

C1 15967

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A-525413

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 06 10 10

Depth of Well 220 6/15/2010

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1910

OWNER PAPPAS Paul & Cynthia STREET OR RFD 14835 Cementary Rd TOWN COOKSVILLE MD 21723

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Blue Stone, Brown Slate, etc.

GROUTING RECORD form with fields for material (Cement, Bentonite Clay), bags, pounds, gallons of water, and depth of grout seal.

CASING RECORD form with fields for casing type (Steel, Concrete, Plastic, Other), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and depth.

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 M S D L L D

DRILLERS SIGNATURE: [Signature]

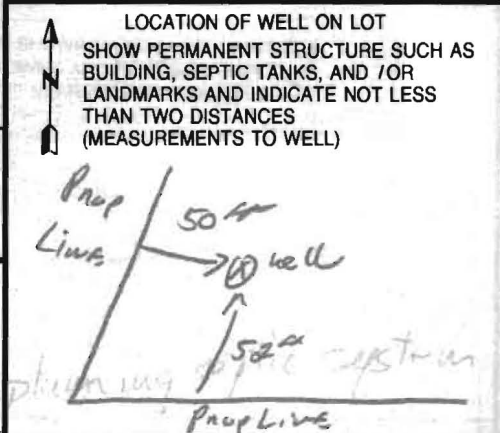
LIC. NO. 1 D

DEPTH (nearest ft.) table with rows for casing and screen depths.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for telescope casing and log indicator.

PUMP INSTALLED form with fields for driller installed pump, pump type, capacity, and pump specifications.



B 1 0891

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 533248 please type

STATE PERMIT NUMBER H0-95-1910 fill in this form completely

Date Received (APA) 5/19/2010 OWNER INFORMATION PAPPAS Paul & Cynthia 14825 Cemetery Rd. COOKSVILLE MD 21223

LOCATION OF WELL Howard COUNTY The Pappas Property SECTION 44 LOT 50 LISBON 14841 Cemetery Rd MILES FROM TOWN 3.65

DRILLER INFORMATION RAYNE MAYNE M SD 117 RAYNE MAYNE WELL DRILLING 17034 Handy Rd Mt. Airy MD 21771 MAY 12 2010

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 250 ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 4 PARCEL 19

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

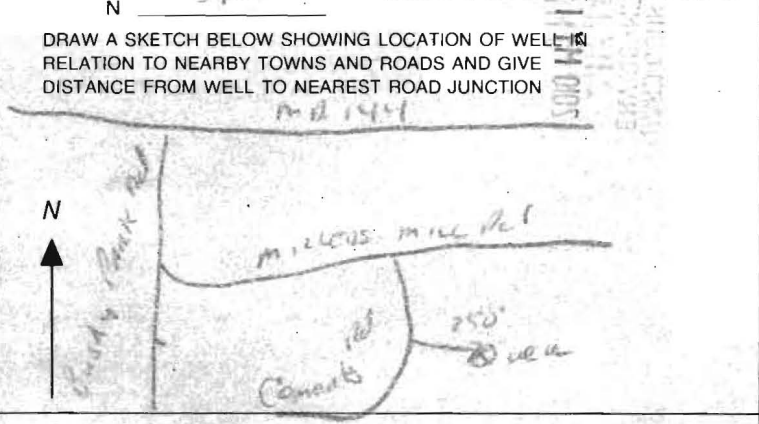
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 A525113 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/26/2010 Brown Baker 5/26/2011 CO SIGNATURE EXP. DATE NORTH GRID 540 000 EAST GRID 791 000

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well WRITE THE BOX NUMBER FROM THE MAP HERE E 791 N 540

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary JETTED AIR-PERCussion JETTED & DRIVEN ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 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. H0-95-1910

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: Cumberland Co. Inc. Telephone #: 301-252-1123
Address: 16391 A.E. Mullinix 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): Kelly Cumberland License# 61417

*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: Mr. Pappas Telephone #: 301-854-6838
Subdivision: Pappas Property Lot #: plc2 Well Tag #: HO-95-1910
Site Address: 14825/14935 Cemetery Rd
Cocksville MD 21723

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>YMC</u>	Make: <u>FORD</u>	Two piece watertight cap: <u>X</u>
Model #: <u>58372</u>	Model#: <u>1"</u>	Screened, vented well cap: <u>X</u>
Pump Capacity <u>7</u> GPM	Depth: <u>ND</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>8</u> GPM	NSF approved: <u>✓</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: <u>25</u> (feet)		Conduit secured to well cap: <u>X</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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>60"</u>
Depth of supply line: <u>18</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

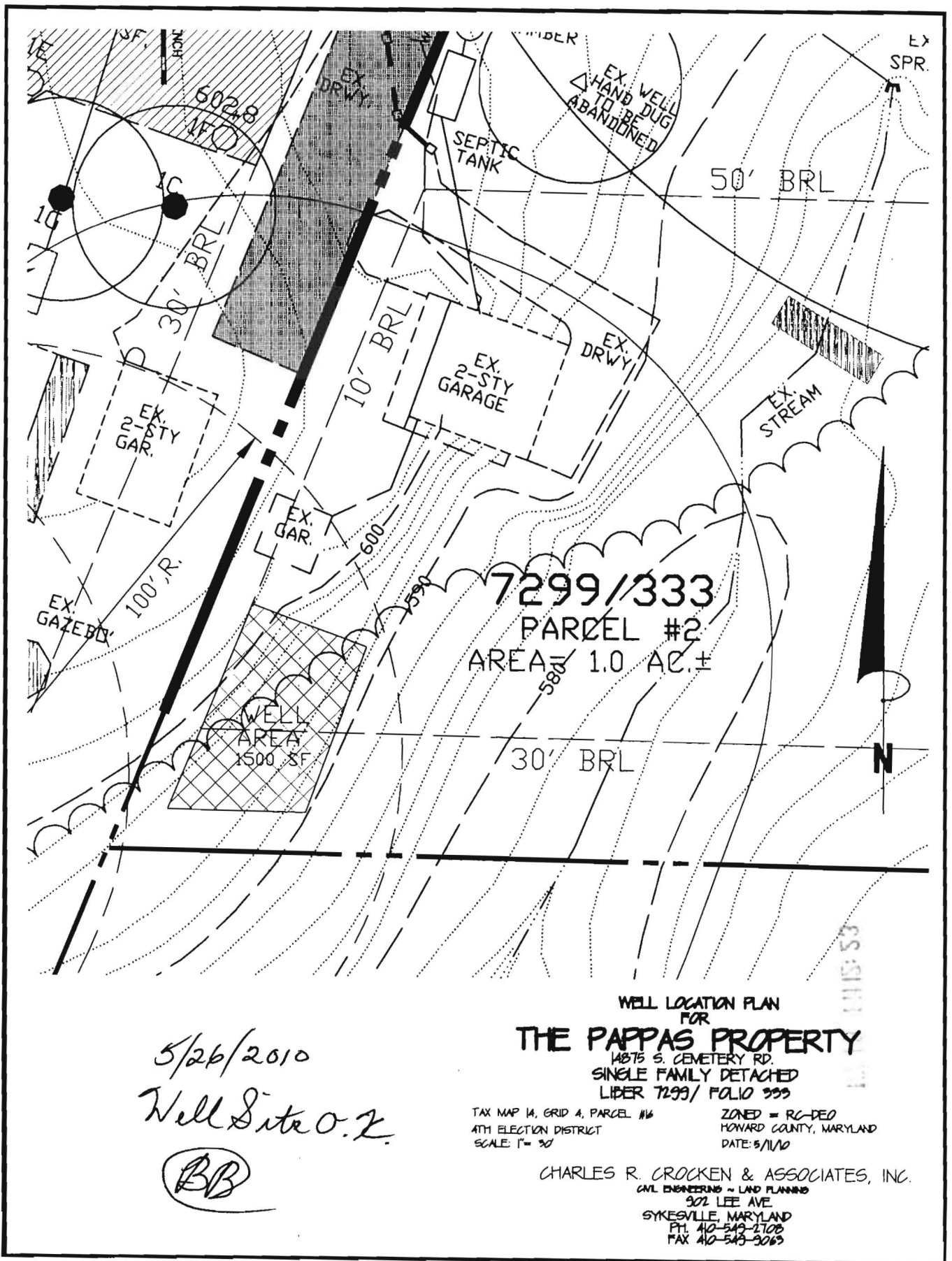
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: K. Cumberland date: 1-27-11

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

Date Insp. Requested: _____ Date Insp. Approved: 6/24/2011 (BB)

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope installed inside of well casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>Yes - Per Kelly Cumberland</u>
Adequate grout observed below pitless adapter	<u>✓</u>



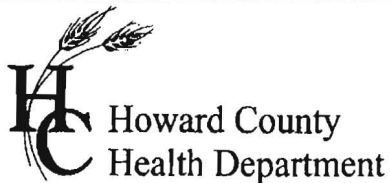
5/26/2010
 Well Site 0.2.
 (BB)

WELL LOCATION PLAN
 FOR
THE PAPPAS PROPERTY
 14875 S. CEMETERY RD.
 SINGLE FAMILY DETACHED
 LIBER 7299/ FOLIO 333

TAX MAP 14, GRID 4, PARCEL #16
 4TH ELECTION DISTRICT
 SCALE 1" = 30'

ZONED = RC-DEO
 HOWARD COUNTY, MARYLAND
 DATE: 5/11/10

CHARLES R. CROCKEN & ASSOCIATES, INC.
 CIVIL ENGINEERING ~ LAND PLANNING
 302 LEE AVE
 SYKESVILLE, MARYLAND
 PH. 410-543-2700
 FAX 410-543-3063



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

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

The PAPPAS Property Parcel # 2 Cemetery Road
 Subdivision/Property Name Lot # Road Name

- The well site has been staked by CHARLES R CROCKEN & ASSOC, INC
 (professional land surveyor or company employing professional land surveyors)
 on MAY 12 2010 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/07

Owner PAUL & CYNTHIA PAPPAS
 Parcel # 2
 Sub The PAPPAS Property

300 HA 12 6H15:53

ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

FINAL REPORT OF ANALYSES

David Maier
Cornerstone Kitchens
5782 Main Street
Elkridge, MD 21075

REPORT DATE: 15-Jan-11
Use & Occupancy
Building Permit #B10002228

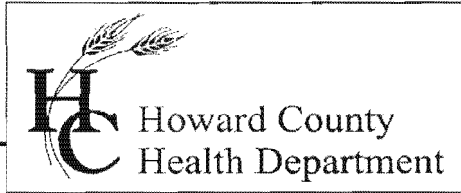
LAB#- ECL021679-001 SAMPLE ID- 14835 Cemetery Rd, Cooksville MD
LOCATION- Powder Room WELL # Not Observed
DATE SAMPLED- 1/13/2011 TIME SAMPLED- 11:24 SAMPLER- S. Shelley #5510SS
DATE RECEIVED- 1/13/2011 TIME RECEIVED- 13:20
DELIVERED BY- S. Shelley RECEIVED BY- VPS

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	
E. Coli	SM 9223	1/13/2011 16:30	SES	Absent	PASS
Total Coliform	SM 9223	1/13/2011 16:30	SES	Absent	PASS
Nitrate (as N)	EPA 300.0	1/13/2011 16:56	SES	2.4 mg/L	PASS
pH, Lab	SM4500-H+B	1/13/2011 15:00	MAD	6.4	S.U.
Turbidity	EPA 180.1	1/13/2011 15:00	MAD	0.5	NTU
Sand				Not Detected	

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.


LABORATORY DIRECTOR



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

January 24, 2011

Homeowner
14835 Cemetery Road
Clarksville, MD 21029

RE: 14835 Cemetery Road
BP #: B10002228
Well Tag: HO-95-1910

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 06/24/2010. Final approval of the well line connection to the dwelling was approved on 06/24/2010.**

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-95-1910. 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: 01/13/2011
Date of Well Completion: 06/10/2010

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

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

cc: Building Inspector's Office
Community Hygiene Program
File

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: June 11 2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) 2/4 - -

* PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 1910

* PERSON ABANDONING WELL: Ralph E. Mayne

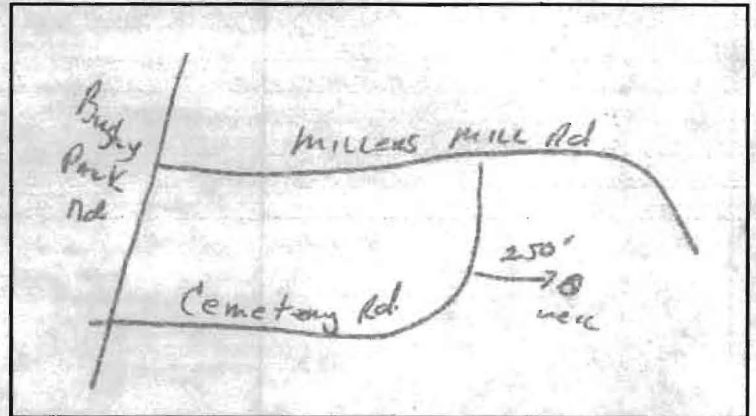
WELL DRILLERS LICENSE NUMBER: 117

* OWNER'S NAME: Paul & Cynthia Pappas

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Lisbow
 TAX MAP 14 BLOCK 4 PARCEL 19
 SUBDIVISION: The Pappas Property
 SECTION: _____ LOT: Parcel 2
 NEAREST ROAD: 14835 Cemetery Rd.

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
 _____ BORED/AUGERED HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 24 INCHES IN DIAMETER

* DEPTH OF WELL: 15 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	15	5
Cemast.	5	0
VOLUME OF MATERIAL USED		
6 TON Stone 1 yard Cemast.		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Ralph E. Mayne

LICENSE # 117

CIRCLE ONE MWD/MSD/MGD DATE June 11 2010