

C1 1112

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

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. Includes entries for Brown Shale and Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD, casing types insert appropriate code below, CONCRETE, PLASTIC

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

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

screen type or open hole, SCREEN RECORD, insert appropriate code below, BRONZE, OPEN

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

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 28.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

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

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E and rows for casing depths.

SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH)

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, OTHER DATA

PUMP INSTALLED, DRILLER INSTALLED PUMP

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.

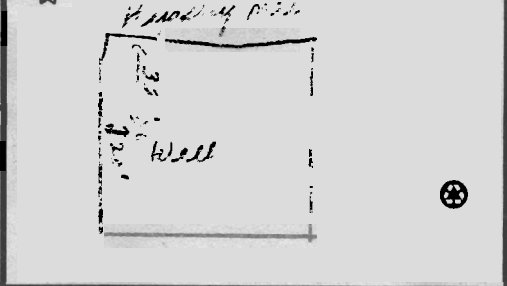
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE

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)



B 1 **6396**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
533252 please type

STATE PERMIT NUMBER

40-95-1919
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Meiser Cris + **Adrianus**
15 Last Name Owner First Name 34
3561 Hipsley Mill
36 Street or RFD 55
Woodbine **21797**
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

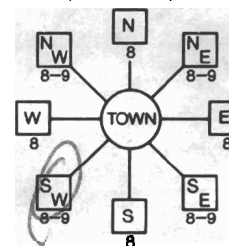
8 COUNTY **Howard** 21
Cabin River Farms
23 SUBDIVISION 42
SECTION **15**
44 46 LOT 48 50
Woodbine
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **5** M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne **MSD024**
Driller's Name 76 License No. 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridge Rd Mt Airy Md 21771
Address
Joseph L. Mayne 5-15-2010
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hipsley Mill Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **325** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **20** BLK: **3** PARCEL **116**

B 2

WELL INFORMATION

APPROX. PUMPING RATE **4**
(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 5231948**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED **6/4/10** 41
43 MM DD YY 48 CO SIGNATURE **Kim W...** EXP. DATE **6/4/10**
NORTH GRID **527 000** EAST GRID **0775 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **24** FEET 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

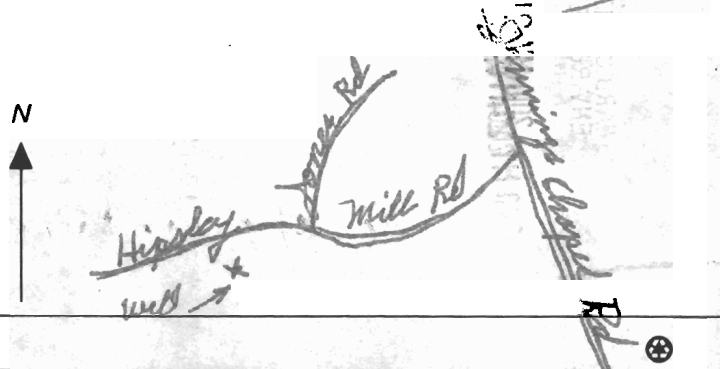
SOURCES OF DRILLING WATER

- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7705**
N **5207**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.



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 DEEPEMED 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. **40-95-1919**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1919
 Location of property (road) Hipsley Mill Rd
 Subdivision Cabin River Farms Lot 15 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mayne Owner Adrianus + Anis Meijer

Depth of well 340'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 51'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 212 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)	
8:00	212	3 sec		20 gpm	
8:15	212	4		15	
8:30	212	14		4.2	
8:45	212	14		4.2	
9:00	212	14		4.2	
9:15	212	14		4.2	
9:30	212	14		4.2	
9:45	212	14	OK	4.2	
10:00	212	14		4.2	
10:15	212	14		4.2	
10:30	212	14		4.2	
10:45	212	14		4.2	
11:00	212	14		4.2	
11:15	212	14		4.2	

**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: Cumberland Co Inc. Telephone #: 301-854-6838
 Address: 16371 A.E. Mullin Rd
Woodbine MD 21797

(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: Lisa Meijer Telephone #: 301-252-1123
 Subdivision: Cabin Run Farms Lot #: _____ Well Tag #: HO-95-1919
 Site Address: 3541 Hipsley Mill Rd Woodbine

Submersible Pump Data

Make: Miyers
 Model #: 251F 52-5 Ply-P41
 Pump Capacity 4 GPM
 Well Yield: 4 GPM

Pitless Adapter

Make: Cumbe/1
 Model#: 1"
 Depth: 42" (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: 40 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors of Cable-guards are required - Must circle one
 Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: 1" Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection

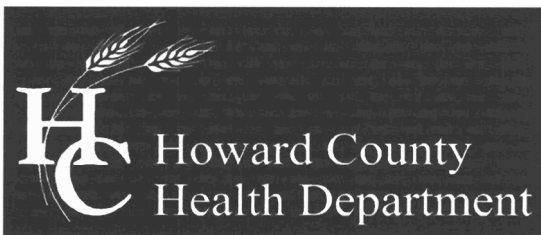
PVC sleeved to undisturbed soil at wall penetration: yes
 Approximate length of sleeve: 60"
 Sleeve caulked and sealed properly: yes

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: Kelly Cumberland date: 12-11-12

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 _____



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
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 14th, 2013

December 14th, 2012

Homeowner
3541 Hipsley Mill Rd.
Woodbine, MD 21797

RE: Cabin River Farms, Lot 15
3541 Hipsley Mill Rd.
Building Permit: B12002019
Well Permit: HO-95-1919

Dear Homeowner:

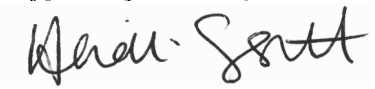
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/23/2012**. Final approval of the well line connection to the dwelling was granted on **8/22/2012**. The well construction was completed on **7/2/2012**. Water samples were collected on **12/11/2012**.

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-95-1919. 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 "Heidi Scott". The signature is written in a cursive style and is placed over a light gray rectangular background.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

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



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

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 87550

Kelly Cumberland
 Cumberland Development
 16391 A.E. Mullinix Road
 Woodbine, Maryland 21797

Report Date: December 11, 2012

Property Sampled: 3541 Hipsley Mill Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002019
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 20

Subdivision: Cabin River Farms Bl A
Parcel: 116 **Lot #:** 15

Date/Time Collected in Field: December 10, 2012 @ 12:48 pm
Date/Time Received in Lab: December 10, 2012 @ 2:11 pm

Well Tag #: HO-95-1919
Well Condition: 2-Piece Cap, Satisfactory

*Results OK
 12/14/12 H8*

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 4500D	10 mg/L as N	4.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.3 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.4 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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1919
Site Address: 3541 Hipsley Mill Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
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: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

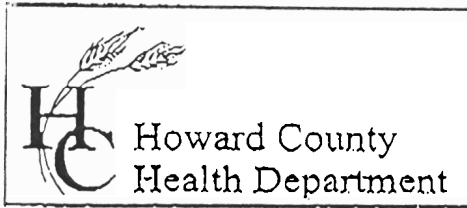
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 8/22/2012
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

KW LRB



7178 Columbia Gateway Drive, 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

TO ALL INTERESTED PARTIES

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

Well Site Location:

<u>Cabin River Farms</u>	<u>15</u>	<u>Hipsley Mill Rd</u>
Subdivision/Property Name	Lot#	Road Name

The well site has been staked by Nanmas Associates
 (professional land surveyor or company employing professional land surveyors)
 on 5-4-2010 (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 3/11/05

Adrianus & Aris Meijer
301-854-6154

HIPSLEY MILL ROAD

(LOCAL ROAD, 80' RW)

EX. 30' ASPHALT PVMT.

N 78°56'49" E 171.14'

(211)
A=62.58'

C1
A=211.99'

40'±

(54)
IRON PIPE FOUND

EX. WELL (NO TAG)

BLOCK 'A'
LOT 3, CABIN RIVER FARMS
P.B. & PG. 31
ZONED RC/DIO

E 1,284,500
N 587,250

6/4/10
Well location
Approved,
stated by
Vermer

(-icw)

30' B.R.L.
EX. WELL
HO-73-3915

PROF. WELL

PREVIOUSLY RECORDED PLAT LINE PLAT NO. 4628
(TO BE REMOVED) PER THIS PLAT

LOT 14
152,660 SQ. FT.
3,5046 AC.±

LOT 15
130,680 SQ. FT.
3,0000 AC.±

30' B.R.L.

N 28°09'49" W 393.06'

30' B.R.L.

MAD 83907

(73)

240.19'

E 1,284,500
051,985 N

S 44°08'16" W 441.35'

60' B.R.L.

WILLIS LAMBERT CISSEL, JR.
MARJORIE S. CISSEL
L. 488, F. 158
PARCEL 65
ZONED RC/DIO