

C 1 27624

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 A55625

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Heritage Realty WELL SITE ADDRESS 31615 SC TOWN Lisbon

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED

PUMPING TEST HOURS PUMPED

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one)

PUMPING RATE (gal. per min.)

DESCRIPTION (Use additional sheets if needed)

CEMENT (CM) BENTONITE CLAY (BC)

METHOD USED TO MEASURE PUMPING RATE Bucket

Brown shale 99 Blue Rock 99-360 400' dry well Back filled Drilling material 100-30 Cement 30-0

NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL

WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below

BEFORE PUMPING

MAIN CASING TYPE PL 6 103

WHEN PUMPING

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

TYPE OF PUMP USED (for test)

NUMBER OF UNSUCCESSFUL WELLS: 1

SCREEN RECORD screen type or open hole

TYPE OF PUMP INSTALLED

WELL HYDROFRACTURED

DEPTH (nearest ft.)

DRILLER INSTALLED PUMP

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

1 HO 101 360

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

2 23 24 26 30 32 36

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

DRILLERS LIC. NO. 1 M SD 117

3 38 39 41 45 47 51

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

E 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMP HORSE POWER

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

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

PUMP COLUMN LENGTH (nearest ft.)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

CASING HEIGHT (circle appropriate box and enter casing height)

TELESCOPE CASING LOG INDICATOR OTHER DATA

LAND SURFACE

LATITUDE 39.31875

LONGITUDE 77.02872

(DEFAULT COORD. WGS 84)

NOTES: Dry well 400'

39.31866

77.02875

B 1 26861 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO-14-0172
 please type 555336 fill in this form completely

Date Received (APA) 11/25/14
OWNER INFORMATION
Heritage Realty
 Last Name Owner First Name
Po Box 482 Li
 Street or RFD
Lis Bon MD 21765
 Town State Zip

B 3 **LOCATION OF WELL**
Howard COUNTY
GRIFFIN PROP SUBDIVISION
 SECTION --- LOT ---
Lis Bon MD NEAREST TOWN

DRILLER INFORMATION
Ralph E. Mayne M S D 117
 Driller's Name License No.
Ralph Mayne Well Drilling
 Firm Name
17024 Handy Rd. Mt. Airy MD 21771
 Address
Ralph E. Mayne 11/25/14
 Signature Date

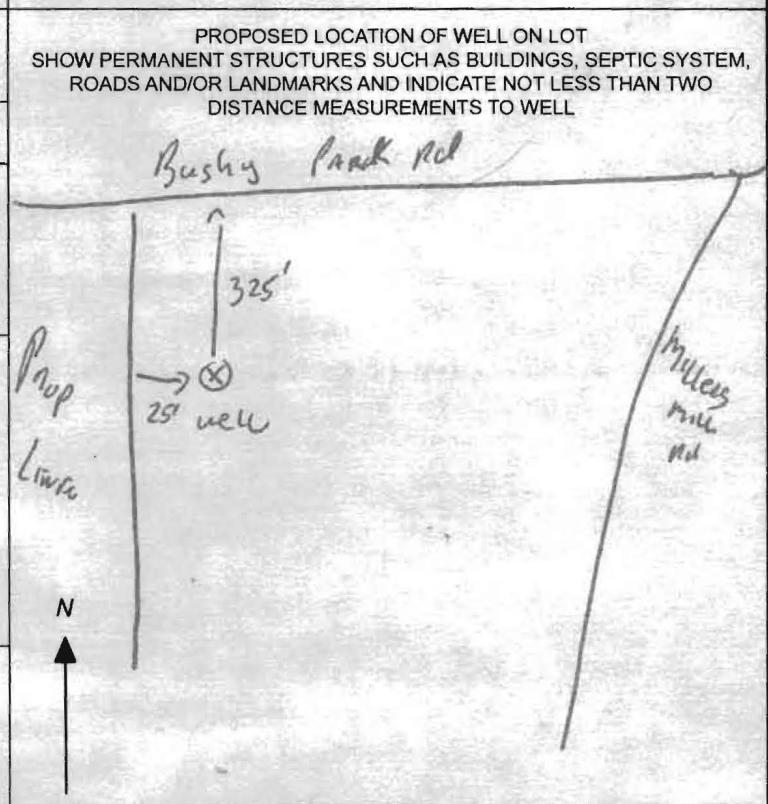
B 4 **SOURCES OF DRILLING WATER**
Bushy Park Rd STREET ADDRESS
 1. well
 2.
 3.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 DISTANCE FROM ROAD 325'
 ENTER FT OR MI
 TAX MAP: 8 BLK: --- PARCEL 2

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE 5
 (GAL. PER MIN.)
 AVERAGE DAILY QUANTITY NEEDED 500
 (GAL. PER DAY)

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 A55625 COUNTY NO. 13
 STATE SIGNATURE --- INSERT S
 DATE ISSUED 10/5/2014
 CO SIGNATURE --- EXP. DATE 12/5/15

APPROXIMATE DEPTH OF WELL 150 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 DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) ---

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER --- **G**
 PERMIT No. HO-14-0172

SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1	27624	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 A55625		

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 12 29 2014	Depth of Well 22 360' 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 31615 SC #0-14-0172 28 29 30 31 32 33 34 35 36 37
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OWNER: Heritage Realty
 WELL SITE ADDRESS: Bishop Park Rd TOWN: Lisbon
 SUBDIVISION: Griffin Property SECTION: _____ LOT: _____

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	
Brown shale	0	99	
Blue Rock	99	360	✓
Water No.			
400' dry well			
Back filled Drilling material	400	30	
Cement	30	0	

18 bags cement = 2 bags / 10 ft.
 Storage:
 $\frac{2 \text{ gal}}{\text{min}} \times \frac{120 \text{ min}}{2 \text{ hr}} = 240 \text{ gal} / 2 \text{ hr}$
 $30' - 10' = 249' \times 1.5 = 373.5 \text{ gal}$

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1642
 GALLONS OF WATER 108
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 90 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>PL</u>	<u>6</u>	<u>103</u>
60 61	63 64	66 70

OTHER CASING (if used)

EACH CASING	diameter	depth (feet)
	inch	from to

SCREEN RECORD

screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10
8	9	11	15	17	21				
23	24	26	30	32	36				
38	39	41	45	47	51				

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 ft.
 WHEN PUMPING 294 ft.

TYPE OF PUMP USED (for test)

<input 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 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

- below } 2 (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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. 1 MSD117
Joseph L. Marne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 MSD024
Joseph L. Marne

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 _____

LATITUDE 39.31875
 LONGITUDE 77.02872
 (DEFAULT COORD. WGS 84)

NOTES:
Dry well 400'
39.31866
77.02872

DRILLER: COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP NO. IF ANY

B 1	26861	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 555336 please type	STATE PERMIT NUMBER HO-14-0172 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 11/25/14
8 MM DD YY 13

Heritage Realty
15 Last Name Owner First Name 34

Po Box 482 Li
36 Street or RFD 55

Lisbon MD 21265
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Griffin Prop
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Lisbon MD
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph E. Mayne M S D 117
76 License No. 81

Ralph Mayne Well Drilling
Firm Name

17024 Handy rd. Mt. Airy MD 21771
Address

Ralph E. Mayne 11/25/14
Signature Date

SOURCES OF DRILLING WATER

1. well
2.
3.

Bushy Park Rd
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST EAST
 SOUTH

34 325' 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: PARCEL 2

WELL INFORMATION

APPROX. PUMPING RATE 5
8 (GAL. PER MIN.) 12

AVERAGE DAILY QUANTITY NEEDED 500
14 (GAL. PER DAY) 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 A55625 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 12/5/2014 R-MA 12/5/15
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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

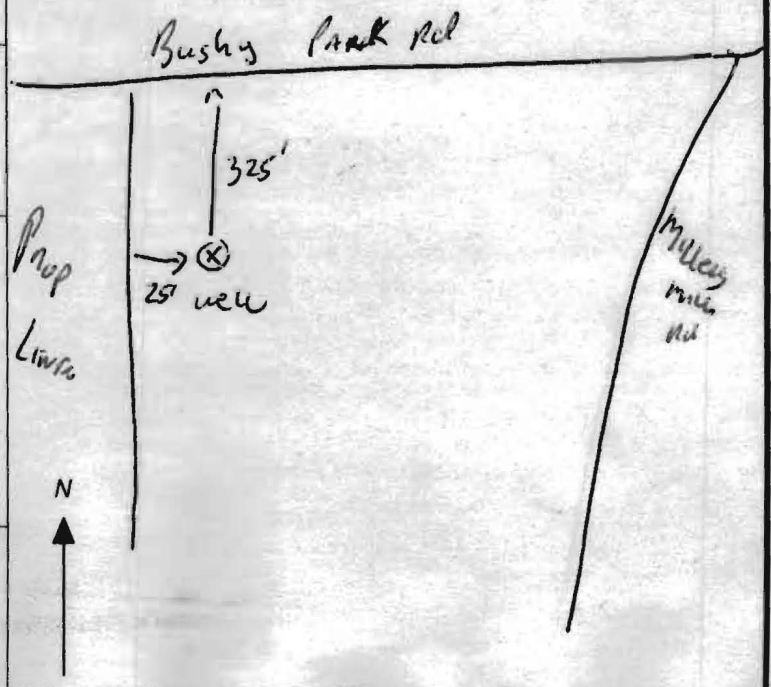
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

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

37 CABLE REVERSE-ROTary DRIVE-POINT

other



REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER **G**

PERMIT No. HO-14-0172
70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 14-0172
 Location of property (road) Bushy Park Rd
 Subdivision Griffin Property Lot Block Plat Sec.
 Well Driller Joseph Marpe Owner Heritage Realty

Depth of well 360'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 52'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 294 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 <u>51</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	173	3 sec		20
7:30	294	4		15
7:45	294	30		2
8:00	294	30		2
8:15	294	30		2
8:30	294	30		2
8:45	294	30		2
9:00	294	30		2
9:15	294	30		2
9:30	294	30		2
9:45	294	30		2
10:00	294	30		2
10:15	294	30		2
10:30	294	30		2
10:45	294	30		2
11:00	294	30		2
11:15	294	30		2
11:30	294	30		2
11:45	294	30		2
12:00	294	30		2
12:15	294	30		2
12:30	294	30		2
12:45	294	30		2
1:00	294	30		2
RD-224 ¹⁵	294	30		2
³⁰	294	30		2

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: Do-It Plumbing, Heat, A/C Telephone #: 240 882 0069
Address: 9755 Old Mill Rd
P.O. Box 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Ruane Gilbert License# 21899

*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: TBI Telephone #: 410-480-0023
Subdivision: Miller Mill Lot #: 2 Well Tag #: HO-14-0172
Site Address: 1850 Millers Mill Rd
Crookston, Md

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Myers Make: American Grant Two piece watertight cap: YES
Model #: 25472-12PWS-842 Model #: PT860LF Screened, vented well cap: YES
Pump Capacity 10 GPM Depth: YES (36" min) Cap secured to casing: YES
Well Yield: 2 GPM NSP/WSC approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 360 (feet) Conduit secured to well cap: YES
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 NO

Piping to house House Connection
Type: Plastic Black pipe PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Length of sleeve (5' minimum from foundation): 1/2
Depth of supply line: YES (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, 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 Feb. 1 - 2014

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

Date Insp. Requested: 9/21/15 Date Insp. Approved: 2/25/16 Inspector: SC
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 ✓

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 #: 105777 Account #: 4035
Reference: Shapley Property Company: Trinity Quality Homes, Inc.
Location: 1850 Millers Mill Road Requested By: Michael Pfau
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 2/22/2016 1310 Site: Pressure Tank
Date/Time Rec'd: 2/22/2016 1600 Treatment: Sediment Filter**
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: T. Frazier 3126TF Well #: HO-14-0172


PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/23/2016 / 1030 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/23/2016 / 1030 / BCD
Nitrate	7.63	mg/L	10	601	2/23/2016 / 1015 / CCH
Turbidity	1.74	NTU	<10	SM18 2130B	2/23/2016 / 0845 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/23/2016 / 0845 / CCH

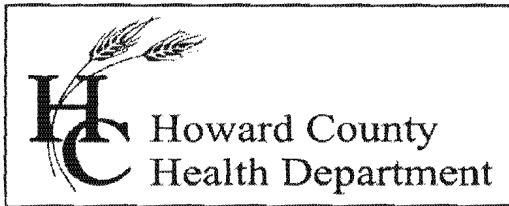
OK

NOTES

- ** Sample collected prior to Sediment Filter
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L)
- 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.
- ND:None Detected
- Visual well check: Sealed, vented cap
- pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B15001244

Date Reported: 2/23/2016 Reviewed By: 



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

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – September 7, 2016

March 7, 2016

Homeowner
1850 Millers Mill Road
Woodbine, MD 21797

**RE: Griffin Property, Lot 2
1850 Millers Mill Road
Building Permit: B15001244
Well Permit: HO-14-0172**

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 **2/26/2016**. Final approval of the well line connection to the dwelling was granted on **2/25/2016**. The well construction was completed on **12/29/2014**. Water samples were collected on **2/22/2016**.

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-14-0172. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

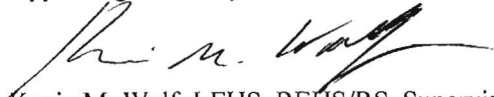
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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

Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin M. Wolf". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kevin M. Wolf, LEHS, REHS/RS, 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. Bielensohn, 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:

Griffin Property Bushy Park Rd.
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 09/24/14 (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

BUSHY PARK ROAD

N62°42'40"E 352.51'

R=759.60'
L=103.32'

S66°00'08"W
86.19'

R=474.60'
L=164.98'

100' R

100' R

654.00

653.90

N06°58'37"W 255.76'

10,930 SQ.FT.

5
658.35

656.41

659.21

658.76
659.38

R=1022.13'
L=168.09'

MILLERS MILL ROAD
S07°19'51"E 484.60'

S27°7'20"E 458.98'

30' R

30' R



Well box ok
PR 12/5/14

100' R

214.21'

S61°46'41"W 214.21'

N11°31'42"W
73.55'

30.27'

EXISTING
WELL