



HOWARD COUNTY HEALTH DEPARTMENT

72904

DATE
12/29/20

WS

Received From

PHONE #

Maryland Estor
Builders Inc.

For

Well Permit / 14511
Macclintock
CT

CASH

CHECK

NO.

1986

One hundred sixty

Dollars

\$

160.00

Received By

A King

C1 67608

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

3-24-21

22 340 26

Approved 7/19/21

HO-20-0076

OWNER MARYLAND CUSTOM HOMES, WELL SITE ADDRESS 14511 HIG CLINTON CT, TOWN GLENWOOD, SUBDIVISION WARFIELD EST, SECTION 4, LOT 21

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Gray Slate, Brown Slate, Gray Slate, Brown Slate, Gray Slate, Gray Micq, opening, Gray Micq.

GROUTING RECORD section with checkboxes for Y/N, CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 7, NO. OF POUNDS 350, GALLONS OF WATER 182, DEPTH OF GROUT SEAL 33 ft.

CASING RECORD section with checkboxes for ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER), MAIN CASING TYPE ST, Nominal diameter 6, Total depth 40.

OTHER CASING (if used) section with columns for diameter and depth.

SCREEN RECORD section with checkboxes for ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER), screen type or open hole HO.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

- CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION)

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...

DRILLERS LIC. NO. 1 MW D 603, DRILLERS SIGNATURE Darron E. Wilson, LIC. NO. 1 JSD 038, SIGNATURE Bruce Shannon

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

DEPTH (nearest ft.) table with columns 1-21, values 38, 340, 38, 340.

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

PUMPING TEST section with fields: HOURS PUMPED 3, PUMPING RATE 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 33, BEFORE PUMPING 17, WHEN PUMPING 22, TYPE OF PUMP USED S (submersible)

PUMP INSTALLED section with fields: DRILLER INSTALLED PUMP YES NO, TYPE OF PUMP INSTALLED PLACE IN BOX 29, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43, CASING HEIGHT 49

LATITUDE 39.279473, LONGITUDE 77.020553 (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.




B 1 SEQUENCE NO. (MDE USE ONLY) **52431** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **572904** STATE PERMIT NUMBER **HO - 20 - 0076**
70 79 fill in this form completely

1 2 3 6 Date Received (APA) **12-29-20** **13649**
8 MM DD YY **13** OWNER INFORMATION
MARYLAND CUSTOM HOMES
15 Last Name Owner First Name **34**
P. O. BOX 42
36 Street or RFD **55**
CLARKSVILLE, MD
57 Town **70** State **72** Zip **76**

B 3 LOCATION OF WELL CC#
Howard
8 COUNTY **21**
Warfield Estates
23 SUBDIVISION **42**
SECTION **4** **LOT** **21**
44 46 48 50
Glenwood
52 NEAREST TOWN **71**

DRILLER INFORMATION
Darren E. Wilson **M W D** **603**
76 License No. **81**
L. F. Easterday Well Drilling
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
Darren E. Wilson **12/23/2020**
Signature **Date**

B 4 SOURCES OF DRILLING WATER
14511 Macclintock Court
11 STREET ADDRESS **30**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 37
DISTANCE FROM ROAD **Ft.**
ENTER FT OR MI **38 39**
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 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

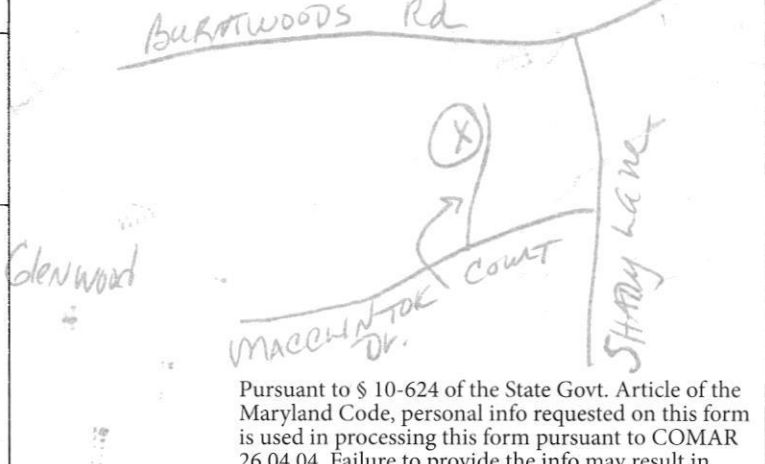
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **13**
COUNTY NAME **COUNTY NO.**
STATE SIGNATURE **INSERT S** **41**
DATE ISSUED **03/02/21** **03/02/22**
43 MM DD YY **48** **CO SIGNATURE** **EXP. DATE**

APPROXIMATE DEPTH OF WELL **300** FEET
24 **28**

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

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) **JETTED** **Jettied & 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
 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**

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.

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER **G**
PERMIT No. **HO - 20 - 0076**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **HEALTH DEPARTMENT MUST BE NOTIFIED OF ALL DRILLING ACTIVITIES**
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: Eastday-Wilson Water Service Telephone #: 301-831-7057
Address: 9265 Brown Church Rd
Mt Airy md 21771

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

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

Name (Print): Darren E Wilson License# MSD 188

***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: MD Custom Builders Inc Telephone #: 301-924-9550
Subdivision: _____ Lot #: _____ Well Tag #: HO-20-0076 (ST)
Site Address: 14511 MacClinton Ct.
Glenwood md

Submersible Pump Data

Make: Schottler
Model #: ZSLD354
Pump Capacity 25 GPM
Well Yield: 100 GPM

Pitless Adapter

Make: Bechtel
Model#: P200
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
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 340 (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 N/A

Piping to house

Type: 2" HDPE
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.

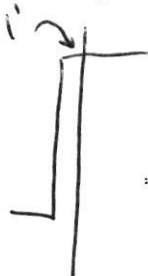
Signature of company representative responsible for installation _____

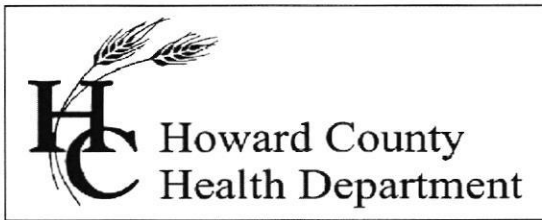
date 9-8-21

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

Date Insp. Requested: 9/8/21 Date Insp. Approved: 9/8/21 Inspector: (ST)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 44"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 31"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 20"
Water supply line sleeved adequately at house connection ✓ 8"
Adequate grout observed below pitless adapter ✓

* 2" line for fire suppression





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 3rd, 2022

December 3rd, 2021

Curley, Patrick; Curley, Brooke
210 Market Street
Brookeville, MD 20833

**RE: Warfield Estates, Lot 21
14511 MacClintock Court
Building Permit: B21000482
Well Permit: HO-20-0076**

Dear Homeowner:

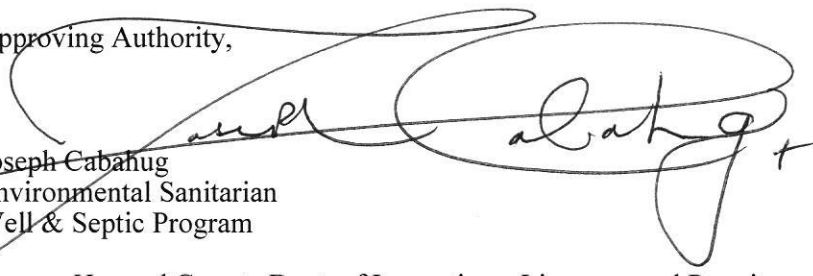
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **September 21st, 2021**. Final approval of the well line connection to the dwelling was granted on **September 8th, 2021**. The well construction was completed on **March 24th, 2021**. Water samples were collected on **December 1st, 2021**.

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-20-0076. 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,



Joseph Cabanug
Environmental Sanitarian
Well & Septic Program

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



Certified Water Testing, LLC

(P) 301.663.5323
15009 N. Franklinville Road
Thurmont, MD 21788

FIELD RECORD

Customer: MD Custom Builders
14511 MacClintock Court
Glenwood, MD 21738

Date: December 01, 2021
Time: 09:35
Type:0

County: Howard
Source: Kitchen Sink
Well No: HO-20-0076
Bottle No: 11MPN122

Residual Cl: 0.00
Iced: Yes
pH: 5.1
EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample: COP - Certificate of Potability
Treatment: Raw
Collector: Vanessa Willhide

State Certification No: 2228VW

Nitrate, Turbidity and Sand analyzed 12/01/2021 Building Permit B21000482

NOTE: Certified Water Testing LLC will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 10:35 12/1/2021 Examined: 10:35 12/01, 12/02

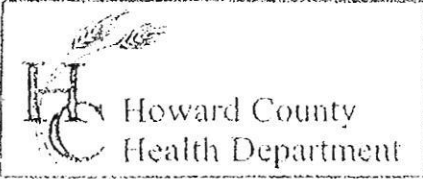
PARAMETER	METHOD	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
MPN Total Coliform	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
MPN E. coli	SM 9223 (E)	<1MPN/100ml	<1 MPN/100ml
Nitrate	EPA 353.2	10.0 mg/L Maximum	5.9 mg/L
Sand	SM 2540 F	No Trace	No Trace
Turbidity	SM 2130 B	5.0 NTU Max 10.0 COMAR	0.1 NTU

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst Vanessa Willhide Date: December 02, 2021

Maryland State Certification Number 135

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T



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

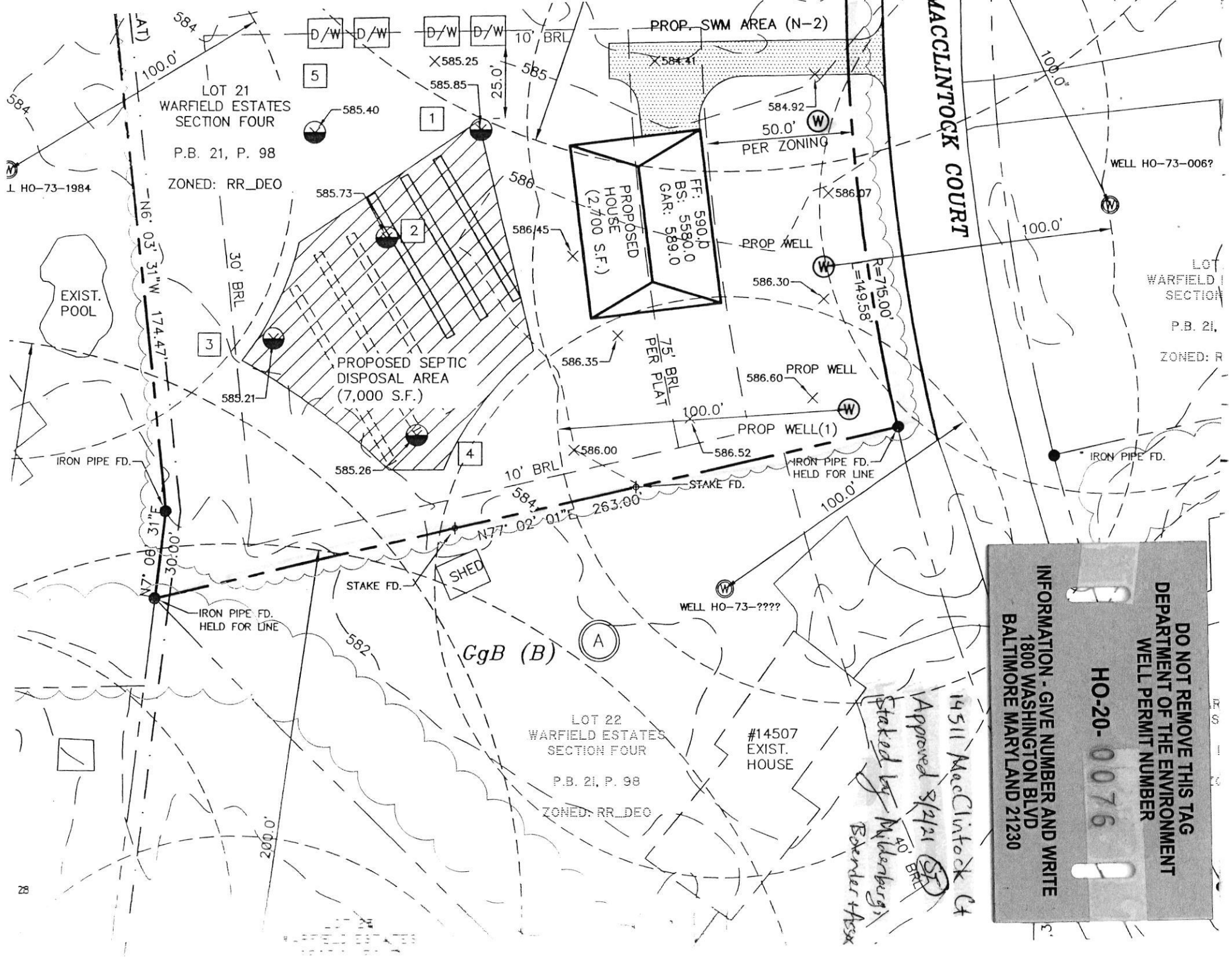
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by MILDENBERG BAENDER + ASSOC
(professional land surveyor or company employing professional land surveyors)
on 12/21/70 (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

74511 MacCLINTOCK CT



MACCLINTOCK COURT

LOT 21
WARFIELD ESTATES
SECTION FOUR
P.B. 21, P. 98
ZONED: RR_DEO

PROPOSED
HOUSE
(2,700 S.F.)
FF: 590.0
BS: 5580.0
GAR: 589.0

PROPOSED SEPTIC
DISPOSAL AREA
(7,000 S.F.)

LOT 22
WARFIELD ESTATES
SECTION FOUR
P.B. 21, P. 98
ZONED: RR_DEO

#14507
EXIST.
HOUSE

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

HO-20-0076

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

14511 MacClintock Ct
Approved 8/19/21
Staked by Milkenburg
Bender Hess

GgB (B)

(A)

WELL HO-73-???

WELL HO-73-006?

LOT
WARFIELD
SECTION
P.B. 21,
ZONED: R

L HO-73-1984

82