

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER LAND DESIGN + DEVELOPMENT WELL SITE ADDRESS TOWN Fulton SUBDIVISION DUSTY PROPERTY SECTION LOT 8

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		check if water bearing
	FROM	TO	
SOIL	0	7	
CLAY	7	21	
Brown Shale	21	47	
CLAY	47	62	
SOFT SCHIST	62	68	
MED HARD SCHIST	68	600	✓
		85	✓
		370	✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
NO. OF BAGS 21 NO. OF POUNDS 194
GALLONS OF WATER 126
DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP ft. to 70 BOTTOM ft.

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 70

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS HOLE
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED YES NO
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

C 2
DEPTH (nearest ft.)
1 HO 70 600
E A C H S C 3 R E E N
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

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 LIC. NO. 1 M C W 355
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M S D 066

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

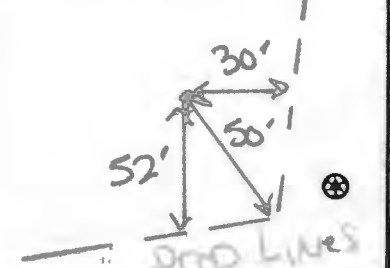
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 1.0
METHOD USED TO MEASURE PUMPING RATE Submersible
WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 337 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. 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 below LAND SURFACE (nearest foot)

LATITUDE 39.14933
LONGITUDE 76.92758
(DEFAULT COORD. WGS 84)
NOTES:



B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER
1 2 3 4 5 6	23828	544551-C	HO-95-2493 <small>fill in this form completely</small>

OWNER INFORMATION

Date Received (APA) 02 27 13

15 Last Name Land Design + Development Owner First Name Land Design + Development 34

36 Street or RFD 5300 Dorsey Hall Dr, Suite 102 55

57 Town Ellicott City State MD Zip 21043 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Dustin Property 42

SECTION 44 46 LOT 8 48 50

52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Michael Barlow License No. MWD 355 81

Firm Name Barlow Well Drilling

Address 527 Underwood Lane 21014

Signature [Signature] Date 2/26/13

SOURCES OF DRILLING WATER

1. well

11 STREET ADDRESS Lime Kiln Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 800 37 DISTANCE FROM ROAD 800 FT
ENTER FT OR MI 38 39

TAX MAP: 46 BLK: 1 PARCEL 103

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A522884 13

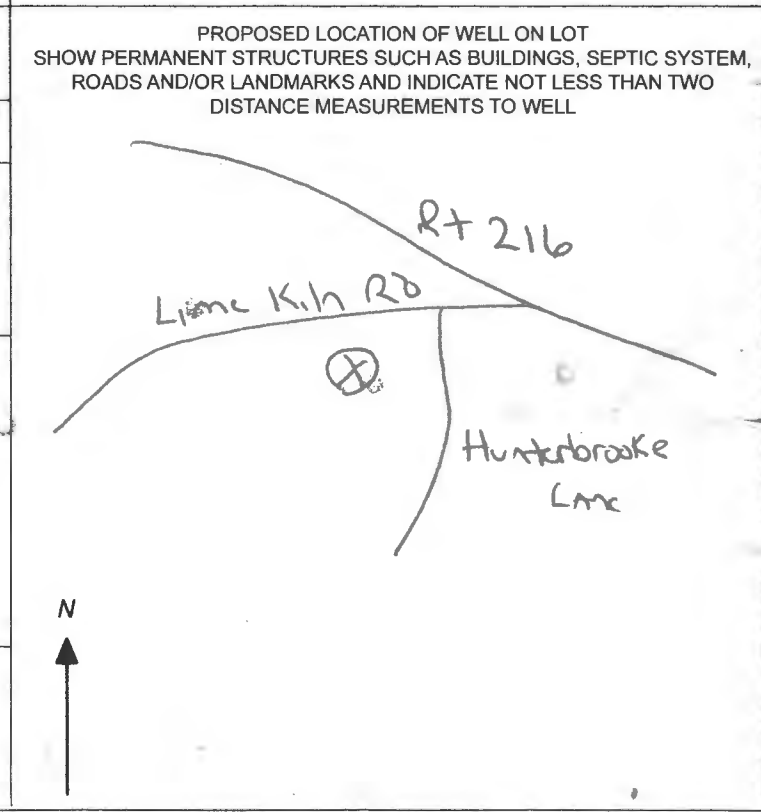
STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 03/11/2013 GO SIGNATURE [Signature] EXP. DATE 3/1/14

43 MM DD YY 48

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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. HO-95-2493
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.

522 Underwood Lane
 (410) 838-6910

Bel Air, Maryland 21014
 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:		March 28, 2013	
Well Depth:		600	feet
Customer	Ellicott City Landholding	Permit #	HO-95-2493
Road	Lime Kiln Road	Subdivision	Dustin Property
City	Fulton	Section	
State	Maryland	Lot #	8

120
462

582

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
8:30 AM	29	4	15.00
8:45 AM	139	4	15.00
9:00 AM	244	5	12.00
9:15 AM	289	26	2.31
9:30 AM	313	43	1.40
9:45 AM	321	43	1.40
10:00 AM	324	58	1.03
10:15 AM	326	58	1.03
10:30 AM	328	58	1.03
10:45 AM	330	60	1.00
11:00 AM	330	60	1.00
11:15 AM	332	60	1.00
11:30 AM	332	60	1.00
11:45 AM	333	60	1.00
12:00 PM	333	60	1.00
12:15 PM	334	60	1.00
12:30 PM	334	60	1.00
12:45 PM	334	60	1.00
1:00 PM	335	60	1.00
1:15 PM	335	60	1.00
1:30 PM	335	60	1.00
1:45 PM	336	60	1.00
2:00 PM	336	60	1.00
2:15 PM	336	60	1.00
2:30 PM	337	60	1.00
2:45 PM	337	60	1.00
3:00 PM	337	60	1.00
3:15 PM	337	60	1.00

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.

**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: Barlow Well Drilling Telephone #: 410-838-6910
Address: 522 UNDERWOOD LANE
BEL AIR, MD 21014

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Isom License# MSD162

***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: BRIAN MARCHICA Telephone #: 301-467-6298
Subdivision: DUSTIN PROPERTY Lot #: 8 Well Tag #: HO-95-2493(S)
Site Address: 8021 KAYLA DINE LANE
FULTON MD 20759

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULDS</u>	Make: <u>BIF</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>7CS15422</u>	Model#: <u>P100</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.0</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>600</u> (feet)		Conduit secured to well cap: <u>yes</u>
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 <u>inside of well casing</u>		

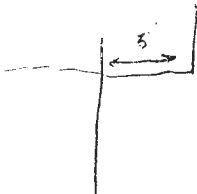
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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: 7-9-2021

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

Date Insp. Requested: 7/19/21 Date Insp. Approved: _____ Inspector: _____
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 36"
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 25"
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 8"
Water supply line sleeved adequately at house connection 9"
Adequate grout observed below pitless adapter



8" - very close. Well tag will be buried. Reinsp after final grade. Well casing must be only 8" above grade to ensure pitless at 36". May need casing extended. (S)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – February 27, 2021

August 27, 2021

Homeowner
8021 Kayladine Lane
Fulton, MD 20759

**RE: Dustin Golden Est., lot 8
8021 Kayladine Lane
Building Permit: B20003673
Well Permit: HO-95-2493**

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 **6/21/2021**. Final approval of the well line connection to the dwelling was granted on **8/27/2021**. The well construction was completed on **3/28/2013**. Water samples were collected on **8/2/2021, 8/24/2021**.

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-95-2493. 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>

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

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 353

108 Old Solomons Island Road, Suite I2
Annapolis, MD 21401
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 08/04/2021

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Date & Time Received: 08/03/2021 08:30

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

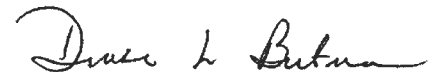
Sample Number: 208033-01
Location: 8021 Kayladine Ln
Fulton, MD 20759

Sample Time: 08/02/21 13:00
Chlorine Residual: 0.0
Field pH: 6.8

Preservation: Ice
Sampler: TEdwards8309TE (Exp. 5/14/2022)
Sample Point: Pressure Tank

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Iron, Total	H 8008	Not Detected	Acceptable	0.05	mg/l	0.3	08/04/2021	PAS-139
Bacteria-Total Coliform	Colisure Test	Present	Fail	1	Per/100ml	Present	08/04/2021	ARP-106
Bacteria-E.coli	Colisure Test	Absent	Pass	1	Per/100ml	Present	08/04/2021	ARP-106
Nitrate + Nitrite as N	EPA 353.2	0.7	Pass	0.5	mg/l	10	08/04/2021	DLB-139
Turbidity	EPA 180.1	1.7	Acceptable	0.5	NTU	10	08/03/2021	ARP-106

Approved By



Lab Director

Chain of Custody Form

HOME LAND LABS



208033 Date Due:
Client: Hague Quality Water
Project:

Is the sample for a public water system? Yes No

Phone: (443) 505-8375 Email: lab@homelandhealthyhomes.com

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
MD Lab # 353

108 Old Solomons Island Road, Suite L2
Annapolis, MD 21401
MD Lab # 106

3430 Rockefeller Court
Waldorf, MD 20602
MD Lab # 139

Client Name: HAGUE

Email Address: T EDWARDS @ HAGUE WATER of MD inc

Phone Number: 410-757-2992

Property Address:
8021 KAY LADINE LN
FULTON, MD 20759

Field Collection Information

Sampler Name: TIM EDWARDS

Sampler ID #: TE8309

Date Sampled: 8/2/21 Time Sampled: 1:00pm

Well Tag Number:

Field pH: 6.8

Field Chlorine (mg/L): 0

Sand: 0

Clarity: GREAT

Well Casing and Cap Condition

Well Type: Drilled Well Pit Below Grade Artesian Hand Dug N/A Other: _____

Height Above Grade: _____ Cap Type: _____ Casing: _____ Conduit: _____

Sample Point: PRESSURE TANK Water Conditioning: NONE

Requested Testing: (Please check all that apply)

- KB** Potability (Bacteria, Nitrate + Nitrite, Turbidity)
- ~~THM/VA (Bacteria, Nitrate + Nitrite, Nitrite, Turbidity, Lead, Iron)~~ **NO LEAD**
- Bacteria Chlorides Total Dissolved Solids
- Lead Hardness Copper
- Nitrate + Nitrite Arsenic VOCs
- KB** Iron Cadmium Other: _____
- Turbidity Gross Alpha Other: _____

List rush samples below
Refer to table for rush turnaround times and fees

potability/iron **KB 8/3/21**

Release Signatures

Released By: _____

Date/Time: 8/2/21 / 5:30pm

Released By: _____

Date/Time: _____

Released By: _____

Date/Time: _____

Received in lab by: a. phelg

Date/Time: 8/3/21 8:30AM

HOME LAND

L A B S

9106 Philadelphia Road, Suite 106
Rosedale, MD 21237
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State Certified Water Quality Lab 106

3430 Rockefeller Court
Waldorf, MD 20602
Phone 443.505.8375
lab@homelandhealthyhomes.com
State Certified Water Quality Lab 139

Certificate of Analysis

Date Reported: 08/25/2021

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

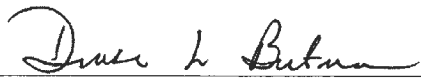
Date & Time Received: 08/24/2021 15:26

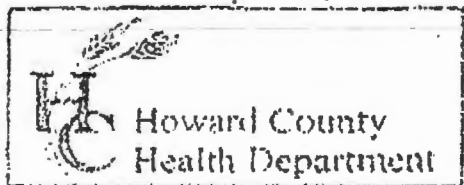
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Home Land Labs is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample Number: 209217-01 Sample Time: 08/24/21 09:00 Preservation: Ice
Location: 8021 Kayladine Lane Chlorine Residual: 0.0 Sampler: TEdwards8309TE (Exp. 5/14/2022)
Fulton, MD Field pH: 7.3 Sample Point: Kitchen Sink

Parameter	Method	Result	Pass/Fail or Acceptable/High	RL	Units	MCL / SMCL	Date of Analysis	Analyst
Bacteria-Total Coliform	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	08/25/2021	ARP-106
Bacteria-E.coli	Colilert-18 Test	Absent	Pass	1	Per/100ml	Present	08/25/2021	ARP-106

Approved By 
Lab Director



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

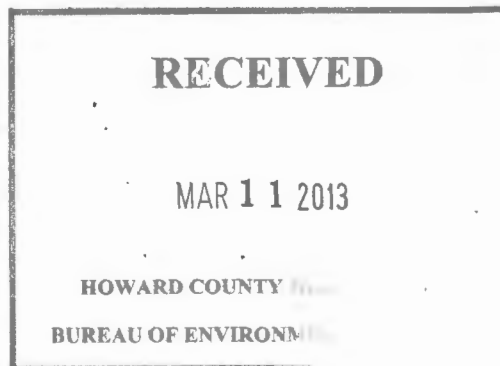
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Dustin Property Lots 5, 6, 7, 8 + 9
 The well site has been staked by Fisher Collins + Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 2/27/13 (date) and does not require a site inspection.

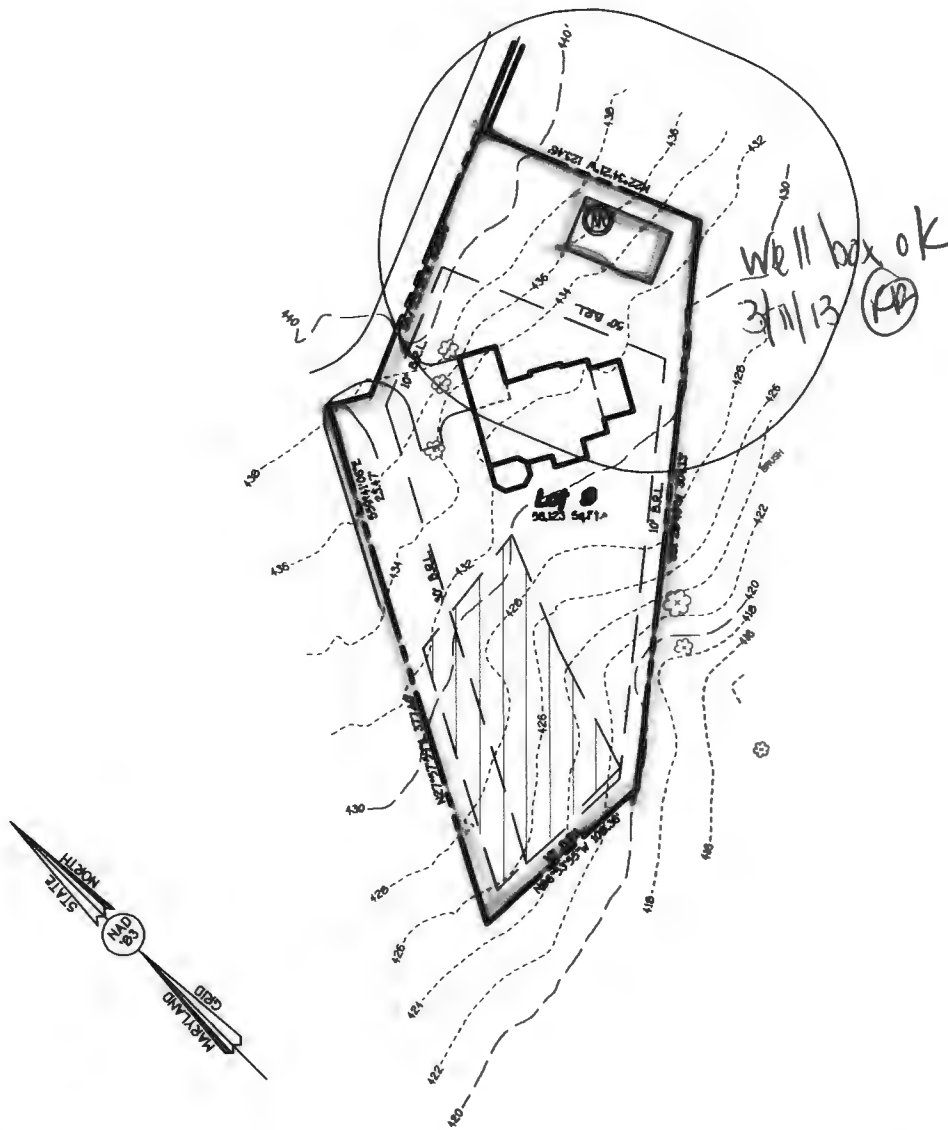
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



I:\2005\05072\dwg\05072 Well Exhibit For Lot 8.dwg, Model, 2/22/2013 9:49:38 AM, 1:100



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 8
DUSTIN'S GOLDEN FIELDS
TAX MAP 46 GRID 1 PARCEL 103
HOWARD COUNTY, MARYLAND
SCALE 1"=100'
DATE FEBRUARY 22, 2013