

1 2 3 4 5 6  
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well 22 105 28 PERMIT NO. FROM "PERMIT TO DRILL WELL" 170-15-0007

OWNER Hessman Property  
WELL SITE ADDRESS 102 Terrace Road TOWN 10000  
SUBDIVISION 102 Terrace Road SECTION 1 LOT 3

**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	
Top Soil	0	2	
Yellow Shale	2	40	
Brown Shale	40	45	
Blue Shale	45	55	
Yellow Shale	55	60	✓
Blue Shale	60	105	
Flat rock	105	110	✓
Blue Shale	110	205	

**GROUTING RECORD** YES  NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)  44  44

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS 45 NO. OF POUNDS 2000  
GALLONS OF WATER 30  
DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

**CASING RECORD**

caseing 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)  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING 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

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. 1 M 5 D 4 2 1

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.)

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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

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

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 8 9 5

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)  
BEFORE PUMPING 17 20 ft.  
WHEN PUMPING 22 25 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 (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 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 (nearest foot)  
 - below }

LATITUDE 39.25266  
LONGITUDE 77.02642  
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	26865	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>555720-B</i> please type	STATE PERMIT NUMBER <i>HO-15-0007</i> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) *01/27/15*

8 MM 00 YY 13

15 Last Name *Heritage Realty LLC* Owner First Name 34

36 Street or RFD *PO Box 482* 55

57 Town *Lis Bow* MD. 70 State 72 Zip *21765* 76

**LOCATION OF WELL**

8 COUNTY *Howard* 21

23 SUBDIVISION *MARTORIE'S Green* 42

SECTION *44* 46 LOT *3* 48 50

52 NEAREST TOWN *Lis Bow* 71

**DRILLER INFORMATION**

Driller's Name *Ralph E. MAYNE M SD 117* 76 License No. 81

Firm Name *Ralph MAYNE well Drilling*

Address *17024 Handy Rd Mt. Airy MD. 21731*

Signature *[Signature]* Date *1-18-15*

**SOURCES OF DRILLING WATER**

1. well

2.

3.

11 STREET ADDRESS *Jennings Chapel Rd* 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: *20* BLK: *4* PARCEL *500*  
*125*

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL PER MIN.) *5* 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) *500* 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME *Howard* (13) COUNTY NO. *A47058*

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED *3/6/15* *[Signature]* *3/6/16*

43 MM DO YY 48 CO SIGNATURE EXP. DATE

**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

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

*12/21/15 - Sodium, Chloride & TDS water samples taken*

*[Well specs]*

*205 ft deep*

*15 bags grout*

*5.5' static H<sub>2</sub>O level*

*8 gpm*

*Jennings Chapel Road*

*Prop Line*

*40'*

*100'*

*well*

APPROXIMATE DEPTH OF WELL *150* FEET

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 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

39  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)**

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. *HO-15-0007*

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- *Sodium, chloride, and TDS samples required at yield test.*



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: J.P. Conroy Pump Service Inc Telephone #: 301-432-0330  
Address: 2011 Old National Pk  
Brownstown, 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 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: Daniel Ellis Telephone #: 240-677-1634  
Subdivision: Marysville Lot #: 3 Well Tag #: HO-15-0007  
Site Address: 3388 Terrace Chapel Road  
Woodbine, Md 21787

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Stark Make: Apexia Cony Two piece watertight cap: Yes  
Model #: SP1125512-01 Model #: 1125 Screened, vented well cap: Yes  
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: Yes  
Well Yield: 8.5 GPM NSF/WSC approved: Yes Conduit min 1 1/2" B.G.: Yes  
Depth of well encountered at time of pump installation: 205 (feet) Conduit secured to well cap: Yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque wrenches, 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

Finish to house House Connection  
Type: dry FVC sleeve to undisturbed soil at wall penetration: Yes  
PSI: 200 (160 psi min) Length of sleeve (5' minimum from foundation): 60"  
Depth of supply line: 36 (36" min) Sleeve sealed properly: Yes

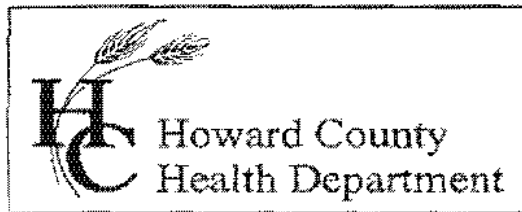
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William Griffith date: 9-19-2017

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

Date Insp. Requested: 09/20/2017 Date Insp. Approved: 09/20/2017 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 46" 09/20/2017 [Signature]  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly 40" 09/20/2017 [Signature]  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade 30" 09/20/2017 [Signature]  
Water supply line sleeved adequately at house connection ✓  
Adequate ground observed below pitless adapter ✓

09/20/2017  
\* Well line sleeved from house to 7' from well casing



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-7548

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

**INTERIM CERTIFICATE OF POTABILITY**

Expiration Date – May 22, 2018

November 22, 2017

Daniel & Karen Ellis  
3388 Jennings Chapel Road  
Woodbine, MD 21797

RE: Marjorie's Green, Lot 3  
3388 Jennings Chapel Road  
Woodbine, MD 21797  
Building Permit: B17000765  
Well Permit: HO-15-0007

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 6/16/17. Final approval of the well line connection to the dwelling was granted on 9/20/2017. The well construction was completed on 12/21/15. Water samples were collected on 12/21/2015 and 11/13/2017

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-15-0007. In addition to standard requirement, concentrations of sodium, chloride and total dissolved solids were all under the maximum contamination level. Although 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 testing 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.

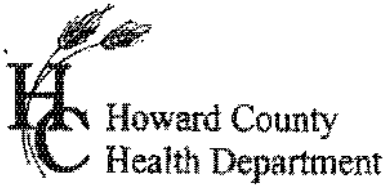
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Freemon  
Environmental Sanitarian  
Well & Septic Program

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



7178 Columbia Gateway Dr., 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. Bielensohn, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Marjorie's Green</u>	<u>3</u>	<u>Jennings Chapel Road</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Fisher, Collins and Carter, Inc.,  
(professional land surveyor or company employing professional land surveyors)  
on 01/20/15 (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 3/11/07





State of Maryland  
 DHMH-Laboratories Administration  
 Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
 1770 Ashland Avenue, Baltimore, Maryland 21205  
 Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
 8930 STANFORD BLVD  
 COLUMBIA, MD 21045

Lab Project No: E16002523    Date Coll.: 12/21/2015    Date Received 12/22/2015    Submitted By: R. Rappap

Field ID: HC0007  
 Lab No.: E16002523001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	4.69	ppm	12/23/2015

**Comments:**

Approved by: <u><i>Yingtao Chou</i></u>	Approval date: <u>12/28/2015</u>
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\*\*The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

Send Report To:

Bert Nixon  
Howard County Health Department  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, Maryland 21045

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**TRACE METALS LABORATORY**  
1770 Ashland Avenue  
Baltimore, Maryland 21205



**E16002523001**

Received: 12/22/2015

Metals

HC0007

Do not write above this line

### LABORATORY ANALYSIS REQUEST

Please Print

Sample ID No: HC0007 Site Name: Marjorie's Green Lot 3 County: Howard

Sample Source: New Well "Jenning's Chapel Rd. HO-15-0007" Collector: R. Rappaport  
Street Town or City Name

Date Collected: 12/21/2015 Time Collected: 11 a.m. \_\_\_\_\_ p.m. Phone #: 410-313-1781

Sample Preserved By:  Field  ESRL  WMRL  Central Lab  
Preservative Used:  HNO<sub>3</sub> pH < 2, 545, 12/22/15 mL pH: \_\_\_\_\_

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
Data Category:  Community  Stream  Distribution (Treated)  Solid  
Code:  Non-Community  Sediment  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: sample taken during yield test

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
X	Sodium (Na) <u>ND</u>			Potassium (K)	
	Thallium (Tl)			Uranium (U)	
				Vanadium (V)	

Lab Supervisor: \_\_\_\_\_

Date Reported:   /  /  

•Phone: (443) 681-3857

•Fax: (443) 681-4507

DHMH 4432 (05/15)

SUBMITTER'S COPY



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**INORGANICS ANALYTICAL LABORATORY**  
1770 Ashland Avenue, Baltimore, Maryland 21205  
Robert Myers, Ph.D., Director



## Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH  
8930 STANFORD BLVD  
COLUMBIA, MD 21045

Lab Project NoE16002524 Date Coll. 12/21/2015 Date Received 12/22/2015 Submitted By:Rappaport

Field ID: HC0007  
Lab No.: E16002524001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	<10	mg/L	12/28/2015
Total Dissolved Solids	SM 2540C	82	mg/L	12/23/2015

### Comments:

Approved by: \_\_\_\_\_

Approval date: 12/29/2015

\*The following methods are included in our A2LA Scope of Accreditation: EPA 150.1, EPA 353.2, EPA 375.2, SM 4500F-C, SM 4500-CN G & OCM-CN, OCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

# 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 #: 118338 Account #: 6172  
Reference: Daniel & Karen Ellis Company: Andes Pest Control  
Location: 3388 Jennings Chapel Road Requested By: David Andes  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 11/13/2017 1750 Site: 1st Floor Powder Room  
Date/Time Rec'd: 11/14/2017 0937 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 5.5  
Collected By: D. Andes 6701DA Well #: HO-15-0007

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	11/15/2017 / 0930 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	11/15/2017 / 0930 / CRS
Nitrate	4.41	mg/L	10	601	11/14/2017 / 0955 / CRS
Turbidity	1.05	NTU	<10	SM20 2130B	11/14/2017 / 0945 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	11/14/2017 / 0945 / 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 pH and chlorine level tested in lab
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Sample collected by client, analyzed as received
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : B17000765

Date Reported: 11/15/2017

