C1 0531 SEQUENCE NO. (DENV 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 PRINT OR TYPE	COUNTY A 3/217		
DATE Received DATE WELL COMPLETE 092989 15 15 20	Depth of Well 22 6 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
OWNER GABLE ROBE STREET OR RFD Last name WEL		LISBON		
	VERLOOF SECTION 3	16		
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3		
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)		
DESCRIPTION (Use Additional sheets if needed) FROM TO bearing	NO. OF BAGS 20 NO. OF POUNDS 3000	PUMPING RATE (gal. per min. 10 11 15		
Top Soil o 2 By Shale 2 70 By Slate 70 95 By Slate 45 160	DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 3 5 ft.	METHOD USED TO MEASURE PUMPING RATE LOUGHT WATER LEVEL (distance from land surface)		
By Shale 2 10	(enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING		
10 05 V	types ST CO	WHEN PUMPING 50 28		
B1 9/ate 10	appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston 27 turbine		
BP State 45 160	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O other (describe 27 below)		
	S 7 61 87 1 70	J jet S s bmersible		
	C OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED		
	inch from to	DRILLER WILL INSTALL PUMP YES (NO)		
	n-zg	(CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS		
	screen type SCREEN RECORD or open hole ST BR HO	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)		
	insert appropriate code STEEL BRASS OPEN BRONZE HOLE	IN BOX-SEE ABOVE: CAPACITY:		
	below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER		
	C 2 ,	PUMP COLUMN LENGTH (nearest ft.)		
	E 1 HO 82 160	CASING HEIGHT (circle appropriate box		
	G 8 9 11 15 17 21	LAND SURFACE		
CIRCLE APPROPRIATE LETTER	S 23 24 28 30 32 36 R ₃	- below 50 51 foot)		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 38 41 45 47 51	SHOW PERMANENT STRUCTURE SUCH AS		
P TEST WELL CONVERTED TO PRODUCTION	DIAMETER (NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES		
WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	OF SCREEN 56 60 INCH) from to	(MEASUREMENTS TO WELL)		
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	IF WELL DRILLED WAS FLOWING WELL INSERT	1		
DRILLERS IDENT. NO. 40	FLOWING WELL INSERT F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)			
DRILLERS DIGNATURE	(NOT TO BE FILLED IN BY DRILLER) 7 (E.R.O.S.) WQ	16 13		
(MUST MAYCH SIGNATURE ON APPLICATION)	70 72 74 75 76	The Land Land		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR			

STATE OF MILE OF DRILL WELL THIS NUMBER IS TO BE PUNCHED IN COLS 36 ON ALL CARBOS Date Received (APA) OTHER INFORMATION DESCRIPTION OF WELL OTHER INFORMATION DRILLER INFORMATION DRICLE APPROPRIATE BOX DISTANCE FROM POAD ENTER FOR MADER DATE ISSUED DAT	Tal - OFOO SECURIOR NO	OTATE OF A		STATE PERMIT NUMBER
Date Received (APA) Date Rece				HO - 88 - 0 19 0
Date Received (APA) Date Rece				70 fill in this form completely
ON WHICH SIDE OR DELLE IN BY MATER (CIRCLE APPROPRIATION PERMIT) Description of the property			B[3]	
STANDAMO	Majallow		MOUDEN	
SECTION A SECTIO	GABLE ROBERT	ALLIT	8 COUNTY	
Dailler Information George F. Easterday L. Franklin Easterday, Inc. Syntame L. Franklin Easterday, Inc. Syntame L. Franklin Easterday, Inc. Syntame Page F. Easterday A	130 ROLAD MODE	First Name 34	23 SUBDIVISION	DI OVERLOOK 1
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9265 Brown Church Rd., Mt.Airy, Md. 21771 Address B 2 WELL INFORMATION AVERAGE DAILY QUANTITY NEEDED GAL PER DAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) WELL INFORMATION AVERAGE DAILY QUANTITY NEEDED GAL PER DAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) WELL INFORMATION AVERAGE DAILY QUANTITY NEEDED	Dritter's Name	the state of the s	B 4	[11]01/00 21/10
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APPROXIMATE DIAMETER OF WELL & NEAREST 1.1.2.7.1	A THOMAS COLOR WILL SALES	28		WATER
2	APPROXIMATE DIAMETER OF WELL	NEAREST INCH	wal	8
METHOD OF DRILLING (circle one) 3.				
BORED (or Augered) JETTED Jetted & DRIVEN WRITE THE BOX NUMBER FROM THE MAP HERE	AIR-ROTany AIR-PERcussion BO	A STATE OF THE STA		ER
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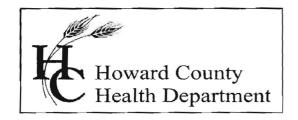
HOWARD COUNTY HEALTH DEPARTMENT

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: Flow Rite, Inc. Address: 1904 S. Main St. Mt. Ary, MD 21771
(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: Name (Print): License# 8352 *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: Shown Mulan Telephone #: 443-790-2374 Subdivision: Patapsco Overlook Lot #: 51 Well Tag #: HO Site Address: 713 Weller Dr.
Submersible Pump Data Make:
Piping to house Type: I W PC sleeve to undisturbed soil at wall penetration: PSI: (160 psi min) Depth of supply line: (36" min) Sleeve sealed properly: House Connection PVC sleeve to undisturbed soil at wall penetration: Length of sleeve(5" minimum from foundation): Sleeve sealed properly: Sleeve sealed properly: Output Depth of supply line: (36" min)
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
For Health Department Use Only - Not to be completed by Installer
Date Insp. Requested: 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



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 - FEBRUARY 23, 2018

August 23, 2017

Homeowner 713 Weller Drive Mount Airy, MD 21771

RE: Potapsco Overlook, Lot 51 (formerly 36)

713 Weller Drive

Building Permit: B16003977 Well Permit: HO-88-0197

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 4/20/2017. Final approval of the well line connection to the dwelling was granted on 4/20/2017. The well construction was completed on 9/29/1988. Water samples were collected on 8/9/2017, & 8/10/2017.

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-88-0197. 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 "<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,

Keyin M. Wolf, L.E.H.S., R.E.H.S./RS, Supervisor Groundwater Management Section

Well & Septic Program

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

Community Hygiene Program

File



3020 Variro Coort . P.O. 503 246 . Myerewite, MO-21773 . 500-332-3040 . TAX 301 294 7366 www.fradericktownelabs.com * info@fradericktownelabs.com

Certificate of Analysis

Acct. No. 1585 - 19-2 Field Record

Site visit performed on: Thursday, August 10: 2017

11:45 AM

by: Richard Snyder

State ID No. 0043RS

Affiliation: Fredericktowne Labs, Inc.

Property Owner:

T & M Builders

Property Address: 713 Weller Drive

Mt. Airy, MD 21771

Sample Source:

Pressure Tank

Treatment Devices Noted: No Treatment Devices

Field pH: 5.8

Free Res. Cl.: <0.1 mg/l

Temp: 19.9° C

Laboratory Report

Sample Received at laboratory. 8/10/2017

1:50 PM

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	Analysi
Sand	<2 mg/l	5	8/10/2017	0.065mmFilter	JD



Certificate of Analysis

Acct. No. 1585 - 19-1 Field Record

Site visit performed on: Wednesday, August 09, 2017

10:30 AM

by: Ronald Demory

State ID No. 8072RD

www.tradeticktownelabs.com . info@iredentixtownelabs.com

Affiliation: Fredericktowne Labs, Inc.

Property Owner:

T & M Builders

Property Address: 713 Weller Drive

Mt. Airy, MD 21771

Sample Source:

Kitchen Sink

Treatment Devices Noted: No Treatment Devices

Well No.: HO-88-0197

Field pH 5.9

Free Res. Cf.: <0.1 mg/l

Temp: 17.3° C

Laboratory Report

Sample Received at laboratory: 8/9/2017

2:10 PM

Bacteriological results:

Start

- End

Total Colif. (/100ml)

E.coli.(/100ml)

<1

Date Time 08/09/17-14:27

Time Date 08/10/17-08:57 Method 9223B

Analyst JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

Parameter	Result Units	MCL	Date of Analysis	Method	<u>Analysi</u>
Nitrate-Nitrogen1 Da	4:9 mg/l	10	8/9/2017	300.0	PH
Turbidity	3.4 NTU'	10	8/9/2017	180.1	KMW

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory Maryland Cert. No. 116 Virginia Cert. No. 00444 MDOT WBE Cert. No.: 91-158