

C1 3970 (MDE USE ONLY)

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
08 12 2003

Depth of Well 220
(TO NEAREST FOOT)
PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3743

OWNER VIKING DEVELOPMENT
STREET OR RFD ARCHER'S GLEN TOWN WEST FRIENDSHIP
SUBDIVISION ARCHER'S GLEN SECTION _____ LOT _____

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		check if water bearing
	FROM	TO	
Overburden	0	45	
Gray Rock	45	200	x
water at 65'			

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 10 NO. OF POUNDS 1000
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 TOP ft. to 30 BOTTOM ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 50

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A C H I N G _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

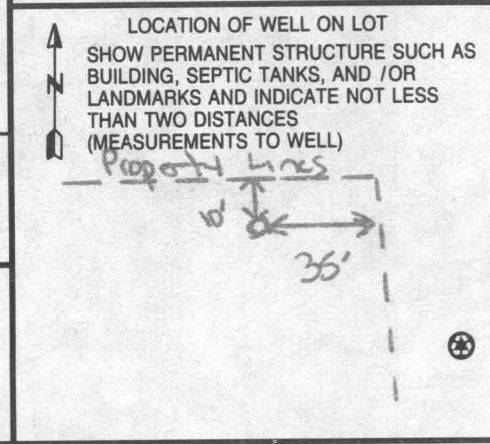
DEPTH (nearest ft.)
 1 HO 2 50 3 200
 E 8 9 11 15 17 21
 A 23 24 26 30 32 36
 C 38 39 41 45 47 51
 S R E E N
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from _____ to _____

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 _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 116.6
 METHOD USED TO MEASURE PUMPING RATE Submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 34 ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } _____ (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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

DRILLERS LIC. NO. MWD 120

DRILLERS SIGNATURE
 LIC. NO. JS D 049

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

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13

Viking Development
15 Last Name Owner First Name 34

815 Windriver Drive
36 Street or RFD 55

Sykesville MD 21784
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard COUNTY 21

Wilson Property ARCHER'S GLEN
23 SUBDIVISION 42

SECTION LOT 7
44 46 48 50

West Friendship
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I
73 76 77 78

DRILLER INFORMATION

Sandy B. Cochran M W D 120
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.
Firm Name

12047 Falls Road, Cockeysville 21030
Address

[Signature] 6/12/03
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ARCHER'S GLEN
Old Frederick Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200
34 300 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 22 PARCEL 301

B 2 **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

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. 13

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 07 31 03 CO SIGNATURE Mark Ripkin EXP. DATE 7/31/04
43 MM DD YY 48

NORTH GRID 541 0 0 0 EAST GRID 810 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
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 810
N 541

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

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 HO 2002G 016

PERMIT No. HO-94-3743
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: WTC III Telephone #: 410 489-4457
Address: 1820 Gilts Falls
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 Comberdand 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: Diking Dev Telephone #:
Subdivision: Achers Glen Lot #: 7 Well Tag #: HO 04-3743
Site Address: _____

Submersible Pump Data

Make: Miyers
Model #: _____
Pump Capacity 8 GPM
Well Yield: 17 GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: 52" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
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 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 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve (5 foot minimum): 5 1/2 FT

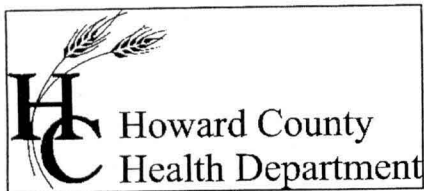
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

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: 8/30/06

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

Date Insp. Requested: _____ Date Insp. Approved: 8/24/06 BB EC
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



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

August 30, 2006

Bruce Fagerstorm
12024 Margaret Court
Marrriottsville, MD 21104

RE: Archers Glen, Lot 7
1714 Archers Glen
Sykesville, MD 21784
BP #: B00157987
Well Permit # HO-94-3743

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 07/14/2006. Final approval of the well line connection to the dwelling was approved on 08/24/2006.**

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.

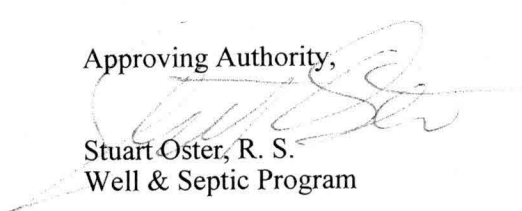
INTERIM CERTIFICATE OF POTABILITY

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-94-3743. 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: 08/21/2006
Date of Well Completion: 08/12/2003

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
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 #:	60286	Account #:	4226
Reference:	Archers Glen Lot 7	Company:	Viking Development Corporation
Location:	1714 Archers Glen Sykesville, MD 21784	Requested By:	Cary Cumberland
Date/ Time Collected:	8/21/2006 1211	Source:	Well Water
Date/Time Rec'd:	8/21/2006 1341	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J. Yeager 6176JY	pH:	5.6
		Well #:	HO-94-3743

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/22/2006 / 0830 / AMD/BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	8/22/2006 / 0830 / AMD/BCD
Nitrate	2.93	mg/L	10	601	8/21/2006 / 1500 / BCD
Turbidity	0.33	NTU	<10	SM18 2130B	8/21/2006 / 1525 / AMD/BCD
Sand	NS	mg/L	5	Visual/Gravimetric	8/21/2006 / 1525 / AMD/BCD

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: Cap Appeared Satisfactory
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B00157987

Date Reported: 8/22/2006