

C1 0212

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. 3-8 ON ALL CARDS)

COUNTY NUMBER A523663

ST/CO USE ONLY. DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 95-0476

OWNER SANDS

STREET OR RFD MILLERS MIL

TOWN COOKSVILLE

SUBDIVISION SANDS

SECTION M8 BIK 22 P 2c 90 lot 2

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 Top Soil, Brown Shale, Brown Slak, Blue Slak, brown Slak, Blue Slate, Flint Rock, Blue Slate.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6), Total depth of main casing (83).

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

SCREEN RECORD

screen type or open hole (ST, BR, HO), insert appropriate code below.

C 3

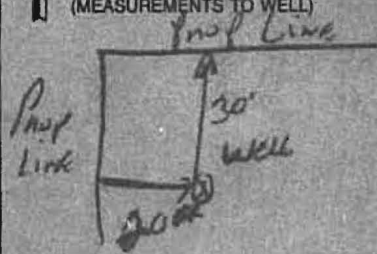
PUMPING TEST

HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (24 ft), WHEN PUMPING (65 ft), TYPE OF PUMP USED (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 (31, 35), PUMP HORSE POWER (37, 41), PUMP COLUMN LENGTH (43, 47), CASING HEIGHT (+ above, - below) LAND SURFACE (2, nearest foot).

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).



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: 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.

DRILLERS LIC. NO. 1 M SD 112, DRILLERS SIGNATURE (Must match signature on application).

LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, E, N. Includes slot size and diameter of screen information.

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 7** **0985** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-95-0476**  
**1 2 3 6** **APPLICATION FOR PERMIT TO DRILL WELL** **525120** please type **fill in this form completely**

**OWNER INFORMATION**  
**8** MM DD YY **13**  
**15** Last Name **Land Marketing Consultants** Owner First Name **34**  
**36** **3060 Rt. 97** Street or RFD **55**  
**57** **Glenwood MD 21738** Town **70** State **72** Zip **76**

**B 3** **LOCATION OF WELL**  
**8** COUNTY **Howard** **21**  
**23** SUBDIVISION **Sands Property** **42**  
SECTION **44** **46** LOT **48** **50**  
**52** NEAREST TOWN **Cooks Mill** **71**  
MILES FROM TOWN (enter 0 if in town) **2** M **73** **76 77 78**

**DRILLER INFORMATION**  
**76** Driller's Name **Ralph E. Mayne** **M SD 112** License No. **81**  
**76** Firm Name **Ralph E. Mayne Inc.**  
**76** Address **17024 Handy Rd Mt Airy MD 21771**  
**76** Signature **[Signature]** **5/20/06** Date

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
**11** NEAR WHAT ROAD **MILLERS MILL RD** **30**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
**34** DISTANCE FROM ROAD **200** **37** ENTER FT OR MI **FT** **38 39**  
TAX MAP: **8** BLK: **22** PARCEL **90**

**B 2** **WELL INFORMATION**  
**1** **2** APPROX. PUMPING RATE **5** (GAL. PER MIN.) **8** **12**  
AVERAGE DAILY QUANTITY NEEDED **500** (GAL. PER DAY) **14** **20**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 **D** DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 **F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 **I** INDUSTRIAL, COMMERCIAL, DEWATERING  
 **P** PUBLIC WATER SUPPLY WELL  
 **T** TEST, OBSERVATION, MONITORING  
 **G** GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL** **52363**  
**HOWARD** **(13)** **A**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ **41**  
DATE ISSUED **7/5/06** **95111 AC [Signature]** **7/6/07**  
**43** MM **50** YY **48** CO SIGNATURE EXP. DATE  
NORTH GRID **540** **000** EAST GRID **791** **000**  
**50** **55** **57** **63**

APPROXIMATE DEPTH OF WELL **150** FEET **24** **28**  
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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 **791**  
E **791**  
N **540**  
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

**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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 **N** THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 **Y** THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 **S** THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 **D** THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) **41** \_\_\_\_\_ **52**

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
PERMIT No. **HO-95-0476**  
**70 71 72 73 74 75 76 77 78 79**

**SPECIAL CONDITIONS**  
**See Attached Sheet**



**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: WT CUL P+H Telephone #: 443 398 1782  
Address: 1820 Galles Falls Rd  
Woodbine MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): William I Cumberland License# 7979  
**\*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: Viknia Telephone #: \_\_\_\_\_  
Subdivision: Sand's Property Lot #: 2 Well Tag #: HO - \_\_\_\_\_  
Site Address: Miller Mill

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Myers</u>	Make: <u>Harvard</u>	Two piece watertight cap: <u>45</u>
Model #: _____	Model #: _____	Screened, vented well cap: _____
Pump Capacity: <u>8</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>15</u> GPM	NSF approved: _____	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>✓</u>

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 \_\_\_\_\_

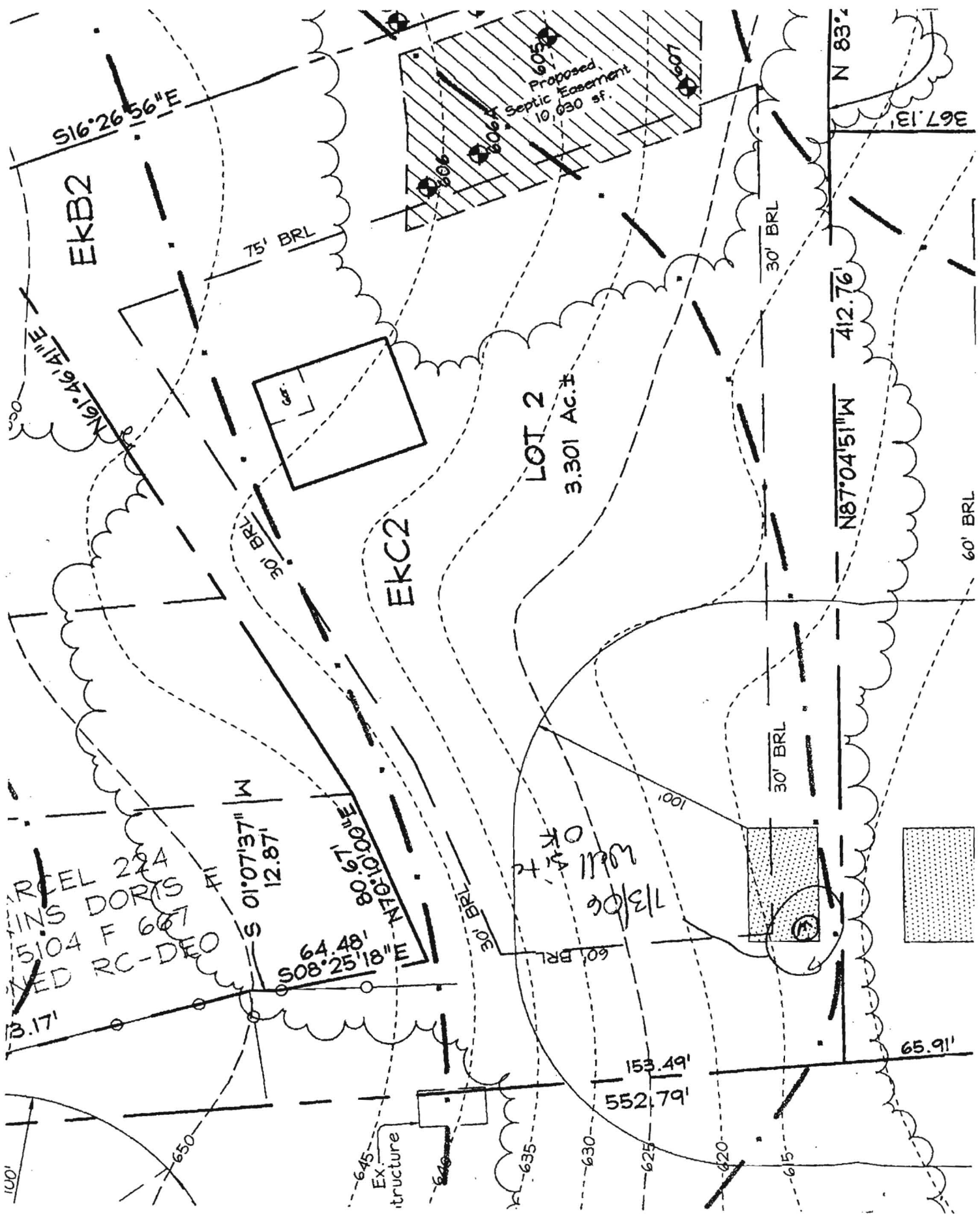
<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>✓</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'+</u>
Depth of supply line: <u>5'</u> (36" min)	Sleeve caulked and sealed properly: <u>✓</u>

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.

M.A.H. Signature of company representative responsible for installation      7-16-11 date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/15/2011 BB  
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 ✓



EKB2

LOT 2

3.301 AC.±

EKC2

Proposed  
Septic Easement  
10,030 sf

ARCEL 224  
INS DORTS  
5104 F 687  
VED RC-DEO

Well OK  
7306

S16°26'56"E

N61°46'41"E

75' BRL

30' BRL

S 01°07'37" W  
12.87'

N87°10'00"E  
88.067'

64.48'  
S08°25'18"E

60' BRL

30' BRL

30' BRL

412.76'

N87°04'51"W

N 83°

E1' L9E

60' BRL

153.49'  
552.79'

65.91'



Howard County  
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

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

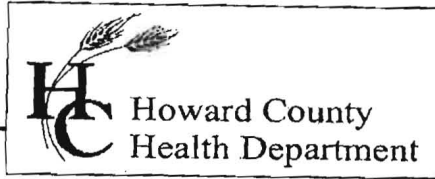
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH Associates  
on 5/15/06 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.

KN Lot 1 Sands Prep  
Lot 2 "  
Parcel 51 "



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

*Peter Beilenson, M.D., M.P.H., Health Officer*

July 25, 2011

Homeowner  
1924 Millers Mill Road  
Cooksville, MD 21723

RE: Sands Property, Lot 2  
1924 Millers Mill Road  
BP #: B10003225  
Well Tag: HO-95-0476

Dear Sir:

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 7/15/2011. Final approval of the well line connection to the dwelling was approved on 7/15/2011.**

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.

Enclosed with this certificate, is a copy of the septic permit and the as-built along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

#### **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-95-0476. 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 Samples: 07/22/2011  
Date of Well Completion: 05/10/2007

Approving Authority,



Brian Baker, R.S.  
Environmental Sanitarian  
Well & Septic Program

cc: Building Inspector's Office  
Community Hygiene Program  
File

**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 #:	80542	Account #:	4226
Reference:	Williams	Company:	Viking Development Corporation
Location:	1924 Millers Mill Road Woodbine, MD 21797	Requested By:	Cary Cumberland
Date/ Time Collected:	7/22/2011 1115	Source:	Well Water
Date/Time Rec'd:	7/22/2011 1305	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	K. Eichstedt 2870KE	pH:	5.7
		Well #:	FIO-95-0476

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2011 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/23/2011 / 1000 / BCD
Nitrate	3.92	mg/L	10	601	7/22/2011 / 1630 / BCD
Turbidity	0.62	NTU	<10	SM18 2130B	7/22/2011 / 1405 / KME
Sand	NS	mg/L	5	Visual/Gravimetric	7/22/2011 / 1405 / KME

**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 and Chlorine level tested on site

Reason for Test : Use & Occupancy  
 Building Permit # : B-10003225

Date Reported: 7/25/2011

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1415 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 80542 Account #: 4226  
 Reference: Williams Company: Viking Development Corporation  
 Location: 1924 Millers Mill Road Requested By: Cary Cumberland  
 Woodbine, MD 21797 Source: Well Water  
 Date/Time Collected: 7/22/2011 1115 Site: Pressure Tank  
 Date/Time Rec'd: 7/22/2011 1305 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 5.7  
 Collected By: K. Eichstedt 2870KE Well #: HO-95-0476

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
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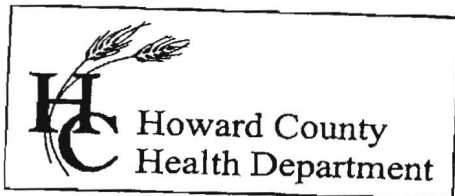
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Reason for Test : Use &amp; Occupancy

Building Permit # : B-10003225

Date Reported: 7/25/2011



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website: [www.hchealth.org](http://www.hchealth.org)

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

**Well Special Conditions**  
Sands Property Lot #2 and parcel 91

- ❖ The Well(s) to be drilled on proposed Lots #2 and parcel 91 (and all wells drilled in Howard County) shall be grouted according to Code of Maryland Annotated Regulations (COMAR) 26.04.04.07(G). (Grouting standards)
- ❖ **Additionally this well is required to be grouted according to these regulations to a minimum depth of 80 feet or through all unconsolidated materials.**

GAC

cc: file  
MDE Groundwater Management Administration