

C1 37039	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. COUNTY NUMBER <u>XAV</u>																																																																																																																																																						
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	DATE RECEIVED MM DD YY <u>02 13 18</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-17-0218</u>																																																																																																																																																						
ST/CO USE ONLY DATE RECEIVED MM DD YY <u>02 13 18</u>	DATE WELL COMPLETED MM DD YY <u>02 02 18</u>		Depth of Well <u>245'</u> (TO NEAREST FOOT)																																																																																																																																																						
OWNER WELL SITE ADDRESS SUBDIVISION		TOWN SECTION LOT	Calvie 14671 Viburnum Drive Kelma Farms																																																																																																																																																						
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Moist, STIFF Brown Fine Sandy micaceous silt</td> <td>0</td> <td>18</td> <td></td> </tr> <tr> <td>Wehmerel Rock</td> <td>18</td> <td>46</td> <td></td> </tr> <tr> <td>Rock</td> <td>46</td> <td>245</td> <td></td> </tr> <tr> <td>12' to 110'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>135'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>150'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>220'</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BoH 245'</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Moist, STIFF Brown Fine Sandy micaceous silt	0	18		Wehmerel Rock	18	46		Rock	46	245		12' to 110'				135'				150'				220'				BoH 245'				YES NO <input checked="" type="checkbox"/> <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS <u>12</u> NO. OF POUNDS <u>600</u> GALLONS OF WATER <u>200</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0'</u> TOP <u>52'</u> ft. to <u>52'</u> BOTTOM <u>58'</u> ft. (enter 0 if from surface)																																																																																																																	
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WELL HYDROFRACTURED YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>		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		SLOT SIZE 1 <u>3</u> DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> to <u>60</u>																																																																																																																																																							
DRILLERS LIC. NO. <u>MWD 580</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88																																																																																																																																																							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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) <u>9</u> PUMPING RATE (gal. per min.) <u>8.25</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket/wh</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>18</u> ft. WHEN PUMPING <u>220</u> ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet 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) <u>31</u> to <u>35</u> PUMP HORSE POWER <u>37</u> to <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> to <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } <u>2</u> (nearest foot)		LATITUDE <u>39.223716</u> LONGITUDE <u>77.023250</u> (DEFAULT COORD. WGS 84)																																																																																																																																																							
Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.																																																																																																																																																									

EMERGENCY/TEMP NO. IF ANY

B 1		SEQUENCE NO. (MDE USE ONLY) 45953	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 502360 please type		STATE PERMIT NUMBER HO-17-0218 fill in this form completely	
Date Received (APA) 12/31/17 8 MM DD YY 13			B 3 LOCATION OF WELL			
OWNER INFORMATION 15 Last Name Calve Owner Jonathan First Name Jonathan 34 36 5227 Sweet Meadow Ln Street or RFD 55 57 Clarksville Town 70 md State 72 21029 Zip 76			8 COUNTY Howard 21 23 SUBDIVISION Kalima Farms 42 SECTION 2 44 46 LOT 20 48 50 52 NEAREST TOWN CLARKSVILLE 71			
DRILLER INFORMATION Driller's Name Edward Gross 76 License No. MW D 5240 81 Firm Name Long Green Drilling Address 12238 Long Green Pike St A. Glen Arm 21057 Signature [Signature] Date 12/14/17			B 4 SOURCES OF DRILLING WATER 1. Public 2. 3. 11 STREET ADDRESS 14671 Viburnum Drive 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 100 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 22 BLK: 18 PARCEL 22			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME STATE SIGNATURE DATE ISSUED 01/10/18 43 MM DD YY 18 CO SIGNATURE [Signature] EXP. DATE 01/10/19 Prop: 1/26/2018 @ Doc 2/2/18			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> O OPEN LOOP GEOTHERMAL <input type="radio"/> C CLOSED LOOP GEOTHERMAL			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 1/30/2018 Well installed prior to well completion 1/3/2018 160' Deep 420 135 110 8 gpm 46W Bedrock 5' casing Drilled to 240'			
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 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52			Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. HO-17-0218 70 71 72 73 74 75 76 77 78 79						
SPECIAL CONDITIONS						

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: _____ Telephone #: _____
Address: _____

(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# _____

*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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 17 - 0218
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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 _____		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: 1/30/2018 Date Insp. Approved: 2/23/18 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 40" 2/23/18 [Signature]
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36" 2/23/18 [Signature]
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 24" 2/23/18 [Signature] - to grade. i.e. excess grout + cuttings [Signature]
Water supply line sleeved adequately at house connection ✓ 7' 1/30/2018
Adequate grout observed below pitless adapter ✓

1/30/2018 [Signature]
Call for Resp. of pitless.
House + well trench approved.
2/23/18 - Resp for pitless - Approved [Signature]

1/30/2018 [Signature]
EX HOUSE

9.3' 3'
X

**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

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Company Name: Robert L. Feezer Co. Telephone #: 410-781-4855
Address: 8321 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): Russel C. George License# PI0148

***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: Mueller Homes Telephone #: _____
Subdivision: Kalmia Farms Lot #: 20 Well Tag #: HO - -
Site Address: 14871 Viburnum Drive
Dayton, MD 21038-1228

Submersible Pump Data

Make: Grundfos
Model #: 15SQE10-250
Pump Capacity 15 GPM
Well Yield: 8.2 GPM

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

Depth of well encountered at time of pump installation: 230 (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

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.

Russell C. George March 8, 2018
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

September 27, 2018

Howard County Health Department
Bureau of Environmental Health
Attn: Kevin Wolf
7178 Columbia Gateway Drive
Columbia, MD 21046

Re: 14671 Viburnum Drive – Existing Well Converted to Irrigation

Dear Mr. Wolf,

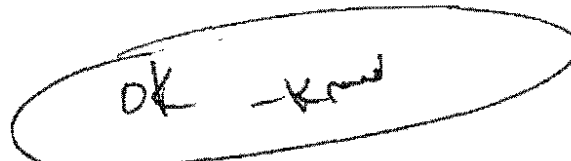
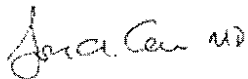
The existing well located at 14671 Viburnum Drive that supply's water to the dwelling being deconstructed will remain and be converted for future irrigation.

Thank You,

Rosanne Calure



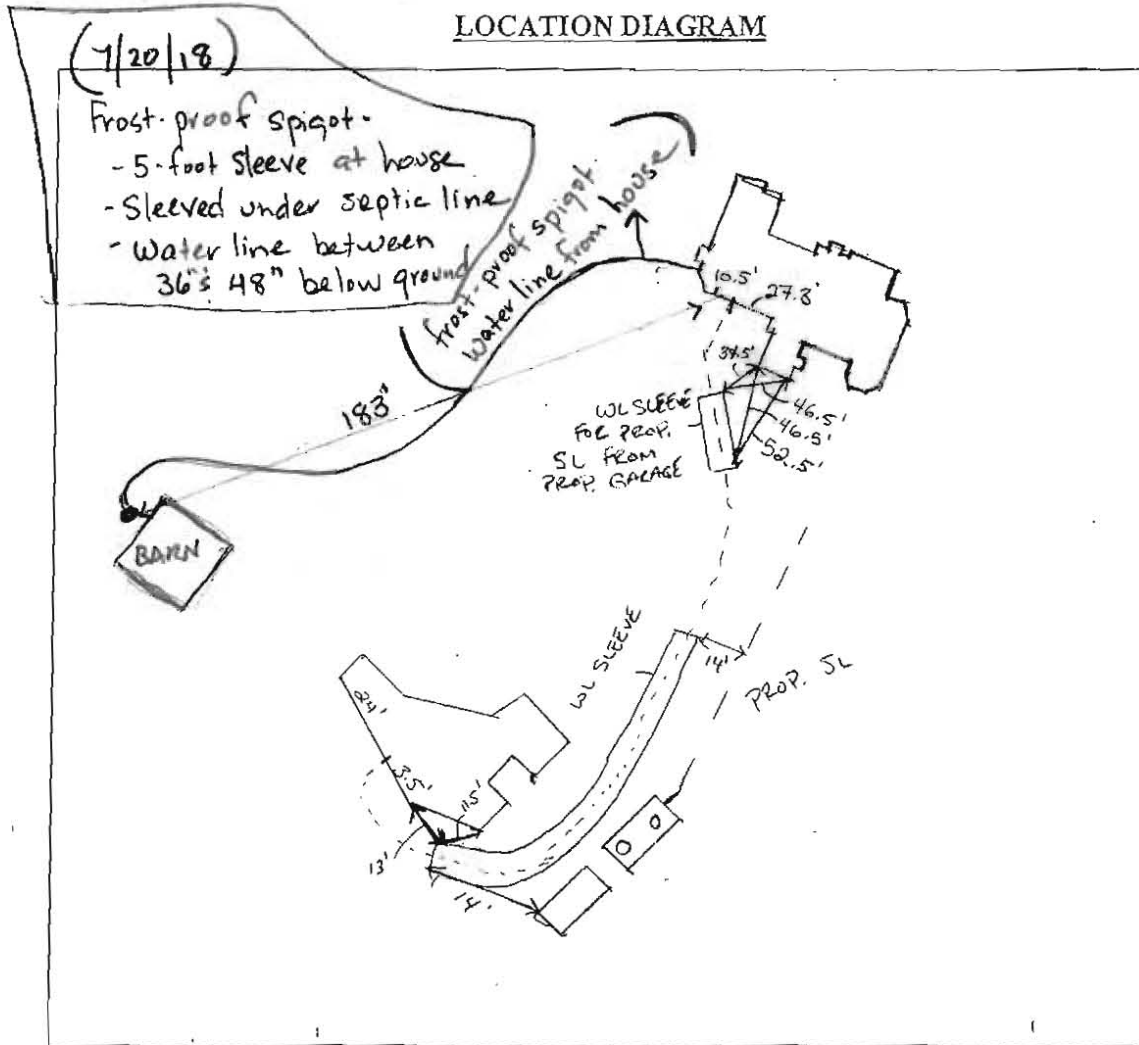
Jonathan Calure



9/27/18

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 14671 Viburnum DR CONTRACTOR: BLUE STREAM / S. CARROLL
WELL TAG #: 40-17-0218
SUBDIVISION: KALMIA FARM LOT: 20 COUNTY #: (XIV)
PROPOSAL: WATER LINE FROM EX HOUSE TO POOL HOUSE



COMMENTS: 3/9/18 Well line has blue Trace wire. 36" to grade. Near by yellow gas line of pool house also has blue trace wire. WELL LINE SLEEVE EXTENDS 14' FROM EX ST. BY POOL HOUSE. WL DIVERGES FROM PROP. SL @ 14' DISTANCE MARKED IN ABOVE SL. SLEEVING SHOULD BE ADEQUATE.

DATE: 3/9/18

INSPECTOR: [Signature]

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – APRIL 25, 2019

October 25, 2018

Homeowner
14671 Viburnum Drive
Dayton, MD 21036

RE: **Kalmia Farms, Lot 20**
14671 Virburnum Drive
Building Permit: B17000327
Well Permit: HO-17-0218

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 10/25/2018. Final approval of the well line connection to the dwelling was granted on 2/23/2018. The well construction was completed on 2/2/2018. Water samples were collected on 9/10/2018.

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-17-0218. 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>



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

In closing, please refer to our "Homeowner Fact Sheet" 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
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

Mueller Homes
7520 Main Street, 201
Sykesville, Md 21784

Reporting Date: 9/13/2018
Report #: M6504

Submitted Sample Address: 14671 Viburnum Drive, Dayton, MD 21036
Submitted Sample Source: Basement Utility Sink - no devices on system & well cap intact
- Date / Time Collected: 9/10/2018 10:20 AM
Sample Type: Drinking Water
Sampler/Company: K. Lee 4827KL, WTL of MD
Field Record: Chlorine residual: Absent Clear when drawn pH: 7.3
Well Tag #: Too Muddy
Permit #: B-17000-327-HA

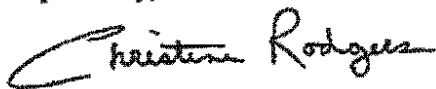
Analytical Results

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
E. Coli Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	3.7	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	ND	NTU	0.5	< 10 NTU*	MD Well Reg.

Notes:

1. Bacteriological analysis of this sample indicates this water is ☐ safe for human consumption.
2. Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
3. Samples received and examined within EPA's recommended holding times.
4. MCL - Maximum Contaminant Level
5. ND - Not Detected.
6. * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
7. MCL Type -
EPA Primary: The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
EPA Secondary: Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: 

Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712
Stevensville, MD 21666
410-643-7711

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7520 Main Street, 201
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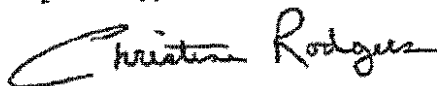
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Action Level: Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
8. We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: MS

Collins, Sarah

From: Collins, Sarah
Sent: Thursday, March 15, 2018 8:27 AM
To: 'pauljr@muellerhomes.com'
Subject: 14671 Viburnum Drive well
Attachments: 14671 Viburnum Drive well.jpg

Hi Paul,

I was at 14671 Viburnum Drive yesterday to inspect the sewer house connection for the septic system that South Carroll is installing. I noticed that the old well on the property is damaged (see attached).

A new well was drilled in February by Allied and recently connected to the house for potable use. The old well must either be sealed by a licensed well driller or kept in use for agricultural purposes. If the well is to be kept, a written request must be submitted to the Health Department and the well must be upgraded to meet current construction standards. Specifically, a 2-piece cap must be installed, the electrical conduit must be fixed, and the safety rope must be inside the casing.

Please let me know if you have any questions.

Thanks,
Sarah

Sarah Collins, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
SCollins@howardcountymd.gov
410-313-6287

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3/15/18

Well at 14671 Viburnum Drive



7/20/18 - photos of water line install for frost-proof spigot @ the barn. (RA)







Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, May 11, 2016 9:56 AM
To: bb121658@gmail.com
Subject: Perc Cert Plan_Kalmia Farms Lot 20

Hi Bruce:

The perc cert plan needs two alternate well sites or a 1500 square foot well box placed around the existing well along with the 100 foot well radius meeting setbacks. Let me know if you have any questions. This should do it.

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, April 26, 2016 8:28 AM
To: bb121658@gmail.com
Cc: rocalure@gmail.com
Subject: Perc Test Results_14671 Viburnum Drive
Attachments: Perc Test Notes_14671 Viburnum Drive_4.21.2016.pdf; Perc Test Report_14671 Viburnum Road_4.21.2016.pdf

Bruce,

Attached, please find a copy of the percolation test notes and report for 14671 Viburnum Drive. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, September 20, 2017 10:25 AM
To: bb121658@gmail.com
Subject: Kalmia Farms_14671 Viburnum Drive_New Well

Hi Bruce:

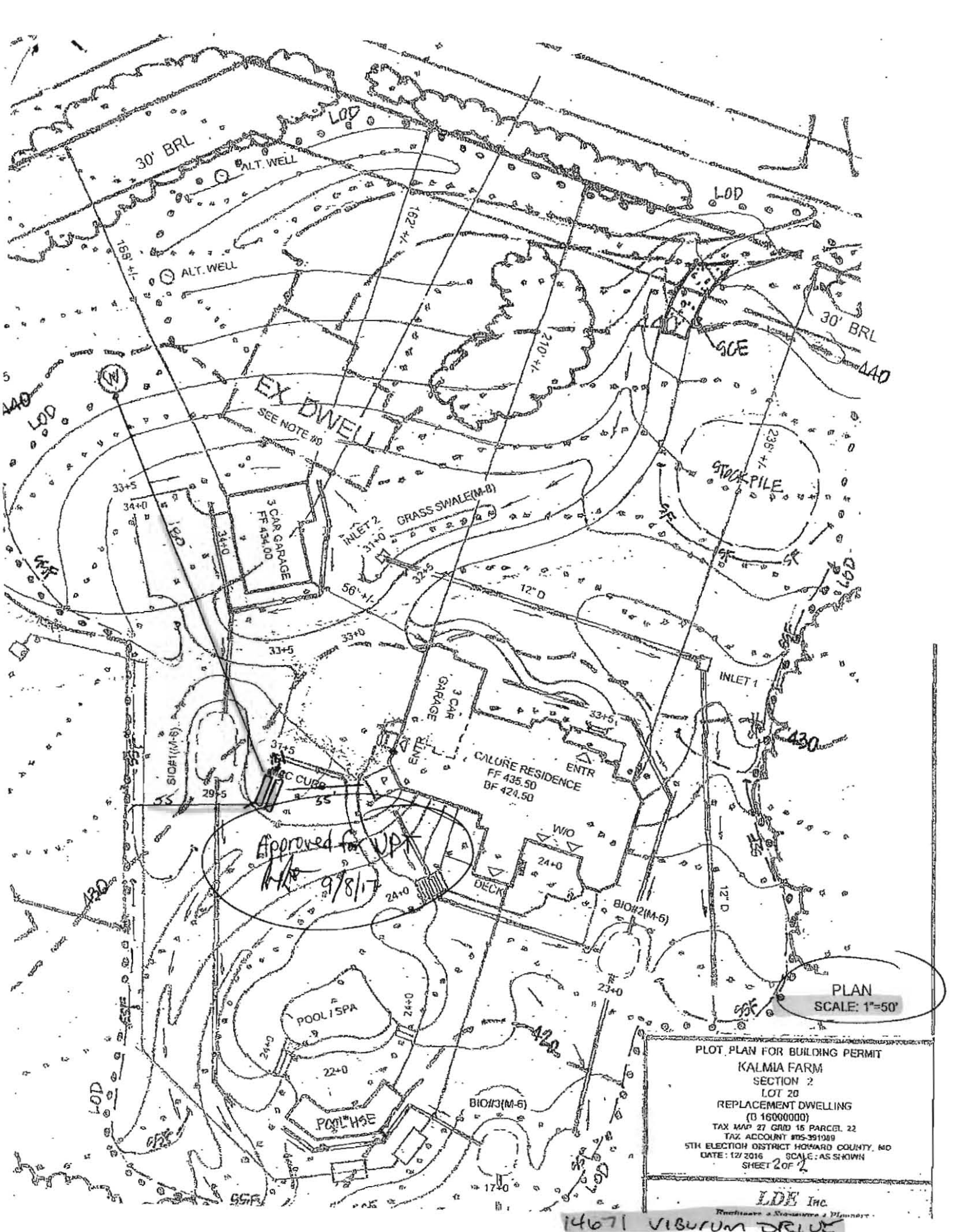
We would not be opposed to the owners request for a new well to serve the new dwelling however, the percolation certification plan must be revised/updated along with the well exhibit for the new well location. Please turn in 3 copies of the new percolation certification plan showing the new well box location for Health Signature.

Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
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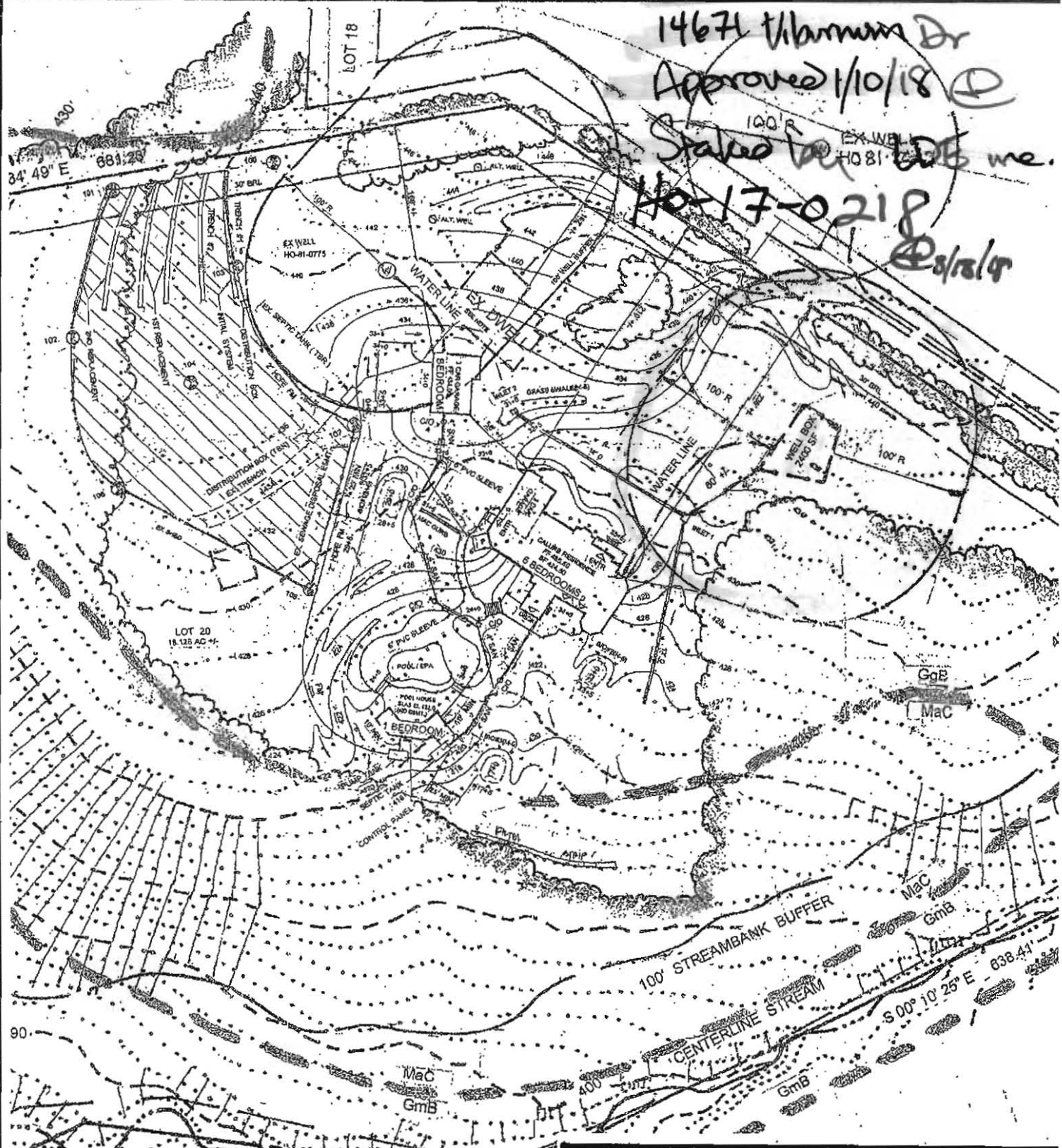
PLAN
SCALE: 1"=50'

PLOT PLAN FOR BUILDING PERMIT
KALMIA FARM
SECTION 2
LOT 20
REPLACEMENT DWELLING
(0 16000000)
TAX MAP 27 GRID 16 PARCEL 22
TAX ACCOUNT #05-391089
5TH ELECTION DISTRICT HOWARD COUNTY, MD
DATE: 12/2016 SCALE: AS SHOWN
SHEET 2 OF 2

LDE INC.

14671 VIBURNUM DRIVE

8/18/97



Historic Carriage House • 7520 Main Street • Suite 203 • Sykesville, Maryland • 211
(410) 795-6391 • (410) 795-6392 • FAX (410) 795-9540 • www.Landsurveyormd.com



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Kalmia Farms 20 Viburnum Drive
Subdivision/Property Name Lot # Road Name

☒ The well site has been staked by LDE Inc.
(professional land surveyor or company employing professional land surveyors)
on 11/1/17 (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.



FILE INQUIRY NOTES

Cabahug, Joseph

From: Cabahug, Joseph
Sent: Thursday, December 21, 2017 9:12 AM
To: 'Ed Gross'
Subject: 14671 Viburnum Drive Well Site Inspection
Attachments: Well Staked Certification Form.pdf

Hello Ed,

I made a site inspection for the well permit application for 14671 Viburnum Drive. I saw the stakes. Please send the cell staked certification form, to confirm that a licensed surveyor staked the well box.

Happy Holidays!

Joseph C. Cabahug
Environmental Health Specialist
Howard County Health Department - Well & Septic Program
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
(o) 410-313-2643
(f) 410-313-2648



jcabahug@howardcountymd.gov

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Oswald, Hank

From: Oswald, Hank
Sent: Thursday, October 19, 2017 7:45 AM
To: 'Bruce Burton'
Subject: RE: Kalmia Farms_14671 Viburnum Drive_New Well

Hi Bruce:

The perc cert was approved on 10/18/2017. B17003560 (Pool Pavilion) was approved 10/19/17.

Hank

From: Bruce Burton [<mailto:bb121658@gmail.com>]
Sent: Tuesday, October 17, 2017 10:33 AM
To: Oswald, Hank
Subject: Re: Kalmia Farms_14671 Viburnum Drive_New Well

Hi Hank, just checking on the status of the signature on the Perc Cert I submitted about a week ago.
Thanks Bruce

On Wed, Sep 20, 2017 at 9:25 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Hi Bruce:

We would not be opposed to the owners request for a new well to serve the new dwelling however, the percolation certification plan must be revised/updated along with the well exhibit for the new well location. Please turn in 3 copies of the new percolation certification plan showing the new well box location for Health Signature.

Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald, L.E.H.S.

Howard County Health Department

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