

C1 3801

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)

COUNTY NUMBER A 520720

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-4022

OWNER Cumberland Dev last name 2261 Duxall Rd first name TOWN woodbine SUBDIVISION Duncanson Prop SECTION 13/4/103 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. Rows include Top Soil, Brown Slate, Blue Slate, Flint Rock, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CM, BC) NO. OF BAGS 19 NO. OF POUNDS 1750

CASING RECORD

MAIN CASING TYPE PL Nominal diameter 6 Total depth 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

screen type or open hole

SCREEN RECORD

SCREEN RECORD (ST, BR, HO, PL, OT)

DEPTH (nearest ft.)

Table for depth with columns for casing sections and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

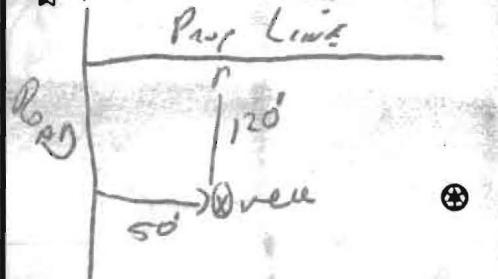
HOURS PUMPED 3 PUMPING RATE 10 gal. per min. METHOD USED TO MEASURE BUCKET

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO TYPE OF PUMP INSTALLED PLACE IN BOX 29 CAPACITY: 31 GALLONS PER MINUTE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS



B 1 2345

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 520849

STATE PERMIT NUMBER 110-94-4022 fill in this form completely

OWNER INFORMATION: Date Received (APA), Cumberland Development Corp, 16391 A.E. Mullinax Rd., Woodbine MD, 21797

LOCATION OF WELL: Howard County, DOWALDSON Prop., Lisbow, NEAREST TOWN

DRILLER INFORMATION: RAY E. WAYNE, M S D 117, RAY E. WAYNE WELL DRILLING, 12224 Handy Rd. Wt. Aring MD, 21791

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N, NE, E, SE, S, SW, W, NW. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): EAST. DISTANCE FROM ROAD: 50 FT. TAX MAP: 13, BLK: 4, PARCEL: 103

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 500. AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME: Howard, COUNTY NO.: A520780, DATE ISSUED: 9/9/04, CO SIGNATURE: [Signature], EXP. DATE: 9/9/05

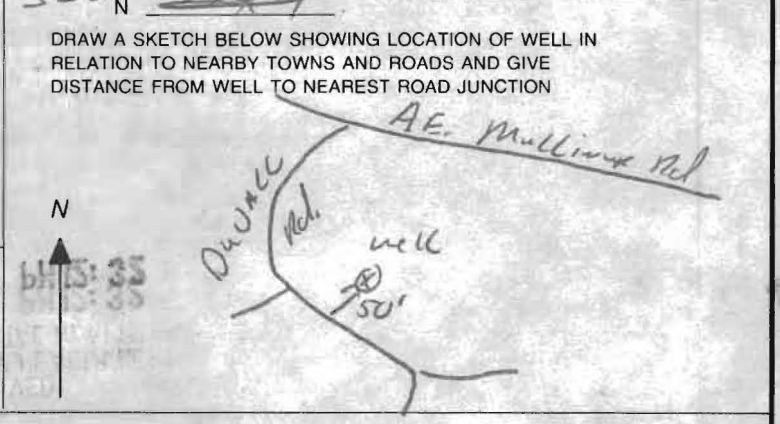
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL: 150 FEET. APPROXIMATE DIAMETER OF WELL: 6" INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X. SOURCES OF DRILLING WATER: 1. well. WRITE THE BOX NUMBER FROM THE MAP HERE: 774 E, 538 N

METHOD OF DRILLING (circle one): AIR-ROTARY

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER: G. PERMIT No. 110-94-4022

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

To Marlow, H.C. Health 5/11/05

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 instructions 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 S Co Telephone #: 301 854 6838
Address: 16301 AE Mullinax 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Curtis Cumberland Telephone #: 301 252 7700
Subdivision: NA Lot #: 2 Well Tag #: HO 94-4032
Site Address: 2601 Duvall Rd Woodbine, MD

Submersible Pump Data: Make: Myers Model #: Pump Capacity: 6 GPM Well Yield: 6 GPM
Pitless Adapter: Make: Douglas Model #: 412 Depth: 5 FT (36" min) NSF/WSC approved:
Well Cap and Electric Conduit: Two piece watertight cap: Two checked Screened, vented well cap: Two checked Cap secured to casing: Two checked Conduit min 18" B.G.: Two checked Conduit secured to well cap: Two checked

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 wrenches, Cable guards, or other acceptable method used. Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method below of well casing

Piping to house: Type: 1/2" PSI: 260 (160 psi min) Depth of supply line: 4ft (36" min)
House Connection: PVC sleeve to undisturbed soil at wall penetration: Two checked Approximate length of sleeve: Sleeve caulked and sealed properly: Two checked

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: 5/11/05

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

Date Insp. Requested: Date Insp. Approved: Inspector:
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate ground observed below pitless adapter

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 LDE.
on 8-18-04 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.

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**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

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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: Donaldson Property Lot #: _____ Well Tag #: HO-94-4022
Site Address: 2261 Duvall Rd

Submersible Pump Data

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

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: _____

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)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

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.

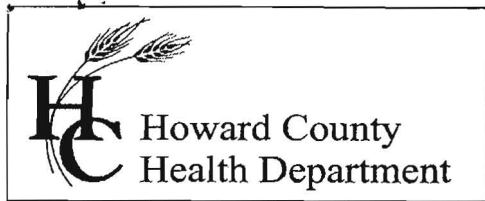
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 1/13/05 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 _____

Can't see it - Buried
By Frozen
Dirt > 3'
Down
3' - Sleeved to Solid
Ground
per Curtis
Cumberland.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 11, 2005

Curtis Cumberland
11455 A E Mullinix Road
Woodbine, MD 21797

SENT VIA FACSIMILE 307-854-6325

RE: 2261 Duvall Road
Woodbine, MD 21797
BP #: B00150429
Well Permit # HO-94-4022

Dear Sirs:

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 01/13/2005. Final approval of the well line connection to the dwelling was approved on 01/13/2005.**

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.

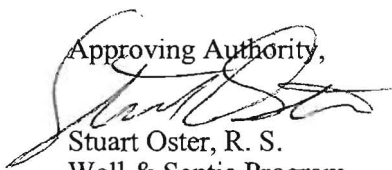
INTERIM CERTIFICATE OF POTABILITY

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-94-4022. 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 Sample(s): 05/10/2005
Date of Well Completion: 09/16/2004

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: May 11, 2005

County: Howard

Lab Number: 05-2276

Sample iced: Yes

Residual Cl₂ <0.1 mg/L: Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Cumberland Development
Attn: Curtis Cumberland
16391 A.E. Mullinix Road
Woodbine, Maryland 21797

Property Sampled: U&O: 2261 Duvall Road

Station Sampled: Pressure tank tap

Tax Map #: 13

Date/Time Sampled: May 10, 2005 1:10 pm

Parcel #: 103

Owner, Telephone No.: Cumberland

Sampler: 6724GP

Subdivision Name:

Lot Number: 2

Building Permit No.: B00150429

Well Number: HD-94-4022

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.8 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

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



Heather R. Beam

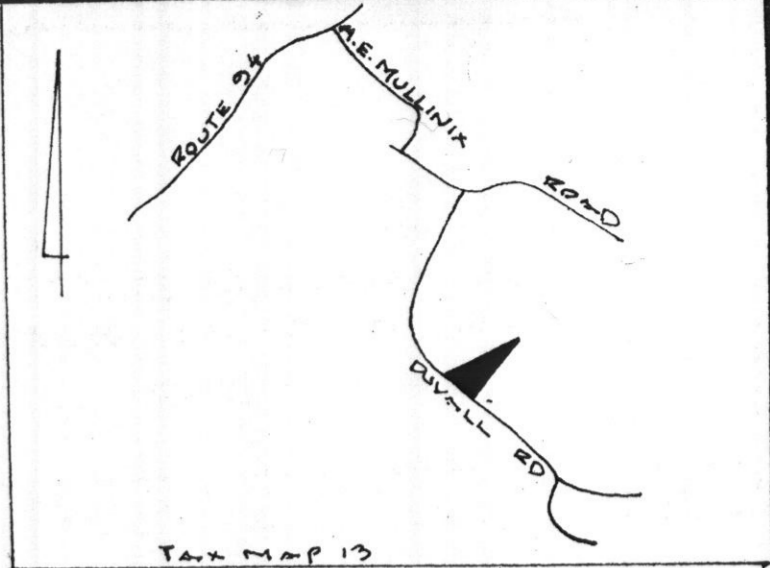
*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level

APPLICATION:

Source of Topo:
Howard County 200
Scale field-run
topography

RECORD REFERENCES	PERCOLATION TEST PLAT
TAX MAP: _____	_____
PARCEL: _____	_____
REF: _____	ELECTION DISTRICT
SCALE 1"=100'	HOWARD COUNTY, MARYLAND



NOTES

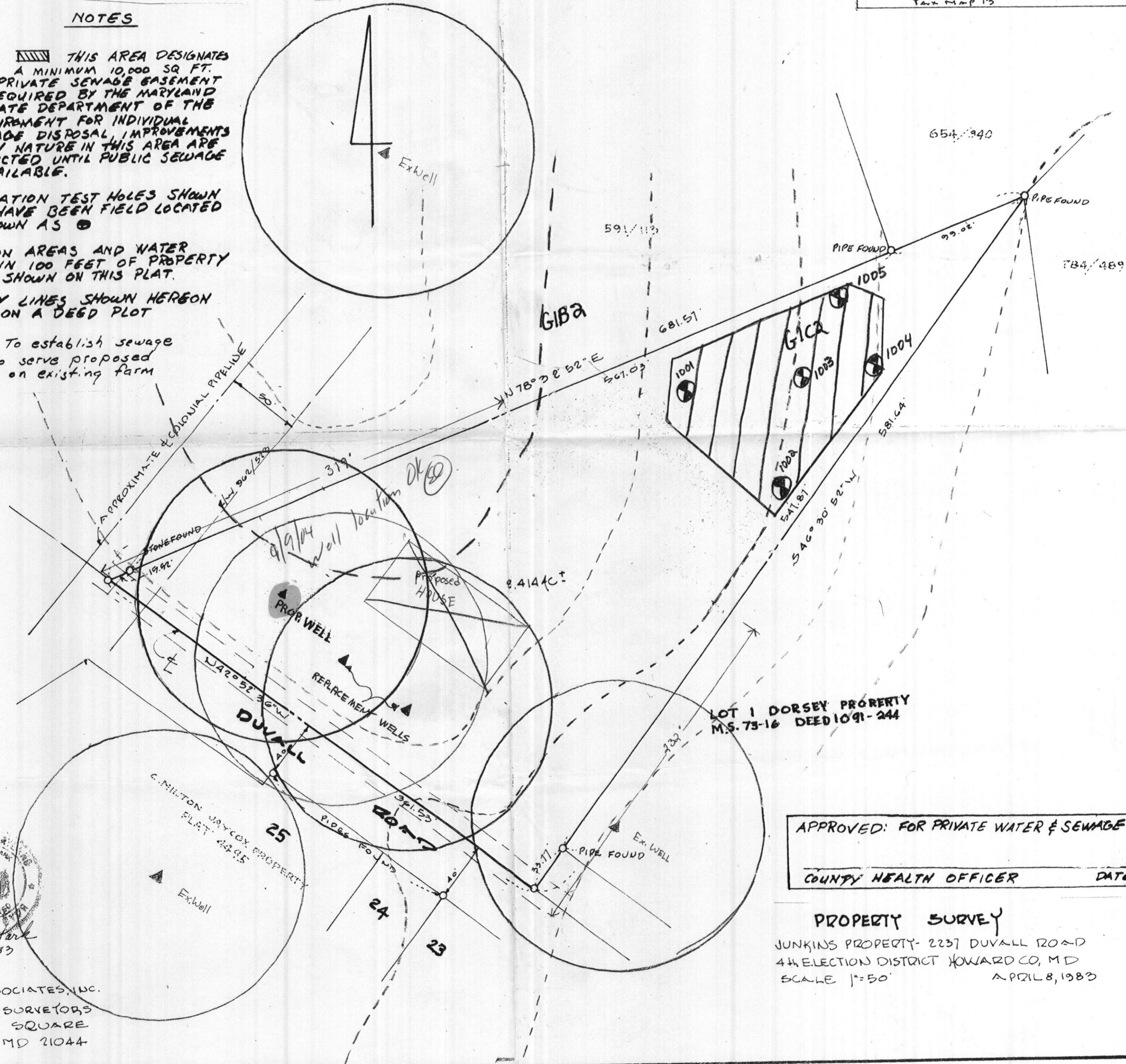
THIS AREA DESIGNATES A MINIMUM 10,000 SQ. FT. PRIVATE SEWAGE BASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE.

PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS ⊙

PERCOLATION AREAS AND WATER WELLS WITHIN 100 FEET OF PROPERTY LINES ARE SHOWN ON THIS PLAT.

THE PROPERTY LINES SHOWN HEREON ARE BASED ON A DEED PLOT

PURPOSE: To establish sewage basement to serve proposed tenant house on existing farm



APPROVED: FOR PRIVATE WATER & SEWAGE

COUNTY HEALTH OFFICER DATE

PROPERTY SURVEY
JUNKINS PROPERTY- 2237 DUVALL ROAD
4th ELECTION DISTRICT HOWARD CO, MD
SCALE 1"=50' APRIL 8, 1983



HUDKINS ASSOCIATES, INC.
ENGINEERS-SURVEYORS
231 JOSEPH SQUARE
COLUMBIA, MD 21044