

C1 16339

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2495

OWNER CCM Maintenance, WELL SITE ADDRESS 2200 Miller Mill Road, TOWN West Friendship, SUBDIVISION, SECTION, 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 Overburden, Sand, Gray Rock, and Hot water.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

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

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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...

DRILLERS LIC. NO. 1 M 5D 1571, DRILLERS SIGNATURE

LIC. NO. 1 AWD 9191, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C2 DEPTH (nearest ft.)

Table for depth measurements at various casing heights (1-21 feet)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE watch/Buck, WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft., WHEN PUMPING 145 ft., TYPE OF PUMP USED (for test) J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) 49 above, LAND SURFACE 2 (nearest foot)

LATITUDE 3 9.315697, LONGITUDE 7 7.026978 (DEFAULT COORD. WGS 84)

NOTES:

B 1 1 2 3 6 16134	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 544547	STATE PERMIT NUMBER HO-95-2495 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) 02/26/13

8 MM DD YY 13

15 Last Name CCM Owner First Name Mark 34

36 Street or RFD 1421 East Baltimore St. 55

57 Town Baltimore 70 State MD 72 Zip 21231 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Cockeysville 71

DRILLER INFORMATION

Driller's Name Michael B. Cochran M 5 D 157 76 License No. 81

Firm Name Harc Well Drilling

Address 12047 Falls Rd. Cockeysville

Signature [Signature] Date _____

SOURCES OF DRILLING WATER

11 STREET ADDRESS 2020 Millers Mill Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 N S E
 WEST EAST
 W S E
 SOUTH

34 50 37 DISTANCE FROM ROAD ET

ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 4 PARCEL 18

WELL INFORMATION

APPROX. PUMPING RATE 5 8 12 (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED 500 14 20 (GAL. PER DAY)

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

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A537371

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 3/12/2013 Brian Baker 3/12/2014

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL _____ INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

37 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

39 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

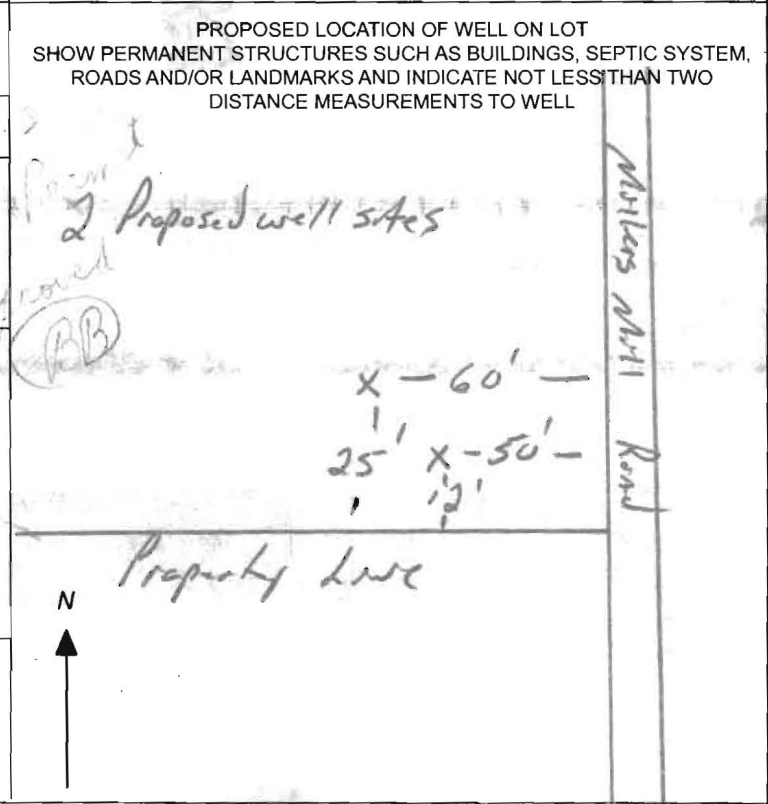
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2495

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 04-03-13
Address: 2020 Millers Mill Road
Owner Name: CCM Maintenance
Well Depth: 300 Ft

Permit Number: HO- 95-2495
Subdivision:
Election District:
Static Water Level: 12 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0900	12 ft		3 sec	20.00
0915	81		3	20.00
0930	138		3	20.00
0945	142		6	10.00
1000	143		6	10.00
1015	144		6	10.00
1030	144		6	10.00
1045	144		6	10.00
1100	144		6	10.00
1115	144		6	10.00
1130	145		6	10.00
1145	145		6	10.00
1200	145		6	10.00
1215	145		6	10.00
1230	145		6	10.00

Water Testing Laboratories

P.O. Box 712
Stevensville, MD 21666
410-643-7711

of Maryland, Inc.

Meryln Rodriguez
1421 East Baltimore Street
Baltimore, MD 21231

Reporting Date: 6/2/2014
Report #: M1715

Submitted Sample Address: 2020 Millers Mill Road
Cooksville, MD
Submitted Sample Source: Bathroom sink
Date / Time Collected: 5/29/2014 12:50 PM
Sample Type: Drinking Water
Sampler/Company: A. Clancy 6369AC, WTL of MD
Field Record: Chlorine residual: Absent ✓ Clear when drawn
Well #: HO-95-2495

'OK'
reb 7/1/2014

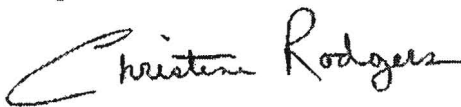
Analytical Results

Parameter	Result	Units	Report Limit	MCL	Analytical Method
Total Coliforms	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent ✓	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	3.0 ✓	mg/L	0.5	10	EPA 353.2
Sand	Absent ✓	P/A	Present/Absent	Present	Visual
Turbidity	3.9 ✓	NTU	0.5	10	SM 2130B
pH	7.3 ✓	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H ⁺ B


Notes:

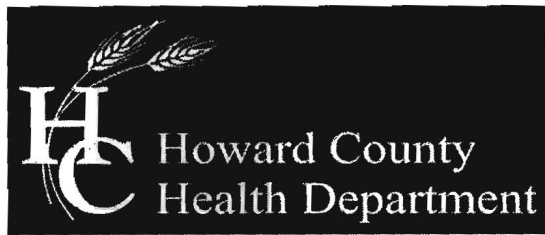
1. Bacteriological analysis of this sample indicates this water is for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by Lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21st Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: 



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – December 30, 2014

June 30, 2014

Homeowner
2020 Millers Mill Road
Lisbon, MD 21723

RE: **2020 Millers Mill Road**
Building Permit: B13000005
Well Permit: HO-95-2495

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 **June 30, 2014**. Final approval of the well line connection to the dwelling was granted on **3/18/2014**. The well construction was completed on **4/2/2013**. Water samples were collected on **5/29/2014**.

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-95-2495. 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, appearing to read 'Jeff Williams'.

Jeff Williams
Program Supervisor
Well & Septic Program

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

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 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 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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO 95-2495
 Site Address: 2020 Millers Mill Road

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	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, 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

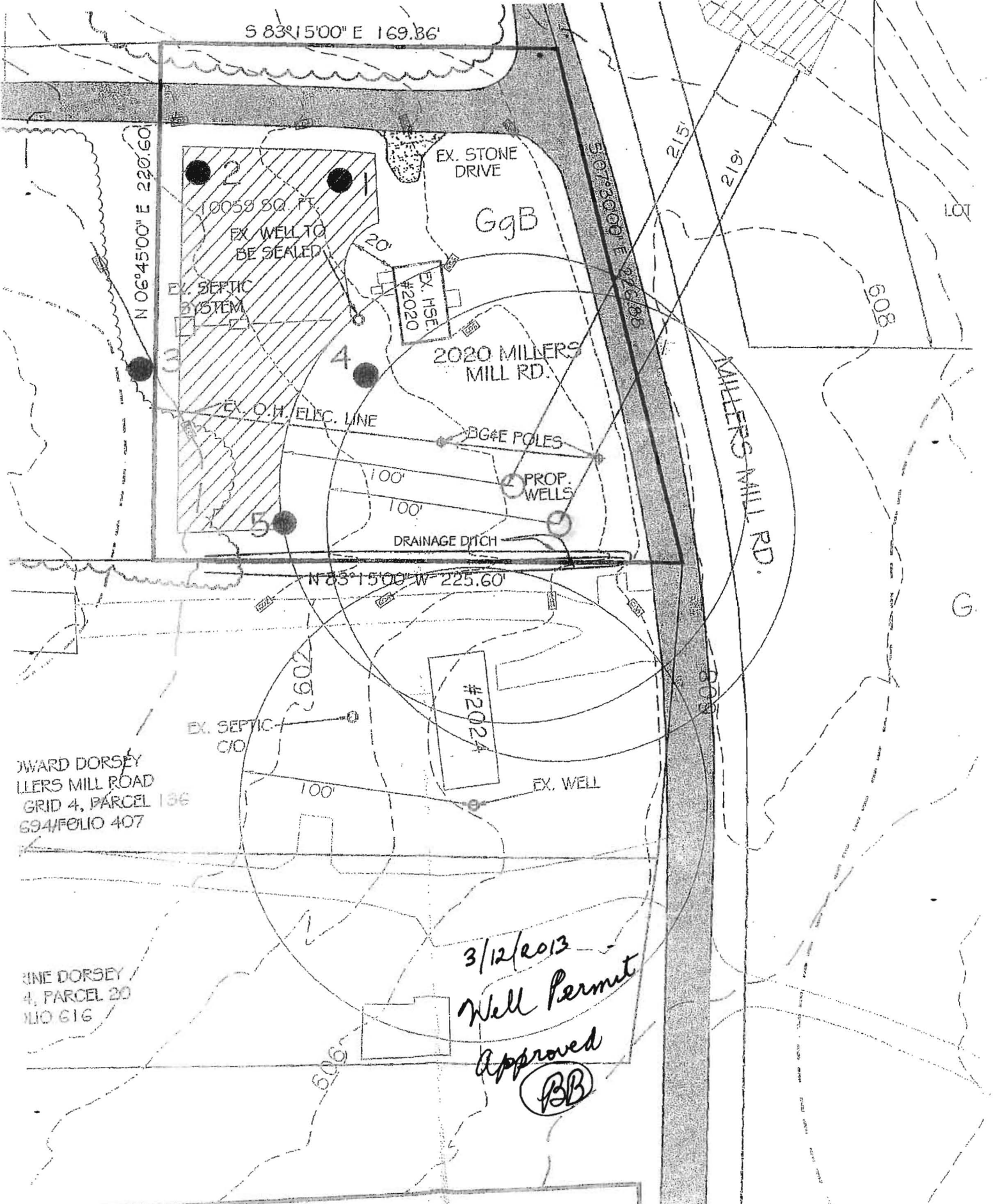
<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

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: 3/18/14 Inspector: BBB
 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 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



3/12/2013
 Well Permit
 Approved
 (BB)

WARD DORSEY
 MILLERS MILL ROAD
 GRID 4, PARCEL 136
 694/FOLIO 407

WARD DORSEY
 GRID 4, PARCEL 20
 FOLIO 616

APPROVED: FOR PRIVATE WATER AND SEWERAGE SYSTEMS

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

OK
90
4/11/13

DATE WELL ABANDONED: 4-5-13 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

140-95-2495

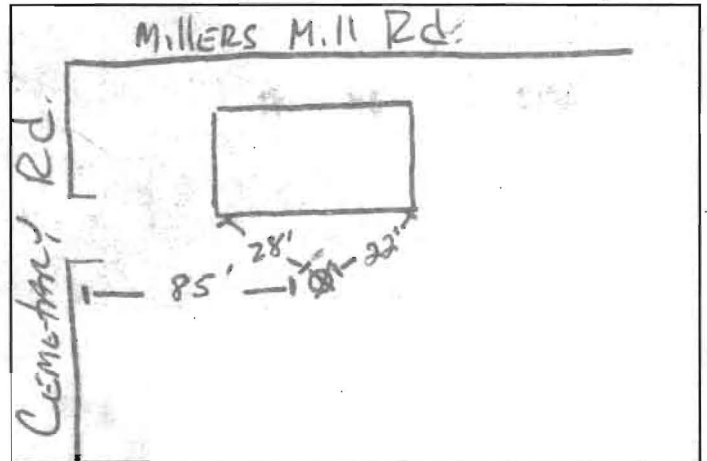
* PERSON ABANDONING WELL: Michael B. Clark WELL DRILLER'S LICENSE NUMBER: 157

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: CCM Maintenance

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: West Friendship
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 2020 Millers Mill Rd.

SITE LOCATION MAP



LATITUDE 3 9.315837

LONGITUDE 7 7.027229

MSD 157

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Portland Type I Cement</u>	<u>91</u>	<u>0</u>

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

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

SIZE OF CASING: 5 INCHES IN DIAMETER

DEPTH OF WELL: 91 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? ___ YES NO

VOLUME OF MATERIAL USED

12 Bags Cement

