

C1 0215 SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND  
WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A523663

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

DATE WELL COMPLETED  
MM DD YY  
07 20 06  
15 20

Depth of Well  
22 180 26  
(TO NEAREST FOOT)  
PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 95 - 0477  
28 29 30 31 32 33 34 35 36 37

OWNER SANDS  
STREET OR RFD 17820 CEMETERY LANE first name TOWN West Friendship  
SUBDIVISION SANDS PROPERTY SECTION M8 BLK 22 P 91 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	
Top Soil	0	2	
sandy	2	50	✓
Sand Stone	50	60	
MICKA	60	110	
Sand Stone	110	115	✓
MICKA	115	180	

**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 24 NO. OF POUNDS 2400  
GALLONS OF WATER 144  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 70 BOTTOM 58 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  
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
PL 6 76  
60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED Y N

**C 2** DEPTH (nearest ft.)  
1 2  
HO 74 180  
E A C H S R E E N  
1 8 9 11 15 17 21  
2 23 24 26 30 32 36  
3 38 39 41 45 47 51  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

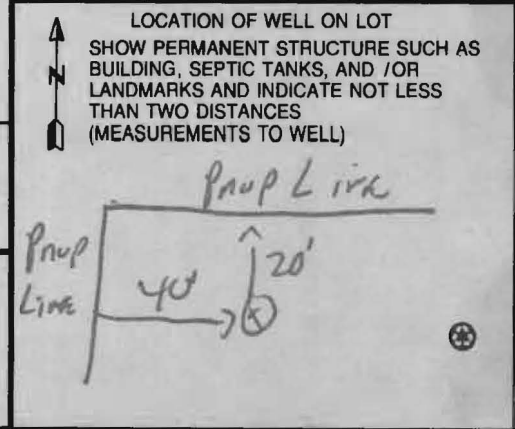
CIRCLE APPROPRIATE LETTER  
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
E ELECTRIC LOG OBTAINED  
P TEST WELL CONVERTED TO PRODUCTION WELL  
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS 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 117  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 1 D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
T W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 24 ft.  
WHEN PUMPING 27 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. 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)



B 1 0987

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 525120

STATE PERMIT NUMBER

HO-95-0477 fill in this form completely

Date Received (APA) 6/21/06

OWNER INFORMATION

Land Marketing Consultants 3060 Rt. 97 Glenwood Md. 21738

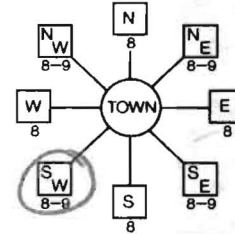
LOCATION OF WELL

Howard County Sands Property Parcel 91 Cooksville 2 miles from town

DRILLER INFORMATION

Ralph E. Mayne MS D 117 Ralph E. Mayne Inc 170211 Handy Rd. Mt Airy Md

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Millicens Mill Rd 275 feet from road on west side

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming, Industrial, Public Water Supply Well, Test, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County A523663 State Signature Date Issued 7/5/06

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary (circled) JETTED ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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

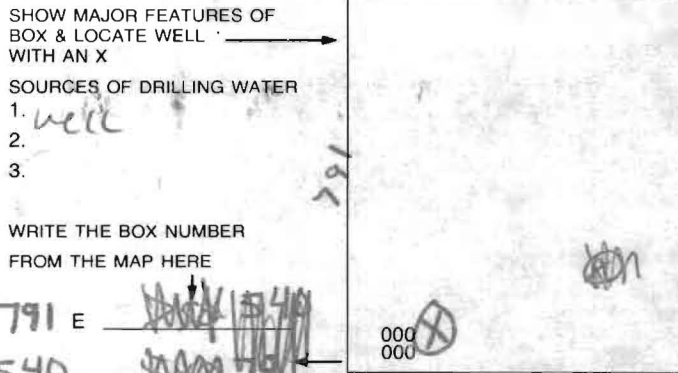
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP PERMIT NUMBER HO-95-0477

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Well to be grouted to a minimum depth of 80'



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0477  
 Location of property (road) Cemetery Road  
 Subdivision SANDS PROPERTY MAP 8 Block 22 ~~P~~ 91 Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner SANDS ESTATE

Depth of well 180  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 24 ft

I. High rate pumping -- reservoir drawdown  
 Time pump started 8:30 Pumping rate 15 GPM  
 Total time 15 min to reach pumping water level 27 ft below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	24 ft	4 Sec		15 GPM
			Test Started	
8:45	27 ft	4 Sec		15 GPM
9:00	27 ft	4 Sec		15 GPM
9:15	27 ft	4 Sec		15 GPM
9:30	27 "	4 "		15 "
9:45	27 "	4 "		15 "
10:00	27 "	4 "		15 "
10:15	27 ft	4 Sec		15 GPM
10:30	27 ft	4 Sec		15 GPM
10:45	27 ft	4 Sec		15 GPM
11:00	27 "	4 "		15 "
11:15	27 "	4 "		15 "
11:30	27 ft	4 Sec		15 GPM
11:45	27 ft	4 Sec		15 GPM

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: ROBERT L FEEZER CO INC Telephone #: 410-795-1405  
Address: 6321 BARNETT AVENUE  
SURKSVILLE, 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): ROBERT L FEEZER CO License# 2122

\*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: MULLER HOMES Telephone #:  
Subdivision: Lot #: Well Tag #: HO 95-0477

Site Address: 14820 CEMETERY ROAD  
COOKSVILLE, MD 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOS</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550K01190</u>	Model #: <u>PA-800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>130</u> (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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (150 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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.

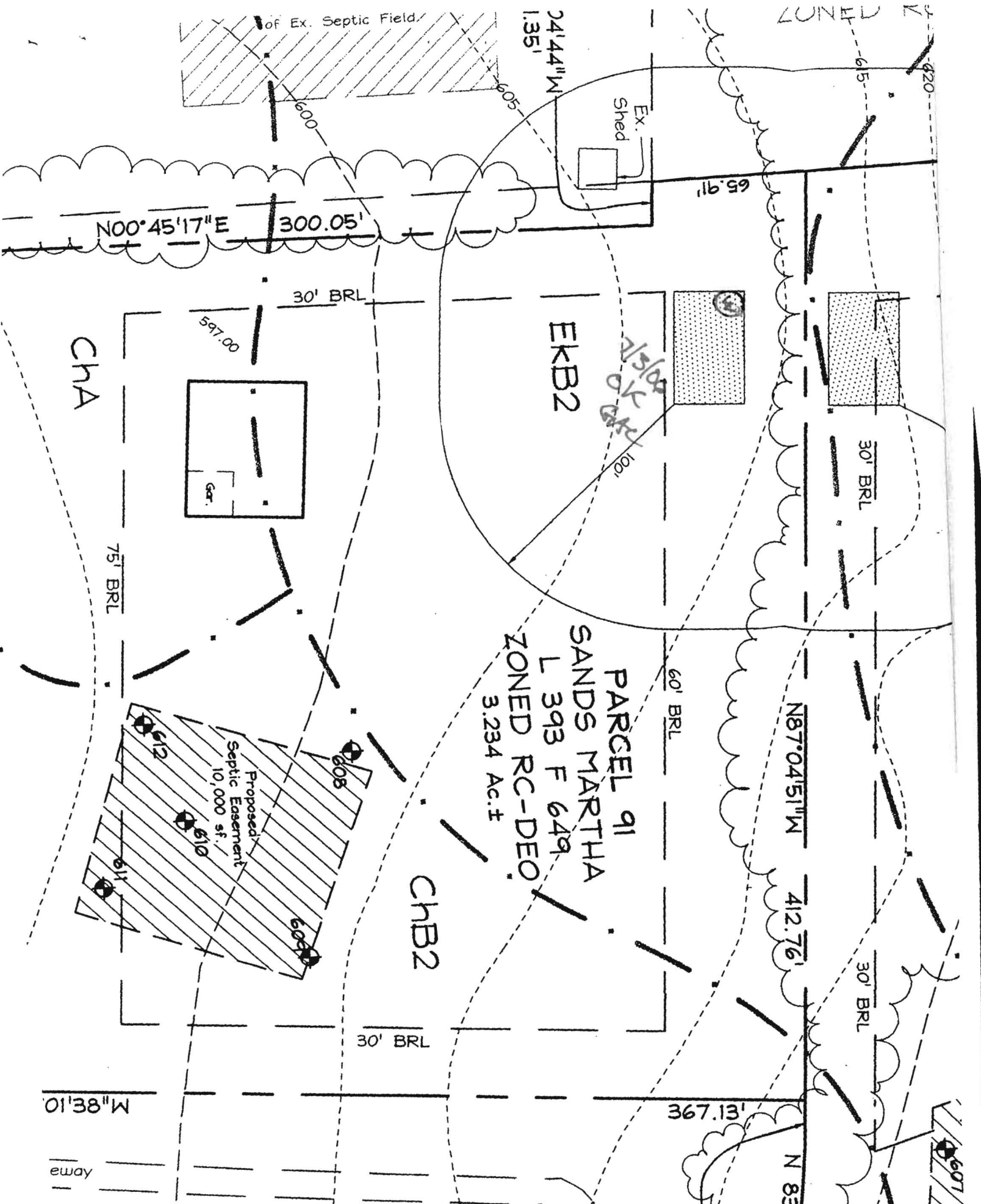
Signature of company representative responsible for installation: Robert L. Feezer date: 8/4/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 8/4/08 (RB)

Inspection Data:

Pitless adapter and 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 installed inside of well 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"/>



PARCEL 91  
SANDS MARTHA  
L 393 F 649  
ZONED RC-DEO  
3.234 Ac.±

N00°45'17"E 300.05'

24'44"W  
1.35'

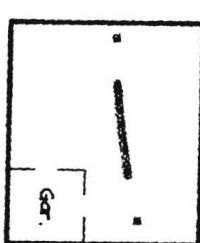
ZONED  
L 393 F 649

65.91'

30' BRL

597.00

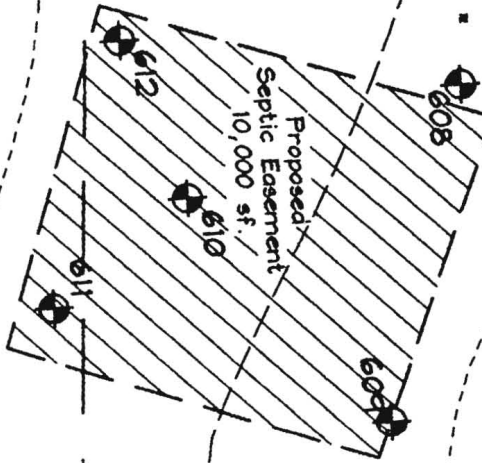
CHA



EKB2

7/3/08  
OK  
2/2/09

75' BRL



Proposed  
Septic Easement  
10,000 sf.

CHB2

60' BRL

N87°04'51"W

412.76'

30' BRL

30' BRL

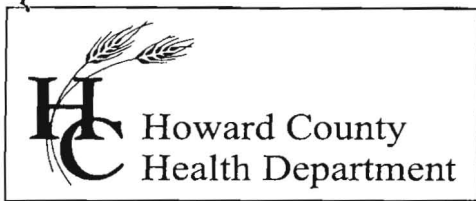
30' BRL

367.13'

N 83

M 81.10

eway



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-6300 Fax (410) 313-6303  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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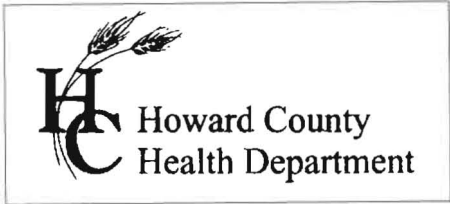
Penny E. Borenstein, M.D., M.P.H., Health Officer

**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



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

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Penny E. Borenstein, M.D., M.P.H., Health Officer

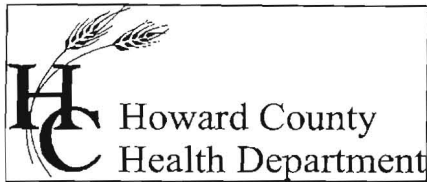
## ATTENTION WELL DRILLERS!!!

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



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

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

November 25, 2008

Beth & Will Lawson  
14820 Cemetery Road  
Cooksville, MD 21723

SENT VIA FACSIMILE 410-549-4440

RE: Sands Property, Parcel 91  
14820 Cemetery Road  
Cooksville, MD 21723  
BP# B08000551  
Well Tag #: HO-95-0477

*Cooksville is correct.*

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 11/20/2008. Final approval of the well line connection to the dwelling was approved on 08/04/2008.**

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-95-0477. 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: 11/24/2008  
Date of Well Completion: 07/20/2006

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File





TRACE LABORATORIES, INC  
 A Metric de Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.trace-labs.com / Email: info@trace-labs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Mueller Homes, Inc  
 7520 Main Street  
 Sykesville, Maryland 21783

S/O Number: 70656  
 Report Date: November 25, 2008

**Property Sampled:** 14820 Cemetery Road, 21723

**County:** Howard  
**Subdivision:** S.A. Tax Map #: 1WA  
**Lot #:** 1 Parcel #: 1WA  
**Building Permit #:** 20000011

**Date/Time Collected:** November 24, 2008 at 8:35 am  
**Date/Time Received:** November 24, 2008 at 4:15 pm

**Sample Location:** 1st floor room Tap  
**Sampler ID:** S145K2  
 Samples Iced: Yes  
 Residual Cl<sub>2</sub> < 0.1 mg/L: Yes

**Well Tag Number:** 10055-107  
**Well Condition:** 2 pipe tap  
 2nd floor

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/SMCL	
Nitrate	< 1.0 mg/L	SM 450.0	10 mg/L as N	Pass
Turbidity	< 0.1 NTU	EPA 180.1	10 NTU	Pass
pH	7.5	EPA 150.1	*6.5-8.5 Units	***
Sand	None		Negative	
Total Coliform	Absent	SM 9223	Absent	Pass
E.coli	Absent	SM 9223	Absent	Pass

*Allyson R. Williams*  
 Allyson Williams  
 Manager - Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.