

C 1 13730 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	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.
ST/CO USE ONLY DATE Received MM DD YY 03 06 12		DATE WELL COMPLETED MM DD YY 2 27 12	Depth of Well 22 500 26 (TO NEAREST FOOT)
OWNER Elm Street Development		PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 2105	
WELL SITE ADDRESS last name first name LONG CORNER RD		COUNTY NUMBER	
SUBDIVISION Chelsea Knolls		SECTION LOT 10	

WELL LOG Not required for driven wells			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/> NO. OF BAGS 12 NO. OF POUNDS 128 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)			C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.07 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 25 ft. WHEN PUMPING 174 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		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44 OTHER CASING (if used) diameter inch depth (feet) from to			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 (nearest foot) 49 51		
DESCRIPTION (Use additional sheets if needed)			SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER			LATITUDE 39.31557 LONGITUDE 77.15179 (DEFAULT COORD. WGS 84) NOTES: Prop Line 20' 1511:53 1511:53		
FEET FROM TO check if water bearing			DEPTH (nearest ft.)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		
Soil 0 10 Clay 10 17 Brown Shale 17 40 Med Gray Schist 40 500 100			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76			TELESCOPE CASING LOG INDICATOR OTHER DATA		
NUMBER OF UNSUCCESSFUL WELLS: 0			WELL HYDROFRACTURED Y N			DRILLERS LIC. NO. MWD 355		
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 SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC NO. MS D 0606		
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			SLOTTED SIZE 1 2 3		
			Diameter of Screen (NEAREST INCH) 56 60			70 72 74 75 76		



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:		February 20, 2011	
Well Depth:		500	feet
Customer	Elm Street Development	Permit #	HO-95-2105
Road	Long Corner Road	Subdivision	Chelsea Knolls
City	Mt. Airy	Section	
State	Maryland	Lot #	10

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:00 AM	25	4	15.00
9:15 AM	112	6	10.00
9:30 AM	170	20	3.00
9:45 AM	172	26	2.31
10:00 AM	174	29	2.07
10:15 AM	174	29	2.07
10:30 AM	174	29	2.07
10:45 AM	174	29	2.07
11:00 AM	174	29	2.07
11:15 AM	174	29	2.07
11:30 AM	174	29	2.07
11:45 AM	174	29	2.07
12:00 PM	174	29	2.07
1:15 PM	174	29	2.07
1:30 PM	174	29	2.07
1:45 PM	174	29	2.07
2:00 PM	174	29	2.07
2:15 PM	174	29	2.07
2:30 PM	174	29	2.07
2:45 PM	174	29	2.07
3:00 PM	174	29	2.07
3:15 PM	174	29	2.07
3:30 PM	174	29	2.07
3:45 PM	174	29	2.07
4:00 PM	174	29	2.07
4:15 PM	174	29	2.07
4:30 PM	174	29	2.07

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.

B 1	2147	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2105</u> <small>fill in this form completely</small>
Date Received (APA) 8 MM DD YY 13 <u>21m Street Development</u> 15 Last Name Owner First Name 34 <u>1355 Beverly Rd, suite 240</u> 36 Street or RFD 55 <u>McClean VA 22101</u> 57 Town 70 State 72 Zip 76		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">OWNER INFORMATION</p> <p>Driller's Name <u>Michael Banow</u> M W D <u>355</u> 76 License No. 81 Firm Name <u>Barlow Well Drilling Service</u> Address <u>522 Underwood Ln, Bel Air, Md</u> Signature <u>[Signature]</u> Date <u>3-8-11</u></p> </div> <div style="width:45%;"> <p style="text-align: center;">LOCATION OF WELL</p> <p>8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Chelsea Knolls</u> 42 SECTION <u>10</u> LOT <u>10</u> 44 46 48 50 52 NEAREST TOWN <u>mt Airy</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> M 73 76 77 78</p> </div> </div>		
<p style="text-align: center;">DRILLER INFORMATION</p> <p>Driller's Name <u>Michael Banow</u> M W D <u>355</u> 76 License No. 81 Firm Name <u>Barlow Well Drilling Service</u> Address <u>522 Underwood Ln, Bel Air, Md</u> Signature <u>[Signature]</u> Date <u>3-8-11</u></p>		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p style="text-align: center;">WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u> 14 20</p> </div> <div style="width:45%;"> <p style="text-align: center;">DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> </div> </div>		
<p style="text-align: center;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING</p> <p><input type="checkbox"/> GEO-THERMAL</p>		<p style="text-align: center;">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>4/27/11</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> EXP. DATE <u>4/23/12</u> NORTH GRID <u>539 000</u> EAST GRID <u>0757000</u> 50 55 57 63</p>		
<p>APPROXIMATE DEPTH OF WELL <u>250</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH</p>		<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <ol style="list-style-type: none"> <u>Well</u> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>7507</u> N <u>5309</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>		
<p style="text-align: center;">METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other _____</p>		<p style="text-align: center;">REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>		
<p style="text-align: center;">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>402007G-005 (3)</u></p> <p>PERMIT No. <u>40-95-2105</u> 70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center;">SPECIAL CONDITIONS</p> <p><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small></p>				

**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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Joshua Henricks License# PI0173

***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: Chelsea Knolls LC Telephone #: _____
Subdivision: Chelsea Knolls Lot #: 10 Well Tag #: HO - 95 - 2105
Site Address: 18381 Chelsea Knolls Drive
Mount Airy, MD 21771

Submersible Pump Data

Make: Grundfos

Model #: 10SQE15-330

Pump Capacity 10 GPM

Well Yield: _____ GPM

Depth of well encountered at time of pump installation: 500 (feet)

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 N/A

Pitless Adapter

Make: Boshart

Model#: P-100-SS

Depth: 42" (36" min)

NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes

Screened, vented well cap: Yes

Cap secured to casing: Yes

Conduit min 18" B.G.: Yes

Conduit secured to well cap: Yes

Piping to house

Type: Poly

PSI: 200 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes

Length of sleeve (5' minimum from foundation): 10'

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.

Joshua Henricks
Signature of company representative responsible for installation

October 15, 2014

date

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

Date Insp. Requested: _____ Date Insp. Approved: 6/1/2016 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

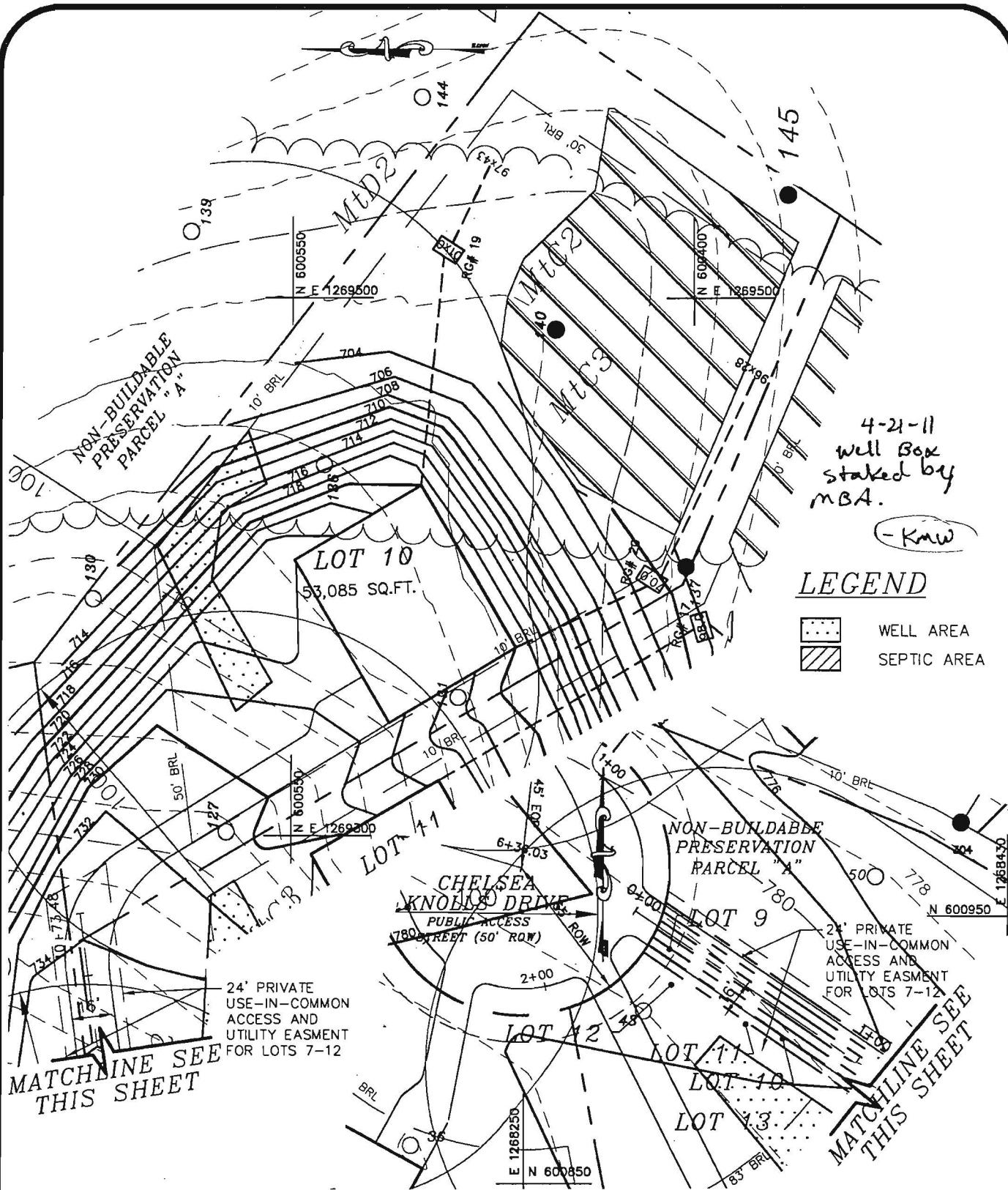
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter



H:\01-009\dwg\Well-Permit\01-009-well.dwg



WELL PERMIT
CHELSEA KNOLLS LOT 10

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

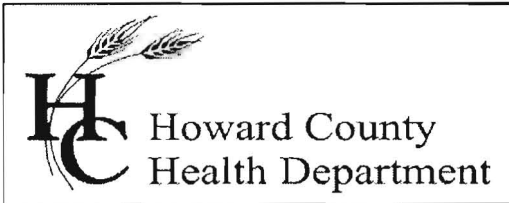
DRAWN BY: MMM

DATE: APRIL

PN: 01-009

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
6800 Deerpath Road, Suite 150, Elkridge, Maryland 21075
(410) 997-0296 Balt. (410) 997-0298 Fax.



Bureau of Environmental Health

8930 Stanford Blvd., 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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 22, 2016

June 22, 2016

Homeowner
18380 Chelsea Knolls Drive
Mr. Airy, MD 21771

**RE: Chelsea Knolls, Lot 10
18380 Chelsea Knolls Drive
Building Permit: B15005534
Well Permit: HO-95-2105**

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 **6/15/2016**. Final approval of the well line connection to the dwelling was granted on **6/1/2016**. The well construction was completed on **2/27/2012**. Water samples were collected on **6/10/2016**.

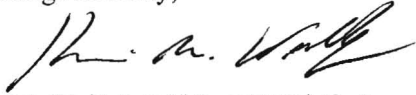
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2105. 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 "K. M. Wolf", written in a cursive style.

Kevin M. Wolf, L.E.H.S., REHS/RS, 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 #:	107902	Account #:	6488
Reference:	Chelsea Knolls Lot 10	Company:	Hatfield's Equipment, Inc.
Location:	18380 Chelsea Knolls Drive	Requested By:	Kenny Hatfield
	Mount Airy, MD 21771	Source:	Well Water
Date/ Time Collected:	6/10/2016 1420	Site:	Pressure Tank
Date/Time Rec'd:	6/10/2016 1545	Treatment:	Reverse Osmosis**
Chlorine ppm:	Free: ND Total: ND	pH:	6.1
Collected By:	T. Frazier 3126TF	Well #:	HO-95-2105

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/11/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	6/11/2016 / 1000 / LLO
Nitrate	7.32	mg/L	10	601	6/10/2016 / 1600 / CRS
Turbidity	7.44	NTU	<10	SM18 2130B	6/10/2016 / 1620 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/10/2016 / 1620 / CRS

NOTES

- 1 ** Sample collected prior to Reverse Osmosis
- 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 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B15005534Date Reported: 6/13/2016