

C 1 7278

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)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Spring Mill LLC, STREET OR RFD: Mitchell's Way, TOWN: West Friendship, SUBDIVISION: Cloverfield, SECTION: 2, LOT: 8

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for red clay, Brown Shale, and Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 27, NO. OF POUNDS: 2538, GALLONS OF WATER: 162, DEPTH OF GROUT SEAL: 80 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter top (main) casing: 06, Total depth of main casing: 84.

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

DEPTH (nearest ft.) table with columns for depth intervals (1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53) and values (10, 84, 300).

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) 56, 60; 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; TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 20, METHOD USED TO MEASURE PUMPING RATE: loop, WATER LEVEL (distance from land surface) BEFORE PUMPING 116 ft, WHEN PUMPING 106 ft, TYPE OF PUMP USED (for test): S submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP 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 02 (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)

NO survey stakes

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED YES (Y) NO (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. M SD 009; DRILLERS SIGNATURE; LIC. NO. D; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5662

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-95-1339

OWNER INFORMATION: Date Received (APA), 8 MM DD YY 13, 15 Last Name, Owner, First Name, 34, 36 Street or RFD, 55, 57 Town, 70 State, 72 Zip, 76

LOCATION OF WELL: B 3, Howard, 8 COUNTY, 21, Cloverfield IV, 23 SUBDIVISION, 42, SECTION 2, 44 46, LOT 8, 48 50, WEST Friendship, 52 NEAREST TOWN, 71, MILES FROM TOWN (enter 0 if in town) 4, 73 M I, 76 77 78

DRILLER INFORMATION: Driller's Name, 76, License No., 81, Firm Name, Address, Signature, Date

B 4, DIRECTION OF WELL FROM TOWN (CIRCLE BOX), ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD, ENTER FT OR MI, TAX MAP: 15, BLK: 7, PARCEL 119

WELL INFORMATION: B 2, APPROX. PUMPING RATE (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

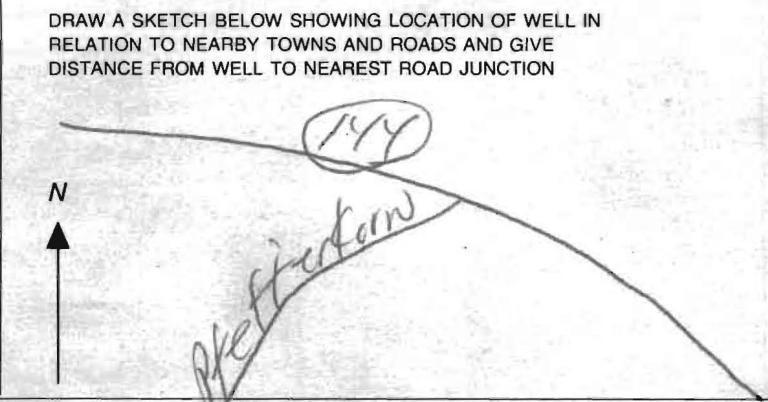
APPROXIMATE DEPTH OF WELL, APPROXIMATE DIAMETER OF WELL, NEAREST INCH

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE, E 8002, N 536

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No.



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

B 1 1032

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527862

STATE PERMIT NUMBER

HO-95-1339 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Security Development Corporation Last Name Owner First Name 34

P.O. Box 417 Street or RFD 55

Elliott City Md 21041 Town State Zip 76

B 3 LOCATION OF WELL

Howard COUNTY 21

Cloverfield Section II SUBDIVISION 42

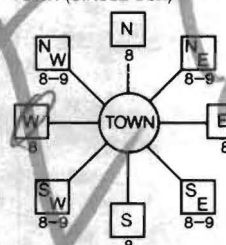
SECTION 2 LOT 8 44 46 48 50

West Friendship NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mitchells Way NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 35 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 15 BLK: 7 PARCEL 119

DRILLER INFORMATION

Joseph K. Mayne M S D 0 2 4 Driller's Name License No. 81

Joseph K. Mayne Well Drilling Firm Name

5512 Ridge Rd Mt. Airy Md 21771 Address

Joseph K. Mayne 10-15-07 Signature Date

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520768 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 47

DATE ISSUED 10/30/2007 Bruce Baker 10/30/2008

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536 0 0 0 EAST GRID 802 0 0 0

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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 H020070003

PERMIT No. H0-95-1339

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8002 N 536

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



Yield Test Data Sheet

County File # _____

District 2

MD Well Permit # HO 95-1339

Date of Test: 3-4-08

Subdivision Name: Cloverfield

Section 2 Lot # 8

Street Address: Mitchells Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 300' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
11:30	<u>116</u> ft.	() Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	20
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	11:30	116 ft.	3 20 GPM
2	11:45	112 ft.	3 20 GPM
3	12:00	106 ft.	3 20 GPM
4	12:15	106 ft.	3 20 GPM
5	12:30	106 ft.	3 20 GPM
6	12:45	106 ft.	3 20 GPM
7	1:00	106 ft.	3 20 GPM
8	1:15	106 ft.	3 20 GPM
9	1:30	106 ft.	3 20 GPM
10	1:45	106 ft.	3 20 GPM
11	2:00	106 ft.	3 20 GPM
12	2:15	106 ft.	3 20 GPM
13	2:30	106 ft.	3 20 GPM
14	2:45	106 ft.	3 20 GPM
15	3:00	106 ft.	3 20 GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

RD. ROVER MILL F
OLD ROVER ROAD

SURVEY AND TAX MAP 15 PARCEL
ZONED: RC-DEC

NON-BUILDABLE
PRESERVATION PARCEL C

10/30/07
Well Site Stop
Benchmark
BB

SWIMM

LOT 9

LOT 8

LOT 7

LOT 6

LOT 5

LOT 3

LOT 10

LOT 11

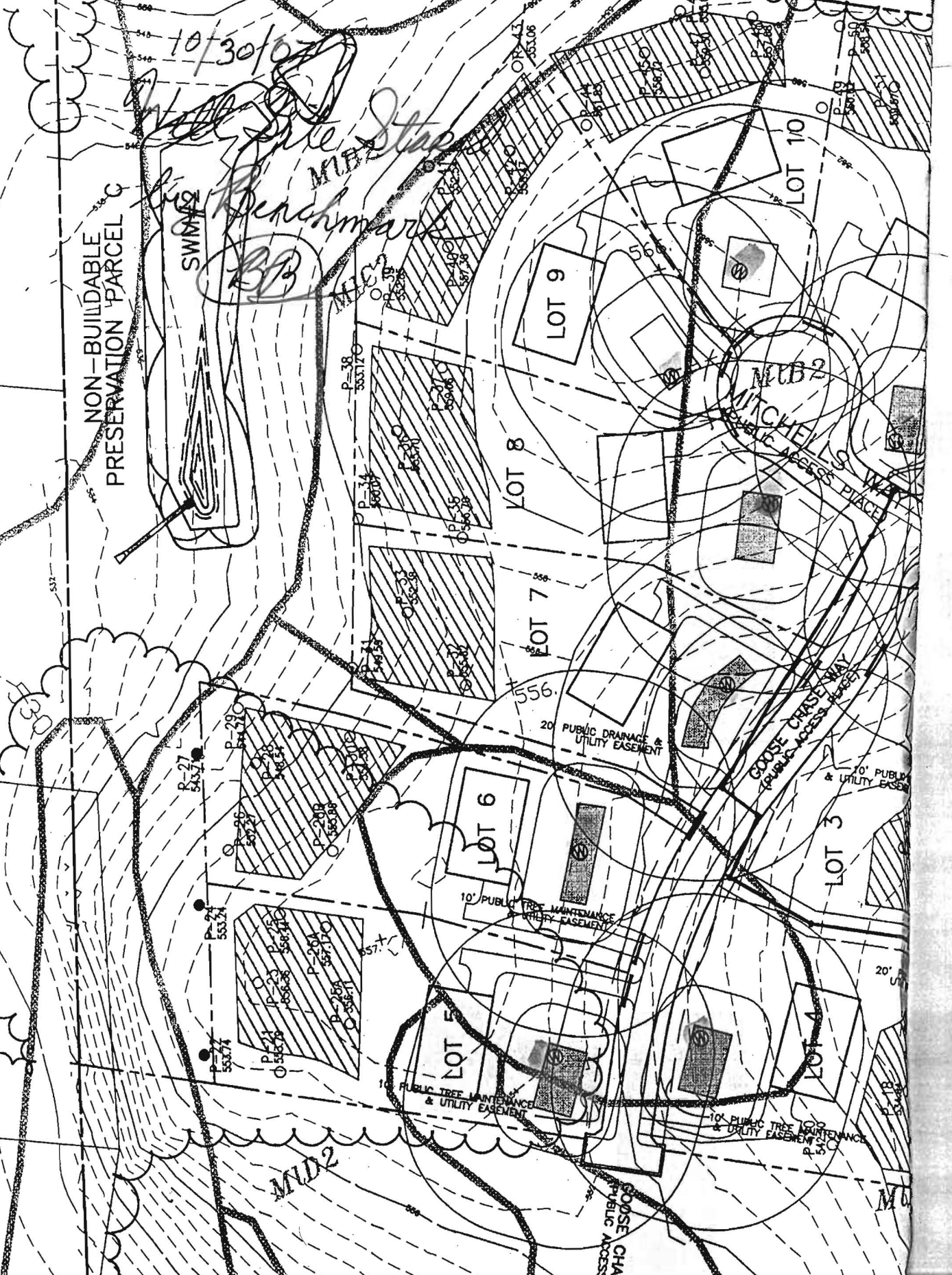
LOT 4

MUB2

MUB2

GOOSE CHAS
PUBLIC ACCESS

MUB



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE, LLC Telephone #: 410 840 8112
Address: 25 AURORA CT - STE 7
WESTMINSTER, MD 21157

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

Name (Print): MARK MATHER License# 63797

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: CATHERINE HOME Telephone #: 410 442-2211
Subdivision: Clayfield II Lot #: 8 Well Tag #: HO-95-1339
Site Address: 13609 MITCHELLS WAY
WEST FRIENDSHIP, MD 21154

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>3-CLASS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7350754</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>20</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: Polyethylene
PSI: 110 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2 Ft.
Sleeve caulked and sealed properly: YES

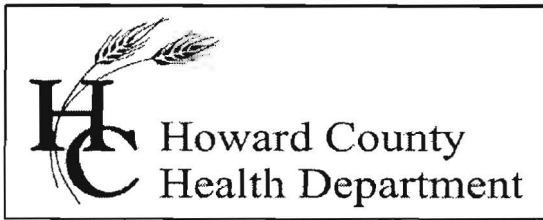
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 10/7/15

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

Date Insp. Requested: 10/9/15 Date Insp. Approved: 10/9/15

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>



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 – AUGUST 17, 2016

February 17, 2016

Homeowner
13609 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield II, Lot 8
13609 Mitchells Way
Building Permit: B15002919
Well Permit: HO-95-1339**

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 **2/12/2016**. Final approval of the well line connection to the dwelling was granted on **10/9/2015**. The well construction was completed on **3/4/2008**. Water samples were collected on **2/9/2016**.

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-95-1339. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

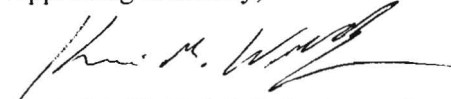
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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



Kevin M. Wolf, L.E.H.S., 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 #: 105567 Account #: 1045
Reference: Catonsville Homes Lot 8 Company: Atlantic Blue Water Services
Location: 13609 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 2/9/2016 1415 Site: Well Tank
Date/Time Rec'd: 2/10/2016 0910 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.4
Collected By: K. Sweeney 6526KS Well #: HO-95-1339

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/11/2016 / 0830 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	2/11/2016 / 0830 / LLO
Nitrate	2.13	mg/L	10	601	2/10/2016 / 0930 / CCH
Nitrite	<0.005	mg/L	1	SM4500-NO2 B	2/10/2016 / 1240 / CRS
Turbidity	2.62	NTU	<10	SM18 2130B	2/10/2016 / 0925 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	2/10/2016 / 0925 / CCH

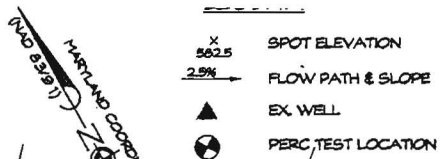
NOTES

- 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 Sample collected by client, analyzed as received

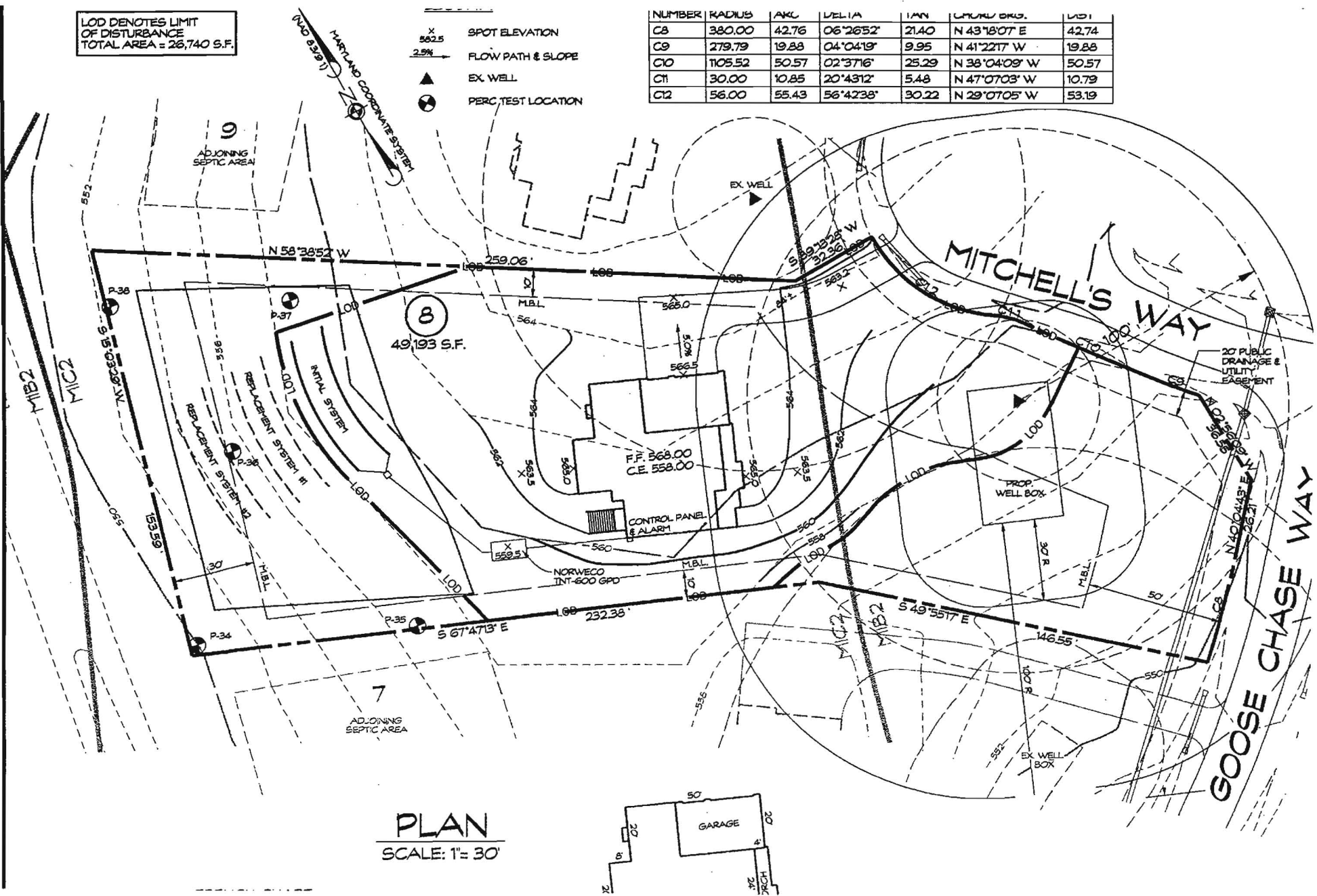
Reason for Test : Use & Occupancy
Building Permit # : B15002919

Date Reported: 2/11/2016

LOD DENOTES LIMIT OF DISTURBANCE
TOTAL AREA = 26,740 S.F.



NUMBER	RADIUS	AKC	DELTA	TAN	CURVE CRS.	LOD1
C8	380.00	42.76	06°26'52"	21.40	N 43°18'07" E	42.74
C9	279.79	19.88	04°04'19"	9.95	N 41°22'17" W	19.88
C10	1105.52	50.57	02°37'16"	25.29	N 38°04'09" W	50.57
C11	30.00	10.85	20°43'12"	5.48	N 47°07'03" W	10.79
C12	56.00	55.43	56°42'38"	30.22	N 29°07'05" W	53.19



PLAN
SCALE: 1" = 30'

