

C1 0212 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A523663

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 95-0476

OWNER SANDS STREET OR RFD MILLERS MILL TOWN COOKSVILLE SUBDIVISION SANDS SECTION 18 B1K 22 Parc 90 LOT 2

WELL LOG Not required for driven wells

GROUTING RECORD

C3 PUMPING TEST

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slak, Blue Slak, brown Slak, Blue Slak, Flint Rock, Blue Slak.

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket)

CASING RECORD (Steel, Concrete, Plastic, Other) MAIN CASING TYPE (PL) Nominal diameter (6), Total depth (83)

WATER LEVEL (distance from land surface) BEFORE PUMPING (24 ft), WHEN PUMPING (65 ft)

OTHER CASING (if used) diameter, depth

TYPE OF PUMP USED (for test) (S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD (Steel, Brass, Bronze, Plastic, Open Hole, Other)

PUMP INSTALLED DRILLER INSTALLED PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

WELL HYDROFRACTURED (Y) (N)

DEPTH (nearest ft.)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH) 56, 60

PUMP COLUMN LENGTH (nearest ft.) (43), CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below LAND SURFACE (2) (nearest foot)

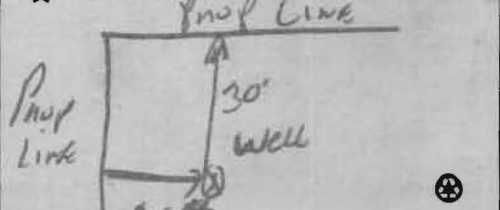
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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)

DRILLERS LIC. NO. 1 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 Land Marketing Consultants
 15 Last Name Owner First Name 34
 3060 Rt. 97
 36 Street or RFD 55
 GLENWOOD MD 21738
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Sands Property 42
 SECTION _____ LOT 2
 44 46 48 50
 COOKS MILLS
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
 Ralph E. Mayne M SD 117
 76 License No. 81
 Ralph E. Mayne Inc.
 Firm Name
 17024 Handy Rd Mt Airy MD 21771
 Address
 Signature Date 5/20/06

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Millers Mill rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 200 37
 DISTANCE FROM ROAD ft
 ENTER FT OR MI 38 39
 TAX MAP: 8 BLK: 22 PARCEL 90

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE 5
 (GAL. PER MIN.) 8 12
 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
 GEO-THERMAL

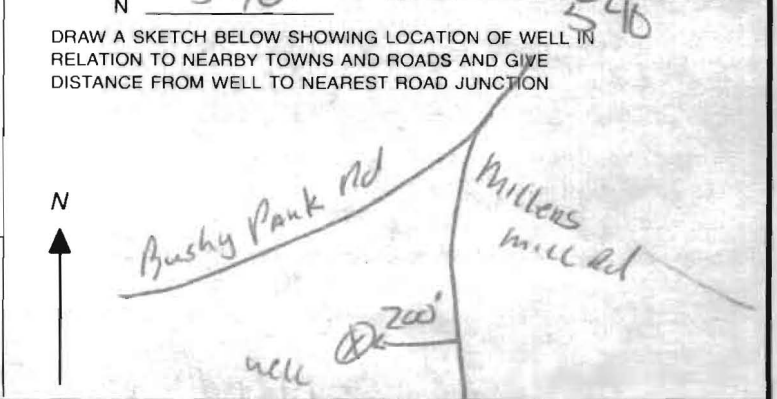
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD 13 AS
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 7/5/06 7/6/07
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 540 000 EAST GRID 791 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 791
 N 540
 000
 000

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-0476
 70 71 72 73 74 75 76 77 78 79

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: WT CTH PTH Telephone #: 443 398 1782
Address: 1820 Gulls Falls Rd
Woodbine MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): William T Cumberland License# 7979

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Viknia Telephone #: _____
Subdivision: Sands Property Lot #: 2 Well Tag #: HO - ____ - ____
Site Address: Miller Mill

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>9.5</u>
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity: <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: Plastic
PSI: 160 (160 psi min)
Depth of supply line: 37 (36" min)

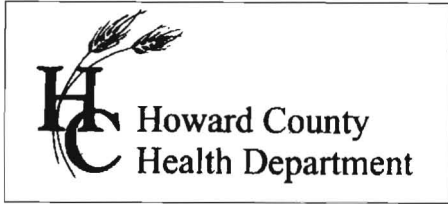
House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 5 ft
Sleeve caulked and sealed properly:

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: [Signature] date: 7-16-11

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

Date Insp. Requested: _____ Date Insp. Approved: 7/15/2011 RB
Inspection Data: Pitless adapter and 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 installed inside of well 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



7178 Columbia Gateway Dr. • Columbia, MD 21046
(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

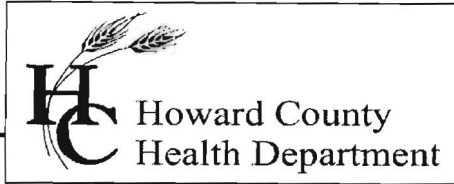
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH Associates on 5/15/06 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 Lot 1 Sauls Prop
Lot 2 "
Parcel 51 "



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Peter Beilenson, M.D., M.P.H., Health Officer

July 25, 2011

Homeowner
1924 Millers Mill Road
Cooksville, MD 21723

RE: Sands Property, Lot 2
1924 Millers Mill Road
BP #: B10003225
Well Tag: HO-95-0476

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/15/2011. Final approval of the well line connection to the dwelling was approved on 7/15/2011.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

INTERIM CERTIFICATE OF POTABILITY

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-95-0476. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/22/2011
Date of Well Completion: 05/10/2007

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
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 #:	80542	Account #:	4226
Reference:	Williams	Company:	Viking Development Corporation
Location:	1924 Millers Mill Road Woodbine, MD 21797	Requested By:	Cary Cumberland
Date/ Time Collected:	7/22/2011 1115	Source:	Well Water
Date/Time Rec'd:	7/22/2011 1305	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	K. Eichstedt 2870KE	pH:	5.7
		Well #:	HO-95-0476

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2011 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2011 / 1000 / BCD
Nitrate	3.92	mg/L	10	601	7/22/2011 / 1630 / BCD
Turbidity	0.62	NTU	<10	SM18 2130B	7/22/2011 / 1405 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	7/22/2011 / 1405 / KME

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
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B-10003225

Date Reported: 7/25/2011

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REPORT OF ANALYSIS

Laboratory ID #: 80542 Account #: 4226
Reference: Williams Company: Viking Development Corporation
Location: 1924 Millers Mill Road Requested By: Cary Cumberland
Woodbine, MD 21797 Source: Well Water
Date/ Time Collected: 7/22/2011 1115 Site: Pressure Tank
Date/Time Rec'd: 7/22/2011 1305 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: K. Eichstedt 2870KE Well #: HO-95-0476

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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Nitrate	3.92	mg/L	10	601	7/22/2011 / 1630 / BCD
Turbidity	0.62	NTU	<10	SM18 2130B	7/22/2011 / 1405 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	7/22/2011 / 1405 / KME

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Well Special Conditions
Sands Property Lot #2 and parcel 91

- ❖ The Well(s) to be drilled on proposed Lots #2 and parcel 91 (and all wells drilled in Howard County) shall be grouted according to Code of Maryland Annotated Regulations (COMAR) 26.04.04.07(G). (Grouting standards)
- ❖ **Additionally this well is required to be grouted according to these regulations to a minimum depth of 80 feet or through all unconsolidated materials.**

GAC

cc: file

MDE Groundwater Management Administration