

C1 0604

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)

COUNTY NUMBER 13 A523377

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2032

OWNER Great Oak Home Inc. STREET OR RFD McKendree Rd TOWN West Friendship SUBDIVISION McKendree Springs SECTION LOT PPA

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 FROM TO check if water bearing

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Rows include Overburden, Brown Shale, Gmy Rock, Hot water, and 5' 1 1/2' 21' 2,38' logs.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 5 NO. OF POUNDS 450 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 21 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and screen depths.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 13.63 METHOD USED TO MEASURE PUMPING RATE Watch + Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 22 WHEN PUMPING 48 TYPE OF PUMP USED (for test) C centrifugal

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below (nearest foot) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

LAT 39° N. 18.678 Long 77° W 0.300

NUMBER OF UNSUCCESSFUL WELLS: 0

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

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-D 157

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)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2032 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76 Great OAK Homes Inc 1300 YORK Road Ste 110 Lutherville MD 21093

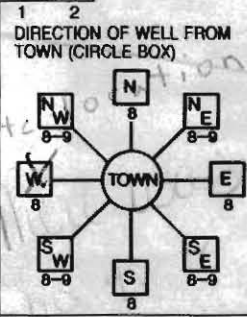
LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 51 SECTION 44 46 LOT 48 50 B.P.P.A West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 73 4 M 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81 Firm Name Address Signature Date Sandy B Cochran MWD 1207 G.E. HARR Well Drilling 12047 Falls Road 21030 Sandy B Cochran 11/11/10

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH DISTANCE FROM ROAD 34 37 ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 6 PARCEL 128

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 5 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 750 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 41 CO SIGNATURE EXP. DATE NORTH GRID EAST GRID

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 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 24 300 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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)

- 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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. Shop 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 0798 N 538

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER PERMIT No. HO-95-2032

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Robert L. Feezer Co. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykeville, 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): Russel C. George License# PI0148

***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: Envision Builders, LLC Telephone #: _____
Subdivision: McKendree Springs Lot #: _____ Well Tag #: HO-95-2032
Site Address: 2250 McKendree Road 09/27/2018
West Friendship, MD 21794

Submersible Pump Data

Make: Schaefer
Model #: 5SR05S4-2W230
Pump Capacity 5 GPM
Well Yield: 13.6 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/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

Depth of well encountered at time of pump installation: 300 (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 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 N/A

Piping to house

Type: Poly
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): 10'
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.

Russell C. George 7/3/18
Signature of company representative responsible for installation date

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

Date Insp. Requested: 7/5/18 Date Insp. Approved: _____ Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade check after final grading

Two picce 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 ✓

*well line sleeved
under driveway*

13" 09/27/2018

JOHN C. MOORELEY
CREATOR S. MOORELEY
L. 2210 E. 123
HOWARD COUNTY
AGRICULTURAL LAND
PRESERVATION EASEMENT
HC-99-02
ZONED RD-020

BUILDABLE PRESERVATION PARCEL 'A'
PRIVATELY OWNED
HOWARD COUNTY EASEMENT HOLDER
HOMEOWNERS ASSOCIATION EASEMENT HOLDER
10.80 AC.

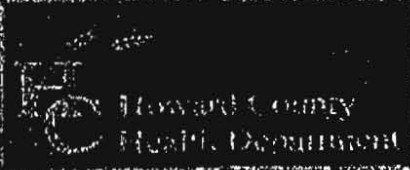
Well site locations
approved on 12/3/10

To be Staked by
Newport
Engineering

PARCEL B3
REBECCA WARRREN L.
ERICKET ELISE LORICE
L. 3480 E. 277
ZONED: RD-020

PARCEL C11
HARRIS SPRINGS
LOT 7
GREAT OAK HOMES, INC.
PLAT NO. 14023
L. 14277/12, 215
ZONED: HC-250

PLAN VIEW
SCALE: 1" = 100'



Board of Environmental Health
 7777 Greenway Drive, Suite 200
 Columbia, MD 21046
 Tel: 410-311-2222
 Fax: 410-311-2222

TO ALL INTERESTED PARTIES

When submitting a permit application for a proposed well for new construction, the applicant must provide the following:

- 1. Well location: **WINDZEE SPRINGS** **2. MCKENDEE ROAD**

All permit applications submitted by **BENCHMARK ENGINEERING INC** on **12/6/2010** and does not require a site inspection.

The well filter build on proposed well will comply with Department standards and will meet the health and safety requirements for the proposed well location.

The County will not be responsible for the cost of the well filter build on proposed well location.

Respectfully,
 [Signature]



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MAY 2, 2018

November 2, 2018

Homeowner
2250 McKendree Road
West Friendship, MD 21794

RE: McKendree Springs, P. A
2250 McKendree Road
Building Permit: B17004119
Well Permit: HO-95-2032

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 9/27/2018. Final approval of the well line connection to the dwelling was granted on 11/2/2018. The well construction was completed on 12/22/2010. Water samples were collected on 10/1/2018, 10/11/2018.

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-95-2032. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

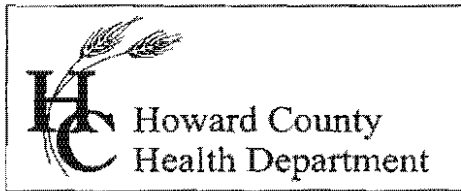
In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a horizontal line.

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



7178 Columbia Gateway Drive, 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. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Bob Mowrey
McKendree Associates
Email: bmowery@comcast.net

FROM: Michael Johnson
Well and Septic Program
Development Coordination Section

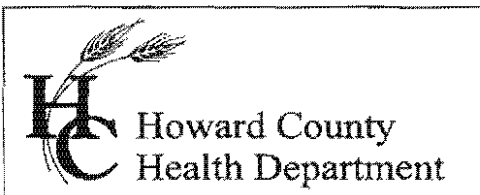
RE: *McKendree Springs Subdivision*
Buildable Preservation Parcel A (Lot 2) and Lot 3
Well permit

DATE: December 2, 2010

The following comments apply to the above referenced well permit. These comments must be addressed prior to well permit approval. Please revise and resubmit to the Howard County Health Department.

- Stake letters should be submitted for Buildable Preservation Parcel A (Lot 2) and Lot 3 denoting who staked the well site (the professional land surveyor) and date.
- Well site plan should be submitted for Buildable Preservation Parcel A (Lot 2)

MJ
CC: G.E. Harr Well Drilling
File





7178 Columbia Gateway Drive, 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. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Bob Mowrey
McKendree Associates

FROM: Michael Johnson 
Well and Septic Program
Development Coordination Section

THRU: Kevin M. Wolf, R.S. 
Environmental Sanitarian

RE: *McKendree Springs Subdivision*
Lot 3 and 4
Well permit

DATE: November 10th, 2010

The following comments apply to the above referenced well permit. These comments must be addressed prior to well permit approval. Please revise and resubmit to the Howard County Health Department.

- Well permit should be submitted for buildable preservation parcel A instead of lot 4
- The driveway located on lot 3 should show a minimum setback of 10ft from the alternate well on the well site plan
 1. Note: The setback is in compliance as shown on the Perc Certification plan

MJ
Cc:
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 #: 125446 Account #: 1920
Reference: Envision Builders Company: Robert L Feezer Co- New Homes
Location: 2250 McKendree Road Requested By: Rick Cross
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 10/1/2018 1151 Site: Kitchen Sink Tap
Date/Time Rec'd: 10/1/2018 1539 Treatment: Sediment Filter Bypassed
Chlorine ppm: Free: ND Total: ND pH: 5.1
Collected By: R. Ott 4269RO Well #: HO-95-2032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	15.0	MPN/ 100 ml	<1.0	SM20 9223B	10/2/2018 / 1015 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/2/2018 / 1015 / RER
Nitrate	8.73	mg/L	10	601	10/2/2018 / 0920 / RER
Turbidity	1.72	NTU	<10	SM20 2130B	10/2/2018 / 0925 / RER
Sand	NS	mg/L	5	Visual/Gravimetric	10/2/2018 / 0925 / 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 Visual well check: Sealed, vented cap
- 9 pH tested in lab, chlorine level tested on site (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B17004119

Date Reported: 10/2/2018

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 #: 125804 Account #: 1920
Reference: Envision Builders Company: Robert L Feezer Co- New Homes
Location: 2250 McKendree Road Requested By: Rick Cross
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 10/11/2018 1243 Site: Pressure Tank
Date/Time Rec'd: 10/11/2018 1420 Treatment: Sediment Filter Bypassed
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-2032

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/12/2018 / 0930 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/12/2018 / 0930 / RER

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
- 5 pH tested in lab, chlorine level tested on site (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B17004119

Date Reported: 10/12/2018