

C1 42373

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 05 10 14

DATE WELL COMPLETED MM 4 24 17

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0370

OWNER Mildenberg Breder + Associates WELL SITE ADDRESS 228 Hoods Mill RD TOWN Cooksville SUBDIVISION Khan Property SECTION LOT 1

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Light Brown 0-29, Grey schist 29-57, Brown 57-58, Grey schist 58-400.

GROUTING RECORD yes no (Y) (N)

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 1750 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

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) 42

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

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

Table with columns: DEPTH (nearest ft.), DIAMETER OF SCREEN (NEAREST INCH). Rows: 1 HO 42 400, 2 15 17, 3 30 32, 4 38 39 41 45 47 51

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) 3 PUMPING RATE (gal. per min.) 5. METHOD USED TO MEASURE PUMPING RATE 19 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 39 ft. WHEN PUMPING 54 ft. 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 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 2 (nearest foot)

LATITUDE 39.3457336 LONGITUDE 72.0189133 (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.

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. 1 MSD 224 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 009 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework & different from permittee)

B 1 38298

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 559834 please type

STATE PERMIT NUMBER

140-15-0370 fill in this form completely

Date Received (APA) 11/10/16

OWNER INFORMATION

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

LOCATION OF WELL

Howard County Khan Property Cooksville

DRILLER INFORMATION

Allen Compton M S D 009 Fogles Well Drilling, LLC P.O. Box 202 Woodbine, Md 21797

SOURCES OF DRILLING WATER

1. well water

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

WELL INFORMATION

APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/6/16 CO SIGNATURE EXP DATE 12/6/17

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 8 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary AIR-PERCussion CABLE other JETTED ROTARY (Hydraulic 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

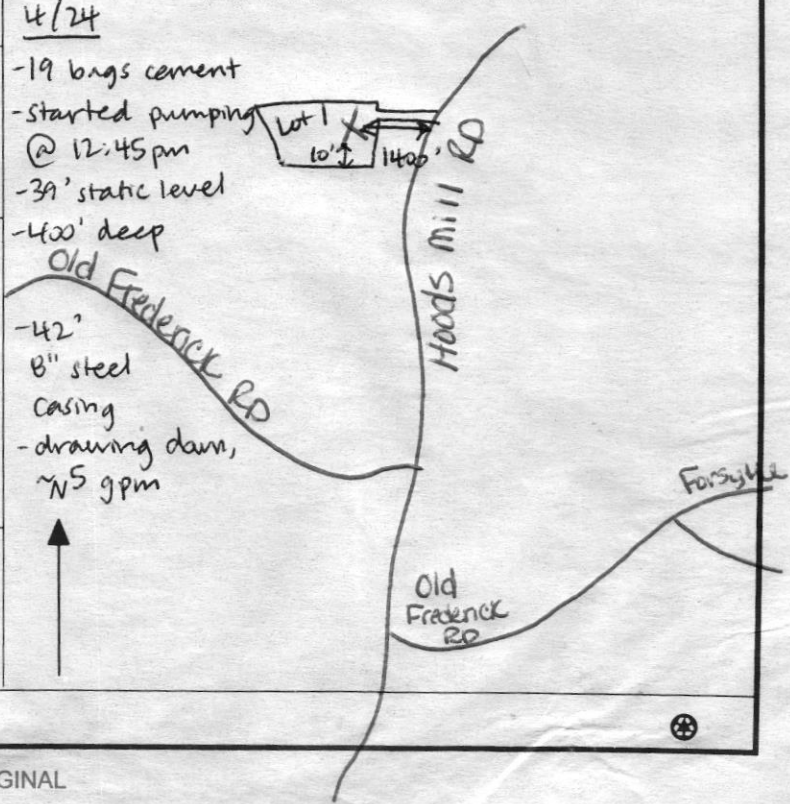
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. 140-15-0370

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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



Tue 9/7 1pm

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: _____ Lot #: _____ Well Tag #: HO-15-0370 ✓ 09/07/2021
Site Address: 14532 Ambrose WAY
COOKSVILLE, MD

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GOULDS</u>	Make: <u>BIT</u>	Two piece watertight cap: <u>—</u>
Model #: <u>7CS10422</u>	Model #: <u>P100</u>	Screened, vented well cap: <u>—</u>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <u>—</u>
Well Yield: <u>5</u> GPM	NSF/WSC approved: <u>—</u>	Conduit min 18" B.G.: <u>—</u>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <u>—</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

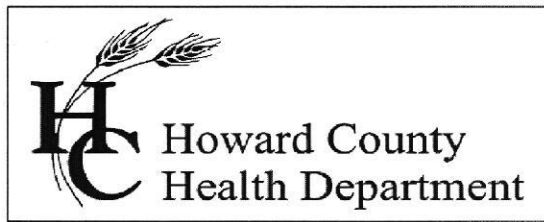
Piping to house	House Connection
Type: <u>PON</u>	PVC sleeve to undisturbed soil at wall penetration: <u>—</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>—</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: <u>—</u>

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 9/2/2021

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

Date Insp. Requested: 09/07/2021 Date Insp. Approved: 09/07/2021 Inspector: [Signature]
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 46" 09/07/2021 [Signature]
Two piece cap installed and attached to casing securely 46" 09/07/2021 [Signature]
Elec. conduit extends at least 18" below grade/attached to cap properly 14" 09/07/2021 [Signature]
Safety rope not outside of well cap/casing 8' 09/07/2021 [Signature]
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



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 – June 21st, 2022

December 21st, 2021

Homeowner
14532 Ambreen Way
Cooksville, MD 21723

RE: Ambreen Woods, Lot 1
14532 Ambreen Way
Building Permit: B21004124
Well Permit: HO-15-0370

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 **June 25th, 2021**. Final approval of the well line connection to the dwelling was granted on **September 7th, 2021**. The well construction was completed on **April 24th, 2017**. Water samples were collected on **November 29th, 2021**.

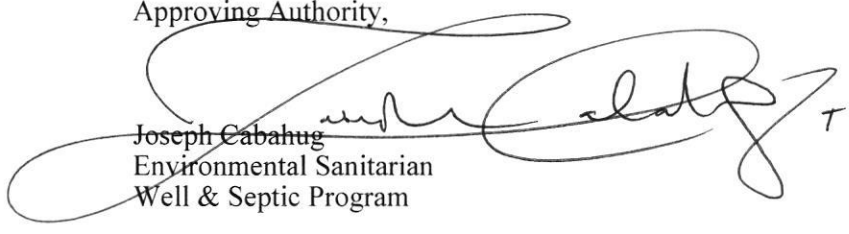
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0370. 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,


Joseph Cabahug
Environmental Sanitarian
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 #: 149027 Account #: 7101
Reference: Burkard Homes Client: Burkard Homes
Location: 14532 Ambreen Way Requested By: Walt Weise
Cooksville, MD 21723 Source: Well Water
Date/ Time Collected: 11/29/2021 1221 Site: Pressure Tank
Date/Time Rec'd: 11/29/2021 1521 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.7
Collected By: J. Yeager 0819JY Well #: HO-15-0370

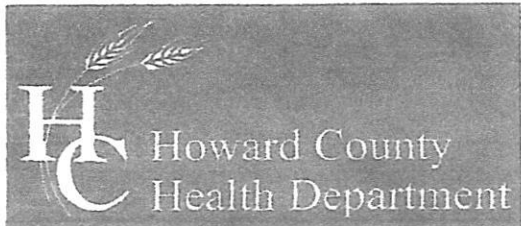
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/30/2021 / 1025 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	11/30/2021 / 1025 / MEH
Nitrate	2.20	mg/L	10	Hach 10206	11/30/2021 / 1120 / CRS
Turbidity	1.19	NTU	<10	SM20 2130B	11/30/2021 / 1235 / MEH
Sand	ND	mg/L	5	Visual/Gravimetric	11/30/2021 / 1235 / 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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B20004124

Date Reported: 12/6/2021



Bureau of Environmental Health

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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 1 Hoods Mill RD
Subdivision/Property Name Lot # Road Name

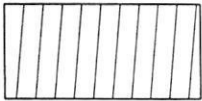
The well site has been staked by Mindenbergh, Brender & Associates, Inc
(professional land surveyor or company employing professional land surveyors)
on November 4, 2016 (date) and does not require a site inspection.

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.

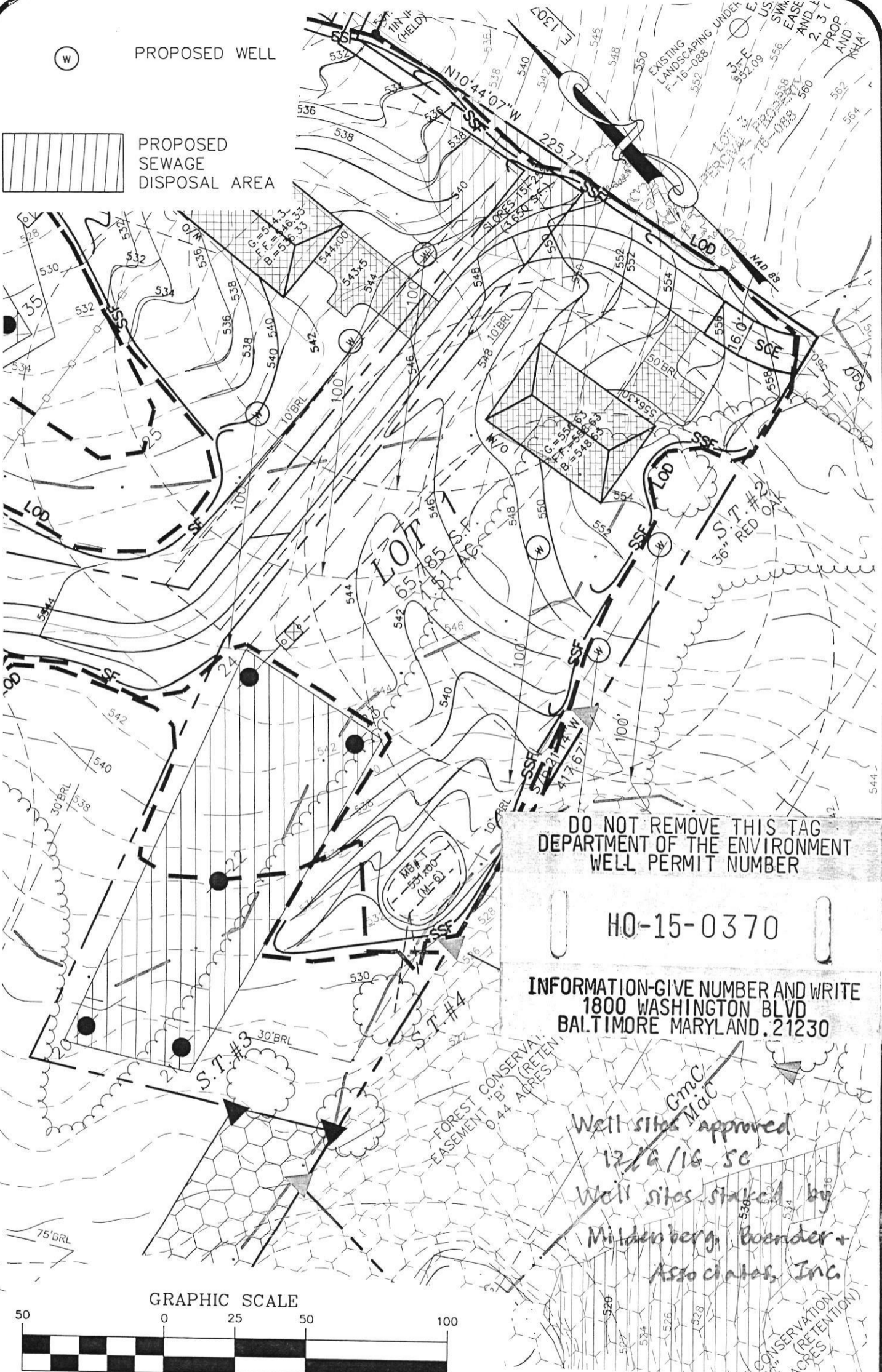
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

W

PROPOSED WELL



PROPOSED SEWAGE DISPOSAL AREA



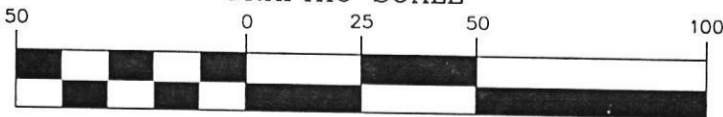
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-15-0370

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230

*Well sites approved
12/6/16 SC
Well sites staked by
Mildenberg, Boender +
Associates, Inc.*

GRAPHIC SCALE



(IN FEET)
1 inch = 50 ft.

WELL EXHIBIT
KHAN PROPERTY
LOT 1

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