

C 1 14122

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 13

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

ST/CO USE ONLY DATE Received 05 01 03

DATE WELL COMPLETED 04 24 03

Depth of Well 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3645

OWNER LAND MARKETING CONSULTANTS STREET OR RFD TOWN W. FRIENDSHIP SUBDIVISION TWIN PINES SECTION LOT PARCEZ A

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sandstone, MICKA, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (19), NO. OF POUNDS (1700), GALLONS OF WATER (114), DEPTH OF GROUT SEAL (8 to 30 ft).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter top (main) casing (6 inch), Total depth of main casing (55 feet).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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. 1 MSD 117, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 MSD 117

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

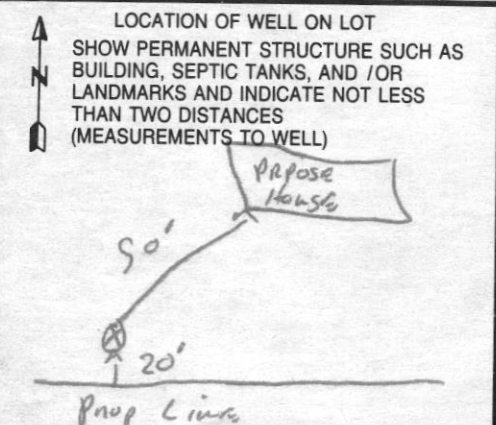
DEPTH (nearest ft.) table with columns 1-21, values 170, 53, 180. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (5 ft), WHEN PUMPING (55 ft), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below, LAND SURFACE (2) (nearest foot)



B 1	8999	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 518535 please print or type	STATE PERMIT NUMBER 410 - 94 - 3645 fill in this form completely
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Date Received (APA) 02 03
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Land Marketing Consultants Owner First Name 34
36 3060 Washington Rd. Street or RFD 55
57 Glenwood MD. 21238 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
8 COUNTY Howard 21
23 SUBDIVISION Twin Pines 42
SECTION 44 46 LOT A 48 50
52 NEAREST TOWN West FRIEND Ship 71
MILES FROM TOWN (enter 0 if in town) I M I
73 76 77 78

DRILLER INFORMATION

Driller's Name RAUL E. MAYNE M SD 112 License No. 81
Firm Name RAUL E. MAYNE WELL DRILLING
Address 17024 Handy Rd Mt Airy MD 21271
Signature Raul E. Mayne Date 2-4-03

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
11 MD Rt. 32 NEAR WHAT ROAD 30
34 1500 37 DISTANCE FROM ROAD 11.
ENTER FT OR MI 38 39
TAX MAP: 22 BLK: _____ PARCEL 17

WELL INFORMATION

1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

13 HOWARD COUNTY NAME COUNTY NO. A 514944
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 02/21/03 Raul Mooney 02/21/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 810 000 EAST GRID 530 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 530
N 810

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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. 410-94-3645
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 54 3645
 Location of property (road) _____
 Subdivision Twin Pines Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller R. Mayne Owner LAND MARKETING CONSULT.

plus parcel A

Depth of well 180
 Distance of measuring point (M.P.) above ground 2m
 Static water level (S.W.L.) below M.P. 5"

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 55 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	5 ft	6 Sec		10 GPM
			TEST Started	
8:15	55 ft	10 Sec		6 GPM
8:30	55 ft	10 Sec		6 GPM
8:45	55 ft	10 Sec		6 GPM
9:00	55 "	10 "		6 "
9:15	55 "	10 "		6 "
9:30	55 "	10 "		6 "
9:45	55 ft	10 Sec		6 GPM
10:00	55 ft	10 Sec		6 GPM
10:15	55 ft	10 Sec		6 GPM
10:30	55 "	10 "		6 "
10:45	55 "	16 "		6 "
11:00	55 ft	10 Sec		6 GPM
11:15	55 ft	10 Sec		6 GPM

**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: Cumberland Co. Telephone #: 301 854-6838
Address: 1639 A.E. Mullis Dr
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Kelly Cumberland License# 590

*A licensed individual must perform the actual installation. All practitioners 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 subject to the appropriate licensing agency.

Name of Property Owner: Cliff Harrison Telephone #: 410 942-4416
Subdivision: Twin Pines Lot #: A Well Tag #: HO 94-305
Site Address: 3142 Stakeway
West Friendship

<u>Submittable Pump Base</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Murray</u>	Make: _____	Two piece watertight cap: <u>yes</u>
Model #: <u>85792-8</u>	Model #: _____	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>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: _____ (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 <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)	Approximate length of sleeve: <u>6</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and 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: Curtis Cumberland date: 2/24/05

For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____ 2/23/05

Inspector's Dist: Pitless adapter watertight & water supply line at least 36" below grade Yes Per Builder

Two piece cap installed and attached to casing securely ✓

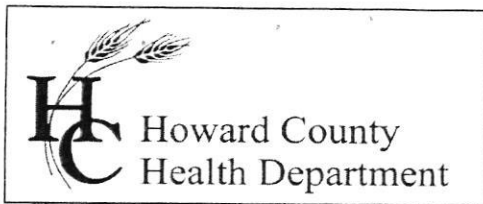
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ O-Ring Missing

Safety rope not seen outside of well cap/casing ✓ Told Curtis

Correct well tag attached properly and casing 8" above finished grade ✓

Water supply line sleeved adequately at house connection Yes Per Builder

Adequate grout observed below pitless adapter Yes Per Builder to Fix



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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

January 23, 2005

Clif & Betty Harrison
P.O. Box 287
West Friendship, MD 21794

SENT VIA FACSIMILE 301-854-6325

RE: Twin Pines, Parcel A
3142 Stiles Way
West Friendship, MD 21794
BP #: B00148776
Well Permit # HO-94-3645

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/25/2005. Final approval of the well line connection to the dwelling was approved on 02/25/2005.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-94-3645. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 02/18/2005
Date of Well Completion: 04/24/2003

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Feb 19, 2005

County Howard

Lab Number 05-0790

Sample iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Cumberland Development
 Attn: Curtis Cumberland
 16391 A.E. Mullinix Road
 Woodbine, Maryland 21797

Property Sampled: U&O: 3142 Stiles Way

Station Sampled: Kitchen Tap

Tax Map #: 22

Date/Time Sampled: Feb 18, 2005 11:10 am

Parcel #: 17

Owner, Telephone No.:

Sampler: 6724GP

Subdivision Name: Twin Pines

Lot Number:

Building Permit No.: B00148776

Well Number: HO-94-3645

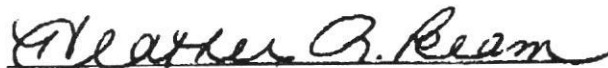
Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	6.3 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.6 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter - Filter Out

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level