

C1 36423

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. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 532538

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Millers Mill Development LLC
WELL SITE ADDRESS: 2034 Millers Mill Rd TOWN: Cookeville
SUBDIVISION: SECTION: LOT: Parcel 22

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone, Mica Rock, and Water 60'.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay)

CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 8, NO. OF POUNDS 732, GALLONS OF WATER 48, DEPTH OF GROUT SEAL 28 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING TYPE: ST, Nominal diameter 6, Total depth 31

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) table with columns 1-6 and rows E, A, C, H, S, R, E, N

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...

DRILLERS LIC. NO.: MSD024
DRILLERS SIGNATURE: Joseph E. Magne
LIC. NO.: MSD027

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

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 3, PUMPING RATE 20 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 37 ft. BEFORE PUMPING, 38 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) 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 (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 49, - below 2 (nearest foot)

LATITUDE 39.31385, LONGITUDE 77.02716 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed...

B 1 37531

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

Ho-15-0252 fill in this form completely

Date Received (APA)

05/10/16

OWNER INFORMATION

Miller's Mill Development LLC 15015 Kenwood Ct Woodbine md 21797

B 3

LOCATION OF WELL

Howard COUNTY Parcel 22 Cooksville

DRILLER INFORMATION

Joseph L. Maize MSD 024 Joseph L. Maize Well Drilling 5512 Ridge Rd

B 4

SOURCES OF DRILLING WATER

1. Well

2034 Miller's Mill Rd ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 14 BLK: PARCEL 0022

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO. 532538 STATE SIGNATURE DATE ISSUED 5/25/16 CO SIGNATURE EXP. DATE 5/25/17

APPROXIMATE DEPTH OF WELL 260 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

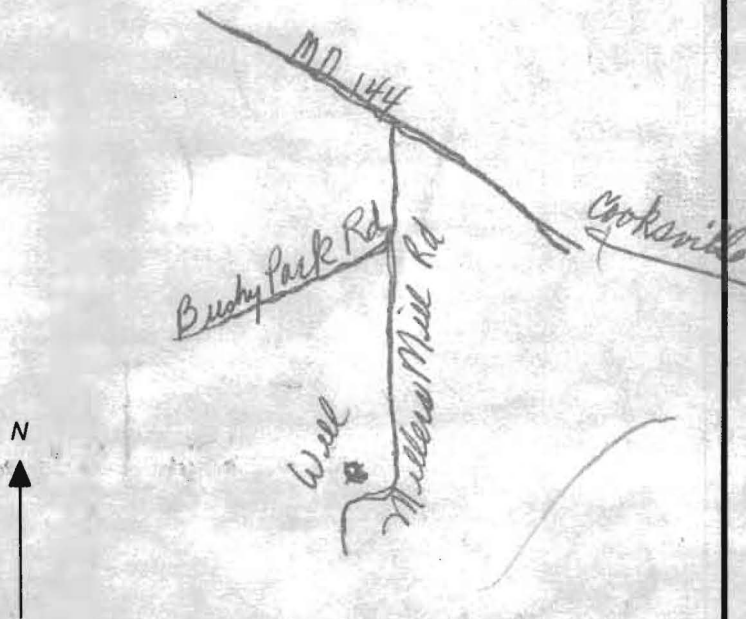
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL 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 DEEPEM 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 PERMIT No. Ho-15-0252

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

*4/22/16  
K. Fine*

DATE WELL ABANDONED: 6-8-2016 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL: Ho - 15 - 0252

\* PERSON ABANDONING WELL: Joseph L Mayne

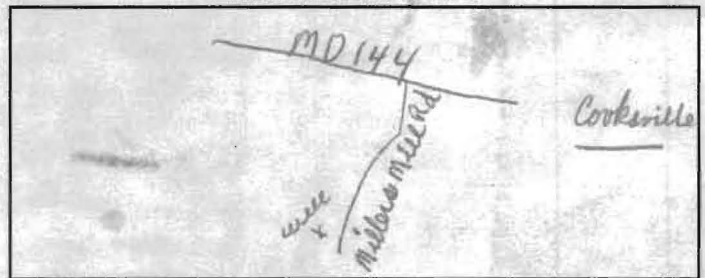
WELL DRILLER'S LICENSE NUMBER: MS0024

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: Millers Mill Development LLC

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Cooksville  
 TAX MAP 14 BLOCK \_\_\_\_\_ PARCEL 22  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 STREET ADDRESS: 2034 Millers Mill Rd



LATITUDE 3 9.31389

LONGITUDE 7 7.02729

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement &amp; gravel mixed</u>	<u>0</u>	<u>50</u>
VOLUME OF MATERIAL USED		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED                       JETTED  
 BORED                           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: 5 7/8 INCHES IN DIAMETER

DEPTH OF WELL: 50 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L Mayne MS0024

MWD / MSD / MGS

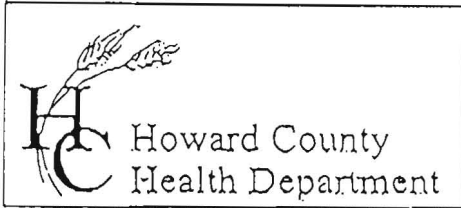
CIRCLE ONE

DATE

6-8-2016

COUNTY

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7178 Columbia 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

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

TO ALL INTERESTED PARTIES

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

Well Site Location:

Subdivision/Property Name	Lot#	Road Name

*Parcel 22 2034 Millers Mill Rd*

The well site has been staked by NJR + Associates  
 (professional land surveyor or company employing professional land surveyors)  
 on 5-3-16 (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 3/11/05

**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: Allied Well Drilling Telephone #: 301-776-8370  
Address: Po Box 129  
Annapolis Junction MD 20701

(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 Guzzardi License# MSD 233

**\*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: Kelly + Raymond Day Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-15-0252  
Site Address: 2034 Millers Mill Rd  
Cooksville MD 21723

**Submersible Pump Data**

Make: Franklin  
Model #: 10SRD154-2W230  
Pump Capacity 10 GPM  
Well Yield: 20 GPM

**Pitless Adapter**

Make: Baker-Campbell  
Model#: B-10XLE  
Depth: 42 (36" min)  
NSF/WSC 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: 260 (feet)

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 inside of well casing

**Piping to house**

Type: HDPE  
PSI: 200 (160 psi min)  
Depth of supply line 36 (36" min)

**House Connection**

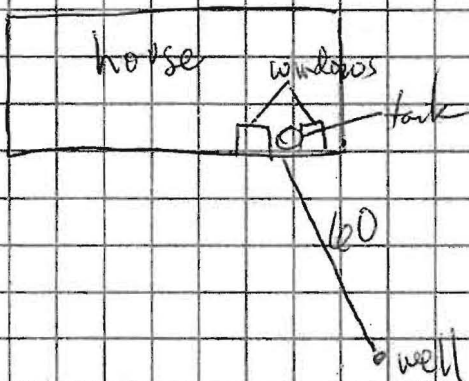
PVC sleeve to undisturbed soil at wall penetration:   
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly:

**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: William Guzzardi date: 02/22/17

**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 seen 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 \_\_\_\_\_



2034 Millers Mill Rd  
Clarksville Md

Sediment Control Protocol: \_\_\_\_\_

Distance From House: \_\_\_\_\_

From Septic: \_\_\_\_\_

From Sewer: \_\_\_\_\_

From Property Line: \_\_\_\_\_

From Street: \_\_\_\_\_

Trees Nearby: \_\_\_\_\_

Utility Issues: \_\_\_\_\_

Mats Needed: \_\_\_\_\_

Access For H/U: \_\_\_\_\_

Neighboring Tags: \_\_\_\_\_

Comments: \_\_\_\_\_

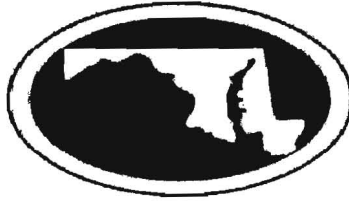
Person Completing Form: Guizzardi

# Environmental Testing Lab Inc.

108 Old Solomons Island Rd  
Annapolis, MD 21401

3430 Rockefeller Ct  
Waldorf, MD 20602

State Certified Water Quality  
Laboratory # 106



State Certified Water Quality  
Laboratory # 139

## Certificate of Analysis

Well Water Solutions, Inc.  
5163 Darting Bird Lane  
Columbia, MD 20144

Project  
Date Received 1/31/2017  
Date Reported 2/7/2017  
Well Permit No. HO 15 0252

*This report is the sole property of Well Water Solutions, Inc.. Any questions about the report MUST be directed to Well Water Solutions, Inc. at (410) 935-7185.*

*Environmental Testing Lab is not at liberty to discuss this report without written consent from Well Water Solutions, Inc..*

Sample No: 146346-01      Sampled: 1/31/2017 10:30:0      Sampler: JWalker9006JW (Exp. 8/6/2018)  
Location: 2034 Millers Mill Road      Preservation: Ice ✓  
Cooksville, MD 21723      Sample Point: Pressure Tank -

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml		01/31/2017	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml		01/31/2017	LC-106
Nitrate + Nitrite as N	EPA 353.2	5.1		mg/l	1	02/07/2017	DB-139
Turbidity	EPA 180.1	1.2		NTU	0.5	02/01/2017	RM-139

Field Test for chlorine are reported on the attached COC form. "NT" means Not Tested.

Approved By



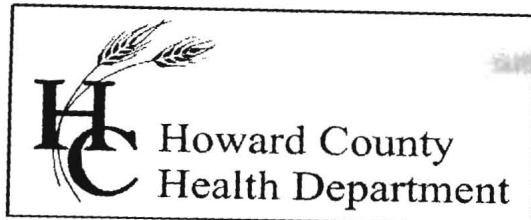
Daniel J. Brumsted, Laboratory Director

Annapolis

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Ph 410-224-4304 Fax 443-926-0586



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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 – August 22, 2017**

February 22, 2017

Homeowner  
2034 Millers Mill Road  
Cooksville, Maryland 21723

**RE: Millers Mill Development, P. 22  
2034 Millers Mill Road  
Building Permit: B16003679  
Well Permit: HO-15-0252**

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 **2/2/2017**. Final approval of the well line connection to the dwelling was granted on **8/4/2016**. **PLEASE NOTE THAT THIS INSPECTION WAS GRANTED BASED ON PASSING WATER TEST RESULTS. INSPECTION WAS NOT CALLED IN TO THE HEALTH DEPARTMENT.** The well construction was completed on **6/8/2016**. Water samples were collected on **1/31/2017**.

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-15-0252. 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,



Kevin M. Wolf, L.E.H.S., R.E.H.S./RS, Supervisor  
Groundwater Management Section  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
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 ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 1-26-2017 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none — —  
\* PERMIT NUMBER OF REPLACEMENT WELL: HO — 15 — 0252

\* PERSON ABANDONING WELL: Joseph L. Mayne WELL DRILLER'S LICENSE NUMBER: MSD 024  
\* OWNER'S NAME: Ray + Kelly Day CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: \_\_\_\_\_  
TAX MAP 14 BLOCK \_\_\_\_\_ PARCEL 0022  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: Parcel 22  
STREET ADDRESS: 2034 Miles Mill Rd

SITE LOCATION MAP



LATITUDE 3 9 . 3 1 3 9 3 -  
LONGITUDE 7 7 . 0 2 7 3 0 -

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>55</u>
VOLUME OF MATERIAL USED		
<u>20 Bags cement 94 pounds/bag</u> <u>Total 1880 lbs Cement</u>		

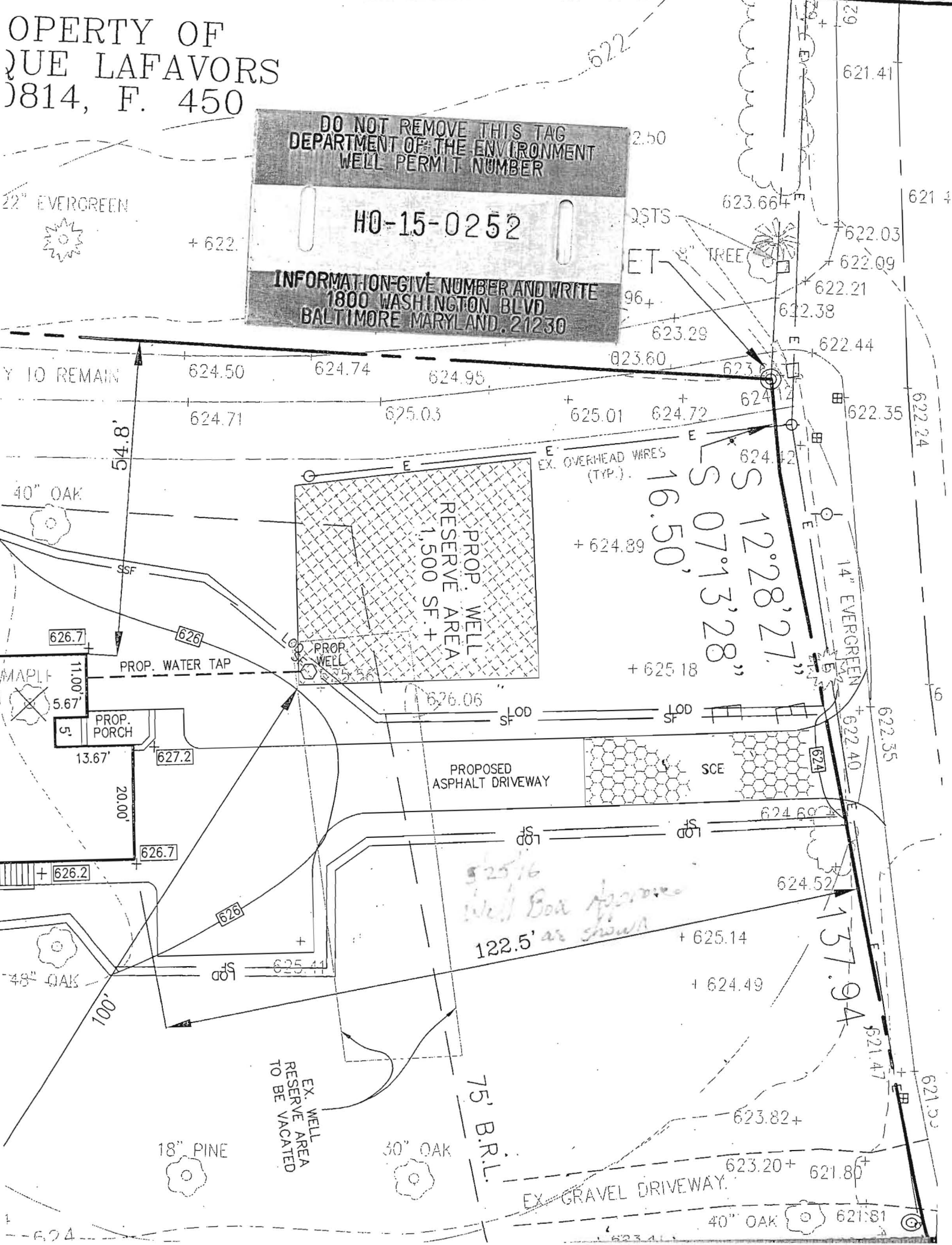
- \* TYPE OF WELL BEING ABANDONED:  
 DRILLED                       JETTED  
 BORED                             HAND DUG  
 OTHER (specify) \_\_\_\_\_
- \* USE CODE:  
 DOMESTIC                       MUNICIPAL/PUBLIC  
 IRRIGATION                     INDUSTRIAL  
 TEST/OBSERVATION           GEOTHERMAL
- \* TYPE OF CASING:  
 STEEL                               PLASTIC  
 CONCRETE                        OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER  
 DEPTH OF WELL: 55 FEET DEEP  
 WAS ANY CASING REMOVED?  YES  NO  
 If yes, length removed, in feet: \_\_\_\_\_  
 WAS CASING RIPPED OR PERFORATED?  YES  NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

PROPERTY OF  
JULIE LAFAVORS  
1814, F. 450

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
**HO-15-0252**  
INFORMATION-GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND, 21230





# HOWARD COUNTY HEALTH DEPARTMENT

58712

DATE  
5/10/16

105

Received From  
Mellon Well Serv.

PHONE #

For

Well Permitted 2034  
Mellon Well Serv

- CASH  
 CHECK

NO.

1625

Dollars

\$

160.00

Received By

D Kemp