

C1 0819 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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 1272

OWNER Brantly Development STREET OR RFD Lime Kiln Road TOWN Fulton SUBDIVISION Lime Kiln Valley SECTION LOT 18

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Soil (0-8), Brown Shale (8-33), Gray Rock (33-400) x

water at 220'

#1 well 400' backfilled

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 11 NO. OF POUNDS 100 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 40

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to

screen type or open hole

SCREEN RECORD

SCREEN RECORD (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. M S D 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AW D 766

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

C 2 DEPTH (nearest ft.)

Table for depth measurements with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

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

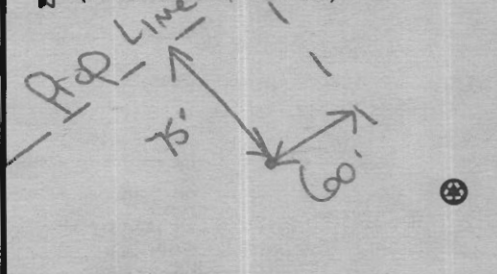
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.17 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 285 ft. TYPE OF PUMP USED (for test) 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) LAND SURFACE (-) below (nearest foot) 49 50 51

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)



B 1 9842  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
527237 please type

STATE PERMIT NUMBER  
10-95-1272  
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
36 8835 N. Columbia 100 Pkwy Street or RFD 55  
57 Columbia MD State 72 21045 Zip 76

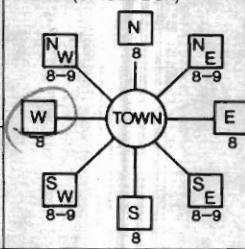
B 3 LOCATION OF WELL

Howard COUNTY 21  
Lime Kiln Valley SUBDIVISION 42  
SECTION 44 46 LOT 18 48 50  
Fulton NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 73 76 77 78

DRILLER INFORMATION

Michael D. Isom MS D 162  
Driller's Name 76 License No. 81  
G. Edgar Harr Sons' Corp.  
Firm Name  
12047 Falls Road, Cockeysville 21030  
Address  
Signature Date 6/11/07

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Lime Kiln Road NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 45 BLK: 4 PARCEL 12

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 750 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME AS19589 COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 9/23/07 STATE SIGNATURE 9/25/06  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 50 480 000 EAST GRID 57 810 000

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - 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 DEEPEIN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

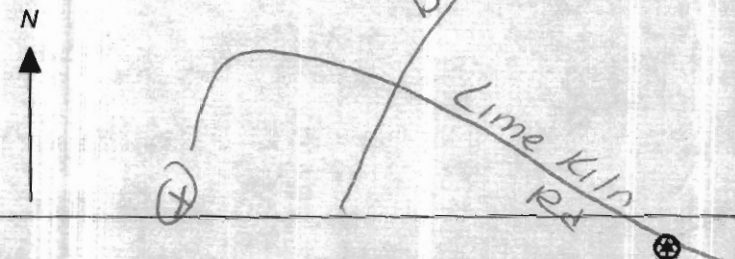
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810  
N 480

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
APPROP. PERMIT NUMBER 10 2004 G 013 (02)  
PERMIT No. 10-95-1272  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 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): Robert L. Feezer License# 2122

**\*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: NV Homes Telephone #: 410-379-5956  
Subdivision: Maple Woods Lot #: 18 Well Tag #: HO - 95 - 1272  
Site Address: 12863 Lime Kiln Road  
Highland, MD 20777

**Submersible Pump Data**

Make: Berkeley  
Model #: B5P4MS10221  
Pump Capacity 5 GPM  
Well Yield: 5.2 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: 400 (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**

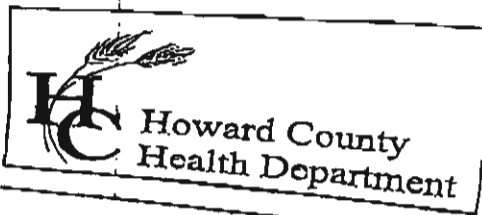
PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve sealed properly: Yes

**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.**

Harry W. Foman Signature June 27, 2012  
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: 10-9-12 Inspector: (Kiv) Dick  
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



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (410) 313-2640 Fax (410) 313-2640  
 TDD (410) 313-2323 Toll Free 1-866-313-2640  
 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:

Well Site Location:

<u>Lime Kiln Valley</u>	<u>1-39</u>	<u>Lime Kiln Valley</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Robert Vogel Inc<sup>sites</sup>  
 (professional land surveyor or company employing professional land surveyors)  
 on 7/24/07 (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 3/11/05


9/25/07 well site of 50




SCALE: 1"=120'

**VE** **ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET TEL: 410.461.7666  
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

**WELL PLAT LEGEND**

 SEPTIC EASEMENT

 PROPOSED WELL AREA

SCALE: AS SHOWN  
 DRAWN BY: JCO  
 CHECKED BY: RHV  
 DATE: JUNE 2007  
 PROJECT NO.: 04-21  
 SHEET NO. 1 OF 1

**LIME KILN VALLEY II  
 PHASE 1 & 2 (LOT 18)**

**PROPOSED WELL LOCATION EXHIBIT**

TAX MAP 40 & 45  
 5TH ELECTION DISTRICT

PARCEL 114 & 12  
 HOWARD COUNTY, MARYLAND



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
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

Peter L. Beilenson, M.D., M.P.H., Health Officer

---

## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – 6 months from letter date**

October 10, 2012

Homeowner  
12863 Lime Kiln Road  
Highland, Maryland 20777

**RE: Maple Woods, Lot #18  
12863 Lime Kiln Road  
Building Permit: B12000352  
Well Permit: HO-95-1272**

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 **10/09/12**. Final approval of the well line connection to the dwelling was granted on **10/09/12**. The well construction was completed on **11/15/07**. Water samples were collected on **10/3/12**.

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-95-1272. 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,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

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



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Rick Cross  
 Robert L. Feezer Company  
 6321 Barnett Avenue  
 Sykesville, Maryland 21784

**S/O Number:** 86847

**Report Date:** October 4, 2012

**Property Sampled:** 12863 Lime Kiln Road, 20777  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B12000352  
**Sampler ID #:** 4723TL  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 40

**Subdivision:** Lime Kiln Valley PH I&II  
**Parcel:** 114 **Lot #:** 18

**Date/Time Collected in Field:** October 3, 2012 @ 10:25 am  
**Date/Time Received in Lab:** October 3, 2012 @ 2:05 pm

**Well Tag #:** Tag Not Legible  
**Well Condition:** 2-Piece Cap, 2 Bolts Missing, Cap Secure

*OK*  
*(KS)*  
*10/9/12*  
 \* Replace bolts

**Water Treatment/Conditioning:** Neutralizer

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	2.7 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.1 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.0 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

*Results OK*  
*10-5-12 HS*

*Katherine C. Higgs*  
 Katherine C. Higgs  
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA  
 \*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA  
 \*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.