C 1 1116 SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUN IN CQLS. 3-6 ON ALL CARDS		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 521569		
ST/CO USE ONLY DATE Received	DATE WELL COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1937		
MM DD YY 8 - 13	19 20	22 2 60 26 12 20 (TO NEAREST FOOT)	HO - 95 - 1939 26 29 30 31 32 33 34 35 36 37		
OWNER Do	reey	Builders Inc.	IC By		
STREET OR RFD	lest named waters	rille 12 d fritt name TOWN W	oo abine		
SUBDIVISION Hay	musikasi C	GROUTING RECORD (YES) NO	LOT 2		
Not required for o		WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3		
STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS A	ONS PENETRATED, THEIR	TYPE OF GBOUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour) 3		
DESCRIPTION (Use additional sheets if needed)	FEET check if water bearing	CEMENT C M BENTONITE CLAY BC	TIOURS FOWED (Headest Houl)		
additional disease in receivery	FROM TO bearing	NO. OF BAGS NO. OF POUNDS 49732	PUMPING RATE (gal. per min.)		
Blue Rock	0 26	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Bucket		
Blue Rock	26 260 -	from 48 TOP 52 ft. to 8 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
		(enter 0 if from surface) CASING RECORD	BEFORE PUMPING 17 tt.		
-		types insert appropriate ST CO	WHEN PUMPING 66 tt.		
		code below PL OT	TYPE OF PUMP USED (for test)		
		MAIN Nominal diameter Total depth	A air P piston T turbine		
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe		
		12 6 30	27 (below)		
		60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible		
		diameter depth (feet) H inch from to			
		<u> </u>	DRILLER INSTALLED PUMP YES (NO.)		
		Ng	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION		
		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS.		
		screen type or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.		
		insert STEEL BRASS OPEN BRONZE HOLE	CAPACITY:		
		below PL OT	(to nearest gallon) 31 35		
		PLASTIC OTHER	PUMP HORSE POWER		
NUMBER OF UNSUCCESSFU	L WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED	yes no N	E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box		
CIRCLE APPROPRI		A C III	and enter casing height) LAND SURFACE		
A WELL WAS ABANDONED WHEN THIS WELL WAS CO	O AND SEALED	30 32 36 S C 3	helow (nearest)		
E ELECTRIC LOG OBTAINED TEST WELL CONVERTED		R 38 39 41 45 47 51	49 50 51 1001)		
WELL I HEREBY CERTIFY THAT THIS WELL		E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS		
ACCORDANCE WITH COMAR 26.04.04 IN CONFORMANCE WITH ALL CONDITIONS CAPTIONED PERMIT, AND THAT THE	"WELL CONSTRUCTION" AND TIONS STATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS		
HEREIN IS ACCURATE AND COMPI KNOWLEDGE.	LETE TO THE BEST OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. 1 M-		GRAVEL PACK IF WELL DRILLED	art but well		
DRILLERS SIGNATURE		WAS FLOWING WELL INSERT F IN BOX 68 68	attached well		
(MUST MATCH SIGNATURE ON	SD021	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	hox-		
LIC. NO. 1/1/_	20221	T (E.R.O.S.) W Q			
SITE SUPERVISOR (sign. of o	triller or inurneyman	70	❸		
responsible for sitework if differ	rent from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA			
DENV-CR00		COUNTY			

B 1 3473 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER	
I I I W T / U I IMDE USE ONLY A		ERMIT TO DRILL WELI	110 00 1027	
1 2 3		se type	HO -95 -1931	
Data Passided (ADA)	333237		fill in this form completely	
Date Received (APA)	DAAATIONI	B 3	LOCATION OF WELL	
8 MM DO YY 13	NATION	8 COUNTY	21	
15 Last Name J Owner	First Name 34	Hay M	esdow Orulook	
13090 Old Frederick 36 Street or RFD	R& 55	SECTION L J	LOT 2	
Lesberville Md	21784	Woodbine		
57 Jown 70 State	72 Zip 76	52 NEAREST TOWN 71		
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town)		
Joseph L Marine N	15 D 024	73 76 77 78		
Driller's Name 76	License No. 81	B 4		
Joseph & Mayre Well Dri	lling	DIRECTION OF WELL FROM WATERSVILLE 12 d TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30		
15512 Nidge Kd Mt. ain	Md 2177/	NW 8 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Joseph Emarine	6-7-2010	8-9	W SE EAST	
Signature	Date	W (TOWN) E	34 (37 SOUTH	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE —	5	*	DISTANCE FROM ROAD	
(GAL. PER MIN.) 8		SW S S	ENTER FT OR MI 38 39	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	500	8-9 S 8-9	TAX MAP: BLK: \ PARCEL _/\ \&	
USE FOR WATER (CIRCLE API		NOT TO	O BE FILLED IN BY DRILLER	
		HEALT	H DEPARTMENT APPROVAL	
DOMESTIC POTABLE SUPPLY & RESIDEN IRRIGATION	I IAL	Howard	(13) A521569	
F FARMING (LIVESTOCK WATERING & AGRI	CULTURAL	COUNTY NAME	COUNTY NO.	
IRRIGATION		STATE SIGNATURE INSERT S		
22 I INDUSTRIAL, COMMERICIAL, DEWATERIN	G	DATE ISSUED A	A2 1 (6 d 25)	
P PUBLIC WATER SUPPLY WELL		16/25/20/01/01	uar 1-aper 6/25/2011	
T TEST, OBSERVATION, MONITORING		NORTH 5 5 48	CO SIGNATURE / EXP. DATE	
G GEO-THERMAL		GRID	0 0 0 GRID / / 2 0 0 0 55 63	
APPROXIMATE DEPTH OF WELL 24	7 FEET	SHOW MAJOR FEATURE BOX & LOCATE WELL '- WITH AN X		
APPROXIMATE DIAMETER OF WELL	6 NEAREST	SOURCES OF DRILLING	WATER	
APPROXIMATE DIAMETER OF WELL	INCH	1. Well		
METHOD OF DRILLING	(circle one)	3.		
BORED (or Augered) JETTED	Jetted & DRIVEN		72	
30 AIR-ROTary AIR-PERcussion F	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R 109	
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE	1	
other		- 770	2	
REPLACEMENT OR DEEPE		E	000	
(CIRCLE APPROPRIATE N THIS WELL WILL NOT REPLACE AN EXISTIN	•	N 550	000	
THIS WELL WILL NOT THE EASE AN EXIST		DRAW A SKETCH BELOW	V SHOWING LOCATION OF WELLIN	
ABANDONED AND SEALED		RELATION TO NEARBY T	OWNS AND ROADS AND GIVE	
S THIS WELL WILL REPLACE A WELL THAT W		DISTANCE FROM WELL 1	TO NEAREST ROAD JUNCTION	
AS A STANDBY-CONTACT LOCAL APPROVI	NG AUTHORITY		Everdine	
THIS WELL WILL DEEPEN AN EXISTING WE	ELL		und > /N	
PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) 41	R DEEPENED 52	N	130	
		A	1 34"	
Not to be filled in by driller (MDE OR CO	T	(the		
13				
PERMIT No. 40 -	75 -173 /	-	old Frederik Rd	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			old Freder	

PIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Wall Parmit No. 40 - 95-1937	
westion of property (road) Watersville	Rd
sicilision Hay Meadow Overlook	Lot 2 Block Plat Sec.
Well Driller - Joseph & mayal	Owner Dorsey Builders Inc.
Septh of well 260'	
Distance of measuring point (M.P.) above	ve ground 2
Static water level (S.W.L.) below M.P.	41'
I. Sigh rate pumping reservoir drawdown	
Time pump started 7:00	
Total time 15 min to reach pumping w	water level 66 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

	ILATED PLOW Ons per ite)
7:15 - 66 3sec	ite)
2: 30	20 gpm
	15
7:45	15
8:00 10 100 166 166 100 100 100 100 100 10	15
8: 15	15
8:30 66 4	15
8:45	15
9:00	15
9:15	15
9:30 66	15
9: 45 mm 66 mm 66 mm 100 mm 10	15
10:00	15
10:15 66 4	15.
70.73	′′′′
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	*
The state of the s	

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: All Around Plumbing, Inc Tele	ephone #: 301-698-1028
Address: PO Box 3596	
Frederick, Md 21701	
(Must circle one) Licensed Plumber Licensed Well Drill	ler Licensed Well Pump Installer
License # and name of individual responsible for the field insta	
Name (Print): James B. Madden	License# 18121
*A licensed individual must perform the actual installation.	
licensed journeyman or master plumber, pump installer or	
verification. Unlicensed individuals may be reported to the	appropriate incensing agency.
Name of Property Owner: Russell & Lydia Moore	Telephone #: 301-542-9318
Subdivision: Hay Meadow overlook Lo	ot #: 2 Well Tag #: HO - 95 - 1937 V
Site Address: 530 Watersville Rd.	
Mount Airy, Maryland 21771	
Submersible Pump Data Pitless Adapter	Well Cap and Electric Conduit
Make: Goulds Make: Boshart	Two piece watertight cap: Y
Model #: 5GS07422C Model #: P-100-SS	Screened, vented well cap: Y
	'min) Cap secured to casing: Y
Well Yield: 15 GPM NSF/WSC approved:	
Depth of well encountered at time of pump installation:	(feet) Conduit secured to well cap: Y
If pump capacity exceeds well yield, a low water cut off switch	
Torque arrestors, Cable guards, or other acceptable method use	
Safety rope, if used, attached to brass rope adapter or other	
Safety rope, it used, attached to brass rope adapter or other	acceptable method miside of well casing
Dining to house House Connection	_
Piping to house Type: Plastic PVC sleeve to und	<u>n</u> listurbed soil at wall penetration: Y
	' minimum from foundation): Y
Depth of supply line: 36" (36" min) Sleeve sealed prop	berry:
The water supply line is required to be at least ten feet from	
distribution box, drainfields, and sewage reserve area. If the	his <u>cannot</u> be accomplished, contact this office for
approval prior to installation.	
Cathy & Lattle	January 30.2023
Signature of company representative responsible for installation	n date
· ·	
For Health Department Use Only - No	ot to be completed by Installer
Date Insp. Requested: $1/30/23$ Date Insp. Approved:	1/.1/63 Inspector: 57
Inspection Data: Pitless adapter watertight & water supply line	
Two piece cap installed and attached to casin	g securely
Elec. conduit extends at least 18" below grad	e/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 hous	g 8" above finished grade e connection
	e connection Sed Coopies in



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 9, 2023

May 9, 2023

Homeowner 530 Watersville Road Mount Airy, MD 21771

RE:

Hay Meadow Overlook, Lot 2

530 Watersville Road

Building Permit: B22003851 Well Permit: HO-95-1937

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 3/2/2023. Final approval of the well line connection to the dwelling was granted on 1/31/2023. The well construction was completed on 7/19/2010. Water samples were collected on 4/24/2023.

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-95-1937. 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

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



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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,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor

in the

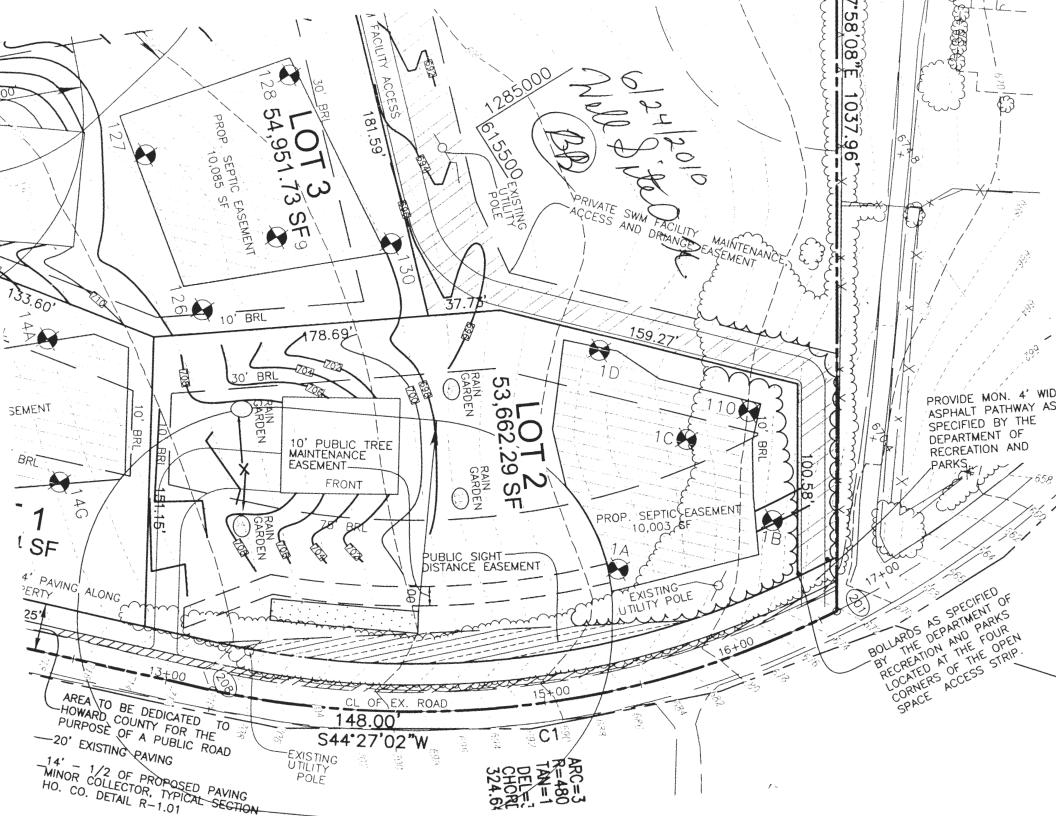
Groundwater Management Section

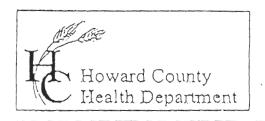
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits

Community Hygiene Program

File





7178 Columbia Gateway Drive, Columbia, MD 21046 (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 pennit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:	1		
Hay Meadow Overlook Subdivision/Property Name	1,2,3,	4.5,6,7 Wa	stewrille Rd
Subdivision/Property Name	Lot#	Road Name	

The well site has been staked by Kobul H. Usgal Engineera (professional land surveyor or company employing professional land surveyors) on 5-20/0 (date) and does not require a site inspection.

O 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.

Dorsey Builders Inc

Revised 3/11/05

1,

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 158652 Account #: 1045

Reference: Caruso Homes Client: Atlantic Blue Water Services

Location: 530 Watersville Road Requested By: Mark Mather Mount Airy, MD 21771 Source: Well Water

Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 4/24/2023 1240 Site: Bathroom Sink

Date/Time Rec'd: 4/24/2023 1325 Treatment: None Chlorine ppm: Free: ND Total: ND pH: 6.9

Collected By: E. Van Allen 1560EV Well #: HO-95-1937

PARAMETERS	ŀ	ESULTS	UNITS REP	ERENCE	METHOD DA	TE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	/	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/25/2023 / 1000 / TSD
Bacteria, E. coli, MPN	/	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/25/2023 / 1000 / TSD
Chloride.		242	mg/L	250*	EPA 300.0	4/24/2023 / 1707 / CRS
Iron		0.04	mg/L	0.3*	Hach 8146	4/25/2023 / 0930 / TSD
Nitrate.		2.57	mg/L	10	EPA 300.0	4/24/2023 / 1707 / CRS
Sand		ND	mg/L	5	Visual/Gravimetric	4/25/2023 / 0910 / TSD
Turbidity	/	0.54	NTU	<10	SM2130B	4/25/2023 / 0910 / TSD
Solids, Total Dissolved (by electrode)		516	mg/L	500*	Electrode	4/26/2023 / 0920 / CRS

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 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 and Chlorine level tested in lab (pH tested after recommended holding time)
- 8 Visual well check: Sealed, vented cap

Reason for Test: Use & Occupancy Building Permit #: B22003851

Date Reported: 4/26/2023