

C1 0671 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 13 A 532534

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

DATE WELL COMPLETED MM DD YY 04 07 10

Depth of Well 22 300 26 (TO NEAREST FOOT) 4/7/10 OK

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1878 28 29 30 31 32 33 34 35 36 37

OWNER Ashbury last name 2222 Jones Rd first name TOWN Linton SUBDIVISION SECTION LOT 5

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. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 24 NO. OF POUNDS 2400 GALLONS OF WATER 344 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE 1 PL Nominal diameter top (main) casing (nearest inch)! 6" Total depth of main casing (nearest foot) 82

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

SCREEN RECORD

screen type or open hole ST BR HO insert appropriate code below

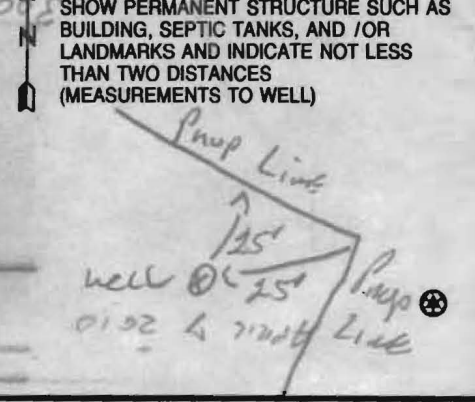
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 24.11 ft. WHEN PUMPING 62.11 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. 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) 2

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no 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 28.04.04 "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 SD 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

Table 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. Values include 140, 80, 300.

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

B 1 0865

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-95-1878 fill in this form completely

532551 please type

Date Received (APA)

OWNER INFORMATION

ASBury, Ronald, 2722 Jennings Chapel Rd., Woodbine MD, 21797

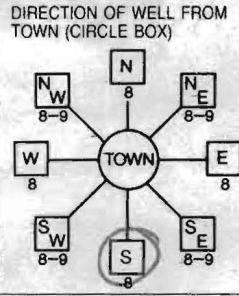
LOCATION OF WELL

Howard County, Petty Sub, Lisbow, 5 miles from town

DRILLER INFORMATION

Ralph E. Mayne, M S D 112, 17024 Handy Rd. Mt. Airy MD, 21221

DIRECTION OF WELL FROM TOWN



JONES Rd, 325 feet from road, parcel 43

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 3/26/10, CO Signature, Exp. Date 3/24/11

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

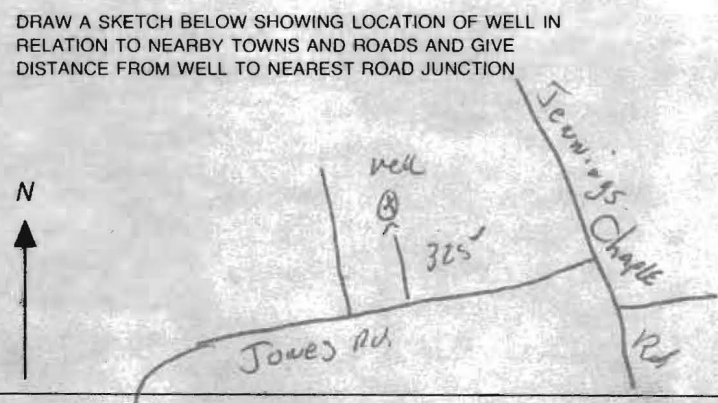
METHOD OF DRILLING (circle one)

AIR-ROTary, JETTED, ROTARY (Hydraulic Rotary), Drive-POINT

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE



Not to be filled in by driller (MDE OR COUNTY USE ONLY), APPROP. PERMIT NUMBER, PERMIT No. Ho-95-1878

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1878
 Location of property (road) 2722 Jones Rd
 Subdivision Asbury Prop Lot 5 Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner Asbury

Depth of well 300 ft
 Distance of measuring point (M.P.) above ground 12 ft
 Static water level (S.W.L.) below M.P. 25 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	25 ft	6 Sec		10 GPM
			Test Started	
9:15	62 ft	12 Sec		5 GPM
9:30	62 ft	12 Sec		5 GPM
9:45	62 ft	12 Sec		5 GPM
10:00	62 "	12 "		5 "
10:15	62 "	12 "		5 "
10:30	62 "	12 "		5 "
10:45	62 ft	12 Sec		5 GPM
11:00	62 ft	12 Sec		5 GPM
11:15	62 ft	12 Sec		5 GPM
11:30	62 "	12 "		5 "
11:45	62 "	12 "		5 "
12:00	62 ft	12 Sec		5 GPM
12:15	62 ft	12 Sec		5 GPM

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: Tri-County Pump Service, Inc Telephone #: 301-432-0770
Address: 6711 Old Wind Rd
Branzburg, Md 21713

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William E. Griffith License# 20135

*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: Hancock Dental Home, LLC Telephone #: 240-848-2045
Subdivision: Lot #: Well Tag #: HO-95-1878 1878
Site Address: 3236 Jones Rd
Woodbine, Md

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sta 6.0 Make: American Gravity Two piece watertight cap: y
Model #: S2P445/0-2241 Model#: 17903 Screened, vented well cap: y
Pump Capacity 9 GPM Depth: 36 (36" min) Cap secured to casing: y
Well Yield: 18 GPM NSF/WSC approved: y Conduit min 18" B.G.: y
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: y
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

Piping to house House Connection
Type: Poly PVC sleeve to undisturbed soil at wall penetration: y
PSI: 210 (160 psi min) Length of sleeve(5' minimum from foundation): 20' y
Depth of supply line: 36" (36" min) Sleeve sealed properly: y

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: William E. Griffith date: 6-3-2014

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 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

6/4/2014
(BB)

Only Well Cuttings
Down to 5'

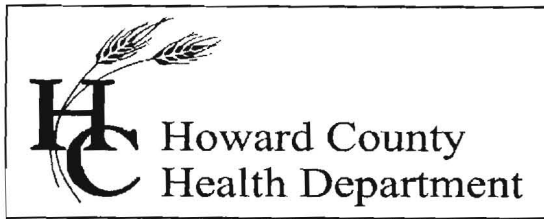
3236 Jones Rd

↳ Woodbine

Brin - Tri-City Pump

↳ grout on well like ?

301-797-4533



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 – March 23, 2015

October 23, 2014

Homeowner
3236 Jones Road
Woodbine, Maryland 21797

RE: Petty Property, Lot #5
3236 Jones Road
Building Permit: B13003898
Well Permit: HO-95-1878

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 **10/14/2014**. Final approval of the well line connection to the dwelling was granted on **6/4/2014** and **10/20/2014**. The well construction was completed on **4/7/2010**. Water samples were collected on **Date**.

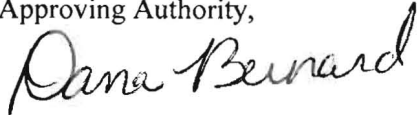
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1878. 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 black ink that reads "Dana Bernard". The signature is written in a cursive, flowing style.

Dana Bernard
Environmental Sanitarian
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 97094 Account #: 19755
Reference: Gordon Wallace Company: CASH ACCOUNT
Location: 3236 Jones Road Requested By: Gordon Wallace
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 10/20/2014 1209 Site: Powder Room Sink
Date/Time Rec'd: 10/20/2014 1303 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-95-1878

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/21/2014 / 0815 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/21/2014 / 0815 / LLO
Nitrate	<1.0	mg/L	10	601	10/21/2014 / 1330 / CRS
Turbidity	0.82	NTU	<10	SM18 2130B	10/21/2014 / 0655 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	10/21/2014 / 0655 / JKW

OK
10-22-14

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 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13003898

Date Reported: 10/21/2014

LEGEND

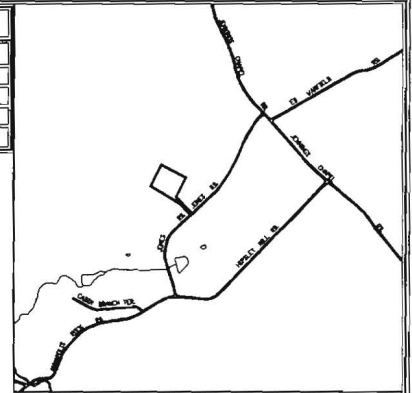
- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- SOIL LINES AND TYPES
- DENOTES PROPOSED WELL
- DENOTES PASSED PERC
- DENOTES EXISTING PERC SEPTEMBER 17, 1986 PROVIDED BY HOWARD COUNTY HEALTH DEPARTMENT. NOT FIELD LOCATED BY FISHER, COLLINS & CARTER, INC.
- DENOTES PROPOSED HOUSE
- EXISTING PERC AREA PER PLAT 7630

SOILS LEGEND

SOIL	NAME	CLASS
GgB	Glenhig loam, 3 to 8 percent slopes	B
GgC	Glenhig loam, 8 to 15 percent slopes	B
MaC	Major loam, 8 to 15 percent slopes	B
GmB	Glenville silt loam, 3 to 8 percent slopes	C

NOTES:

- Hydric soils and/or contains hydric inclusions
- MAY contain hydric inclusions
- † Generally only within 100-year floodplain areas



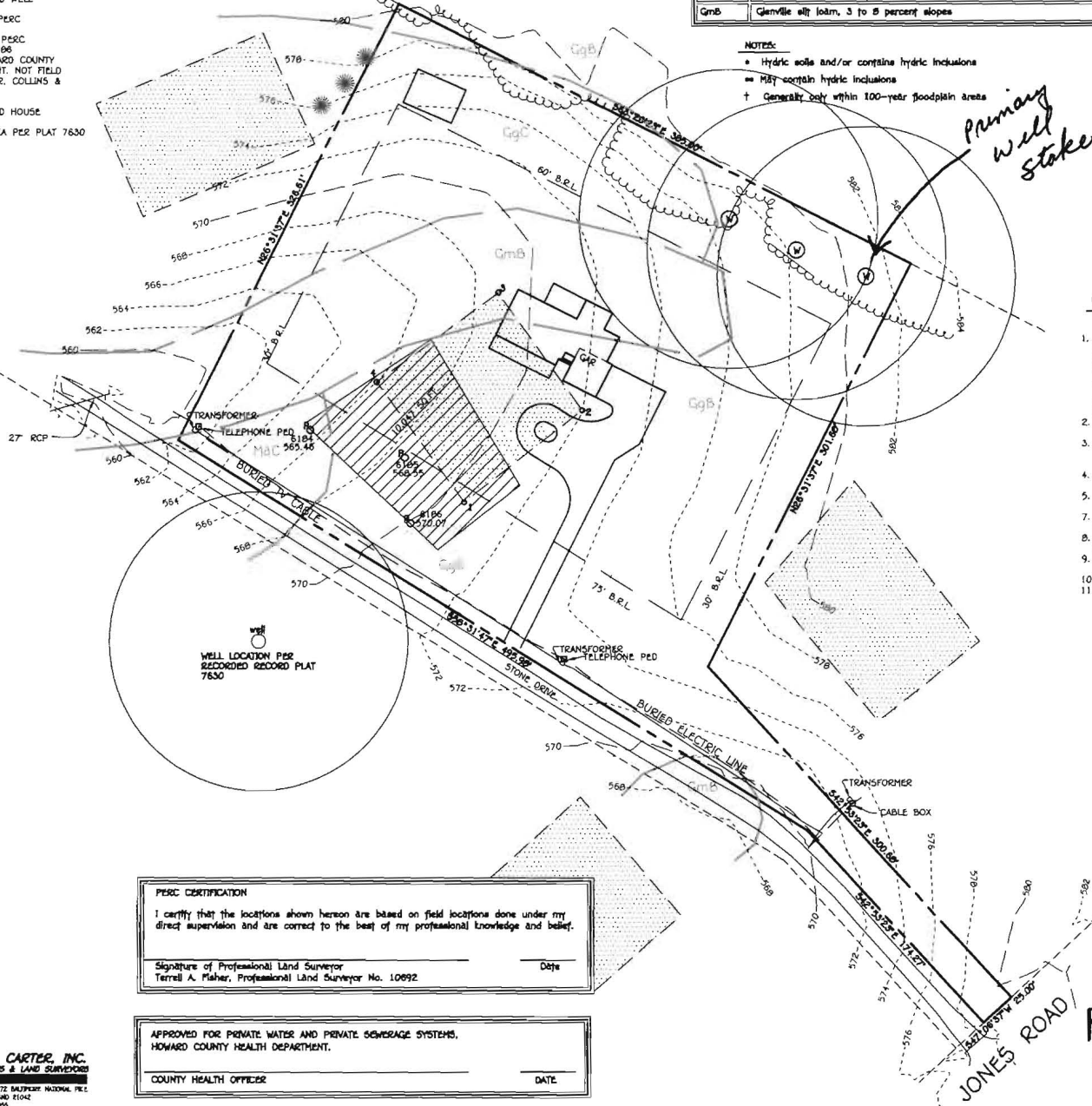
VICINITY MAP

SCALE: 1" = 1200'

GENERAL NOTES:

1. THIS AREA DESIGNATES A PRIVATE SEWAGE AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE AREAS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREA. REORDINATION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.
2. ADJUSTMENTS TO SEPTIC CASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. EXISTING WELLS AND/OR SEWERAGE CASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM ALL REASONABLE EFFORTS.
5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
6. TOPOGRAPHY SHOWN IS FIELD RUN BY FISHER, COLLINS & CARTER, INC. ON OR ABOUT MARCH, 2010.
7. BOUNDARY OUTLINE BASED ON FIELD RUN BY FISHER, COLLINS & CARTER, INC. ON OR ABOUT MARCH, 2010.
8. ANY CHANGES TO A PRIVATE SEWERAGE CASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN
9. PLAT REFERENCE 7630.
10. WELL SHALL BE DRILLED AND APPROVED BY THE HEALTH DEPARTMENT PRIOR TO BUILDING PERMIT APPROVAL.

*3/26/10
well locations
approved
started by FCC
(KCW)*



PERC CERTIFICATION
I certify that the locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

Signature of Professional Land Surveyor _____ Date _____
Terrell A. Fisher, Professional Land Surveyor No. 10692

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.

COUNTY HEALTH OFFICER _____ DATE _____

PURPOSE NOTE: THE PURPOSE OF THIS REVISED PERC PLAN IS TO RELOCATE THE EXISTING PERC FIELD AND RECONFIGURE PROPOSED WELL LOCATIONS.

**PERC CERTIFICATION PLAT
LOT 5
PETTY SUBDIVISION**

TAX MAP #13 & 20 PARCEL: 43
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 12, 2010



Howard County
Health Department

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

ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Fisher-Collins-Carter on March 12, 2010 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

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

KN OWNER NAME - Ronald Asbury
Sub-NAME - Petty Sub
Lot # 5

APR 19 AM 2:33