

C1 42353  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE Received  
 MM 04 DD 21 YY 17  
 8 13

DATE WELL COMPLETED  
 MM 21 DD 11 YY 17  
 15 20

Depth of Well  
 22 400 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 OK  
 9/27/17 SC  
 HO-15-0365  
 28 29 30 31 32 33 34 35 36 37

OWNER Miltenberg Brender + Associates  
 WELL SITE ADDRESS 854 Hoods Mill Rd TOWN Cooksville  
 SUBDIVISION Personal Property SECTION \_\_\_\_\_ LOT 2

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	
Brown clay	0	3	
Brown Saprolite	3	15	
Small void Gray Schist	15	96	
White	96	97	✓
Gray Schist	97	400	

GRROUTING RECORD  
 YES NO  
 Y  N  
 44 44

WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 19 NO. OF POUNDS 1786  
 GALLONS OF WATER 114  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 20 ft.  
 48 TOP 52 ft. to 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 ST Nominal diameter top (main) casing (nearest inch) 08 Total depth of main casing (nearest foot) 21  
 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

SCREEN RECORD  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0  
 WELL HYDROFRACTURED  Y  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. M 50 009  
 DRILLERS SIGNATURE [Signature]  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D

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

C 2 DEPTH (nearest ft.)  
 1 HO 21 400  
 E 8 9 11 15 17 21  
 A C H 2 23 24 26 30 32 36  
 S C 3 38 39 41 45 47 51  
 R E E N

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 \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6  
 8 9  
 PUMPING RATE (gal. per min.) 1.2  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE 1 gal  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 38 ft.  
 17 20  
 WHEN PUMPING 205 ft.  
 22 26  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 } 01 (nearest foot)  
 49 50 51

LATITUDE 39.3449326  
 LONGITUDE 77.0179749  
 (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. 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.

B 1 39441

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-15-0365 fill in this form completely

Date Received (APA) 11/10/16

OWNER INFORMATION

Mildenberg Boender & Assoc. Inc. 7350 B Grace Dr. Columbia, Md. 21044-2470

B 3

LOCATION OF WELL

Howard COUNTY Percival Property SECTION 44 LOT 9 COOKSVILLE NEAREST TOWN

DRILLER INFORMATION

Allen Compton M SD 009 Eagles Well Drilling, LLC P.O. Box 202 Lyndburne, Md. 21797

B 4

SOURCES OF DRILLING WATER

1. Well water

854 Hoods Mill RD STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200 DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 08 BLK: 05 PARCEL 237

B 2

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 (circled)
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 A554617 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 11/22/16 CO SIGNATURE EXP. DATE 11/22/17

DOB: 1/12/16 DOB: 1/17/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 NEAREST INCH

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 (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 deepen an existing well

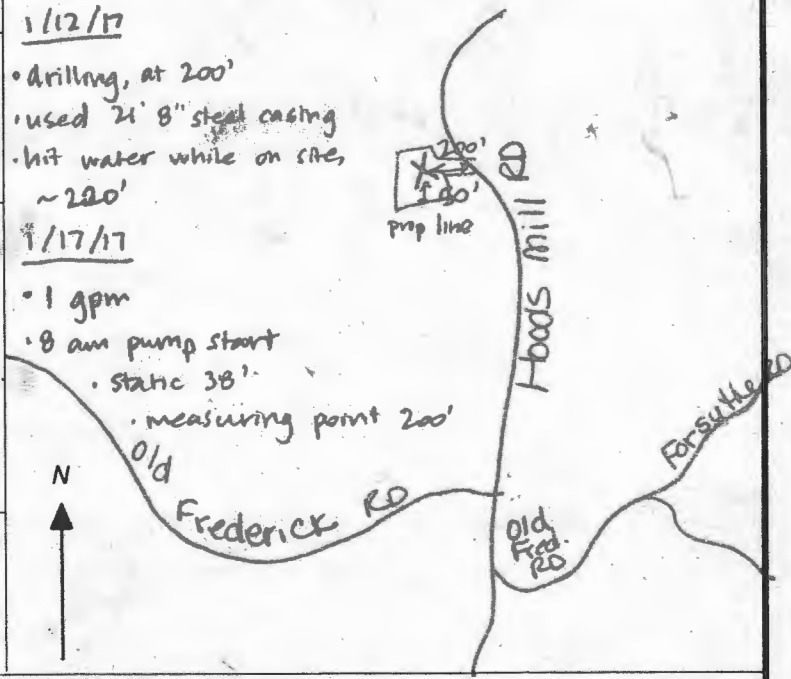
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-15-0365

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

**FIELD DATE SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO-15--0365Location of Property: 854 Hoods mill Rd Cooksville, MdSubdivision: Percival Property Lot: 2Well Driller: Fogles Allen Compton Owner: Jacob HikmatDepth of Well: 400'Distance of measuring point (M.P.) above ground: 2'Static water level (S.W.L.) below M.P.: 38'

High rate pumping –reservoir Drawdown

Time pump started: 8:15 Pumping rate: 15Total time 45 Mins to reach pumping water level 205' ft. below M.P.

Recovery pump test data – observations to be recorded every 15 minutes

<b>TIME (in 15 minute intervals)</b>	<b>WATER LEVEL Below M.P.</b>	<b>PUMPING RATE Time to fill 1 gallon bucket</b>	<b>FLOW METER READING (if used)</b>	<b>CALCULATED FLOW (gallons per minute)</b>
8:15	38'	4 Seconds		15 gpm
8:30	89'	4		15 gpm
8:45	149'	5 Seconds		12 gpm
9:00	205'	60 Seconds		1 gpm
9:15	198'	49 Seconds		1.2 gpm
9:30	197'	49		1.2 gpm
9:45	196'	49		1.2 gpm
10:00	194'	49		1.2 gpm
10:15	193'	49		1.2 gpm
10:30	191'	49		1.2 gpm
10:45	190'	49		1.2 gpm
11:00	190'	49		1.2 gpm
11:15	190'	49		1.2 gpm
11:30	190'	49		1.2 gpm
11:45	190'	49		1.2 gpm
12:00	190'	49		1.2 gpm
12:15	190'	49		1.2 gpm
12:30	190'	49		1.2 gpm
12:45	190'	49		1.2 gpm
1:00	190'	49		1.2 gpm
1:15	190'	49		1.2 gpm
1:30	190'	49		1.2 gpm
1:45	190'	49		1.2 gpm
2:00	190'	49		1.2 gpm
2:15	190'	49		1.2 gpm
2:30	190'	49		1.2 gpm
2:45	190'	49		1.2 gpm
3:00	190'	49 Seconds		1.2 gpm

**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: Barlow Well Drilling Telephone #: 410-838-6910  
Address: 522 UNDERWOOD LANE  
BEL AIR, MD 21014

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Michael Isom License# MSD162

**\*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: BURKARD HOMES Telephone #: 443-974-8021  
Subdivision: PERCIVAL PROPERTY Lot #: 2 Well Tag #: HO-15-0365 (ST)  
Site Address: 14529 AMBREEN WAY  
COOKSVILLE, MD

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Goulds</u>	Make: <u>BIT</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS10422</u>	Model#: <u>100SS</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.2</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>400</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 inside of well casing

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>Poly-1"</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>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>yes</u>

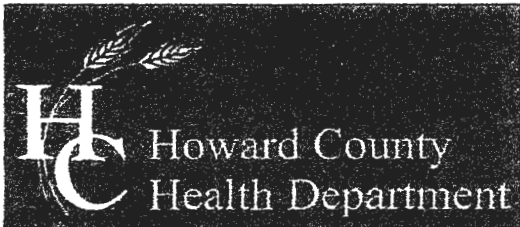
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date 1/8/2021

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

Date Insp. Requested: 1/12/21 Date Insp. Approved: 1/12/21 Inspector: (ST)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  35"  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  30"  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  12"  
Water supply line sleeved adequately at house connection  7"  
Adequate grout observed below pitless adapter

3'



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

Dr. Maura J. Rossman, M.D., 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:

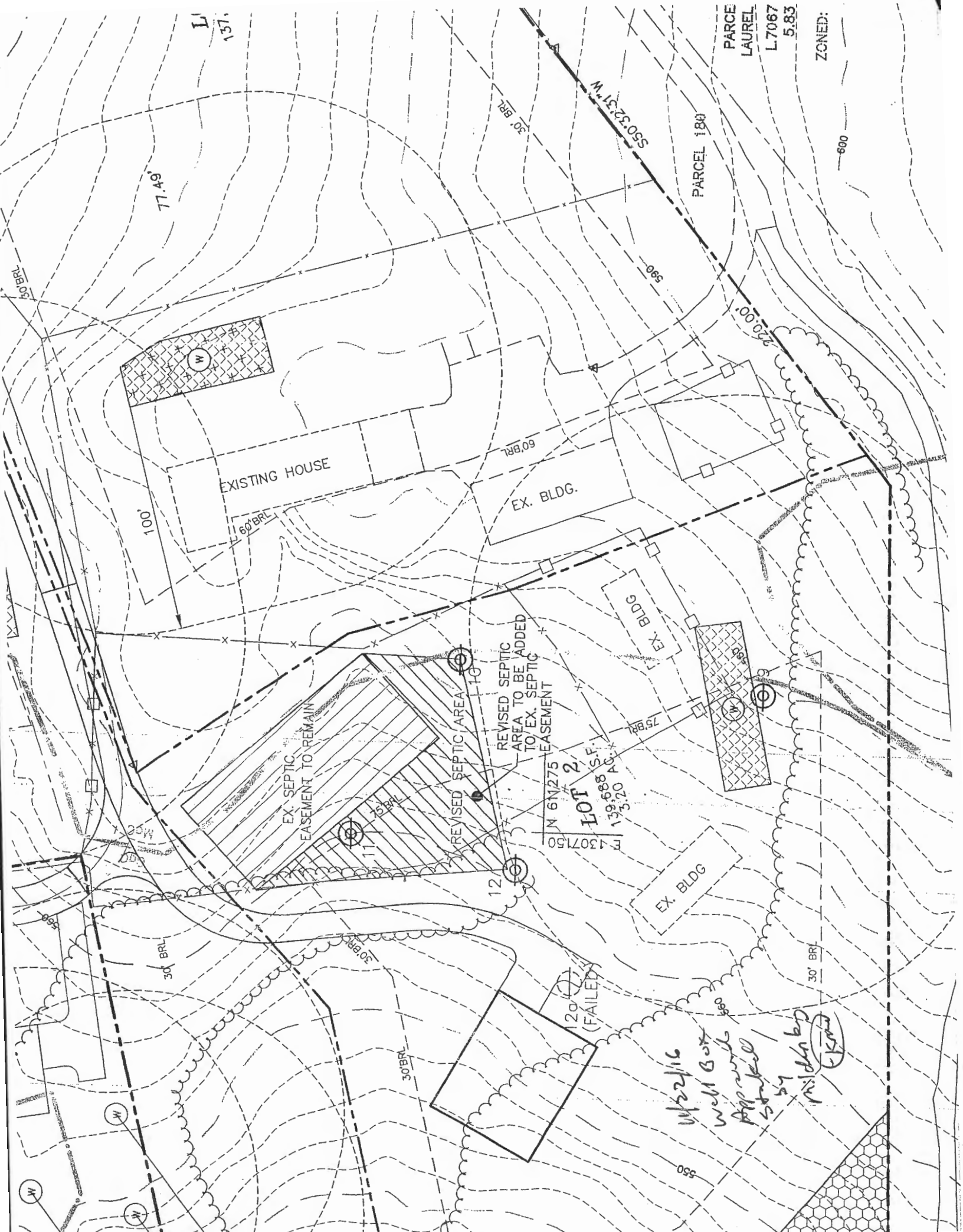
Well Site Location:

Perceived Property      2      Hoops Mill Rd  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Mildenberg Brender & Associates  
(professional land surveyor or company employing professional land surveyors)  
on Nov 8, 2016 (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.



L  
137.

77.49'

100'

EXISTING HOUSE

EX. BLDG.

EX. SEPTIC  
EASEMENT TO REMAIN

REVISSED SEPTIC AREA

REVISSED SEPTIC  
AREA TO BE ADDED  
TO EX. SEPTIC  
EASEMENT

N 61275  
**LOT 2**  
139,688 S.F.  
3,20 AC.  
F 1307150

EX. BLDG

*Wp 2/16*  
*Well Box*  
*Approved*  
*5/4*  
*Cap up by*  
*(K)*

PARCE  
LAUREL  
L7067  
5.83

ZONED:

PARCEL 180

600

S50°32'31\"/>

580

250.00'

60' BRL

60' BRL

90' BRL

75' BRL

30' BRL

30' BRL

30' BRL

120' (FAILED)

30' BRL

550

Maura J. Rossman, M.D., Health Officer

**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – SEPTEMBER 23, 2021**

March 23, 2021

Homeowner  
14529 Ambreen Way  
Cooksville, MD 21723

**RE: Percival Property, Lot 2  
14529 Ambreen Way  
Building Permit: B20002089  
Well Permit: HO-15-0365**

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 **3/23/2021**. Final approval of the well line connection to the dwelling was granted on **1/12/2021**. The well construction was completed on **2/17/2017**. Water samples were collected on **3/12/2021**.

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-15-0365. 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>

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Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

## REPORT OF ANALYSIS

Laboratory ID #: 143292 Account #: 7101  
Reference: Burkard Homes Company: Burkard Homes  
Location: 14529 Ambreen Way Requested By: Walt Weise  
Cooksville, MD 21723 Source: Well Water  
Date/ Time Collected: 3/12/2021 1130 Site: Pressure Tank  
Date/Time Rec'd: 3/12/2021 1444 Treatment: \*\*  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: R. Ott 0266RO Well #: HO-15-0365

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/13/2021 / 1630 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/13/2021 / 1630 / BCD
Nitrate	2.12	mg/L	10	601	3/12/2021 / 1700 / CRS
Turbidity	1.09	NTU	<10	SM20 2130B	3/12/2021 / 1715 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	3/12/2021 / 1710 / LLO

### 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 NTU = Nephelometric Turbidity Units
- 4 pH & chlorine tested on site
- 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 \*\*Sample collected prior to Sediment Filter

Reason for Test : Use & Occupancy

Building Permit # : 20002089

Date Reported: 3/15/2021

