

C 1 34827	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.																														
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER																															
ST/CO USE ONLY DATE Received MM <u>05</u> DD <u>05</u> YR <u>16</u>	DATE WELL COMPLETED MM <u>04</u> DD <u>25</u> YR <u>16</u>	Depth of Well 22 <u>115</u> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>OK</u> <u>6/13/16 SC</u> <u>H0-15-0208</u>																														
OWNER <u>Williamsburg Homes</u> WELL SITE ADDRESS <u>10000 Rte 100</u> TOWN <u>Fulton</u> SUBDIVISION <u>Westland Farms Est.</u> SECTION <u>14</u> LOT <u>14</u>																																	
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) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS <u>30</u> NO. OF POUNDS <u>300</u> GALLONS OF WATER <u>180</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP 52 ft. to <u>28</u> BOTTOM 58 ft. (enter 0 if from surface)																															
<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>Light to Dark brown</td> <td>0</td> <td>64</td> <td></td> </tr> <tr> <td>Broken up white rock</td> <td>64</td> <td>66</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>66</td> <td>90</td> <td></td> </tr> <tr> <td>White</td> <td>90</td> <td>92</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>92</td> <td>115</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Light to Dark brown	0	64		Broken up white rock	64	66	✓	Gray Limestone	66	90		White	90	92	✓	Gray Limestone	92	115		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>80</u> OTHER CASING (if used) diameter depth (feet) inch from to E A C H C A S I N G		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED Y 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.		SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO OPEN HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table> DEPTH (nearest ft.) <u>80</u> <u>115</u> E A C H S L O T S I Z E 1 2 3 D I A M E T E R OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		ST STEEL	BR BRASS	HO OPEN HOLE	PL PLASTIC	OT OTHER																									
ST STEEL	BR BRASS	HO OPEN HOLE																															
PL PLASTIC	OT OTHER																																
DRILLERS LIC. NO. <u>M 5D 007</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR																															
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMPING TEST HOURS PUMPED (nearest hour) <u>03</u> PUMPING RATE (gal. per min.) <u>8.5</u> METHOD USED TO MEASURE PUMPING RATE <u>1906</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>24</u> ft. WHEN PUMPING <u>25</u> 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 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> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) + above <u>02</u> (nearest foot) - below LAND SURFACE LATITUDE <u>39.149833</u> LONGITUDE <u>76.947990</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.																															

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">38286</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">5571801</div> please type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0-15-0208</div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">02/20/16</div>		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> 8 MM DD YY 13 15 Last Name First Name 34 <u>Williamsburg Homes</u> 36 Street or RFD 55 <u>5485 Harpers Farm RD</u> <u>Columbia, md 21044</u> 57 Town 70 State 72 Zip 76 </div>		<div style="border: 1px solid black; padding: 2px;"> 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Westland Farms Estates</u> 42 SECTION <u>44</u> 46 LOT <u>14</u> 48 50 <u>Fulton</u> 52 NEAREST TOWN 71 </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> Driller's Name <u>Allen Compton</u> M <u>SD 009</u> 76 License No. 81 Firm Name <u>Fogles Well Drilling, LLC</u> Address <u>P.O. Box 202 Woodbine md 21797</u> <u>Allen Compt</u> 1/20/16 Signature Date </div>		B 4 SOURCES OF DRILLING WATER 1. <u>Well water</u> 2. 3.	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<div style="border: 1px solid black; padding: 2px;"> <u>Lime Kiln RD</u> 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 100' 300' 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>45</u> BLK: <u>5</u> PARCEL <u>28</u> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;"> <u>Howard</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>2/10/16</u> <u>Sgt. Call</u> <u>2/10/17</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE </div>	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary DRive-POINT other			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> 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"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>H0-15-0208</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED: <u>Sodium, chloride, TDS samples required at yield.</u>			

[illegible]



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: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535

Address: P.O. Box 63

Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Dave C. Fogle License# MSD226

***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: Mitchell & Best Telephone #:

Subdivision: 12505 Westland Ct Lot #: 24 Well Tag #: HO-15-0208 11/15/2022

Site Address: Fulton, MD 20759

Submersible Pump Data

Make: Gundorf

Model #: 1330207180

Pump Capacity: 15

Well Yield: 8

Depth of well encountered at time of pump installation: 115 (feet)

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 N/A

Pitless Adapter

Make: Campbell

Model#: N/A

GPM Depth: 36" (36" min)

GPM 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: 1" poly pipe

PSI: 200 psi (160 psi min)

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

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes

Length of sleeve (5' minimum from foundation): 6'

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.

Signature of company representative responsible for installation

Date 11/14/2022

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

Date Insp. Requested: 11/15/2022 Date Insp. Approved: 11/15/2022 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

41" 11/15/2022
38" 11/15/2022
28" 11/15/2022

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 19, 2023

April 19, 2023

Homeowner
12505 Westland Court
Fulton, MD 20759

**RE: Westland Farm Estates, Lot 14
12505 Westland Ct.
Building Permit: B22002348
Well Permit: HO-15-0208**

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 **3/31/2023**. Final approval of the well line connection to the dwelling was granted on **11/15/2022**. The well construction was completed on **4/25/2016**. Water samples were collected on **4/14/2023**.

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-15-0208. 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
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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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 158485 Account #: 1933
Reference: Ryan Bruffey Client: Fogle's Well Pump & Treatment
Location: 12505 Westland Court Requested By: Dave Fogle
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 4/14/2023 1115 Site: Kitchen Sink
Date/Time Rec'd: 4/14/2023 1310 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 7.1
Collected By: J. Evans 0309JE Well #: HO-15-0208

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2023 / 0915 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/15/2023 / 0915 / LLO
Nitrate.	1.62	mg/L	10	EPA 300.0	4/14/2023 / 1459 / MEW
Turbidity	0.55	NTU	<10	SM2130B	4/14/2023 / 1540 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	4/14/2023 / 1515 / MEW

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 Sample collected by client, analyzed as received
- 6 ND = None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : 22002348

Date Reported: 4/17/2023

Send Report To: Bert Nixon

Howard Co Health Dept.

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD 21045

State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Ave
Baltimore, Maryland 21205
WATER ANALYSIS



E16003999001

Received: 04/26/2016

Inorganic

HO-15-0208

SAMPLE ID	Bottle Number	HO-15-0208		Name	Lime Kiln Rd.		County	Howard	County Code	13		
	Location	Westland Farms - Lot 14					Fulton	Data Category Code	4F			
	Collected: Date	4/25/16		Time	10 am		Collector & Phone	S. Collins 410-313-6287		Submitter Code		
	CHECK (one per box)											
	Drinking Water	<input type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project <input checked="" type="checkbox"/>			
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input checked="" type="checkbox"/>	Routine	<input checked="" type="checkbox"/>				
	Stream	<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>				
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>				

FIELD	Plant No.				Sampling Station				Preservation: Ice	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid			
	pH				Chlorine: Free				Total				Specific Conductance			
	Notes to Lab/Remarks: Sample collected during yield															

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
✓	Chloride		
	Conductance*, Spec.		
✓	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE16003999 Date Coll. 04/25/2016 Date Received 04/26/2016 Submitted By: S. Collins

Field ID: HO-15-0208
Lab No.: E16003999001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	05/02/2016
Total Dissolved Solids	SM 2540C	133	mg/L	04/27/2016

Comments:

Approved by:

Approval date: 05/03/2016

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

Send Report To: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No. Date Received



E16004002001

Received: 04/26/2016

Metals

HO-15-0208

Do not write above this line

8930 Stanford Blvd.

Columbia, MD 21045

LABORATORY ANALYSIS REQUEST

Please Print

Digest

Sample ID No: HO-15-0208 Site Name: Westland Farms - Lot 14 County: Howard

Sample Source: Lime Kiln Rd. Fulton Collector: S. Collins
Street Town or City Name

Date Collected: 4/25/2016 Time Collected: 10 a.m. p.m. Phone #: 410-313-6287

Sample Preserved By: ☐ Field ☐ ESRL ☐ WMRL ☐ Central Lab
Preservative Used: ☒ HNO₃ mL pH: 2

Sample Type: ☒ Drinking Water ☐ Landfill ☒ Source (Raw Water) ☐ Liquid
Data Category: ☐ Community ☐ Stream ☐ Distribution (Treated) ☐ Solid
Code ☐ Non-Community ☐ Sediment ☐ Other
☒ Private

Specify Program: ☒ SDWA ☐ NPDES ☐ CWA ☐ RCRA ☐ Consumer Products ☐ Other

Type of Sample Preparation: ☐ Total Metals ☐ Total Metals TCLP ☐ Dissolved Metals
(field preparation required)

Remarks: Sample taken during yield

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
✓	Sodium (Na) <u>243</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor:

Date Reported: / /



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E16004002 Date Coll.: 04/25/2016 Date Received 04/26/2016 Submitted By: Collins

Field ID: HO-15-0208

Lab No.: E16004002001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	2.28	ppm	05/04/2016

Comments:

Approved by: Yinghao Choi

Approval date: 05/05/2016

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

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MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-25-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Allen Gough

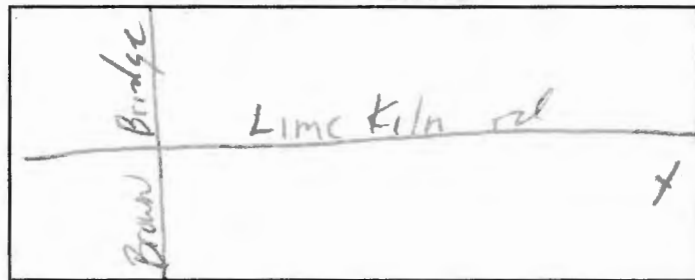
WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP BLOCK PARCEL
SUBDIVISION: Westland Farms Est
SECTION: 14
STREET ADDRESS: Lime Kiln rd



LATITUDE 3 9.150211

LONGITUDE 7 6.947578

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		
<u>1 yard</u>		

* TYPE OF WELL BEING ABANDONED:
☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:
☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:
☐ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) Dry hole

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 80 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☐ NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☐ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Allen Gough LICENSE# 009

MWD/MSD/MGS

CIRCLE ONE

DATE 4-25-16

COUNTY

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.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-25-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Allen Longton

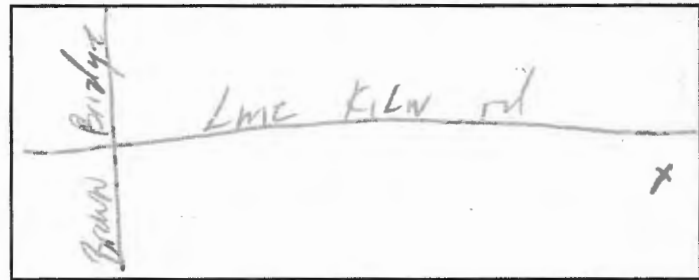
WELL DRILLER'S LICENSE NUMBER: 009

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Williamsburg Homes

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP BLOCK PARCEL
SUBDIVISION: Westland Farms Est.
SECTION: 14
STREET ADDRESS: Lime Kiln rd



LATITUDE 3 9.150215

LONGITUDE 7 6.947532

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>100</u>
VOLUME OF MATERIAL USED		
<u>1.5 yards</u>		

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☐ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) Dryhole

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? ☐ YES ☒ NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# 009

MWD / MSD / MGS 4-25-16

CIRCLE ONE

DATE

COUNTY

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Collins, Sarah

From: Bob Corbett <BobCorbett@williamsburgllc.com>
Sent: Monday, April 18, 2016 4:27 PM
To: Williams, Jeffrey; Collins, Sarah
Cc: Stephanie Tuite (Stephanie@fcc-eng.com); Theresa Miller
Subject: Westland Farms Lot 14
Attachments: WFE Lot 14 Revised wellbox.pdf

Jeff & Sarah,

Lot 14's well has become an issue also. We are on our 2nd well at 160 feet and have yet to hit bedrock. That said, I have attached a revision plan showing the relocation of the well box to a point of higher elevation, where we feel more comfortable that we will hit water. Please review asap and let me know if we are ok to proceed. I will ask Fisher Collins by copy on this email to have the new well box staked for you as soon as possible. We have moved the well driller to Lot 7 and once they drill that lot, only Lot 14 will remain, so I would like to commence Lot 14 with your blessing soon. Thanks to all.

Bob Corbett

Vice President
Williamsburg Group LLC
Cell # 410-977-3343



Well box approved
2/10/16 SC
Well box staked by
Fisher, Collins,
+ Carter

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0208

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND .21230

WELL EXHIBIT
LOT 14
WESTLAND FARM ESTATES
APFO DEVELOPMENT PHASE 2
LOTS 3 THRU 14

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

TAX MAP #45

ZONED: RR-DEO

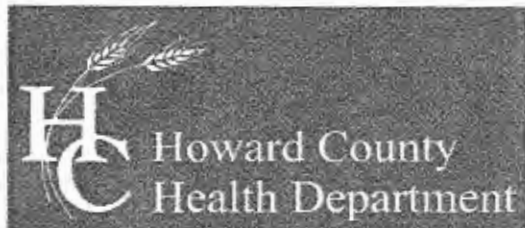
PARCEL: 28

3RD ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: JANUARY 12, 2016



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

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:

Westland Farm Estates

Subdivision/Property Name

14

Lot #

Lime Kiln Rd

Road Name

☒ The well site has been staked by Fisher Collins & Carter
(professional land surveyor or company employing professional land surveyors)
on January 14, 2016 (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.