

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 3971	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 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 8 13	DATE WELL COMPLETED MM DD YY 08 11 2003	Depth of Well 22 200 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 12/5/03 HO-94-3742
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OWNER VIKING DEVELOPMENT  
 last name first name TOWN WEST FRIENDSHIP  
 STREET OR RFD ARCHERS GLEN  
 SUBDIVISION ARCHERS GLEN SECTION \_\_\_\_\_ LOT 0

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	
Overburden	0	35	
Gray Rock	35	200	x
water at 60'			

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC	
NO. OF BAGS <u>20</u>	NO. OF POUNDS <u>2000</u>
GALLONS OF WATER <u>120</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>40</u> ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
<input checked="" type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch)! <u>6</u>
	Total depth of main casing (nearest foot) <u>40</u>
60 61	63 64 66 70

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

SCREEN RECORD	
screen type or open hole insert appropriate code below	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS
<input type="radio"/> PL PLASTIC	<input type="radio"/> HO OPEN HOLE
<input type="radio"/> 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. MWD 120  
 DRILLERS SIGNATURE [Signature]  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 049  
 DRILLER SIGNATURE Thomas McWhorter

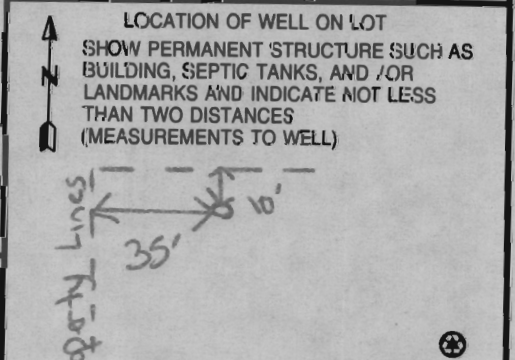
DEPTH (nearest ft.)	
EACH CASING	depth (nearest ft.)
1 <u>HO</u> 40	200
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>16.6</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Submersible</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>31</u> ft.
WHEN PUMPING	<u>31</u> ft.
TYPE OF PUMP USED (for test)	
<input type="radio"/> A air	<input type="radio"/> P piston
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible
<input type="radio"/> T turbine	<input type="radio"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	<input checked="" type="radio"/> YES <input type="radio"/> 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.	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> + above	
<input type="radio"/> - below	
	LAND SURFACE (nearest foot)
	<u>1</u> <u>50</u> <u>51</u>



B 1	<b>6724</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 519017 please type	STATE PERMIT NUMBER <b>HO-94-3742</b> fill in this form completely
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**OWNER INFORMATION**

Date Received (APA) 06-18-03  
8 MM DD YY 13

Viking Development  
15 Last Name Owner First Name 34

815 Windriver Drive  
36 Street or RFD 55

Sykesville MD 21784  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Wilson Property - ARCHER GLEN  
23 SUBDIVISION 42

SECTION          LOT 6  
44 46 48 50

West Friendship  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I  
73 76 77 78

**DRILLER INFORMATION**

Sandy B. Cochran M W D 120  
Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp  
Firm Name

12047 Falls Road, Cockeysville 21030  
Address

[Signature] 6/12/03  
Signature Date

**ARCHER'S GLEN**

Old Frederick Road  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH	N	E
WEST	32	EAST
SOUTH	S	

DISTANCE FROM ROAD 50  
34 37 ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 22 PARCEL 301

**WELL INFORMATION**

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 750  
(GAL. PER DAY) 14 20

**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

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

HOWARD COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 07 31 03 Mark Ripkin 7/3/04  
43 MM DD YY 48 CO SIGNATURE EXP. DATE 41

NORTH GRID 541 0 0 0 EAST GRID 810 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 ←

N 541 ←

**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)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 \_\_\_\_\_ 52

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

APPROP. PERMIT NUMBER HO 2002G 016

PERMIT No. HO-94-3742  
70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (+10)313-2640 FAX: (+10)313-2643**

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 26.04.02 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Castaway Plumbing Telephone #: 240-674-5652  
Address: 9210 Reichs Ford Rd

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Scott Graczynski License# 20009

\*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: Tetakis Homes Telephone # \_\_\_\_\_  
Subdivision: Archers Glen Lot #: 10 Well Tag #: HO-94-3742  
Site Address: 1710 Archers Glen Rd

Submersible Pump Data  
Make: Tecumseh  
Model #: 2550754  
Pump Capacity: 7 GPM  
Well Yield: 16 GPM

Pitless Adapter  
Make: Cambell  
Model #: B-300x  
Depth: 42" (36" min)  
NSF/ANSI approved: \_\_\_\_\_

Well Cap and Electric Conduit  
Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.C.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 200 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
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  
Type: Black Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

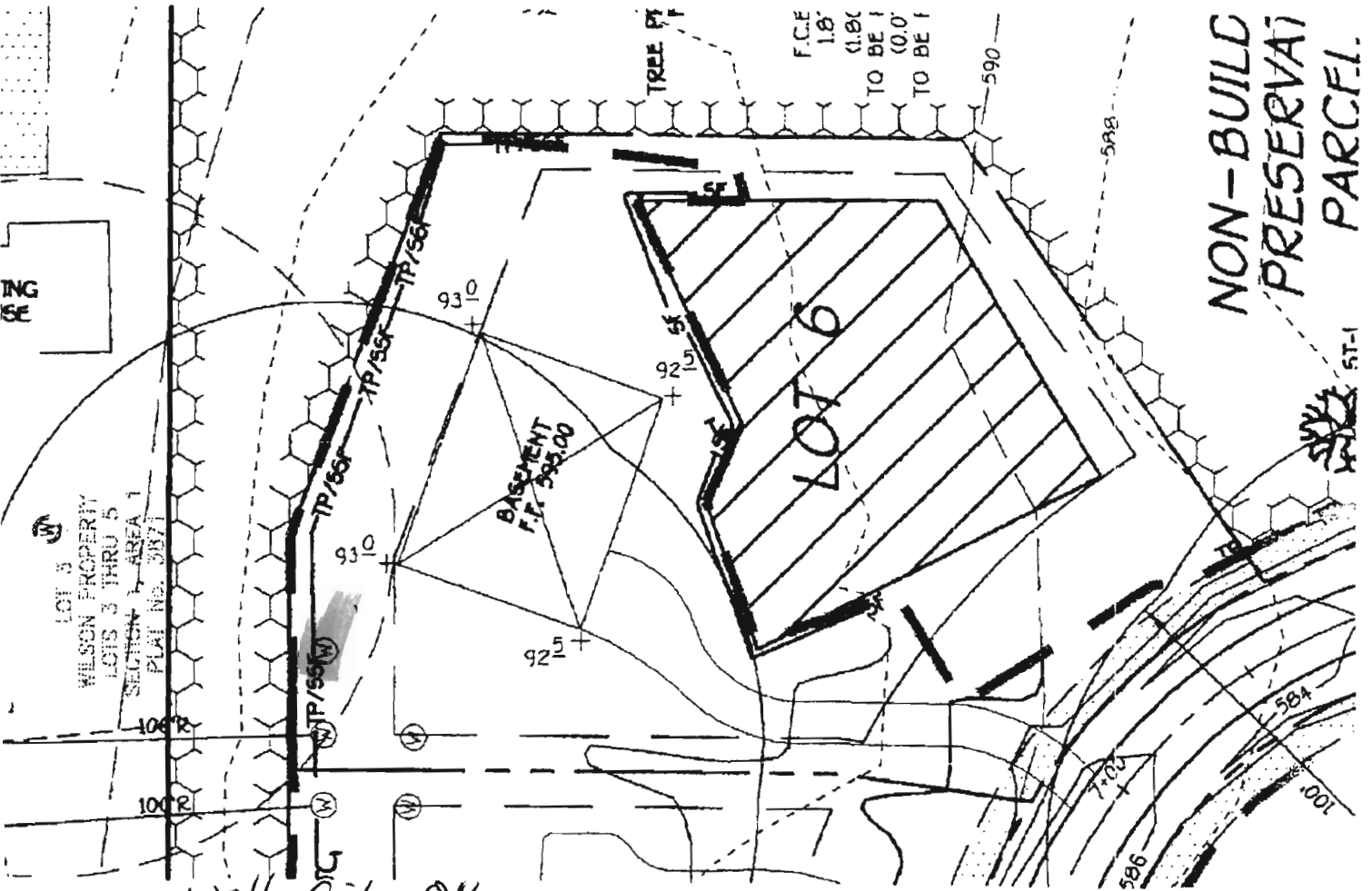
House Connection  
PVC sleeve to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly:

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: [Signature] Date: 6/18/08

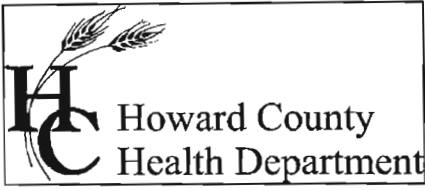
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/16/08 Inspector: [Signature]  
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 seen 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 \_\_\_\_\_



NON-BUILD PRESERVAT PARCEL.

Well Site OK  
MR 7/16/03  
No Insp



Bureau of Environmental Health  
 7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

August 14, 2008

Patapsco Homes  
 13898 Forsythe Road  
 Sykesville, MD 21784

RE: Archers Glen, Lot 6  
 1710 Archers Glen  
 Sykesville, MD 21784  
 BP# B08000010  
 Well Tag #: HO-94-3742

Dear Sir:

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 05/28/2008. Final approval of the well line connection to the dwelling was approved on 06/16/2008.**

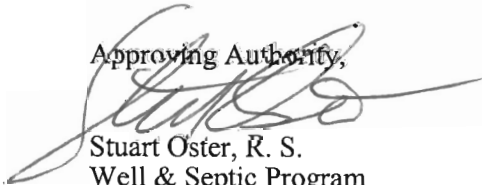
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**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-94-3742. 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 Samples: 08/11/2008  
 Date of Well Completion: 08/11/2003

Approving Authority,  
  
 Stuart Oster, R. S.  
 Well & Septic Program

cc: Building Inspector's Office  
 Community Health Services  
 File



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

### CERTIFICATE OF ANALYSIS

**Requester:**

Patapsco Homes  
 Attn: Marty  
 13898 Forsythe Road  
 Sykesville, Maryland 21784

**S/O Number:**

69358

**Report Date:**

August 12, 2008

**Property Sampled:** 1710 Archer's Glen, 21784

**County:**

Howard

**Subdivision:**

Archer's Glen

**Tax Map #:**

N/A

**Lot #:**

6

**Parcel #:**

N/A

**Building Permit #:**

B08000010

**Date/Time Collected:** August 11, 2008 at 1:31 pm

**Date/Time Received:** August 11, 2008 at 3:00 pm

**Sample Location:**

Bathroom Tap

**Samples Iced:** Yes

**Sampler ID:**

5745KC

**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:**

HO-94-3742

**Well Condition:**

2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	7.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.7 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

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