

C1 42368 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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

OK 6/21/17 SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0372

OWNER Mildenberg Brender + Associates WELL SITE ADDRESS 828 Woods Mill Rd TOWN Cooksville SUBDIVISION Khan SECTION LOT Parcel B

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 28 NO. OF POUNDS 2032 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 49 ft. WHEN PUMPING 80 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), check if water bearing. Rows include: red to brown Saprolite (0-51), Gray Schist (51-120), White (120-121), Gray Schist (121-350), White (350-351), Gray Schist (351-400).

CASING RECORD

casings 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) 63.

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from to.

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 yes (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

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. 1 M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

C 2 DEPTH (nearest ft.)

Table for C 2 DEPTH with columns: T, A, C, S, R, E, N and rows for casing types and slot sizes.

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LATITUDE 39.346008 LONGITUDE 77.020332 (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 # 38299

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-15-0372

fill in this form completely

559834-B please type

Date Received (APA) 7/7/16

OWNER INFORMATION

Mildenberg, Boender + Associates
1350-B Grace Dr.
Columbia, Md. 21044

LOCATION OF WELL

Howard COUNTY
Khan Property Parcel B
Coorsville NEAREST TOWN

DRILLER INFORMATION

Allen Compton M SD 009
Fogles Well Drilling, LLC
P.O. Box 202 Woodbine, Md 21797
Allen Compton 11-7-16

SOURCES OF DRILLING WATER

Well water

828 Hoods Mill Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 08 BLK: 05 PARCEL 234

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NO. 13
STATE SIGNATURE
DATE ISSUED 12/6/16
CO SIGNATURE S.L. L.L. 12/6/17
EXP. DATE

DON: 5/1/17 (SC) DOG: 5/9/17 (SC) DOY: 5/9/17 (SC)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

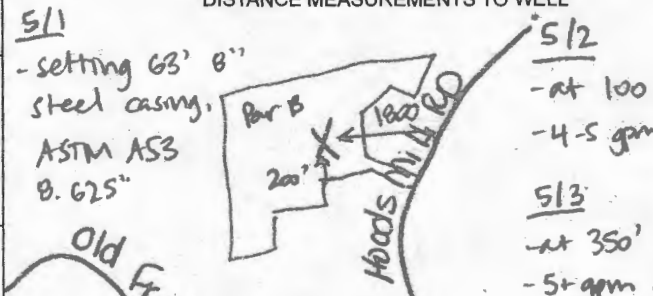
- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
OPEN LOOP GEOTHERMAL
CLOSED LOOP GEOTHERMAL

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

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 8 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)

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-15-0372

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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
DEL A.C. 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): JEREMY VANARSPAK License# JSD158

***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 #: 240-375-1052
Subdivision: AMBEREEN WOODS Lot #: 5 Well Tag #: HO-15-0372
Site Address: 14542 AMBEREEN WAY
COOKSVILLE, MD 21723 ✓ 01/15/2020

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>MYERS</u>	Make: <u>BEI</u>	Two piece watertight cap: <u>YES</u>
Model #: _____	Model#: <u>B10055</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>8</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>12</u> GPM	NSF/WSC approved: <u>Y</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)	Conduit secured to well cap: <u>YES</u>	

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

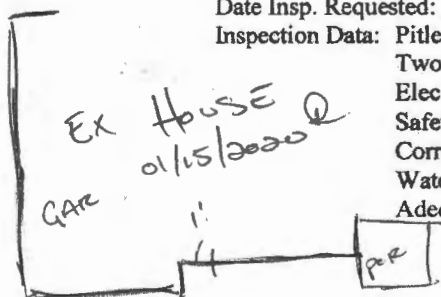
Piping to house	House Connection
Type: <u>POLY-1"</u>	PVC sleeve to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>YES</u>

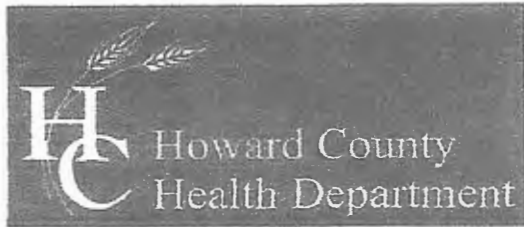
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 1/14/2020

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

Date Insp. Requested: 01/15/2020 Date Insp. Approved: 01/15/2020 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 44" 01/15/2020 [Signature]
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 39" 01/15/2020 [Signature]
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 28" 01/15/2020 [Signature]
Water supply line sleeved adequately at house connection ✓ 9' 01/15/2020 [Signature]
Adequate grout observed below pitless adapter ✓





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:

Khan Property Parcel Hoods Mill Rd
Subdivision/Property Name Lot # Road Name

The well site has been staked by Mildenberg Boender + Associates
(professional land surveyor or company employing professional land surveyors)
on November 4, 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.

(W) PROPOSED WELL

PROPOSED SEWAGE DISPOSAL AREA

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0372
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND, 21230

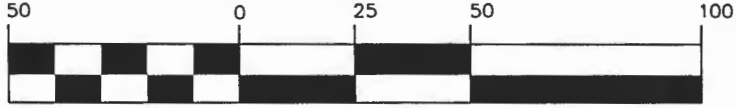
Well sites approved
12/10/16 SC
Well sites stated
by Mildenberg,
Boender,
Associates, Inc.

Drill this site
first.

BUILDABLE
PRESERVATION
PARCEL B
545,783 SF.

PARCEL 243
MILDENBERG & ASSOC., INC.
L15-33 AC 128
ZONED: RC-DEC

GRAPHIC SCALE



(IN FEET)
1 inch = 50 ft.

WELL EXHIBIT
KHAN PROPERTY
PARCEL B

FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DRAWN BY: MES DATE: OCT. 2015 PN: 15-006

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
7350-B Grace Drive, Columbia, Maryland 21044
(410) 997-0296 Balt. (410) 997-0298 Fax.

P:\2004\15-006 KHAN PROPERTY\DWG\Well Exhibits

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – October 23, 2020

April 23, 2020

Homeowner
14542 Ambreen Way
Cooksville, MD 21723

RE: Ambreen Woods
14542 Ambreen Way
Building Permit: B19002711
Well Permit: HO-15-0372

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 **1/30/2020**. Final approval of the well line connection to the dwelling was granted on **1/15/2020**. The well construction was completed on **5/9/2017**. Water samples were collected on **4/16/2020**.

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-15-0372. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

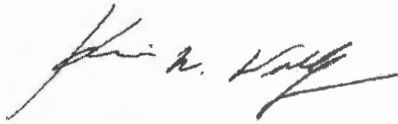
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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>

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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 136814 Account #: 7101
Reference: Ambreen Lot 1 Company: Burkard Homes
Location: 14542 Ambreen Way Requested By: Walt Weise
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 4/16/2020 1250 Site: Pressure Tank
Date/Time Rec'd: 4/16/2020 1440 Treatment: Prior to Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: J. Yeager 0819JY Well #: HO-15-0372

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/17/2020 / 0900 / RER
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/17/2020 / 0900 / RER
Nitrate	<1.0	mg/L	10	601	4/16/2020 / 1450 / CRS
Turbidity	0.94	NTU	<10	SM20 2130B	4/16/2020 / 1530 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/17/2020 / 1140 / CS/RR

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 # : B19002711

Date Reported: 4/17/2020