

C1 24113

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.

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER LAND DESIGN + Development WELL SITE ADDRESS Line Kiln Rd TOWN Fulton SUBDIVISION Dustin Property SECTION LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Soil, CLAY, Brown Shale, Fractured schist, and med schist.

GROUTING RECORD, CASING RECORD, SCREEN RECORD sections with checkboxes and input fields for materials and dimensions.

PUMPING TEST section with input fields for hours pumped, pumping rate, water level, and pump type.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y) NO (N)

DEPTH (nearest ft.) section with a vertical scale and input for 500 ft.

PUMP INSTALLED section with checkboxes for driller and pump type, and input for capacity and power.

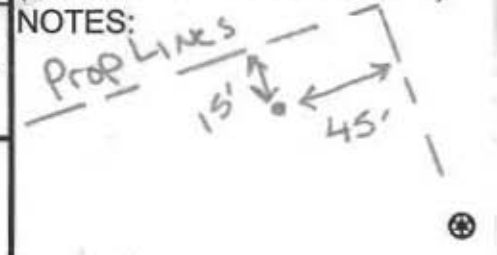
CIRCLE APPROPRIATE LETTER section with options A, E, P.

GRAVEL PACK section with input fields for dimensions.

LATITUDE 39.14933 LONGITUDE 76.92857 (DEFAULT COORD. WGS 84)

DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE M S D O G E LIC. NO. MS DO 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) section with checkboxes T, W, Q.



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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA section.

B 1 1 2 3 4 5 23807	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 544551B	STATE PERMIT NUMBER HO-95-2492 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 022713
 8 MM DO YY 13

15 Last Name Land Design + Development Owner First Name Land Design + Development 34

36 Street or RFD 5300 Dorsey Hall Dr, Suite 102 55

57 Town Elliot City, MD 70 State MD 72 Zip 20431 76

LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Dustin Property 42

SECTION 44 46 LOT 7 48 50

52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Michael Bartow MWD 355 76 License No. 81

Firm Name Bartow Well Drilling

Address 522 Underwood Ln 21014

Signature [Signature] Date 2/26/13

SOURCES OF DRILLING WATER

1. Well

2.

3.

11 STREET ADDRESS Lime Kiln Road 30

C. IN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

N	E
W	S

34 800 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 46 BLK: 1 PARCEL: 103

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

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

COUNTY NAME Howard COUNTY NO. 13

STATE SIGNATURE _____ INSERT S → _____ 41

DATE ISSUED 03/11/2013 CO SIGNATURE [Signature] EXP. DATE 3/11/14

43 MM DO YY 48

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

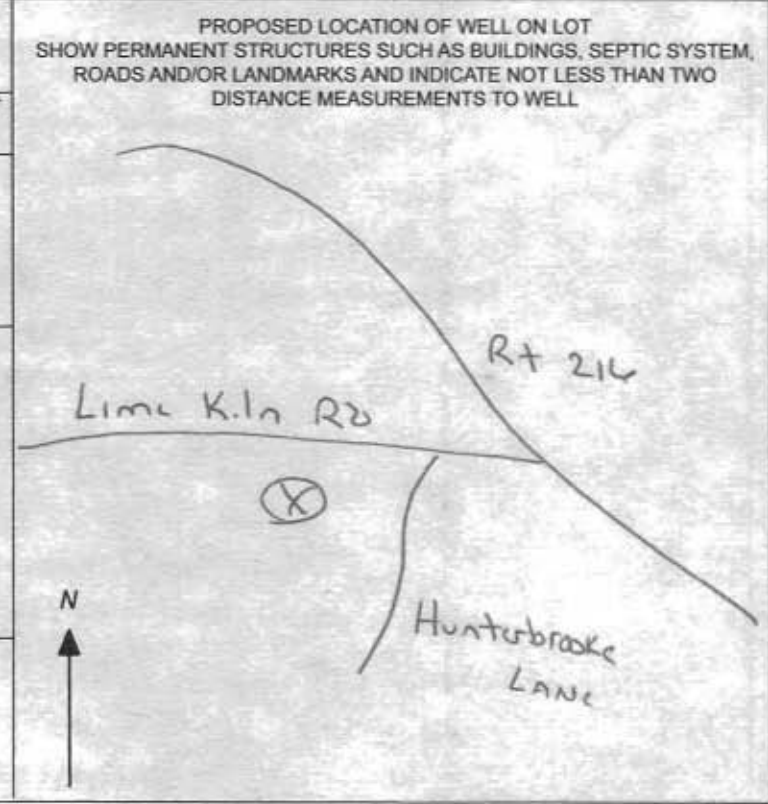
THIS WELL WILL DEEPEM AN EXISTING WELL

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-95-2492
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

*JHO r
 343.5
 592.8*

Date Test Completed:	April 1, 2013
Well Depth:	500 feet
Customer: Ellicott City Landholding	Permit # HO-95-2492
Road: Lime Kiln Road	Subdivision: Dustin Property
City: Fulton	Section:
State: Maryland	Lot #: 7

Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G P M
8:00 AM	30	4	15.00
8:15 AM	113	4	15.00
8:30 AM	157	5	12.00
8:45 AM	203	10	6.00
9:00 AM	246	20	3.00
9:15 AM	259	30	2.00
9:30 AM	259	30	2.00
9:45 AM	259	30	2.00
10:00 AM	259	30	2.00
10:15 AM	259	30	2.00
10:30 AM	259	30	2.00
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2:00 PM	259	30	2.00
2:15 PM	259	30	2.00
2:30 PM	259	30	2.00
2:45 PM	259	30	2.00
3:00 PM	259	30	2.00
3:15 PM	259	30	2.00

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee

**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: FOGLE'S WELL Telephone #: 410-795-5470
Address: 550 ORRY HT RD
SYKESVILLE MD 21784

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

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

Name (Print): DONALD FOGLE License# MSD226

*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: ROY GRANT Telephone #: 443-336-4238
Subdivision: DUSTIN GOLDEN FIELDS Lot #: 7 Well Tag #: HO-95-2492
Site Address: 8025 KAYLADINE LANE
FULTON MD 20759 ✓ 06/01/2018 @

Submersible Pump Data

Make: GRUNDEFS
Model #: 155QE15-290
Pump Capacity: .15 GPM
Well Yield: 2 GPM

Pitless Adapter

Make: AMEZ GRANBY
Model #: PTB CONL
Depth: 54" (36" min)
NSP/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes-1" PVC

Depth of well encountered at time of pump installation: 500 (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 Yes

Piping to house

Type: 1" PLASTIC
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): (5)
Sleeve sealed properly: SEALED w/ FERNCO FITTING

*verified w/ contractor
KMW*

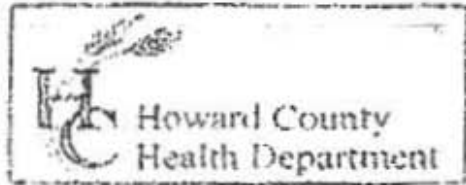
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 5-17-18

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

Date Insp. Requested: 2/6/18 Date Insp. Approved: 6/4/18 Inspector: [Signature]
Inspection Data:
Pitless adapter watertight & water supply line at least 36" below grade [Signature]
Two piece cap installed and attached to casing securely [Signature]
Elec. conduit extends at least 18" below grade/attached to cap properly [Signature]
Safety rope not outside of well cap/casing [Signature]
Correct well tag attached properly and casing 8" above finished grade [Signature]
Water supply line sleeved adequately at house connection [Signature]
Adequate grout observed below pitless adapter [Signature]

*2/6/18 (sc)
Inspected well line
show new flow
short. (3 1/2 ft)*



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:

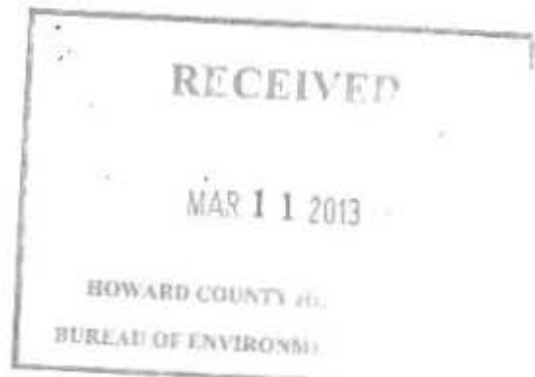
Dustin Property Lots 5, 6, 7, 8 + 9

The well site has been staked by Fisher Collins + Carter,
 (professional land surveyor or company employing professional land surveyors)
 on 2/27/13 (date) and does not require a site inspection.

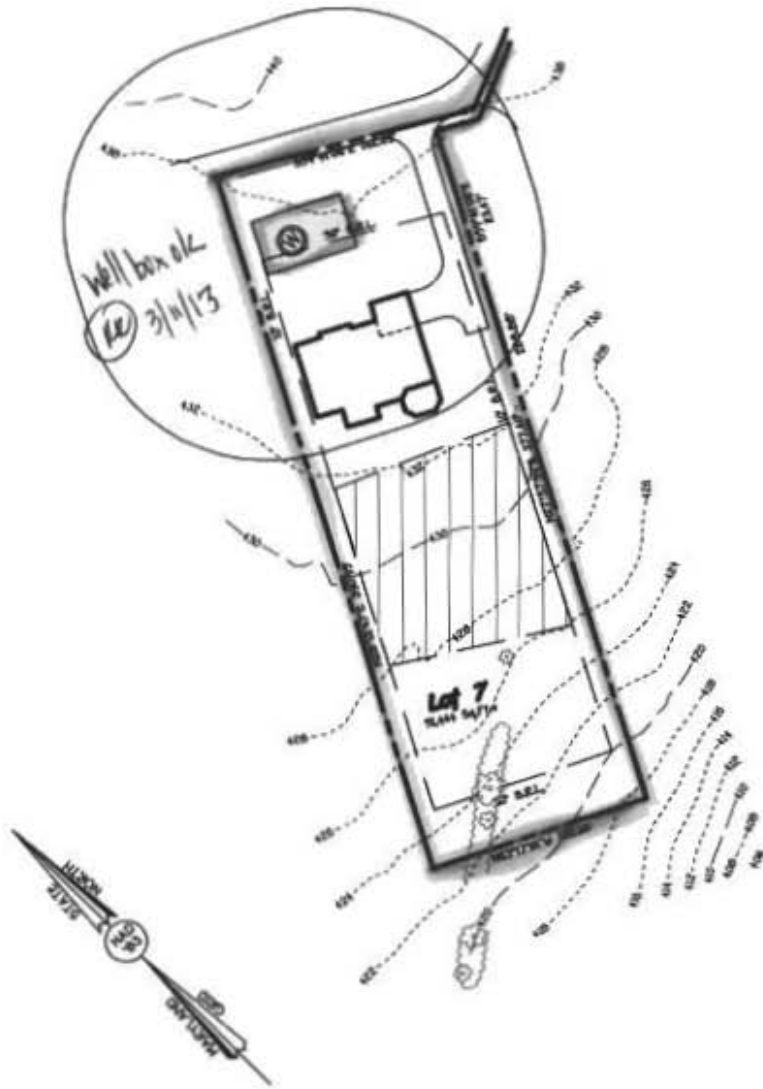
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

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



I:\2005\05072\dwg\05072 Well Exhibit For Lot 7.dwg, Model, 2/22/2013 9:51:45 AM, 1:100



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

EXHIBIT TO ACCOMPANY
 WELL PERMIT
 LOT 7
 DUSTIN'S GOLDEN FIELDS
 TAX MAP 46 GRID 1 PARCEL 103
 HOWARD COUNTY, MARYLAND
 SCALE 1"=100'
 DATE FEBRUARY 22, 2013

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – DECEMBER 5, 2018

June 5, 2018

Homeowner
8025 Kayladine Lane
Fulton, MD 20759

RE: Dustin Golden Est., lot 7
8025 Kayladine Lane
Building Permit: B17003187
Well Permit: HO-95-2492

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 **3/14/2018**. Final approval of the well line connection to the dwelling was granted on **6/4/2018**. The well construction was completed on **3/30/2013**. Water samples were collected on **5/22/2018**.

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-95-2492. 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>

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,



Kevin 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 #: 122016 Account #: 1933
Reference: Fogles Well Pump & Treatment Company: Fogles Well Pump & Treatment
Location: 8025 Kayladine Lane Requested By: Dave Fogle
Ellicott City, MD 21042 Source: Well Water
Date/ Time Collected: 5/22/2018 1206 Site: Pressure Tank
Date/Time Rec'd: 5/22/2018 1525 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Fogle 1974JF Well #: HO-95-2492

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/23/2018 / 1000 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	5/23/2018 / 1000 / CRS
Nitrate	<1.0	mg/L	10	601	5/22/2018 / 1550 / RER
Turbidity	0.94	NTU	<10	SM20 2130B	5/22/2018 / 1600 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	5/22/2018 / 1600 / 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 Sample collected by client, analyzed as received
- 7 ND:None Detected
- 8 pH and Chlorine level tested in lab
- 9 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy**Building Permit # :** B17003187Date Reported: 5/24/2018