

C1 3964

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

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 01 2003

Depth of Well  
22 125 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-3749  
28 29 30 31 32 33 34 35 36 37

OWNER VIKING DEVELOPMENT  
STREET OR RFD ARCHER'S GLEN TOWN WEST FRIENDSHIP  
SUBDIVISION ARCHER'S GLEN SECTION \_\_\_\_\_ LOT 13

**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	35	
Gray Rock	35	125	x
water at 60'			

**GROUTING RECORD** yes- no  
 Y  N  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 150 NO. OF POUNDS 1500  
GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 40 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): 40

**OTHER CASING (if used)**

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

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. MWD 120  
Andy B Cook  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. JS D 049  
Thomae McElly

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

**C 2** DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A																					
C	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
H																					
S	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
C																					
R	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58
E																					
S	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
L																					
O	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

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.) 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.) 16.66

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 22 ft.

WHEN PUMPING 22 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

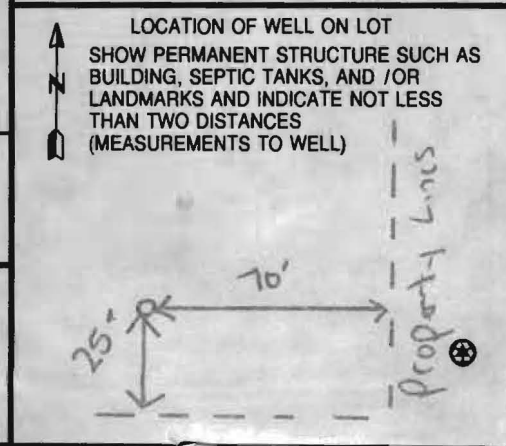
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE (nearest foot)  
 - below }



B 1 6731

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

Ho-94-3749

519017

please type

fill in this form completely

Date Received (APA)

0018-03

OWNER INFORMATION

Viking Development

815 Windriver Drive

Sykesville MD 21784

B 3

LOCATION OF WELL

Howard COUNTY

Wilson Property ARCHERS GLEN

SECTION 44 46 LOT 48 50

West Friendship

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Sandy B. Cochran M W D 120

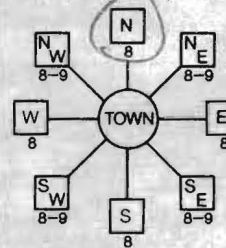
G. Edgar Harr Sons' Corp.

12047 Falls Road, Cockeysville 21030

Signature Date 6/12/03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ARCHERS GLEN

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 9 BLK: 22 PARCEL 301

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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

DATE ISSUED 07/31/03

CO SIGNATURE Mark Rife 7/31/04

NORTH GRID 541 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

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

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)

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

APPROX. PERMIT NUMBER Ho 2007 G 016

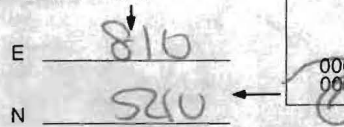
PERMIT No. Ho-94-3749

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



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

N

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





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: New Dimensions Plumbing Telephone #: 4102394359  
Address: 3018 Bachman Rd.  
Manchester, MO 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): ew Blake License# 15443

\*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: Cardan, LLC Telephone #: 4104422421  
Subdivision: Archers Glen Lot #: 13 Well Tag #: HO-94-3749 ✓  
Site Address: 1738 Archers Glen

Submersible Pump Data

Make: F+W  
Model #: 3/4HP 2WPR  
Pump Capacity 7 GPM  
Well Yield: 10 GPM

Pitless Adapter

Make: CAMBELL  
Model#: 1"  
Depth: 42" (36" min)  
NSF/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

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

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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

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

House Connection

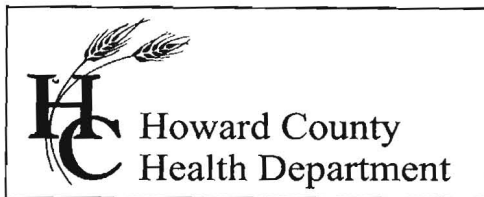
PVC sleeve to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 10ft  
Sleeve caulked and sealed properly: Yes

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: C. M. Blake date: 11/8/06

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

Date Insp. Requested: 11/8/06 Date Insp. Approved: 11/14/06 Inspector: KW  
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 grout observed below pitless adapter ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(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

December 27, 2006

Homeowner  
1738 Archers Glenn  
Sykesville, MD 21784

*SENT VIA FACSIMILE 410-489-0319*

RE: Archers Glenn, Lot 13  
1738 Archers Glenn  
Sykesville, MD 21784  
BP #B00159290  
Well Permit #HO-94-3749

Dear Sir/Madam,

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 12/26/2006. Final approval of the well line connection to the dwelling was approved on 11/14/2006**

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 raw nitrate sample results were previously documented to be 15.2 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results taken on December 22, 2006, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

**Furthermore, it will be necessary for you to comply with the following conditions:**

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

**INTERIM CERTIFICATE OF POTABILITY**  
(Permanent Deviation for Nitrates)

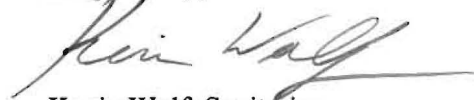
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3749. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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): 12/12/2006, 12/18/2006 & 12/22/2006

Date of Well Completion: 08/01/2003

Respectfully,



Kevin Wolf, Sanitarian  
Well and Septic Program

cc: Building Inspector's office  
Community Health Services  
File



**CERTIFICATE OF ANALYSIS**

**Requester:**  
PatapSCO Homes  
Attn: Jennie  
13898 Forsythe Road  
Sykesville, Maryland 21784

**S/O Number:** 61374  
**Report Date:** December 22, 2006



**TRACE LABORATORIES**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@comext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Property Sampled:** 1738 Archer's Glen, Nitrate Retest

**County:** Carroll  
**Subdivision:** Archer's Glen  
**Lot #:** 13  
**Building Permit #:** B00159290  
**Tax Map #:** 9  
**Parcel #:** 301

**Date/Time Collected:** December 22, 2006 at 9:50 am  
**Date/Time Received:** December 22, 2006 at 12:45 pm

**Sample Location:** Kitchen R/O Tap  
**Sampler ID:** 6551DB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3749  
**Well Condition:** 2-Piece Cap  
Cap Tight  
2 Bolts Loose

**Water Conditioning/Treatment:** R/O System

PARAMETER	RESULT	METHOD	MCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

### CERTIFICATE OF ANALYSIS

**Requester:**  
PatapSCO Homes  
Attn: Jennie  
13898 Forsythe Road  
Sykesville, Maryland 21784

**S/O Number:** 61305  
**Report Date:** December 19, 2006



TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@connext.net  
www.tracelabs.com

**Property Sampled:** 1738 Archer's Glen, Bacteria Retest #1

**County:** Carroll  
**Subdivision:** Archer's Glen  
**Lot #:** 13  
**Building Permit #:** B00159290  
**Tax Map #:** 9  
**Parcel #:** 301

**Date/Time Collected:** December 18, 2006 at 11:40 am  
**Date/Time Received:** December 18, 2006 at 3:15 pm

**Sample Location:** 1<sup>st</sup> Floor Bath Tap  
**Sampler ID:** 3239CM  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3749  
**Well Condition:** 2-Piece Cap  
Cap Tight  
1 Bolt Loose

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Heather R. Beam*  
Heather R. Beam  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

Maryland State Certified  
Water Quality Laboratory  
No. 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
Patapsco Homes  
Attn: Jennie  
13898 Forsythe Road  
Sykesville, Maryland 21784

**S/O Number:** 61209  
**Report Date:** December 13, 2006



**Property Sampled:** 1738 Archer's Glen

**County:** Carroll  
**Subdivision:** Archer's Glen  
**Lot #:** 13  
**Building Permit #:** B00159290  
**Tax Map #:** 9  
**Parcel #:** 301

**Date/Time Collected:** December 12, 2006 at 10:10 am  
**Date/Time Received:** December 12, 2006 at 1:05 pm

**Sample Location:** Laundry Tub Tap  
**Sampler ID:** 7334JB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3749  
**Well Condition:** 2-Piece Cap  
Cap Tight  
1 Bolt Loose

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	15.2 mg/L as N	SM 4500D	10 mg/L as N	High
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

*Heather R. Beam*  
Heather R. Beam  
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.

TRACE LABORATORIES  
5 North Park Drive  
Hunt Valley, MD 21030  
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