

C1 7074

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A522008

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 8 01 2007

Depth of Well 22 80' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 9/14/07 40-95-1133

OWNER Pugh C. Edgar + Benchmark last name first name STREET OR RFD Meadow Trail Lane TOWN West Friendship SUBDIVISION McKendree View SECTION LOT 5

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-60), Gray mica Rock (60-80).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 64

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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. 1 M SD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 027

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

DEPTH (nearest ft.)

Table with columns: T, 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes handwritten depth 80'.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 33 ft. WHEN PUMPING 35 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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

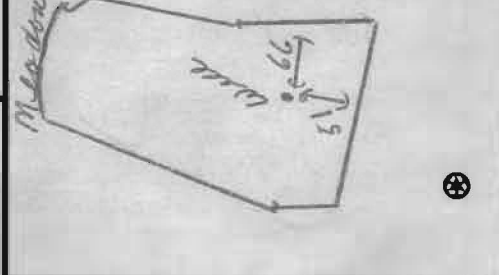
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 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)



B 1 1990

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-95-1133 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Benchmark Engineering Inc 8490 Baltimore National Pike Elliott City Md 21043

B 3 LOCATION OF WELL

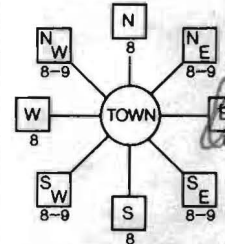
Howard County McKendree View Cooksville

MILES FROM TOWN (enter 0 if in town) 2 1/2

DRILLER INFORMATION

Joseph & Mayne MS D 024 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)



225 250 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 12 PARCEL: 54

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 (13) A522008 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 5/25/2007 Brian Baber 5/25/2008

NORTH GRID 537 000 EAST GRID 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-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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) 41

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

APPROP. PERMIT NUMBER G PERMIT No. HO-95-1133

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

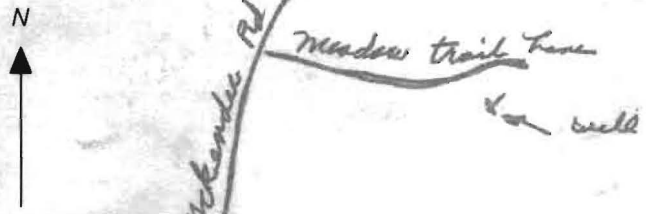
- well (circled)

WRITE THE BOX NUMBER FROM THE MAP HERE

E 292800

N 5347

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Hughes Plumbing Service Telephone #: 443-340-7994
 Address: 1100 Weston Chapel Rd
New Windsor MD 21776

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

License # and name of individual responsible for the field installation:

Name (Print): Daniel Hughes License# 23837

*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: Cary Cumberland Telephone #: 410-977-2188
 Subdivision: Melrose View Lot #: 5 Well Tag #: HO-95-1133
 Site Address: 2312 Meador Trail Ln
West Friendship MD 21794

| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
|--|-----------------------------|---------------------------------------|
| Make: <u>Grundfos</u> | Make: <u>Watts</u> | Two piece watertight cap: <u>Y</u> |
| Model #: <u>155Q05-240</u> | Model#: <u>2141</u> | Screened, vented well cap: <u>Y</u> |
| Pump Capacity <u>15</u> GPM | Depth: <u>39"</u> (36" min) | Cap secured to casing: <u>Y</u> |
| Well Yield: <u>20</u> GPM | NSF/WSC approved: <u>Y</u> | Conduit min 18" B.G.: <u>Y</u> |
| Depth of well encountered at time of pump installation: <u>80</u> (feet) | | Conduit secured to well cap: <u>Y</u> |
| 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: <u>Poly</u> | PVC sleeve to undisturbed soil at wall penetration: <u>Y</u> |
| PSI: <u>160</u> (160 psi min) | Length of sleeve(5' minimum from foundation): <u>6'</u> |
| Depth of supply line: <u>39"</u> (36" min) | Sleeve sealed properly: <u>Y</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.

Daniel Hughes 11-7-14
 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: _____ 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 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 _____

**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: _____ 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: _____ Lot #: 5 Well Tag #: HO 95-1133
Site Address: 2312 Meadow Trail Ln,

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

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: _____

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 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: _____

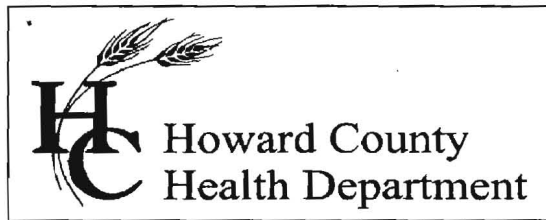
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

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: _____
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 ✓

6/26/2014
Pump Not Installed Yet
BB



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 – May 13, 2015

November 13, 2014

Homeowner
2312 Meadow Trail Lane
West Friendship, MD 21794

RE: Mckendree View
2312 Meadow Trail Lane
Building Permit: B14000820
Well Permit: HO-95-1133

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 **11/13/2014**. Final approval of the well line connection to the dwelling was granted on **6/26/2014**. The well construction was completed on **8/1/2007**. Water samples were collected on **11/7/2014 and 11/12/2014**.

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-95-1133. 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,

Hank Oswald

Hank Oswald, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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

L 709 F. 184
ZONED: RC-DEO

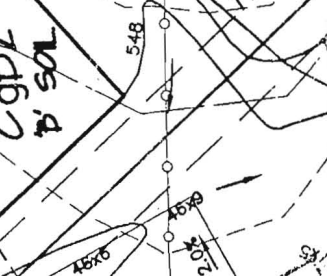
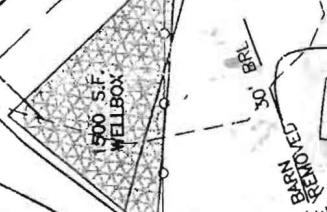
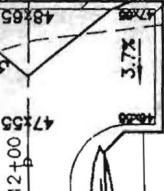
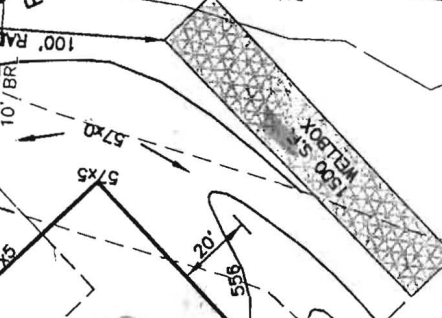
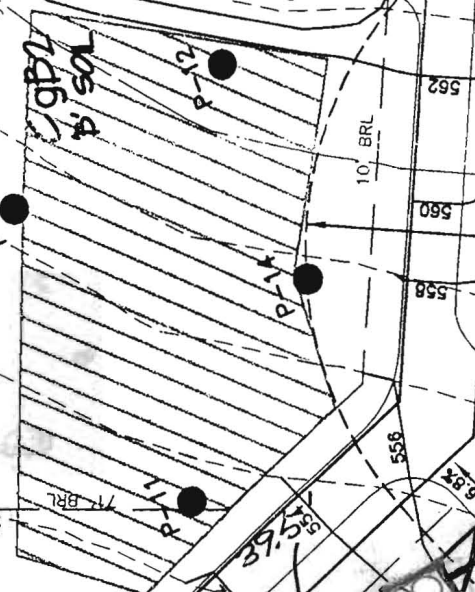
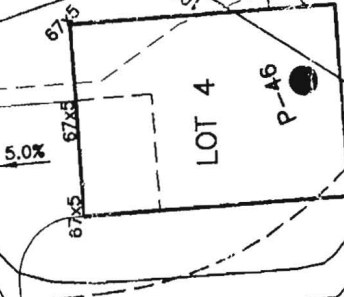
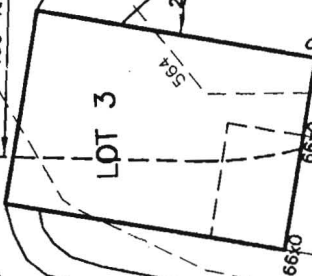
6 HA
D SOL

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D SOL

SIMONS PLANE
PARCEL 3571

EX FENCE TO BE REMOVED

5/25/07
Stated by Benchmark
(BB)



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 #: 97646 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 2312 Meadow Trail Lane Requested By: Cary Cumberland
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 11/7/2014 0800 Site: Pressure Tank
Date/Time Rec'd: 11/7/2014 1230 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.6
Collected By: J. Yeager 6176JY Well #: HO-95-1133

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|----------------------------------|---------|-------------|-----------|--------------------|------------------------|
| ✓ Bacteria, Coliform, Total, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 11/8/2014 / 0900 / CCH |
| ✓ Bacteria, E. coli, MPN | <1.0 | MPN/ 100 ml | <1.0 | SM18 9223 | 11/8/2014 / 0900 / CCH |
| ✓ Nitrate | 3.00 | mg/L | 10 | 601 | 11/7/2014 / 1530 / CCH |
| ✗ Turbidity | 12.5 | NTU | <10 | SM18 2130B | 11/7/2014 / 1500 / CCH |
| ✓ Sand | NS | mg/L | 5 | Visual/Gravimetric | 11/7/2014 / 1500 / CCH |

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 pH tested in lab, chlorine level tested on site
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : 14000820

Date Reported: 11/10/2014

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 #: 97802 Account #: 4226
Reference: Viking Development Corporation Company: Viking Development Corporation
Location: 2312 Meadow Trail Lane Requested By: Cary Cumberland
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 11/12/2014 0900 Site: Pressure Tank
Date/Time Rec'd: 11/12/2014 1047 Treatment: Prior to Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: J. Yeager 6176JY Well #: HO-95-1133

| PARAMETERS | RESULTS | UNITS | REFERENCE | METHOD | DATE/TIME/ANALYST |
|-------------|---------|-------|-----------|------------|-------------------------|
| ✓ Turbidity | 3.69 | NTU | <10 | SM18 2130B | 11/12/2014 / 1500 / CCH |

NOTES

- 1 NTU = Nephelometric Turbidity Units
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 pH & Chlorine level tested on site
- 5 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy

Building Permit # : 14000820

Date Reported: 11/13/2014