

C1 26516

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.

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

COUNTY NUMBER 545178

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED 05 13 14

05 06 14

22 205 26 (TO NEAREST FOOT)

OK (KW) 8/24/14 40 95-2659

OWNER Duplan Bernard WELL SITE ADDRESS 3211 JONES RD TOWN LISBON SUBDIVISION Duplan Prop. SECTION LOT I

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 22 NO. OF POUNDS 2280 GALLONS OF WATER 132 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50+

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 85

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.)

1 40 83 2 15 72 3 23 24 25 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 52 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 36 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 2 (nearest foot)

LATITUDE 39.28490 LONGITUDE 77.09313 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y/N) CIRCLE APPROPRIATE LETTER 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 SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1

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

B 1	14998	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <i>345178</i>	STATE PERMIT NUMBER HO-95-2659 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) *10/30/13*

8 MM DO YY 13

15 Last Name *Duplan* Owner First Name *Berwand* 34

36 Street or RFD *3211 Jones Rd* 55

57 Town *Woodbine* 70 State *MD* 72 Zip *21799* 76

LOCATION OF WELL

B 3

8 COUNTY *Howard* 21

23 SUBDIVISION *Duplan Property* 42

SECTION *44* 46 LOT *I* 48 50

52 NEAREST TOWN *Lisbon MD* 71

DRILLER INFORMATION

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

Firm Name *Ralph MAYNE Well Drilling*

Address *17024 Hanly Rd Mt Airy MD 21771*

Signature *R E Mayne* Date *10-30-13*

SOURCES OF DRILLING WATER

11 *3211 Jones Rd* 30 STREET ADDRESS

1. *Well*

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 *600* 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

1. 2. 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

O OPEN LOOP GEOTHERMAL

C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED *3/13/14* *Andrew Saint* *3/13/15* 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL *150* FEET 24 28

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

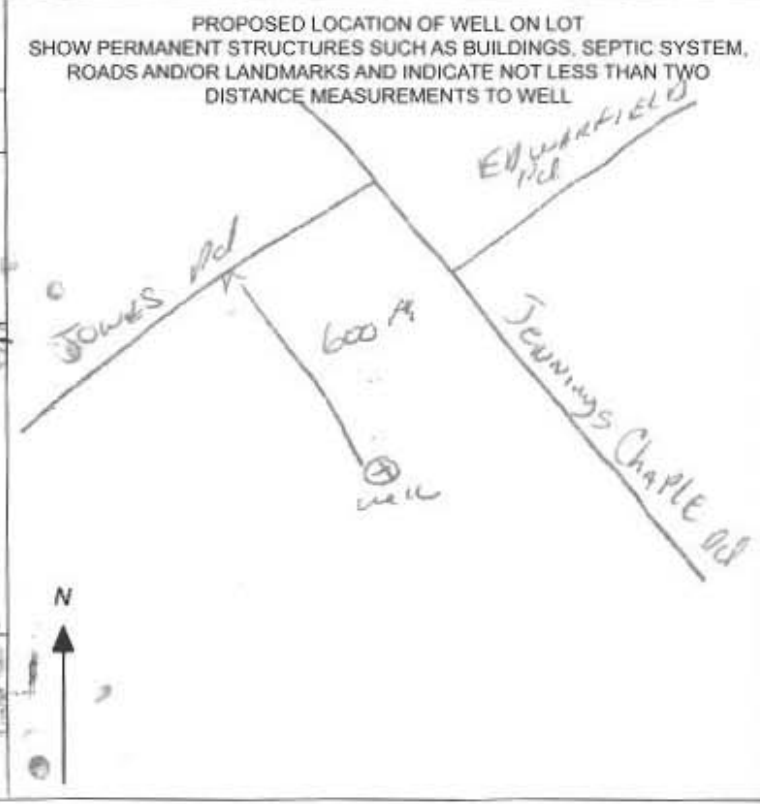
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 70

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. *HO-95-2659* 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-2658¹
 Location of property (road) 3211 Jones Rd
 Subdivision DuPLAN Prop Lot I Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner BENARD DuPLAN

Depth of well 205[#]
 Distance of measuring point (M.P.) above ground 2[#]
 Static water level (S.W.L.) below M.P. 29[#]

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>7:30</u>	<u>29 A.</u>	<u>6 Sec</u>		<u>10 GPM</u>
			<u>TEST STARTED</u>	
<u>7:45</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>8:00</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>8:15</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>8:30</u>	<u>52 "</u>	<u>6 "</u>		<u>10 "</u>
<u>8:45</u>	<u>52 "</u>	<u>6 "</u>		<u>10 "</u>
<u>9:00</u>	<u>52 "</u>	<u>6 "</u>		<u>10 "</u>
<u>9:15</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>9:30</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>9:45</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>10:00</u>	<u>52 "</u>	<u>6 "</u>		<u>10 "</u>
<u>10:15</u>	<u>52 "</u>	<u>6 "</u>		<u>10 "</u>
<u>10:30</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>
<u>10:45</u>	<u>52 A</u>	<u>6 Sec</u>		<u>10 GPM</u>

**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: Chesapeake Geosystems Telephone #: 240-446-4063
Address: 1824 Ridge Rd
Westminster Md 21157

(Must circle one) Licensed Plumber **Licensed Well Driller** Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Wesley Wolfe License# JWD391

***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: Glenn Connor Telephone #: 301-706-0758
Subdivision: Duplane Prop Lot #: 1 Well Tag #: HO-95-2659
Site Address: 3150 Jennings Chapel Rd
Woodbine Md 21797

Submersible Pump Data

Make: Schaeffer LFE
Model #: ISLD154-230
Pump Capacity 15 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: America Granby
Model#: PA5-97(2012)
Depth: 42 (36" min)
NSF/WSC approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.: 36'
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 205 (feet)

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

Type: HDPE
PSI: 200 (160 psi min)
Depth of supply line: 48" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve (5' minimum from foundation): 5'
Sleeve 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: Wesley A Wolfe date: 11-30-2017

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 _____

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WELL & SEPTIC PROGRAM
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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: Chesapeake Geosystems 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - ____ - ____
Site Address: 3150 Jennings Chapel Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
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: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve 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: 12/1/17 Date Insp. Approved: 12/1/17 Inspector: SC

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"/>

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – OCTOBER 26, 2018

April 26, 2018

Homeowner
3150 Jennings Chapel Road
Woodbine, MD 21797

RE: Duplan Property, Lot 1
3150 Jennings Chapel Road
Building Permit: B17001483
Well Permit: HO-~~12204~~

95-2659 (km)

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 11/21/2017. Final approval of the well line connection to the dwelling was granted on 12/1/2017. The well construction was completed on 11/10/2017. Water samples were collected on 4/17/2018, 4/24/2018.

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-~~12204~~. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

95-2659

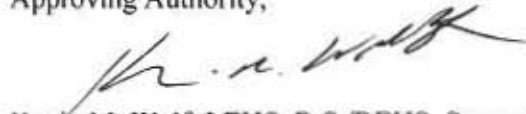
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Keyin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
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 #: 121360 Account #: 7188
Reference: Connor Company: Lakestone Homes
Location: 3150 Jennings Chapel Road Requested By: Jeff Van Stone
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 4/24/2018 1135 Site: Pressure Tank
Date/Time Rec'd: 4/24/2018 1422 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.7
Collected By: G. Lana 3799GL Well #: HO-95-2659

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/25/2018 / 0900 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/25/2018 / 0900 / CRS

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 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17001483

Date Reported: 4/25/2018

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 #:	121151	Account #:	7188
Reference:	Connor	Company:	Lakestone Homes
Location:	3150 Jennings Chapel Road Woodbine, MD 21797	Requested By:	Jeff Van Stone
Date/ Time Collected:	4/17/2018 0940	Source:	Well Water
Date/Time Rec'd:	4/17/2018 1211	Site:	Pressure Tank ✓
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	6.8
		Well #:	HO-95-2659

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223	4/18/2018 / 0830 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	4/18/2018 / 0830 / CRS
Nitrate	<1.0	mg/L	10	601	4/17/2018 / 1600 / CS/RR
Turbidity	3.56	NTU	<10	SM20 2130B	4/17/2018 / 1625 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	4/17/2018 / 1625 / RER

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: Cap Appeared Satisfactory
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B17001483

Date Reported: 4/18/2018

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 VANMAR & ASSOC INC on 09.30.2013 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

ATT 
Lot I
Sub-DuPLaw Property

