



# HOWARD COUNTY HEALTH DEPARTMENT

45178

CODES

DATE
10/30/13

WS

CASH

CHECK

NO.

1510

Received From

Bernard Duplan

For

Well Permit - 3211 Jones

Three hundred twenty <sup>44</sup>/<sub>100</sub> Dollars

\$ 320.00

Received By

J Kemp

C1 26508

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 545178-A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2660

05 13 14

MM 05 DD 12 14

22 205'

OK KWD 8/22/14

OWNER Duplan BARNARD last name first name WELL SITE ADDRESS 321 Jones rd TOWN Woodbine md SUBDIVISION Duplan Prop SECTION LOT 2

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) NO (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 25 NO. OF POUNDS 2580

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 108

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

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns: 1-2, 8-9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Rows include 140, 106, 205.

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

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 21 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (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. 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 (-) below 2 (nearest foot)

LATITUDE 39.2853 LONGITUDE 77.09355 (DEFAULT COORD. WGS 84) NOTES:

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1	14999	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 345178-A please type	STATE PERMIT NUMBER HO-95-2660 <small>70 fill in this form completely 79</small>
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Date Received (APA) 10 30 13

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name DUPLAN Owner BERNARD First Name BERNARD 34

36 Street or RFD 3211 JONES Rd 55

57 Town WOODBINE 70 State MD 72 Zip 21797 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION DuPlan Property 42

SECTION 44 46 LOT 2 48 50

52 NEAREST TOWN Lisbon MD 71

**DRILLER INFORMATION**

Driller's Name Ralph E. Mayne 76 License No. MSD 112 81

Firm Name Ralph Mayne Well Drilling

Address 17024 Hardy Rd. Mt Airy MD 21771

Signature [Signature] Date 10-30-13

**SOURCES OF DRILLING WATER**

1. Well 11 STREET ADDRESS 3211 JONES Rd 30

2. \_\_\_\_\_

3. \_\_\_\_\_

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  
 EAST  
 SOUTH

34 350 37 DISTANCE FROM ROAD 350 38 39

ENTER FT OR MI FT

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5 8 12  
(GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500  
(GAL. PER DAY) 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 →

DATE ISSUED 3/13/14 Andrew Heintz 3/13/15 41  
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) AIR-ROTary JETTED AIR-PERCussion Jetted & DRIVEN ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRIVE-POINT 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

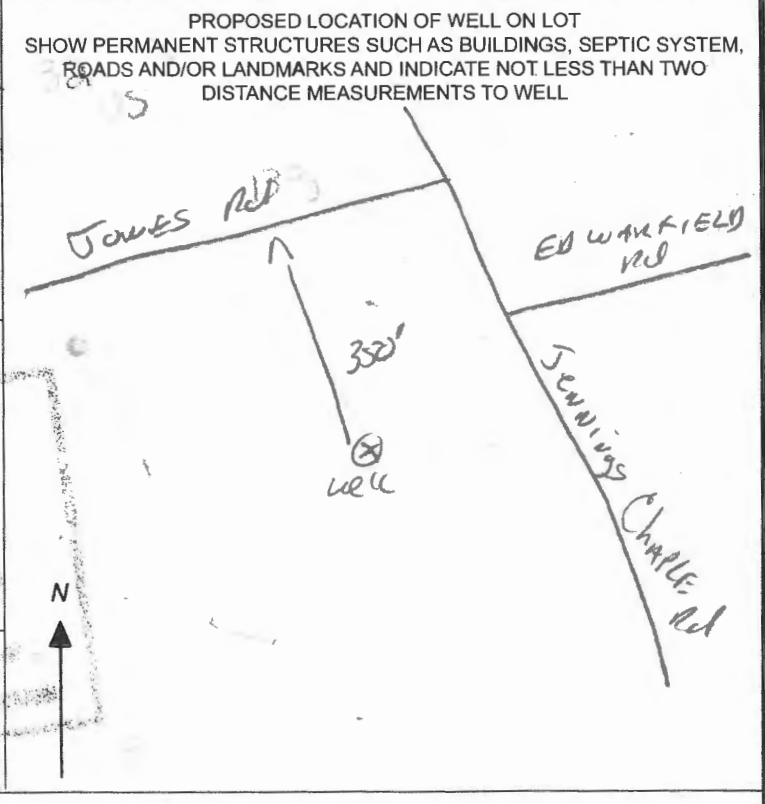
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

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

PERMIT No. HO-95-2660  
70 71 72 73 74 75 76 77 78 79



**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: Well Water Solutions 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 - 95 - 2660  
Site Address: 3205 Jones 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.**

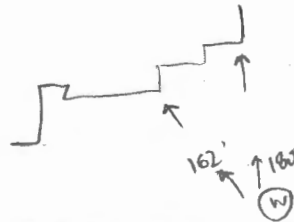
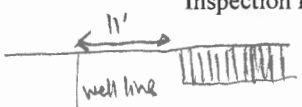
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

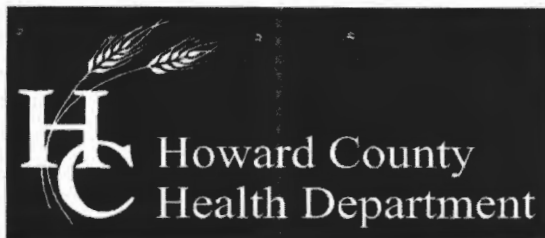
**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: 11/1/16 Date Insp. Approved: 11/1/16 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"/>

*under footer*





## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

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

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


Twitter: HowardCoHealthDep

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

## MEMORANDUM

TO: Kent Sheubrooks, Chief  
Dept. Planning & Zoning

FROM: Kevin M. Wolf, R.E.H.S./R.S., LEHS   
Environmental Health Specialist Supervisor  
Groundwater Mgmt. Sec.

DATE: August 20, 2014

RE: 'All-Wells-Drilled' -- F-14-094  
Duplan Property, Minor Subdivision Lots 1 and 2

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The wells for the *Duplan Property* subdivision have been drilled and received preliminary approval by the Health Department. The recordation of plat F-14-094 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 - 2645.

KMW  
C.c. File



Howard County  
Health Department

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

## 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 UANMAR ASSOC INC on OCT 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.

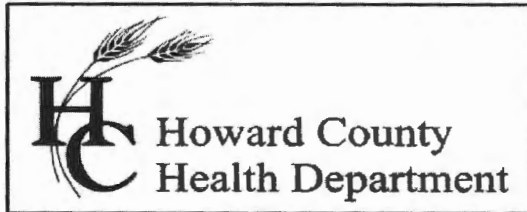
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

ATT

Lot 2

Sub - DuPLAN Property



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date - OCTOBER 4, 2017

April 4, 2017

Homeowner  
3205 Jones Road  
Woodbine, MD 21797

**RE:** Duplan Property, Lot 2  
3205 Jones Road  
**Building Permit: B15004652**  
**Well Permit: HO-95-2660**

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 **12/2/2016**. Final approval of the well line connection to the dwelling was granted on **11/1/2016**. The well construction was completed on **5/6/2014**. Water samples were collected on **2/8/2016**.

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-95-2660**. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

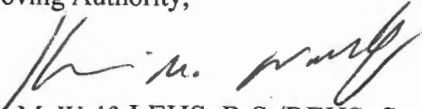
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

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

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401

State Certified Water Quality  
Laboratory # 106



3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 2/8/2017  
Date Reported 2/13/2017

*This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185.*

*Environmental Testing Lab is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..*

Sample No: 146586-01      Sampled: 2/8/2017 9:30:00      Sampler: JWalker9006JW (Exp. 8/6/2018)  
Location: 3205 Jones Road Lot #2      Preservation: Ice  
Woodbine, MD 21797      Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		02/08/2017	CT-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		02/08/2017	CT-106
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	02/13/2017	DB-139
Turbidity	EPA 180.1	0.5		NTU	0.5	02/10/2017	RM-139

Field Test for chlorine are reported on the attached COC form. "NT" means Not Tested.

OK  
3/30/17  
Krom

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

**ENVIRONMENTAL TESTING LAB, INC - CHAIN OF**  
**ANNAPOLIS**

410-224-4304 FAX 443-926-0586



148586

**WALDX**

410-224-4304

Client: Well Water Solutions, Inc.

Project:

Date Due: 2/13/2017

**Company Name, Address Phone & Fax**

Well Water Solutions  
5163 Darling bird Lane  
Columbia, MD 21044

**Testing Address**

Lot 2  
3205 Jones Road  
STREET  
Woodbine, MD 21797  
CITY STATE ZIP

Send Report By:  Fax  Postal Service  Email jemoesman@wellwatersolutions.net/  
jbieber@wellwatersolutions.net

**THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT**

**FIELD COLLECTION INFORMATION**

Collected: Date 2/8/17 Time 9:30 Well Tag #: H0-95-2660

Collectors Name: Janet Walker Certification # 9006JW Expires 08/7/18

Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER

pH: 6.5 Chlorine, Total mg/l: 0 Results for U & O Permit?  YES  NO Sample Clear when drawn?  YES  NO

Sand present?  YES  NO IF "YES" submit one liter of sample to lab for testing

Sample Tap Bacteria: Bathroom Sink Chemicals: Bathroom Sink Lead: NT

Bacteriological Test  Next Day 11:30  Next Day 3:30  2 Day

FULL Chemical Analysis (Iron, Nitrate, Nitrite/Nitrate, Nitrate, Turbidity, Lead)  Next Day 3:30  2 Day  3 Day

BASIC Chemical Analysis (Iron, Nitrite, Nitrite/Nitrate, Nitrate, Turbidity)  Next Day 3:30  2 Day  3 Day well set

Lead  Arsenic  Next Day 3:30  2 Day  3 Day

Cadmium  2 Day  4 Day  6 Day

Radium Gross Alpha  One Week  2 Week

Special Instructions: well set first test NO treatment

Released By: [Signature] Date: 2/8/17 Time: \_\_\_\_\_ Received By: \_\_\_\_\_

Released By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

(\*) TAT: is by Close of Business: Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results. TAT's are a good faith estimate and are not guaranteed. ALL SAMPLES FOR BACTERIOLOGICAL TESTING MUST BE DELIVERED BY 2:30 pm ON FRIDAY'S & HOLIDAY'S.

**LABORATORY SAMPLE RECEIPT INFORMATION**

Samples Delivered on ICE:  YES  NO  N/A Add Qualifiers:  Non-Certified  Holding Time  Sample Volume  Frozen

Received in LAB By: [Signature] Date: 2/8/17 Time: 1:45pm