

Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 15 Cumberland Curtis
 Last Name Owner First Name 34
 36 2261 Duwall Rd
 Street or RFD 55
 57 WOODBINE MD. 21789
 Town 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY 21
River Farms
 23 SUBDIVISION 42
 SECTION 2 LOT 17
 44 46 48 50
WOODBINE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 4 M I I
 73 76 77 78

DRILLER INFORMATION

1 RALEIGH E. MAYNE M S D 117
 Driller's Name 76 License No. 81
RALEIGH E MAYNE INC
 Firm Name
17024 Handy Rd. Mt. Airy MD. 21771
 Address
R. E. Mayne 11/3/10
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 Duwall Rd. 30
 NEAR WHAT ROAD
 NORTH
 WEST EAST
 SOUTH
 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 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) (A) 530347
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED _____ 41
2/5/10 John Way 2/5/11
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 534 000 EAST GRID 0776 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 1/2 INCH
 NEAREST TOWN

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 78076
 N 5307

000
000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 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)

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. 40-95-1864
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Fix Well to be sealed per COMAR 26.04.04.11 w/ well abandonment report submitted.

C1 7392 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.

COUNTY NUMBER (13) A 530342

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

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY

Depth of Well 22 205 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-1864

OWNER Cumberland Curtis STREET OR RFD Dewart Rd. TOWN Woodbine SUBDIVISION River Farms SECTION 2 LOT 17

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 73

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

SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [N]

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M SD 112 DRILLERS SIGNATURE LIC. NO. 1 D

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

DEPTH (nearest ft.) 71 205

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

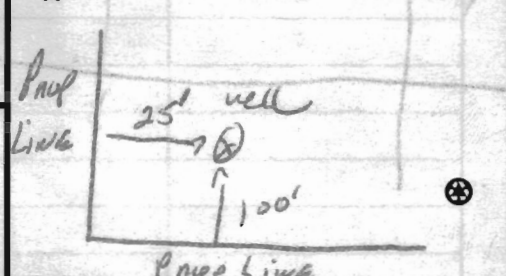
PUMPING TEST

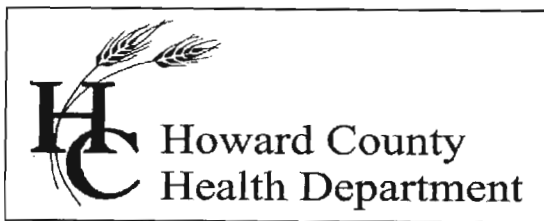
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES [NO] TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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)





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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 – APRIL 22, 2014

October 22, 2013

Curtis Cumberland
2983 Duval Road
Woodbine, MD 21797

**RE: River Farms, Lot 17
2983 Duval Road
Building Permit: B12003829
Well Permit: HO-95-1864**

*Letter
Hand-carried
by owner*

Dear Homeowner:

reb

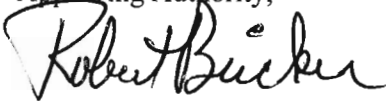
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **3/26/2013**. Final approval of the well line connection to the dwelling was granted on **3/20/2013**. The well construction was completed on **3/17/2010**. Water samples were collected on **10/15/2013**.

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-95-1864. 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,

A handwritten signature in black ink that reads "Robert Bricker". The signature is written in a cursive style with a large, prominent initial "R".

Robert Bricker
Environmental Sanitarian
Well & Septic Program

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

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 04 22 2013 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) N/A

* PERMIT NUMBER OF REPLACEMENT WELL: N/A

* PERSON ABANDONING WELL: Ralph MAYNE WELL DRILLER'S LICENSE NUMBER: 117

CIRCLE: MWD / MSD / MGD

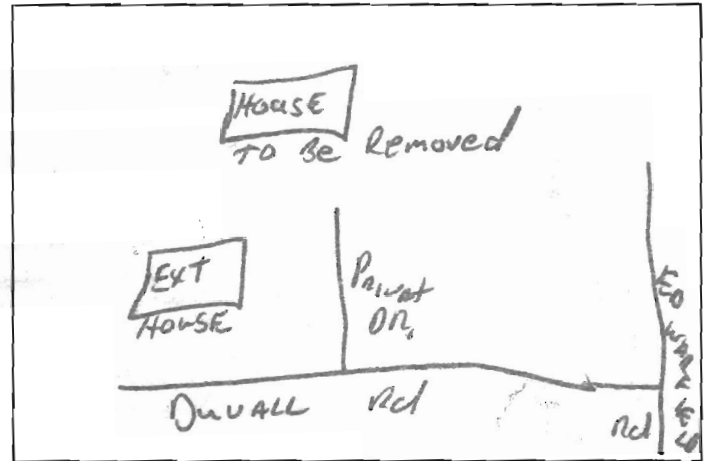
* OWNER'S NAME: Curtis Cumberland

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: WOOD BINE
 TAX MAP BLOCK _____ PARCEL _____
 SUBDIVISION: RIVERS FARM
 SECTION: _____ LOT: _____
 STREET ADDRESS: 2983 DuVALL Rd

LATITUDE 3 9.29564 -

LONGITUDE 7 7.07123 -

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED _____
 BORED _____ HAND DUG _____
 OTHER (specify) _____

* USE CODE: DOMESTIC
 IRRIGATION _____ MUNICIPAL/PUBLIC _____
 TEST/OBSERVATION _____ INDUSTRIAL _____
 _____ GEOTHERMAL _____

* TYPE OF CASING:
 STEEL _____ PLASTIC _____
 CONCRETE _____ OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 100 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	100	- 5
Top Soil	5	0
VOLUME OF MATERIAL USED		
<u>20 BAGS</u>		





TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 90800

Cumberland Development
 16391 A.E. Mullinix Road
 Glenwood Maryland 21797

Report Date: October 16, 2013

Property Sampled: 2983 Duvall Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: 12003829
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 13

Subdivision: River Farms
Parcel: 96

Lot #: 17

Date/Time Collected in Field: October 15, 2013 @ 12:10 pm

Date/Time Received in Lab: October 15, 2013 @ 2:44 pm

Well Tag #: HO-95-1864
Well Condition: 2-Piece Cap, Satisfactory

*Results OK
 10/18/13 HR*

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	7.6 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	1.6 NTU ✓	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	5.8 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
 Katherine C. Higgs
 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
 *SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

**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: Chimberland Co. Telephone #: 301 854-6838
Address: 76391 A.E. Mullins 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): Kelly Cumberland License# 61417

*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: Curtis Cumberland Telephone #: 301 252-1122
Subdivision: Rivus Farm Lot #: 17 Well Tag #: HO-45-1864
Site Address: 2983 Quail Rd. Woodbine
MD 21792

Submersible Pump Data

Make: Grundfos
Model #: C6-31
Pump Capacity 8 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Hayward
Model #: 1"
Depth: (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:

Depth of well encountered at time of pump installation: 180 (feet)

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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 48"
Approximate length of sleeve: 12'
Sleeve caulked and 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: Curtis Cumberland date: 10-17-13

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

per inspection
book - WLI
~~3/20/13~~ by RL
3/20/13

2/10/10
well sites
staked by CSA
(Kw)



ENGINEERING

CIVIL - SURVEYING - LAND PLANNING
A DIVISION OF CAS ENTERPRISES, INC.
108 West Ridgewille Blvd., Suite 101, Mt. Airy, MD 21771
DC Metro (301) 607-8031 FAX (301) 607-8045

DRAWN BY: EBT
DWG: 09034.MELL.DWG

SCALE: 1" = 50'
JOB NO: 09-034

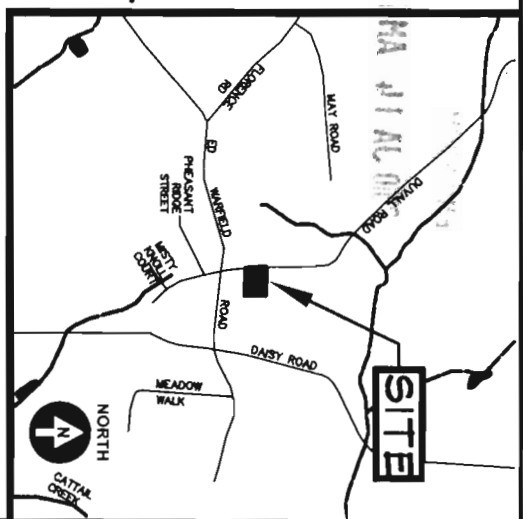
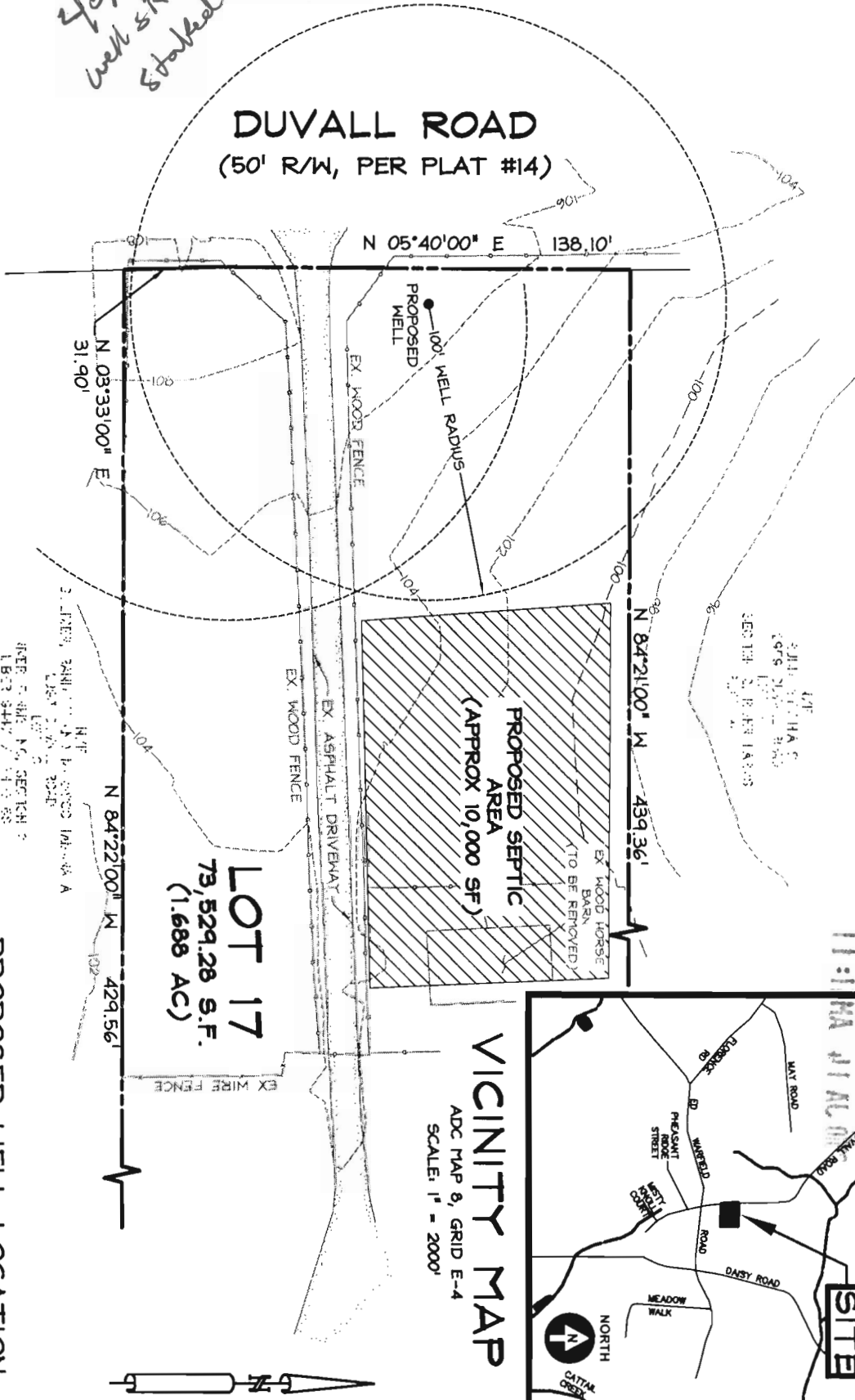
OWNER

CUMBERLAND DEVELOPMENT
ATTN: CURTIS CUMBERLAND
1694 MILLINDX ROAD
WOODBINE, MARYLAND 21797
(301) 664-6066 PHONE
(301) 664-6926 FAX

PROPOSED WELL LOCATION

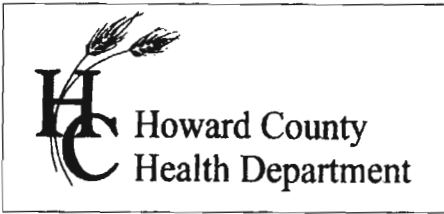
2983 DUVALL ROAD
WOODBINE, MARYLAND 21797
LOT 17
SECTION 2, RIVER FARMS
PLAT 14

DUVALL ROAD
(50' R/W, PER PLAT #14)



VICINITY MAP

ADC MAP 8, GRID E-4
SCALE: 1" = 2000'



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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

River Farms 17 Sec 2 Duvall Rd
 Subdivision/Property Name Lot # Road Name

The well site has been staked by CS Engineering,
 (professional land surveyor or company employing professional land surveyors)
 on 5/29/09 (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 3/11/07

11-11111-11111

ATTN: WILLIAM HARVEY

RUDD PROPERTY

(410) 489-4193

(410) 442-2

Plumbing & Heating

12630 Frederick Road
West Friendship, Maryland 21794

Date: 9-30-05

CYNTHIA RUDD

2983 DUVALL RD

Employee	In	Out	Hrs.	Rate	Total

Type of Work Buried well location

Quantity	Material List	Cost Per	Total
	<u>Buried 2' TO well</u>		