RER
Nitrate	<1.0	mg/L	10	601	3/31/2020 / 1025 / CRS
Turbidity	1.25	NTU	<10	SM20 2130B	3/31/2020 / 1000 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	3/31/2020 / 1000 / 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 pH & Chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 18000759

Date Reported: 3/31/2020

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-23-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

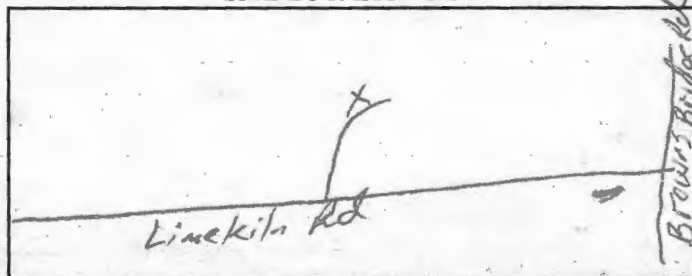
* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP



* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP: 45 BLOCK: 5 PARCEL: 28
SUBDIVISION: Westland Farm Estates
SECTION: _____ LOT: 13
STREET ADDRESS: Lime Kiln Rd

LATITUDE 3 9.1498756

LONGITUDE 7 6.9495239

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cuttings	400	120
Cement	120	0
VOLUME OF MATERIAL USED		
1.5 yd cement		

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

Dryhole - No - 15-0007

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 400 FEET DEEP

WAS ANY CASING REMOVED? ☒ YES ☐ NO

If yes, length removed, in feet: 100

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224

MWD / MSD / MGS

CIRCLE ONE

DATE

2-24-16

COUNTY

Pursuant to § 10-624 of the State Govt. Article of the Maryland 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 form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

FILE INQUIRY NOTES

[illegible]