

C 1 7297

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 523467

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 15 08 20

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95-1365

OWNER: Ewell Malcolm, STREET OR RFD: Underwood Rd, TOWN: Sykesville, SUBDIVISION: Good Neighborhood, SECTION: , LOT: 2

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 FROM TO check if water bearing

Brown shale 0 98

Gray limestone 98 300

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

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

NO. OF BAGS 52 NO. OF POUNDS 4888 GALLONS OF WATER 312

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 101 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 105

OTHER CASING (if used)

Table with columns for diameter inch and depth from to

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

Table with columns for casing depth (1-21) and slot size (1-3)

DIAMETER OF SCREEN (NEAREST INCH) 56 to 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 3

METHOD USED TO MEASURE PUMPING RATE 1 gpe.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 94 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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) 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)

Table for casing height (+ above, - below) LAND SURFACE 01 (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

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1 8090

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

528405 please type

STATE PERMIT NUMBER

HD-95-1365 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Ewell Malcolm 15 Last Name Owner First Name 34 36 1251 Underwood St. Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

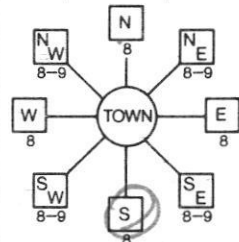
8 COUNTY Howard 21 23 SUBDIVISION Good Neighborhood 42 SECTION 44 46 LOT 2 48 50 52 NEAREST TOWN Sykesville 71 MILES FROM TOWN (enter 0 if in town) 4 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Hampton M S D 009 License No. 81 Firm Name Fogles Well Drilling Address 580 Obrecht Rd Signature Date 12-11-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Underwood rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI 38 39 TAX MAP: 7 BLK: 8 PARCEL 34

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 COUNTY NAME A 523467 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/14/07 State Dept 12/14/08 CO SIGNATURE EXP. DATE NORTH GRID 50 547 000 EAST GRID 57 805 000

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

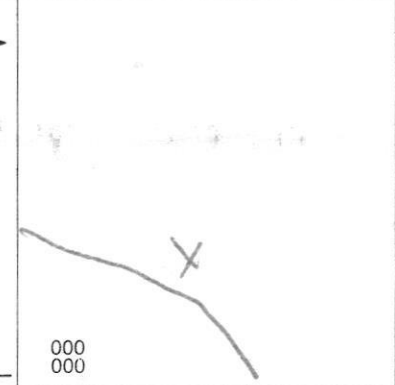
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8005 N 547



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

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)

APPROP. PERMIT NUMBER G PERMIT No. HD-95-1365

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Data Sheet

County File # _____
District 2

MD Well Permit #. H0-95-1365
 Date of Test: 1-23-08
 Subdivision Name: Good Neighborhood
 Section _____ Lot # 2
 Street Address: Underwood Rd
 Measuring Point (MP) Description: Top of casing
 (for ex. "Top of casing")
 Distance from MP to ground surface 2' ft.
 Well Depth 300 ft.

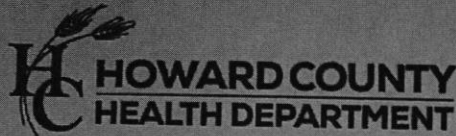
Well Driller: Fogle's Well Drilling
 Must be submitted with the State of Maryland Well Completion Report
 Submit to: _____

| | | | |
|--------------------------------|--------------------------------------|--|---|
| Pump Start Time <u>7:45</u> | Static Water level: <u>30</u> ft. | Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used) | Calculated Flow (gallons per minute) <u>15</u> |
| TIME | WATER LEVEL BELOW M.P. | | |

Water level and pumping rate must be recorded every 15 minutes

| # | TIME | WATER LEVEL ft. | PUMPING RATE | CALCULATED FLOW (GPM) |
|----|-------|-----------------|--------------|-----------------------|
| 1 | 7:45 | 30 ft. | 4 | 15 GPM |
| 2 | 8:00 | 94 ft. | 20 | 3 GPM |
| 3 | 8:15 | 94 ft. | 20 | 3 GPM |
| 4 | 8:30 | 94 ft. | 20 | 3 GPM |
| 5 | 8:45 | 94 ft. | 20 | 3 GPM |
| 6 | 9:00 | 94 ft. | 20 | 3 GPM |
| 7 | 9:15 | 94 ft. | 20 | 3 GPM |
| 8 | 9:30 | 94 ft. | 20 | 3 GPM |
| 9 | 9:45 | 94 ft. | 20 | 3 GPM |
| 10 | 10:00 | 94 ft. | 20 | 3 GPM |
| 11 | 10:15 | 94 ft. | 20 | 3 GPM |
| 12 | 10:30 | 94 ft. | 20 | 3 GPM |
| 13 | 10:45 | 94 ft. | 20 | 3 GPM |
| 14 | 10:00 | 94 ft. | 20 | 3 GPM |
| 15 | 11:15 | 94 ft. | 20 | 3 GPM |
| 16 | 11:30 | 94 ft. | 20 | 3 GPM |
| 17 | 11:45 | 94 ft. | 20 | 3 GPM |
| 18 | 12:00 | 94 ft. | 20 | 3 GPM |
| 19 | 12:15 | 94 ft. | 20 | 3 GPM |
| 20 | 12:30 | 92 ft. | 20 | 3 GPM |
| 21 | 12:45 | 92 ft. | 20 | 3 GPM |
| 22 | 1:00 | 92 ft. | 20 | 3 GPM |
| 23 | 1:15 | 92 ft. | 20 | 3 GPM |
| 24 | 1:30 | 92 ft. | 20 | 3 GPM |
| 25 | 1:45 | 92 ft. | 20 | 3 GPM |
| 26 | 2:00 | 92 ft. | 20 | 3 GPM |
| 27 | | ft. | | GPM |
| 28 | | ft. | | GPM |
| 29 | | ft. | | GPM |
| 30 | | ft. | | GPM |

NOTES:



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

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: K&T Plumbing Inc Telephone #: 717-524-9530
 Address: PO Box 2151
Westminster, MD 21158

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

Name (Print): Thomas A. DiMaggio Jr License# 21451

*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: Ewell Malcolm W Trustee Telephone #: 410-442-8068
 Subdivision: Good Neighborhood Lot #: _____ Well Tag #: HO-95-1363
 Site Address: 1431 Underwood Rd
Sykesville, MD 21784

Submersible Pump Data

Make: FLOWISE
 Model #: P7510
 Pump Capacity: 1hp 7gpm
 Well Yield: 3gpm
 Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Simmons +
 Model#: 18225B
 GPM Depth: 38" (36" min)
 GPM NSF/WSC approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
 Screened, vented well cap: ✓
 Cap secured to casing: ✓
 Conduit min 18" B.G.: ✓
 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

Must circle one: Torque arrestors Cable guards Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 1" Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 38" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
 Length of sleeve (5' minimum from foundation): ✓
 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.

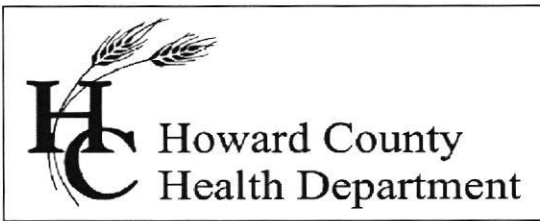
Signature of company representative responsible for installation: Thomas A. DiMaggio Jr date: 6/19/22

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

Date Insp. Requested: 6/21/22 Date Insp. Approved: 6/21/22 Inspector: SD
 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 ✓

38"
35"
9"
7"

(Revised form 10/24/2018)



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 15th, 2023

August 15th, 2022

Vining, Alexander George Samuel; Vining Drena S
864 S Shore Drive
Glen Burnie, MD 21060

RE: **Good Neighborhood, Lot 2**
1431 Underwood Road, Sykesville, MD 21784
Building Permit: B21002219
Well Permit: HO-95-1365

Handwritten signature and date: 08/15/2022

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 **August 12th, 2022**. Final approval of the well line connection to the dwelling was granted on **June 21st, 2022**. The well construction was completed on **January 23rd, 2008**. Water samples were collected on **August 8th, 2022**.

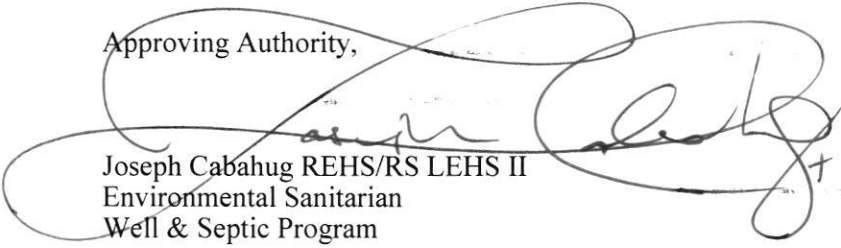
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1365. 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>

Approving Authority,



Joseph Cabahug REHS/RS LEHS II
Environmental Sanitarian
Well & Septic Program

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

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Van Mar Associates on 12-16-07 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Madewood Rd
Good Neighborhood Lots 1 & 2*

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 153789 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 1431 Underwood Road Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/8/2022 1240 Site: Pressure Tank
Date/Time Rec'd: 8/8/2022 1600 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.8
Collected By: J. Yeager 0819JY Well #: HO-95-1365

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|--------------------------------|---------|-------------|-----------|--------------------|-----------------------|
| Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/9/2022 / 1030 / TSD |
| Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM20 9223B | 8/9/2022 / 1030 / TSD |
| Nitrate. | 9.98 | mg/L | 10 | EPA 300.0 | 8/9/2022 / 1803 / TSD |
| Sand | ND | mg/L | 5 | Visual/Gravimetric | 8/8/2022 / 1625 / TSD |
| Turbidity | 0.69 | NTU | <10 | SM2130B | 8/8/2022 / 1625 / TSD |

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 pH & Chlorine level tested on site
- 7 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 21002219

Date Reported: 8/10/2022