

B 1 25666

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO - 14 - 0132 fill in this form completely

Date Received (APA) 10-16-14

OWNER INFORMATION

8 10 MM 16 DD 14 YY 13 Haran James + Michelle 15 Last Name Owner First Name 34 36 3100 Longfield Road Street or RFD 55 57 Glenwood MD 21738 70 Town 72 State 76 Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21 Wellington Sec 1 Area 1 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN Glenwood 71

DRILLER INFORMATION

Driller's Name John Hess M Wd 553 76 License No. 81 Firm Name Allied Environmental Services Address P.O. Box 129 Annapolis Junction MD 20701 Signature John Hess Date 10/15/14

B 4 SOURCES OF DRILLING WATER

1. Public 11 STREET ADDRESS 30 3100 Longfield Rd 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W SOUTH S EAST E DISTANCE FROM ROAD 34 310 37 ENTER FT OR MI 38 39 TAX MAP: 0014 BLK: 0021 PARCEL 0239

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1,000 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 (O) OPEN LOOP GEOTHERMAL (C) CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A41116 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 11/07/2014 43 MM 07 DD 2014 YY 48 CO SIGNATURE RST EXP. DATE 11/7/15

APPROXIMATE DEPTH OF WELL 400 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

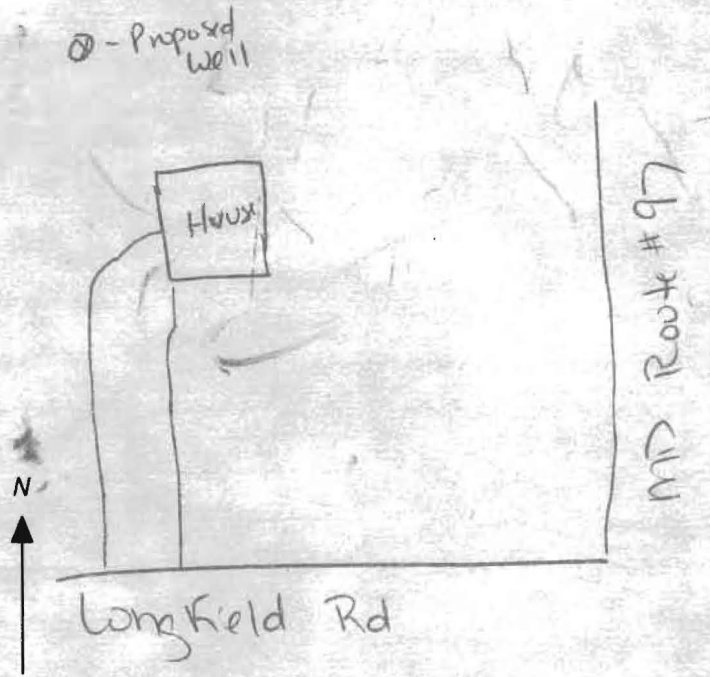
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 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

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



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

APPROP. PERMIT NUMBER G PERMIT No. HO - 14 - 0132 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C 1 **04854** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 500 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-14-0132

OWNER Haran James + Michelle last name first name TOWN Glenwood
 STREET OR RFD 3100 Longfield Rd SECTION LOT

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	
Brown + Red Weathered Rock	0	10	
Boulders + Hard Brown Rock	10	29	
Brown Weathered Rock	29	40	
Gray Rock	40	50	
Brown Rock	50	57	
Gray Rock	57	60	
Brown Rock	60	72	
Gray Rock	72	77	
Broken Brown Rock	77	90	
Dark Gray Rock	90	160	
Med Gray Rock	160	400	
Hard Gray Rock	400	500	

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 10 NO. OF POUNDS 440
 GALLONS OF WATER 50
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 44 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
PL 6 29
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
PL 4 1/2 27 44
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT 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

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. MW D 553
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. MW D 553

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

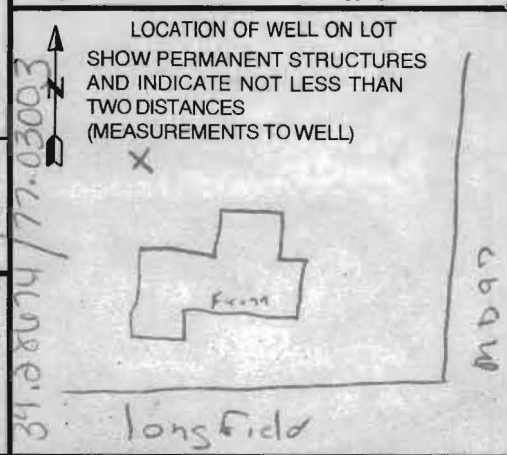
C 2 DEPTH (nearest ft.)
 1 H0 44 500
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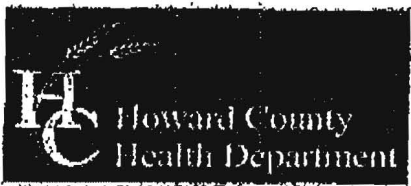
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

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 3
 HOURS PUMPED (nearest hour) 8
 PUMPING RATE (gal. per min.) 8
 METHOD USED TO MEASURE PUMPING RATE Timer/ Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 38 ft.
 WHEN PUMPING 200 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP YES NO
 (CIRCLE) (YES or 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 } LAND SURFACE
 - below } (nearest foot) 1





Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Bellenson, 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:

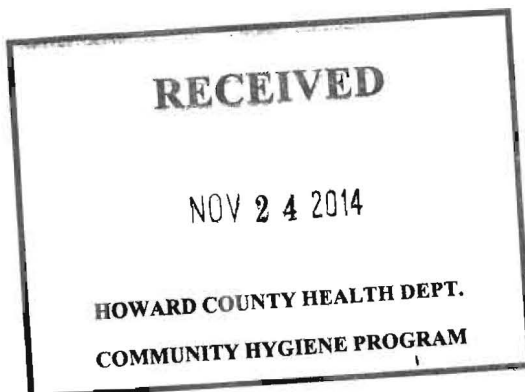
Well Site Location:
 Wellington Sec 2 #1 310 Longfield Rd
 Subdivision/Property Name Lot# Road Name

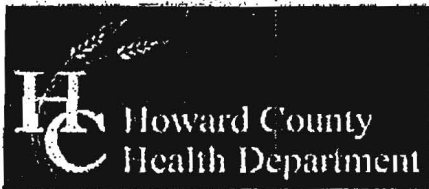
The well site has been staked by Level One Contracting
 (professional land surveyor or company employing professional land surveyors)
 on 11/21/14 (date) and does not require a site inspection.

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





Bureau of Environmental Health
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website: www.hchealth.org

Peter L. Beilenson, 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:
3100 Longfield Road - Wellington Sec 1
Subdivision/Property Name Lot# Road Name

The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (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

C 1 04862

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

1 2 3 6

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 500 26 (TO NEAREST FOOT)

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

OWNER Haran James + Michelle last name first name TOWN Glenwood MD SUBDIVISION SECTION LOT

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 Brn Red Weathered Rock, Bedded + Brn Rock, Brn weathered Rock, Gray Rock, Brn Rock, Gray Rock, Brn Rock, Gray Rock, Brn Rock, Gray Rock, Broken Brn Rock, Dark Gray Rock, Med Gray Rock, Hard Gray Rock.

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 NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 29

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

SCREEN RECORD screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

Table with columns: E A C H S C R E E N, rows 1-3, and SLOT SIZE 1 2 3. Includes DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

70 72 TELESCOPE CASING LOG INDICATOR OTHER DATA 74 75 76

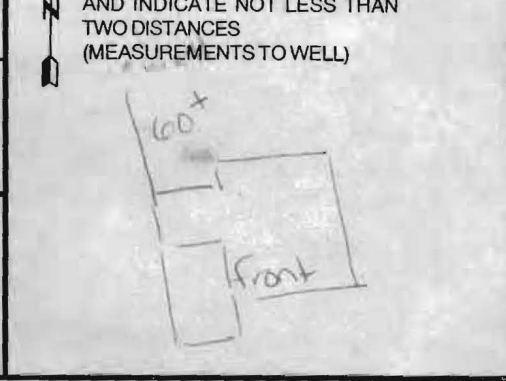
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8. METHOD USED TO MEASURE PUMPING RATE Time/Barrel WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 200 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 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) 50 51

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 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 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. MW D 553 DRILLERS SIGNATURE LIC. NO. MW D 553

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

**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: Fogles Well Drilling LLC Telephone #: 410-795-9670
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. Fogle License# MSP2226

*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: James Haran Telephone #: 410-804-3364
Subdivision: _____ Lot #: 1 Well Tag #: HO-14-0132
Site Address: 3100 Longfield Rd
Glenwood, MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>ESQE10220</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>15</u> GPM	Depth: <u>26"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8</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>40</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>N/A</u>		

<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 psi min</u>	Length of sleeve (5" minimum from foundation): <u>6'</u>
Depth of supply line: <u>26"</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.

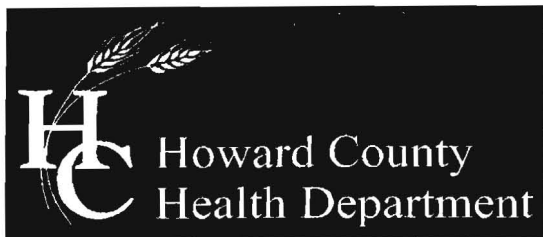
Signature of company representative responsible for installation: David Fogle date: 4-28-15

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

Date Insp. Requested: _____ Date Insp. Approved: 4/27/15 Inspector: BB

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: C. John Hess, MWD 553
Allied Environmental Services

FROM: Ryan Rappaport, L.E.H.S. 
Well & Septic Program

THRU: Jeff Williams, Program Supervisor 
Well & Septic Program

RE: Well Completion Report, Permit # HO-14-0132, 3100 Longfield Rd.

DATE: December 17, 2014

On December 16, 2014 my office received a completion report with yield data for the above referenced property. The completion report was reviewed and at this time cannot be approved. COMAR 26.04.04.07 (3) (b) states that **the casing shall extend through the weathered zone and be seated at least two feet into bedrock.**

Additionally, the above referenced well completion report is missing data from the grouting record. Please provide No. of Pounds of cement and the Gallons of Water. A copy of the well completion report has been attached for your reference. If you have any questions or concerns you may contact the Well & Septic Program at 410-313-1771.

Please bring this well up to code and provide my office with a revised well completion report at your earliest convenience. If the casing cannot be extended to meet COMAR requirements on this well, it must be properly abandoned and the abandonment report submitted to the Health Department.

Cc: File
Kevin Wolf, EH Supervisor
John Boris, MDE
James Haran

C1 04862

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY

DATE Received MM 12 DD 16 YY 14

DATE WELL COMPLETED

MM 12 DD 14 YY 14

Depth of Well

22 500 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-14-0132

OWNER: Haran Janus & Michelle last name first name STREET OR RFD: 3100 Longfield Rd TOWN: Glenwood MD SUBDIVISION SECTION LOT 1

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 entries like Brn Red weathered Rock, Bldd Brn Rock, Brn weathered Rock, Gray Rock, Brn Rock, Gray Rock, Brn Rock, Gray Rock, Brn Rock, Brn Rock, Dark Gray Rock, Med Gray Rock, Hard Gray Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 89 NO. OF POUNDS 45 46 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 29 ft.

CASING RECORD

STAINLESS STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT) MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 29

OTHER CASING (if used)

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

SCREEN RECORD

STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (PL) OTHER (OT) SCREEN TYPE OR OPEN HOLE (insert appropriate code below)

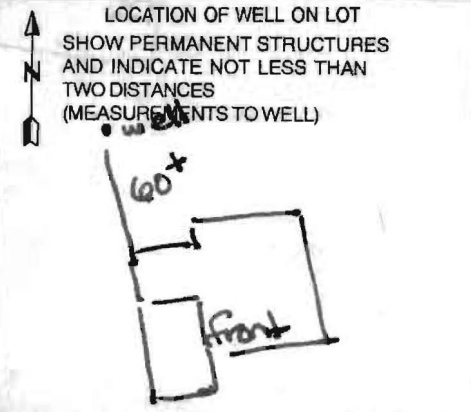
Table for screen record with columns: DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) from, to.

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 3 HOURS PUMPED (nearest hour) 8 PUMPING RATE (gal. per min.) 8. METHOD USED TO MEASURE PUMPING RATE Time/Back WATER LEVEL (distance from land surface) BEFORE PUMPING 38 ft. WHEN PUMPING 200 ft. TYPE OF PUMP USED (for test) C centrifugal, R rotary, T turbine, 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) 50 51



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED YES (Y) NO (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

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DRILLER'S LIC. NO. 1 MW D 553 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 553 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 #: 101820 Account #: 21151
Reference: James Haran Company: CASH ACCOUNT
Location: 3100 Longfield Road Requested By: James Haran
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 7/9/2015 0915 Site: Holding Tank
Date/Time Rec'd: 7/9/2015 1330 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-14-0132

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/10/2015 / 1015 / LLO

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B14003500

Date Reported: 7/10/2015

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 #: 101656 Account #: 21151
Reference: James Haran Company: CASH ACCOUNT
Location: 3100 Longfield Road Requested By: James Haran
Glenwood, MD 21738 Source: Well Water
Date/ Time Collected: 6/30/2015 1229 Site: Holding Tank
Date/Time Rec'd: 6/30/2015 1429 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: R. Ott 4269RO Well #: HO-14-0132

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	3.1	MPN/ 100 ml	<1.0	SM18 9223	7/1/2015 / 1015 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/1/2015 / 1015 / LLO
Nitrate	5.96	mg/L	10	601	6/30/2015 / 1610 / CRS
Turbidity	1.30	NTU	<10	SM18 2130B	6/30/2015 / 1635 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	6/30/2015 / 1635 / CRS
Hardness	82	mg/L CaCO ₃	***	SM18 2340 C.	7/1/2015 / 0830 / CRS

NOTES

- ***Hardness Range: Soft 0-75; Moderately Hard 75-150; Hard 150-300; Very Hard >300 mg CaCO₃/L = milligrams of Calcium Carbonate per Liter
- mg/L = milligrams per liter (also, parts per million)
- MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- NS = None Seen (NS indicates less than 5 mg/L)
- NTU = Nephelometric Turbidity Units
- Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- ND:None Detected
- pH & Chlorine level tested on site
- Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B14003500

Date Reported: 7/1/2015

Bricker, Robert

From: Bricker, Robert
Sent: Tuesday, October 07, 2014 4:37 PM
To: 'James Haran'
Subject: B14003500_On Hold_need well

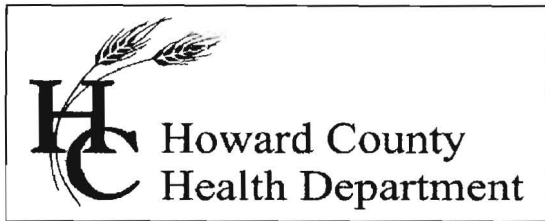
Mr. Haran,

The proposal for constructing a residence at 3100 Longfield Road (Wellington, Lot 1) is On Hold. An approved well is required for Health Department approval of new construction on a vacant lot. Briefly, a Licensed Well Driller will have to apply for the Well Permit with supporting documentation from your surveyor that the well locations are staked accurately.

The Health Department may release the Building Permit when the Well Completion Report is received and approved by the Health Department.

Robert Bricker, CPSS, REHS/R.S., L.E.H.S.
Environmental Sanitarian II
Bureau of Environmental Health
Well and Septic Program, Development Coordination Section
8930 Stanford Blvd.
Columbia, MD 21045

Desk, 410-313-2691; FAX, 41-313-2648



Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – 6 months from letter date

July 20, 2015

Homeowner
3100 Longfield Road
Glenwood, MD 21738

**RE: Wellington, Section 1, Area 1, Lot #1
3100 Longfield Road
Building Permit: B14003500
Well Permit: HO-14-0132**

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 **4/30/2015**. Final approval of the well line connection to the dwelling was granted on **4/27/2015**. The well construction was completed on **12/5/2014**. Water samples were collected on **6/30/2015** and **7/9/2015**.

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-14-0132. 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,

Hank Oswald

Hank Oswald
Environmental Sanitarian
Well & Septic Program

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

Rappaport, Ryan

From: John Boris -MDE- [john.boris@maryland.gov]
Sent: Tuesday, December 16, 2014 3:35 PM
To: Williams, Jeffrey
Cc: Rappaport, Ryan; Wolf, Kevin
Subject: Re: Completion Report Question.

That is correct. The reg clearly states that it must go through the weathered zone. You can't write it on the report and then argue you meant something different. This is a shame. John's a decent driller. If they want to get out of drilling a new well, one can suggest the use of the auger rig via definition and then drill it out to 40'. We'd need to be there for that. Not the preferred way but if they wish to appeal the decision this would be the first order of consideration.

John A. Boris, Jr., LEHS
Geologist Program Consultant
Maryland Dept. of the Environment
Onsite Systems Division
Office: (410) 537-3678
Fax: (410) 537-3163

On Tue, Dec 16, 2014 at 3:21 PM, Williams, Jeffrey <jewilliams@howardcountymd.gov> wrote:

John- I wanted to make sure you were on the same page as us with saying that this casing does not go into the bedrock. It looks to me based on this that we will end up telling Hess that his casing isn't deep enough and he will have to drill a new well.

Jeff

From: Rappaport, Ryan
Sent: Tuesday, December 16, 2014 3:17 PM
To: Williams, Jeffrey
Subject: FW: Completion Report Question.

From: John Boris -MDE- [<mailto:john.boris@maryland.gov>]
Sent: Tuesday, December 16, 2014 3:13 PM
To: Rappaport, Ryan
Cc: Williams, Jeffrey; Wolf, Kevin
Subject: Re: Completion Report Question.

Ryan,

Yes, there are numerous issues with this completion report. The regulation specifically mentions casing is to set *"through the weathered zone and be seated 2 feet into bedrock"*. This is not a and/or question. So based on the completion report this casing is not deep enough. It would be interesting to ask Mr. Hess if he is clear on the regulations regarding casing. I'd pull some other reports from the area. See what others have done. Let me know how this ends.

John A. Boris, Jr., LEHS

Geologist Program Consultant
Maryland Dept. of the Environment
Onsite Systems Division
Office: (410) 537-3678
Fax: (410) 537-3163

On Tue, Dec 16, 2014 at 2:53 PM, Rappaport, Ryan <RRappaport@howardcountymd.gov> wrote:

Hi John,

Robert gave me a well completion report to review and I had a question regarding the casing depth. Can you take a look at this completion report and advise me on how to proceed. My interpretation is that if the casing depth is 29 feet and there are boulders & brown rock from 10 to 29 feet and then brown weathered rock from 29 to 40 feet. The gray rock at 40 to 50 feet would be the competent bedrock...right? Shouldn't the casing be at least 42 feet deep? At 29 feet in length do you think the casing is in bedrock?

There are other things wrong with this completion report but let's start with the casing. Is there an issue here and if so what would you tell the driller?

Ryan Rappaport, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

8930 Stanford Blvd.

Columbia, MD. 21045