

C11 19305

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 01 30 13

DATE WELL COMPLETED MM DD YY 8 20 13

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2574

OWNER MgO Prod last name first name TOWN Sykesville, MD WELL SITE ADDRESS Old Frederick Rd SUBDIVISION Forsythe Rd SECTION LOT

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. Rows include Top Soil, Red Soil, Red Brown Soil, Sandstone, Hard Brn Rock, Broken layers of rock, Med Gray Rock, Blk Gray Rock.

6 loops GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 72 NO. OF POUNDS 3600 GALLONS OF WATER 1800 DEPTH OF GROUT SEAL 0 to 300 ft.

CASING RECORD

MAIN CASING TYPE (Steel ST, Concrete CO, Plastic PL, Other OT) Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD

screen type or open hole (Steel ST, Brass BR, Bronze PL, Plastic PL, Open Hole HO, Other OT) DEPTH (nearest ft.)

C 3

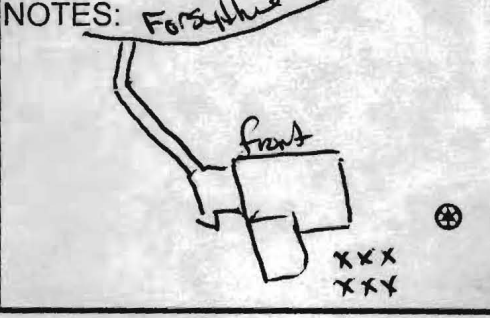
PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, 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, - below LAND SURFACE (nearest foot) 49 50 51

LATITUDE 39.341824 LONGITUDE 76.990507 (DEFAULT COORD. WG8 84)



NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y) NO (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

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. MW 553

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

UC. NO. W20097

SUPERVISOR (sign. 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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 11201 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER
 1 2 3 6
 545108 please type Ho - 95 - 2574
 70 fill in this form completely 79

Date Received (APA) 073013
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name MEO Prop Owner First Name 34
 36 12545 Indian Hill Dr Street or RFD 55
 57 Sykesville, MD Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION @ Forsythe Rd 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Sykesville 71

DRILLER INFORMATION
 76 Driller's Name C John Hess License No. 81 MW D553
 Firm Name Allied Environmental Service
 Address PO Box 129, Jump Junction MD 20720
 Signature C John Hess Date 7-27-13

B 4 SOURCES OF DRILLING WATER
 1. Public
 2.
 3.
 11 STREET ADDRESS Old Frederick Rd 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 09 BLK: 01 PARCEL 77

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 22 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
 O OPEN LOOP GEOTHERMAL
 C CLOSED LOOP GEOTHERMAL 600' 300'

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME Howard COUNTY NO. 13
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 08 08 13 [Signature] 8/8/14
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH

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
New Construction

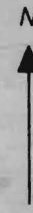
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 39 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 DEEPEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ G _____
 PERMIT No. HO - 95 - 2574
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Great top to bottom. Drill in reared locations on exhibit - 25' from house
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Davidson



**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: Allied Environmental Services Telephone #: 301-776-8370
Address: P.O. 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): Marshal Arnette License# MSD106

*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: M+D Properties LLC Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2573
Site Address: Old Frederick Rd Sykesville MD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta-Rite</u>	Make: _____	Two piece watertight cap: _____
Model #: <u>S7K07221</u>	Model#: _____	Screened, vented well cap: _____
Pump Capacity: <u>7</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>405</u> (feet) Conduit secured to well cap: <input checked="" type="checkbox"/>		
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>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'5"</u>
Depth of supply line: <u>42 +</u> (36" min)	Sleeve 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: Marshal Arnette date: 08/15/14

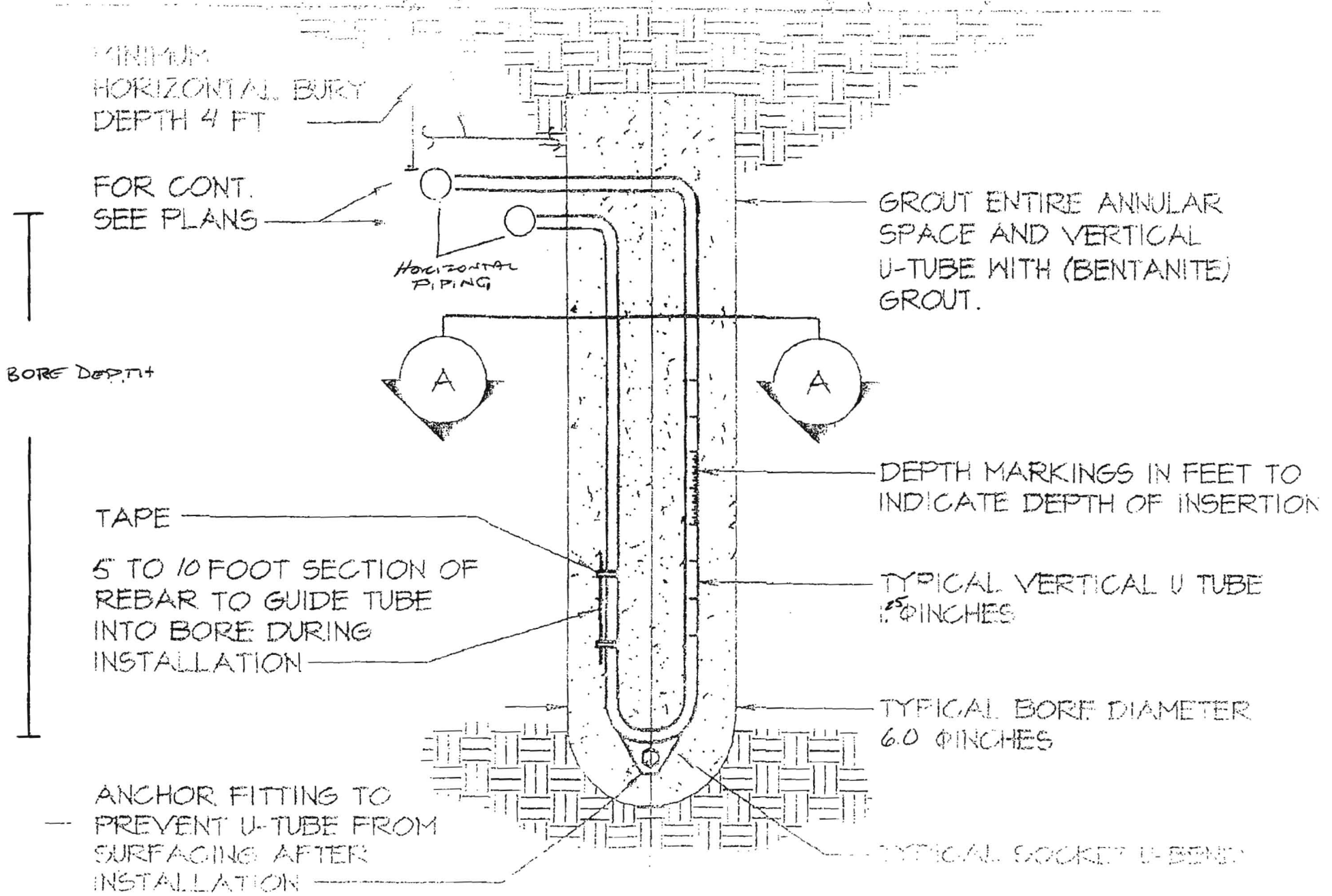
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/11/14 Inspector: (initials)
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 _____

*Not called in.
OK from H2O tests.*

GRADE

EACH BORE HOLE (TYP.)



MINIMUM HORIZONTAL BURY DEPTH 4 FT

FOR CONT. SEE PLANS

HORIZONTAL PIPING

GROUT ENTIRE ANNULAR SPACE AND VERTICAL U-TUBE WITH (BENTANITE) GROUT.

BORE DEPTH

TAPE

5' TO 10 FOOT SECTION OF REBAR TO GUIDE TUBE INTO BORE DURING INSTALLATION

DEPTH MARKINGS IN FEET TO INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U TUBE 1.5 INCHES

TYPICAL BORE DIAMETER 6.0 INCHES

ANCHOR FITTING TO PREVENT U-TUBE FROM SURFACING AFTER INSTALLATION

TYPICAL SOCKET U-BEND

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 #: 102270 Account #: 7031
Reference: Davidson Company: Alder Creek Construction
Location: 13805 Forsythe Road Requested By: Chuck Alder
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 7/29/2015 1042 Site: 2nd Kitchen Sink
Date/Time Rec'd: 7/29/2015 1420 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.9
Collected By: C. Mooshian 7268CM Well #: HO-95-2573

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2015 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2015 / 1100 / CCH
Nitrate	4.75	mg/L	10	601	7/29/2015 / 1615 / CRS
Turbidity	1.24	NTU	<10	SM18 2130B	7/29/2015 / 1535 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	7/29/2015 / 1535 / CRS

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 & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : 13004157

Date Reported: 7/30/2015