

C 1 -7075 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) A522008

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 8 2007

DATE WELL COMPLETED MM DD YY 8 8 2007 DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1134

OWNER Pugh Meadow Trail Land C. Edgar STREET OR RFD TOWN West Friendship SUBDIVISION McKendree View SECTION LOT 6

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-66) and Gray Mica Rock (66-400).

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 22 NO. OF POUNDS 2068

CASING RECORD MAIN CASING TYPE (ST) Nominal diameter (6) Total depth (69)

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

SCREEN RECORD screen type or open hole (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 70 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 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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.: MSD 024 DRILLERS SIGNATURE

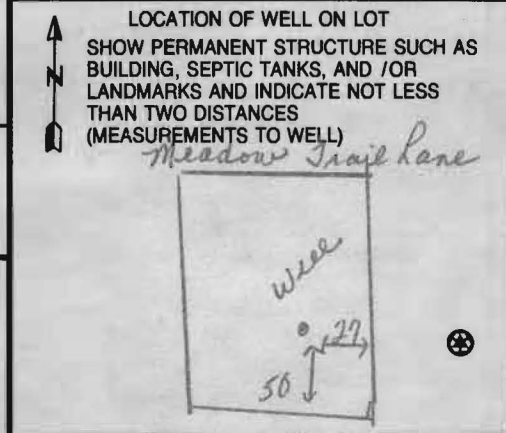
LIC. NO.: MSD 027

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

DEPTH (nearest ft.) 68 400 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



B 1 1091

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526706 please type

STATE PERMIT NUMBER

Ho-95-1134 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Benchmark Engineering Inc, 8480 Baltimore National Pike, Elliott City Md 21043

B 3

LOCATION OF WELL

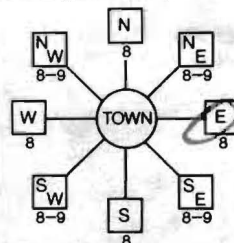
Howard County, McKendree View, Cooksville, 242 miles from town

DRILLER INFORMATION

Joseph L Mayne, M S D 024, Joseph L Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meadow Trail Lane

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



275 feet distance from road

Tax Map: 14, Blk: 12, Parcel: 54

B 2

WELL INFORMATION

Approx. Pumping Rate: 5 gal/min, Average Daily Quantity Needed: 500 gal/day

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation, Farming, Industrial, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A522008, County Name, State Signature, Date Issued: 5/25/2007, Brian Baker 5/25/2008, Grid: 537 000, 800 000

Approximate Depth of Well: 300 feet, Approximate Diameter of Well: 6 inch

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven, Air-Rotary, Air-Per 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 deepen an existing well

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

Approp. Permit Number: G, Permit No. Ho-95-1134

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

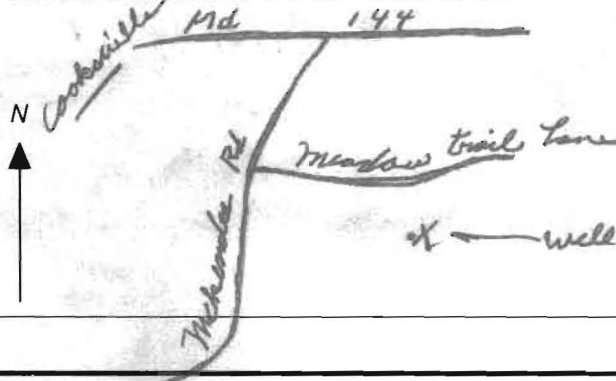
SOURCES OF DRILLING WATER

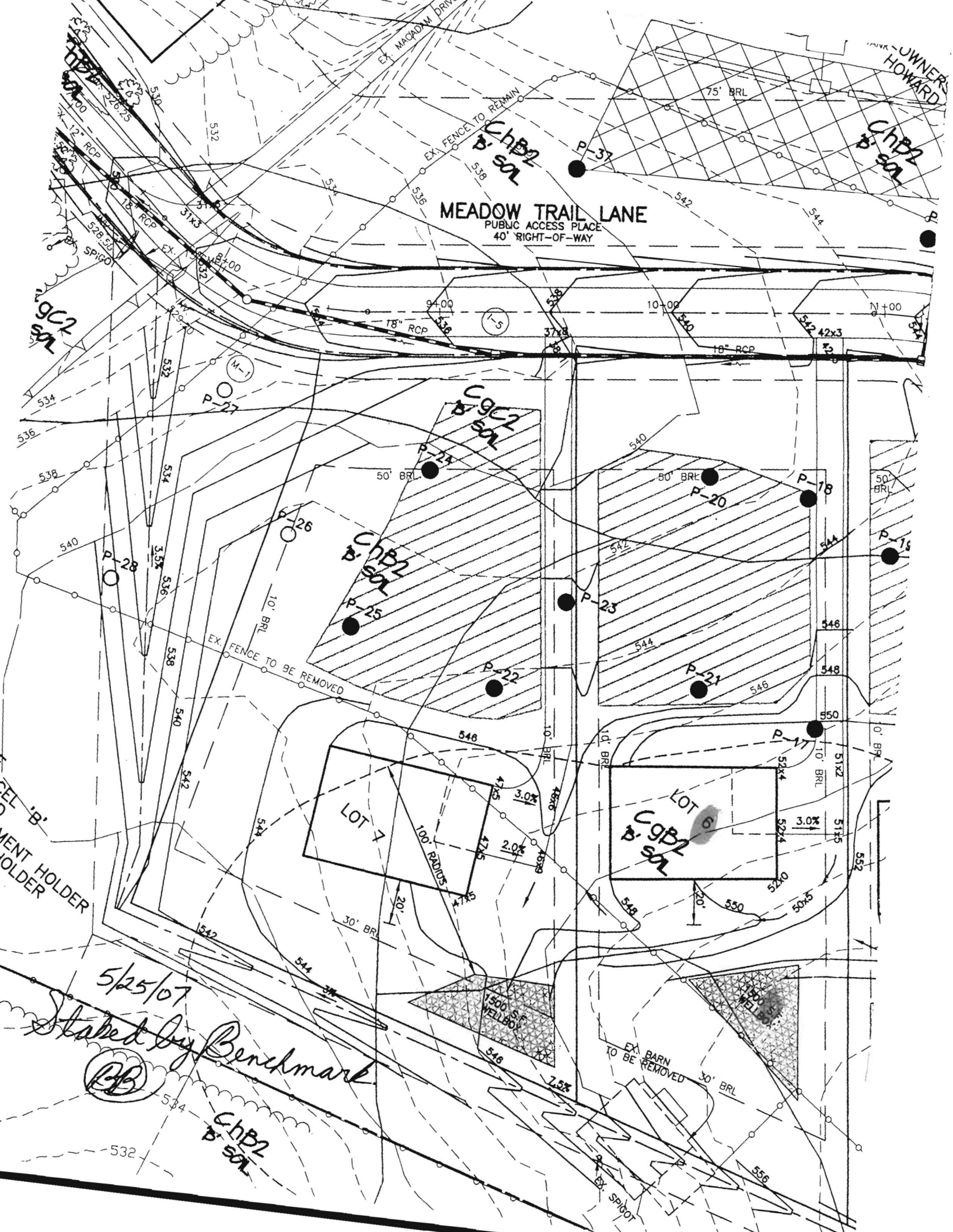
- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790-800, N 5367

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





OWNER HOWARD

MEADOW TRAIL LANE

PUBLIC ACCESS PLACE
40' RIGHT-OF-WAY

LOT 7

LOT 6

1500 G.P. WELLS

1500 G.P. WELLS

EX. BARN TO BE REMOVED

CHB2
B' SOL

CHB2
B' SOL

CHB2
B' SOL

CHB2
B' SOL

CGB2
B' SOL

CGC2
B' SOL

CGC2
B' SOL

5/25/07

Stated by Benchmark

(Signature)

REL 'B'
MENT HOLDER
HOLDER

EX. FENCE TO REMAIN

EX. FENCE TO BE REMOVED

EX. BARN TO BE REMOVED

EX. SPIGOT

100' RIDDS

18" RCP

18" RCP

75' BRL

50' BRL

50' BRL

50' BRL

10' BRL

10' BRL

10' BRL

10' BRL

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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 #: (6) Well Tag #: HO-95-1134
 Site Address: 2306 Meadow Trail Lane

<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 <u>inside of well casing</u>		

<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: 7/3/14 Date Insp. Approved: 7/3/14 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 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	✓

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 98182 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 2306 Meadow Trail Lane Requested By: Cary Cumberland
West Friendship, MD 21794 Source: Well Water
Date/Time Collected: 12/10/2014 1030 Site: Pressure Tank ✓
Date/Time Rec'd: 12/10/2014 1828 Treatment: None
Chlorine ppm: Free: ND ✓ Total: ND pH: 5.5
Collected By: J. Yeager 6176JY Well #: HO-95-1134

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	12/11/2014 / 1245 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	12/11/2014 / 1245 / LLO
Nitrate	3.77 ✓	mg/L	10	601	12/10/2014 / 1850 / BCD
Turbidity	6.72 ✓	NTU	<10	SM18 2130B	12/10/2014 / 1850 / BCD
Sand	NS ✓	mg/L	5	Visual/Gravimetric	12/10/2014 / 1850 / BCD

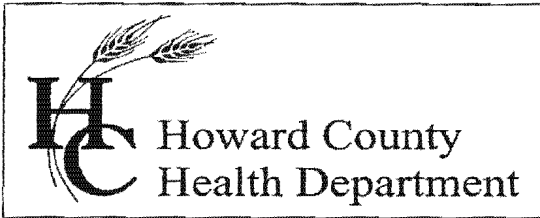
'OK' JB 12/12/2014

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13003711

Date Reported: 12/11/2014



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JUNE 12, 2015

December 12, 2014

Homeowner
2306 Meadow Trail Lane
West Friendship, MD 21794

**RE: McKendree View, Lot 6
2306 Meadow Trail Lane
Building Permit: B13003711
Well Permit: HO-95-1134**

Dear Homeowner:

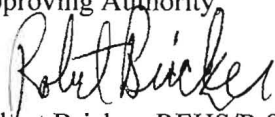
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/19/2013**. Final approval of the well line connection to the dwelling was granted on **7/3/2014**. The well construction was completed on **8/8/2007**. Water samples were collected on **12/10/2014**.

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-95-1134. 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, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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