

**B 1** 11713 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER  
 1 2 3 6  
 W536713A please type HO-95-2262  
 70 fill in this form completely 79

Date Received (APA) 012712  
 8 MM DD YY 13  
**OWNER INFORMATION**  
 15 Last Name Owner First Name 34  
 VIKING Development  
 36 Street or RFD 55  
 815 Windriver Drive  
 57 Town 70 State 72 Zip 76  
 Sykesville MD 21784

**B 3** LOCATION OF WELL  
 8 COUNTY 21  
 Howard  
 23 SUBDIVISION 42  
 VIKING Development Prop  
 SECTION 44 46 LOT 48 50  
 52 NEAREST TOWN 71  
 Sykesville

**DRILLER INFORMATION**  
 Driller's Name 76 License No. 81  
 Michael Barlow MWD355  
 Firm Name  
 Barlow Well Drilling  
 Address  
 522 Underwood Lane 21014  
 Signature Date  
 1/20/12

**B 4** SOURCES OF DRILLING WATER  
 1. Well  
 2.   
 3.   
 11 STREET ADDRESS 30  
 12474  
 Indian Hill Rd  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST EAST  
 SOUTH  
 34 75 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 9 BLK: 12 PARCEL 165

**B 2** WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
 3  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20  
 750

**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**  
 Howard (13) A535247  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S  
 DATE ISSUED 2/10/2012 Brian Baker 2/10/2013  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 250 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL  
 810/540

**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  
 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-95-2262  
 70 71 72 73 74 75 76 77 78 79

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

C 1 13770

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 04 20 12

DATE WELL COMPLETED MM DD YY 06 12 12

Depth of Well 22 245 26 10/12/2012

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 95 - 2262

OWNER VIKING Development WELL SITE ADDRESS 12474 Indian Hill Rd TOWN Sykesville

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include SOIL, CLAY, Brown Shale, GRAY ROCK.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 13 NO. OF POUNDS 1222

CASING RECORD (S) (C) (P) (O) MAIN CASING TYPE PL 60 61 63 64 50 70

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

SCREEN RECORD (S) (B) (H) (P) (O) screen type or open hole

DEPTH (nearest ft.) 1 2 Ho 50 245

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.0 METHOD USED TO MEASURE PUMPING RATE Submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

NUMBER OF UNSUCCESSFUL WELLS: 00 WELL HYDROFRACTURED (Y) (N)

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

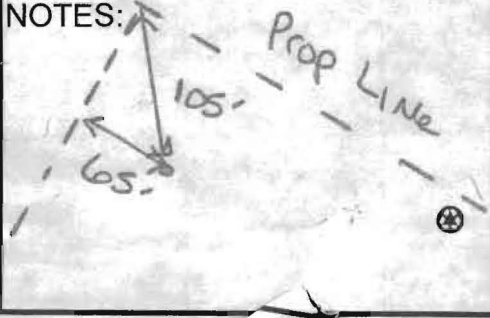
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M WD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. AWD 902

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.3340 LONGITUDE 76.9432 (DEFAULT COORD. WGS 84)





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: Hughes Plumbing Service Telephone #: 443-340-7894  
 Address: 1100 Western Chapel Rd  
New Windsor MD 21776

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Daniel Hughes License# 23837

\*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: Paul + Jennifer Garzon Telephone #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: 5 Well Tag #: HO - 95 - 2262  
 Site Address: 12474 Indian Hill Dr  
Sykesville MD 21784

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: <u>Marill</u>	Two piece watertight cap: <u>Y</u>
Model #: _____	Model#: <u>SM550</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: _____ GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>Y</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>		

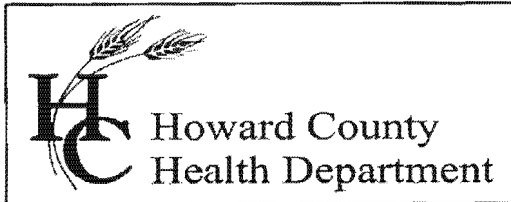
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>160</u> (160 psi min)	Length of sleeve(5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>Y</u>

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.

Daniel Hughes Signature of company representative responsible for installation 2-5-15 date

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

Date Insp. Requested: 3/19/15 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 X no tag 3/19/15 SC  
 Water supply line sleeved adequately at house connection ✓ no tag 6/11/15 SC  
 Adequate grout observed below pitless adapter ✓



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

---

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 12, 2015

June 12, 2015

Homeowner  
12474 Indian Hill Drive  
Sykesville, MD 21784

**RE: Indian Hills**  
**12474 Indian Hill Drive**  
**Building Permit: B14002532**  
**Well Permit: HO-95-2262**

Dear Homeowner:

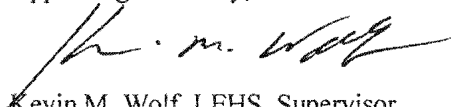
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **6/11/2015**. Final approval of the well line connection to the dwelling was granted on **6/11/2015**. The well construction was completed on **6/12/2012**. Water samples were collected on **5/26/2015**.

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-95-2262. 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.**

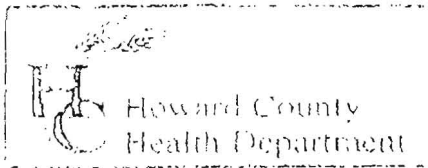
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read "K. M. Wolf". The signature is written in a cursive style with a long horizontal stroke at the end.

Kevin M. Wolf, LEHS, Supervisor  
Groundwater Mgmt. Sec.  
Well & Septic Program

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



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:

- The well site has been staked by Shanaberg + Lane  
(professional land surveyor or company employing professional land surveyors)  
on February 3, 2012 (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

# 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 #: 100876 Account #: 4226  
Reference: Garzon Company: Viking Development Corporation  
Location: 12474 Indian Hill Drive Requested By: Cary Cumberland  
Sykesville, MD 21784 Source: Well Water  
Date/ Time Collected: 5/26/2015 1300 Site: Pressure Tank  
Date/Time Rec'd: 5/26/2015 1445 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.9  
Collected By: C. Mooshian 7268CM Well #: HO-95-2262

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	5/27/2015 / 1030 / LLO
Nitrate	2.12	mg/L	10	601	5/27/2015 / 1030 / CRS
Turbidity	0.83	NTU	<10	SM18 2130B	5/27/2015 / 1200 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	5/27/2015 / 1200 / CRS

### 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 # : B14002532

Date Reported: 5/27/2015

