

C1 1298

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Tall Brothers, STREET OR RFD: Independence Way, TOWN: Columbia, SUBDIVISION: Homewood Crossing, SECTION: , LOT: 61

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown mica (0-99), Gray limestone (99-200).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (06), Total depth of main casing (105)

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

screen type or open hole

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

DRILLERS LIC. NO.: MSD 009, DRILLERS SIGNATURE: [Signature]

LIC. NO.: D

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N and rows for depth intervals (8-11, 15-17, 23-26, 30-32, 38-41, 45-47, 51-53, 57-59, 63-65, 69-71, 75-77, 81-83, 87-89, 93-95, 99-101, 105-107, 111-113, 117-119, 123-125, 129-131, 135-137, 141-143, 147-149, 153-155, 159-161, 165-167, 171-173, 177-179, 183-185, 189-191, 195-197, 201-203, 207-209, 213-215, 219-221, 225-227, 231-233, 237-239, 243-245, 249-251, 255-257, 261-263, 267-269, 273-275, 279-281, 285-287, 291-293, 297-299, 303-305, 309-311, 315-317, 321-323, 327-329, 333-335, 339-341, 345-347, 351-353, 357-359, 363-365, 369-371, 375-377, 381-383, 387-389, 393-395, 399-401, 405-407, 411-413, 417-419, 423-425, 429-431, 435-437, 441-443, 447-449, 453-455, 459-461, 465-467, 471-473, 477-479, 483-485, 489-491, 495-497, 501-503, 507-509, 513-515, 519-521, 525-527, 531-533, 537-539, 543-545, 549-551, 555-557, 561-563, 567-569, 573-575, 579-581, 585-587, 591-593, 597-599, 603-605, 609-611, 615-617, 621-623, 627-629, 633-635, 639-641, 645-647, 651-653, 657-659, 663-665, 669-671, 675-677, 681-683, 687-689, 693-695, 699-701, 705-707, 711-713, 717-719, 723-725, 729-731, 735-737, 741-743, 747-749, 753-755, 759-761, 765-767, 771-773, 777-779, 783-785, 789-791, 795-797, 801-803, 807-809, 813-815, 819-821, 825-827, 831-833, 837-839, 843-845, 849-851, 855-857, 861-863, 867-869, 873-875, 879-881, 885-887, 891-893, 897-899, 903-905, 909-911, 915-917, 921-923, 927-929, 933-935, 939-941, 945-947, 951-953, 957-959, 963-965, 969-971, 975-977, 981-983, 987-989, 993-995, 999-1001, 1005-1007, 1011-1013, 1017-1019, 1023-1025, 1029-1031, 1035-1037, 1041-1043, 1047-1049, 1053-1055, 1059-1061, 1065-1067, 1071-1073, 1077-1079, 1083-1085, 1089-1091, 1095-1097, 1101-1103, 1107-1109, 1113-1115, 1119-1121, 1125-1127, 1131-1133, 1137-1139, 1143-1145, 1149-1151, 1155-1157, 1161-1163, 1167-1169, 1173-1175, 1179-1181, 1185-1187, 1191-1193, 1197-1199, 1203-1205, 1209-1211, 1215-1217, 1221-1223, 1227-1229, 1233-1235, 1239-1241, 1245-1247, 1251-1253, 1257-1259, 1263-1265, 1269-1271, 1275-1277, 1281-1283, 1287-1289, 1293-1295, 1299-1301, 1305-1307, 1311-1313, 1317-1319, 1323-1325, 1329-1331, 1335-1337, 1341-1343, 1347-1349, 1353-1355, 1359-1361, 1365-1367, 1371-1373, 1377-1379, 1383-1385, 1389-1391, 1395-1397, 1401-1403, 1407-1409, 1413-1415, 1419-1421, 1425-1427, 1431-1433, 1437-1439, 1443-1445, 1449-1451, 1455-1457, 1461-1463, 1467-1469, 1473-1475, 1479-1481, 1485-1487, 1491-1493, 1497-1499, 1503-1505, 1509-1511, 1515-1517, 1521-1523, 1527-1529, 1533-1535, 1539-1541, 1545-1547, 1551-1553, 1557-1559, 1563-1565, 1569-1571, 1575-1577, 1581-1583, 1587-1589, 1593-1595, 1599-1601, 1605-1607, 1611-1613, 1617-1619, 1623-1625, 1629-1631, 1635-1637, 1641-1643, 1647-1649, 1653-1655, 1659-1661, 1665-1667, 1671-1673, 1677-1679, 1683-1685, 1689-1691, 1695-1697, 1701-1703, 1707-1709, 1713-1715, 1719-1721, 1725-1727, 1731-1733, 1737-1739, 1743-1745, 1749-1751, 1755-1757, 1761-1763, 1767-1769, 1773-1775, 1779-1781, 1785-1787, 1791-1793, 1797-1799, 1803-1805, 1809-1811, 1815-1817, 1821-1823, 1827-1829, 1833-1835, 1839-1841, 1845-1847, 1851-1853, 1857-1859, 1863-1865, 1869-1871, 1875-1877, 1881-1883, 1887-1889, 1893-1895, 1899-1901, 1905-1907, 1911-1913, 1917-1919, 1923-1925, 1929-1931, 1935-1937, 1941-1943, 1947-1949, 1953-1955, 1959-1961, 1965-1967, 1971-1973, 1977-1979, 1983-1985, 1989-1991, 1995-1997, 2001-2003, 2007-2009, 2013-2015, 2019-2021, 2025-2027, 2031-2033, 2037-2039, 2043-2045, 2049-2051, 2055-2057, 2061-2063, 2067-2069, 2073-2075, 2079-2081, 2085-2087, 2091-2093, 2097-2099, 2103-2105, 2109-2111, 2115-2117, 2121-2123, 2127-2129, 2133-2135, 2139-2141, 2145-2147, 2151-2153, 2157-2159, 2163-2165, 2169-2171, 2175-2177, 2181-2183, 2187-2189, 2193-2195, 2199-2201, 2205-2207, 2211-2213, 2217-2219, 2223-2225, 2229-2231, 2235-2237, 2241-2243, 2247-2249, 2253-2255, 2259-2261, 2265-2267, 2271-2273, 2277-2279, 2283-2285, 2289-2291, 2295-2297, 2301-2303, 2307-2309, 2313-2315, 2319-2321, 2325-2327, 2329-2331, 2335-2337, 2341-2343, 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B 1 6123

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527287 please type

STATE PERMIT NUMBER HO-95-1236 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 11423 Hunt Crossing Ct 36 Street or RFD 55 57 Town 70 State 72 Zip 76

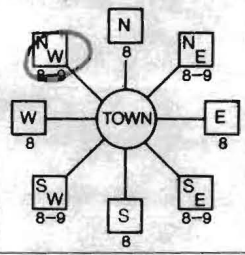
B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Homewood Crossing 42 52 NEAREST TOWN Columbia 71 55 MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton M SD 009 76 License No. 81 Firm Name Fogles Well Drilling Address 580 Obrecht rd Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Independence Way 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 30 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 29 BLK: 9 PARCEL 28

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 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 (13) A515042 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/23/2007 Brian Baker 8/23/2008 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 511 000 EAST GRID 827 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN 30 MR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 3 CABLE REVerse-ROTary Drive-POINT other

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

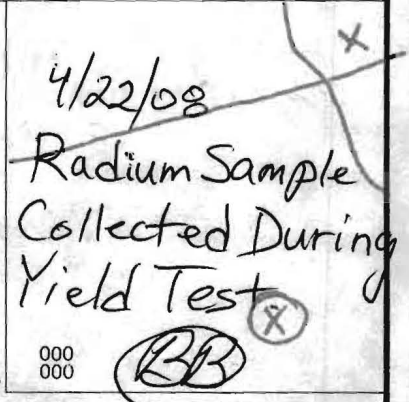
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO2003G006 PERMIT No. HO-95-1236 70 71 72 73 74 75 76 77 78 79

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 8207 N 5101



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



SPECIAL CONDITIONS

Radium Sample to be Collected During Yield Test

Yield Test Data Sheet

County File # _____

District _____

MD Well Permit #. HO-95-1236

Date of Test: 4-22-08

Subdivision Name: Homewood crossing

Section _____ Lot # 61

Street Address: Independence way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 200' ft.

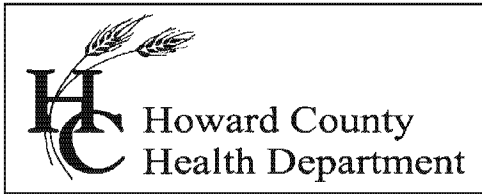
Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)
8:00	<u>38</u> ft.	() Time to fill _____ gal. bucket () Flow meter reading (if used)	<u>15</u>
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	<u>8:00</u>	<u>38</u> ft.	<u>4</u> <u>15</u> GPM
2	<u>8:15</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
3	<u>8:30</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
4	<u>8:45</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
5	<u>9:00</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
6	<u>9:15</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
7	<u>9:30</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
8	<u>9:45</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
9	<u>10:00</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
10	<u>10:15</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
11	<u>10:30</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
12	<u>10:45</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
13	<u>11:00</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
14	<u>11:15</u>	<u>62</u> ft.	<u>6</u> <u>10</u> GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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 – January 23, 2015

July 23, 2014

Homeowner
11270 Independence Way
Ellicott City, MD 21042

**RE: Patuxent Chase, Lot #61
11270 Independence Way
Building Permit: B13003765
Well Permit: HO-95-1236**

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 **7/22/2014**. Final approval of the well line connection to the dwelling was granted on **06/18/2014**. The well construction was completed on **04/22/2008**. Water samples were collected on **7/9/2014**.

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-95-1236. 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.**

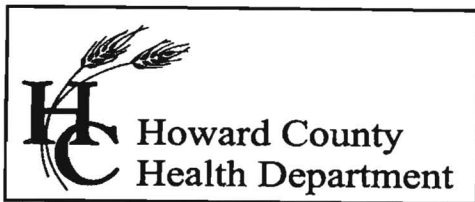
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Dana Bernard

Dana Bernard, R.E.H.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 28, 2008

Toll Brothers, INC.
7164 Columbia Gateway Dr.
Suite 230
Columbia, MD 21046

RE: Homewood Crossing, Lot#61
Well Tag: HO-95-1236

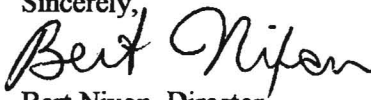
To Whom It May Concern:

A sample was collected from a yield test April 22, 2008 and submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 3.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

Howard Co. Env. Health
7178 Columbia Gateway Dr.
Columbia, MD 21046

State of Maryland

DHMH - Laboratories Administration
Division of Environmental Chemistry

RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 951236B No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Homewood Crossing - Lot 61 County: Howard

Sample Source: Independence Way Location: HO-95-1236
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 4/22/2008

Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test ^{pH} ^{Chlorine}

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2302	3±1	04/24/08
✓	Gross Beta	4100	2302	5±2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 04/22/08

Supervisor: S. Wise

• Tel. No.: (410) 767-5537 • Fax. No.: (410) 333-5373

**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: Foakes Well Drilling LLC Telephone #: 443-609-4195
Address: PO Box 202
Woodbine MD 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): David C Foake License# MSD 226
*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: Toll Brothers Telephone #: 410 489 2275
Subdivision: Benedict Farm / Patient Care Lot #: 61 Well Tag #: HO-95-1236
Site Address: 11270 Independence Way
Ellicott City, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Syncofos</u>	Make: <u>Complete II</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>1550207140</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: <u>YES</u>	Conduit min 1 1/2" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</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 inside of well casing N/A

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" poly pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</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: David Foake date: 6/17/14

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 1 1/2" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: 61 Well Tag #: HO-85-1236
Site Address: 11270 Independance Way

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece water-tight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

Depth of supply line: _____ (36" min) Sleeve caulked and 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: _____ Date Insp. Approved: 6/18/2014 BB
Inspection Data: Pitless adapter and 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 installed inside of well 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

e3 Environmental LLC

302 725-0788 www.e3onsite.com

ECOPOD-N Completion Statement

Installation Information

Owners Name	Toll Bros	# of Bedrooms / GPD	600
Street	11270 Independence	Repair	<input type="checkbox"/>
City	Ellicott City	New Construction	<input checked="" type="checkbox"/>
State	MD		
Zip			

Installation Company

Company	Fogles	Installed Date	7/22/14
Certified Installer	James Deaver	Startup Date	7/22/14
Street	Obrecht Rd		
City	Sykesville		
State	MD		
Zip	21784		

ECOPOD-N

Model #	Serial #
E50 <input type="checkbox"/>	
E60 <input checked="" type="checkbox"/>	E60N 02156CA
E75 <input type="checkbox"/>	
E100 <input type="checkbox"/>	
E150 <input type="checkbox"/>	

Blower Voltage	yes - Good
Blower Running Amps	yes - Good
Inches of water over media with blower turned off	2 inches
Vent Installed	yes
Tanks and Risers Water tight	no yes
Alarm Functional	yes

I hereby certify that the ECOPOD-N wastewater treatment system has been installed and started up in accordance with the construction permit and is in compliance with the manufacturers recommendations

Company Babylon Vault Co Date 7/22/14
 Signature Steven R Kowitz
 Printed Name Steven Kowitz

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 95034 Account #: 1931
Reference: Patuxent Chase Lot 61 Company: Fogles Septic
Location: 11270 Independence Way Requested By: Kim Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 7/3/2014 0937 Site: Well Pump Spigot
Date/Time Rec'd: 7/3/2014 1137 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: K. Davis 5531KD Well #: HO-95-1236

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	7/4/2014 / 1100 / BCD
Bacteria, E. coli, MPN	✓ <1.0	MPN/ 100 ml	<1.0	SM18 9223	7/4/2014 / 1100 / BCD
Nitrate	✓ <1.0	mg/L	10	601	7/3/2014 / 1200 / CH/CS/BD
Turbidity	✓ /0.77	NTU	<10	SM18 2130B	7/3/2014 / 1215 / JKW
Sand	✓ /NS	mg/L	5	Visual/Gravimetric	7/3/2014 / 1215 / JKW

OK
DB
7-23-14

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : B13003765

Date Reported: 7/7/2014

2
WET
BUF

W.O.
FF = 421.67
BE = 412.67

18" HDPE (274')

20' PUBLIC DRAINAGE
& UTILITY EASEMENT

LOT 61

Not Redeemable
Preservation Parcel 'A'
BENEDICTI FARM

8/23/07

Well site to be Staked
by Benchmarks on

8/27/07

BB

LOT 60

W.O.
FF = 416.00
BE = 407.00

W.O.
FF = 417.75
BE = 408.75

W.O.
FF = 430.00
BE = 421.00

LOT 58

24' PRIVATE USE IN-COMMON

