

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C 1 3960	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>13</u>
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 08 12 2003	Depth of Well 22 200 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO - 94 - 3753</u>
OWNER <u>VIRKING DEVELOPMENT</u>	STREET OR RFD <u>ARCHERS GLEN</u>	TOWN <u>WEST FRIENDSHIP</u>	
SUBDIVISION <u>ARCHERS GLEN</u>	SECTION	LOT <u>17</u>	

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 Gray Rock	0	35	
water at 60'	35	200	x

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 32 ft.
48 TOP 52 54 BOTTOM 58 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

60 61 63 64 66 70

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

E A C H C A S I N G

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 31 ft.

WHEN PUMPING 31 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no

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

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	8	9	11	15	17	21															
C	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
H	23	24	26	30	32	36															
S																					
C	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
R	38	39	41	45	47	51															
E																					
S																					
L																					
E																					
N																					

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. 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 } (nearest foot)

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. MWD120

DRILLERS SIGNATURE Thomas Mc...

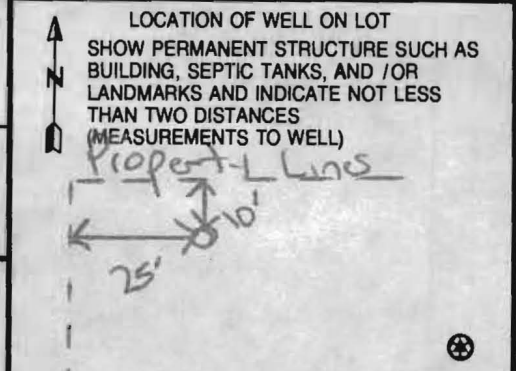
LIC. NO. JS D 048

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

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

T _____ W Q _____

70 _____ 72 _____



B 1 6735

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3753 fill in this form completely

519017 please type

Date Received (APA) 06-18-03

OWNER INFORMATION

Viking Development Last Name, Owner First Name, 815 Windriver Drive Street or RFD, Sykesville MD 21784 Town State Zip

B 3

LOCATION OF WELL

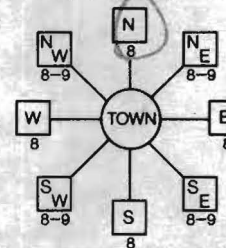
Howard COUNTY, Wilson Property ARCHER'S GLEN SUBDIVISION, SECTION 44 46 LOT 17 48 50, West Friendship NEAREST TOWN, MILES FROM TOWN 2 M I

DRILLER INFORMATION

Sandy R. Cochran M W D 120 Driller's Name License No., G. Edgar Harr Sons' Corp. Firm Name, 12047 Falls Road, Cockeysville 21030 Address, SB Cochran 6/12/03 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ARCHER'S GLEN, Old Frederick Road NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH, DISTANCE FROM ROAD 150 FT, TAX MAP: 9 BLK: 22 PARCEL 301

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 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, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A COUNTY NO., STATE SIGNATURE, DATE ISSUED 07-30-03, CO SIGNATURE Mark R. R... 7/30/04, EXP. DATE, NORTH GRID 541 000, EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN, AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary), 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, 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)

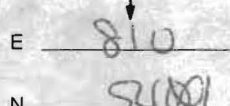
APPROX. PERMIT NUMBER H02002G016, PERMIT No. H0-94 3753

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

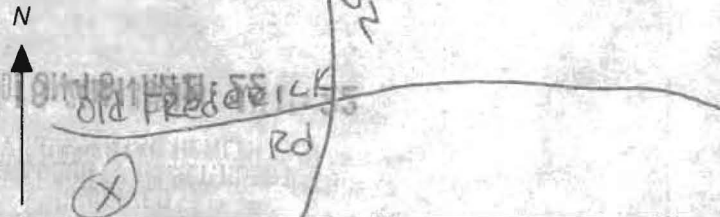
SOURCES OF DRILLING WATER

- 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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Van Sant Inc. Telephone #: 301-829-0444
Address: 2701 Back Ave. N.
MD Hwy. MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): LARRY A. VAN SANT License# 60936

*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: Viking Homes Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3758
Site Address: 1743 Areners Glen
Sykesville, MD 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: _____ Two piece watertight cap: _____
Model #: SQE10-250 Model#: _____ Screened, vented well cap: _____
Pump Capacity 10 GPM Depth: _____ (36" min) Cap secured to casing: _____
Well Yield: 5 GPM NSF approved: _____ Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 300(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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 200 (160 psi min) Approximate length of sleeve: 8ft
Depth of supply line: 4ft (36" min) Sleeve caulked and sealed properly: yes

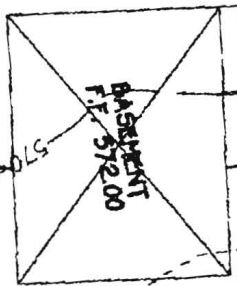
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 8-31-10
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: 9/2/10 OK
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

Back filled. Did not see.
OK via photograph from builder.



BASEMENT
F.F. 572.00

LOT 16

LOT 18

51
Ma
Dra
Utilit

well site OK
MR 7/16/03

No
Inst

PROP. SPLIT RAIL FE

WALKOUT
F.F. 564.66

LOT 17

100 YR. WSEL = 555.99 -
10 YR. WSEL = 555.08
1 YR. WSEL = 553.87

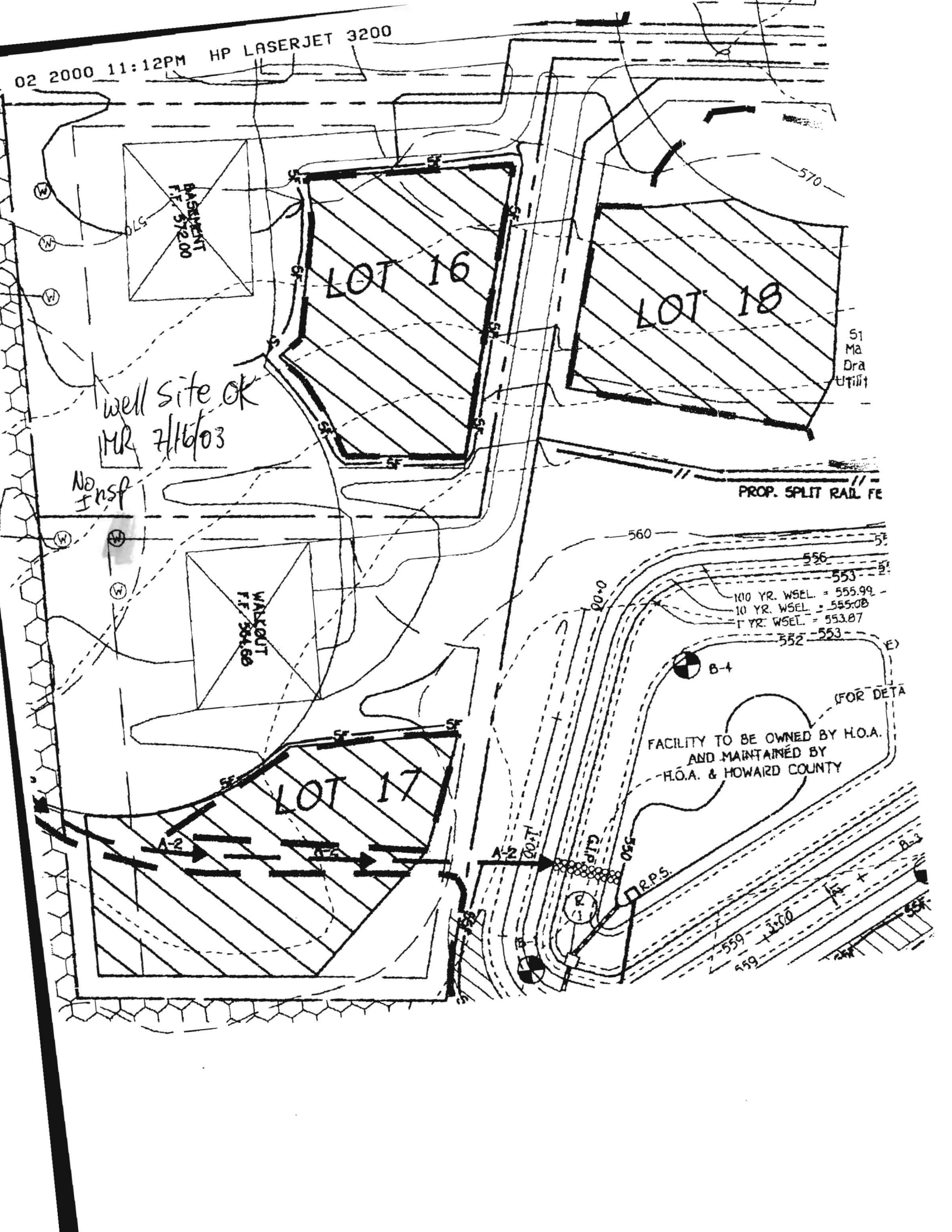
FACILITY TO BE OWNED BY H.O.A.
AND MAINTAINED BY
H.O.A. & HOWARD COUNTY

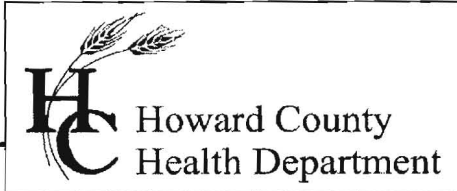
(FOR DETAIL)

D.R.P.S.

559 550

557





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

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

September 27, 2010

Homeowner
1743 Archers Glen
Sykesville, MD 21784

RE: Archers Glen, Lot 17
1743 Archers Glen
BP #: B10000174
Well Tag: HO-94-3753

Dear Homeowner:

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 08/26/2010. Final approval of the well line connection to the dwelling was approved on 09/07/2010.**

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-94-3753. 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: 09/23/2010
Date of Well Completion: 08/12/2003

Approving Authority,

Kevin M. Wolf, R. S./R.E.H.S.
Environmental Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Haneytown Rd., Westminster, MD (410) 341-2014 (410) 376-4551 FAX (410) 348-0299

REPORT OF ANALYSIS

Laboratory ID #: 76960 Account #: 4226
 Reference: Arches Glen Lot 17 Company: Viking Development Corporation
 Location: 1743 Archers Glen Requested By: Cary Cumberland
 Sykesville, MD 21784 Source: Well Water
 Date/ Time Collected: 9/23/2010 1010 Site: Pressure Tank
 Date/Time Rec'd: 9/23/2010 1311 Treatment: None
 Chlorine ppm: Free: ND Total: ND pH: 5.9
 Collected By: J.Yeager 6176JY Well #: HO-94-3753

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2010 / 0900 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	9/24/2010 / 0900 / CCH
Nitrate	9.65	mg/L	10	601	9/24/2010 / 0810 / CCH
Turbidity	0.81	NTU	<10	SM18 2130B	9/24/2010 / 0900 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	9/24/2010 / 0900 / 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 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory
- 8 pH and Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B10000174

Date Reported: 9/24/2010

MD State Certification # 133