

**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> 3955	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND 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 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <u>13</u>	

ST/CO USE ONLY DATE Received MM DD YY	DATE WELL COMPLETED 07 24 2003	Depth of Well 22 100 125 28 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" KN 01/16/03 NO-94-3758
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OWNER VIRING DEVELOPMENT  
 STREET OR RFD ARCHERS GLEN first name TOWN WEST FRIENDSHIP  
 SUBDIVISION ARCHERS GLEN SECTION \_\_\_\_\_ LOT 22

**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	60	
Gray Rock	60	125	x
water at 70'			

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY  BC

NO. OF BAGS 30 NO. OF POUNDS 200  
 GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 TOP ft. to 68 BOTTOM ft.  
 (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE ST

Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>6</u>	<u>68</u>
60 61	63 64 66 70

**SCREEN RECORD**

screen type or open hole insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO HOLE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

DEPTH (nearest ft.)

1	2	3	4	5
<u>HO</u>	<u>68</u>	<u>125</u>		
8 9 11	15 17	21		
23 24 26	30 32	36		
38 39 41	45 47	51		

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**C 3 PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.82

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 69 ft.

TYPE OF PUMP USED (for test)

<input type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> 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 } \_\_\_\_\_ (nearest foot)

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

Sandy B Coch  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 048

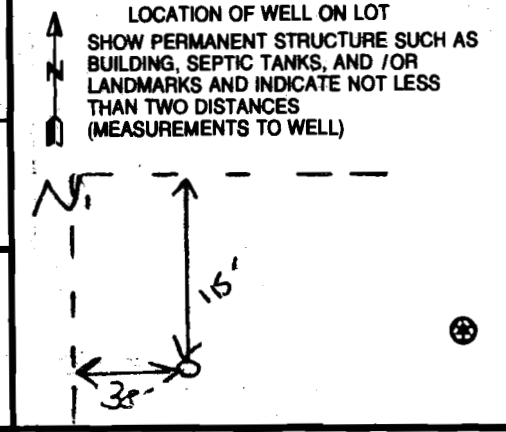
Mady Duen  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_ 68

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

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 6740

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 519017

STATE PERMIT NUMBER

HO-94-3758 fill in this form completely

Date Received (APA) 06-18-03

OWNER INFORMATION

Viking Development Owner First Name 34

815 Windriver Drive Street or RFD 55

Sykesville MD 21784 Town State Zip 76

DRILLER INFORMATION

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

G. Edgar Harr Sons' Corp. Firm Name

12047 Falls Road, Cockeysville 21030 Address

Signature 6/12/03 Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 750

AVERAGE DAILY QUANTITY NEEDED (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

LOCATION OF WELL

Howard COUNTY 21

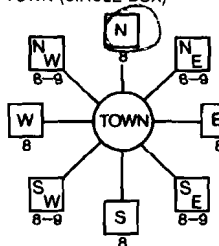
Wilson Property 42

SECTION 44 46 LOT 22 48 50

West Friendship 71

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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Archers Glen NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 50 FT

ENTER FT OR MI 38 39

TAX MAP: 9 BLK: 22 PARCEL: 301

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. 13

STATE SIGNATURE INSERT S

DATE ISSUED 07-16-03 Mark E. Rifkin's Title Co. EXP. DATE 7/16/04

NORTH GRID 54 000 EAST GRID 810 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
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 DEEPEEN 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)

APPROX. PERMIT NUMBER HO20076016

PERMIT No. HO-94-3758

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

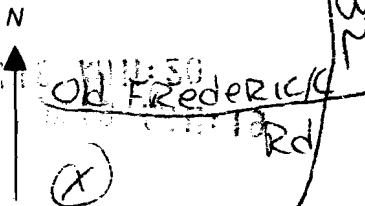
SOURCES OF DRILLING WATER

- 1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 N 5001

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



**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: New Dimensions Telephone #: 4102394359  
 Address: 3018 Bachman Rd  
Manchester, MD 21105

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Clarence Blake License# 15443  
 \*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: D. Ricker Telephone #: 4104422021  
 Subdivision: Archers Glen Lot #: 22 Well Tag #: HO-94-375B  
 Site Address: 1719 Archers Glen  
West Friendship, MD 21784

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>FTW</u>	Make: <u>CAMAC</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>3/4 HP 10GPM</u>	Model#: <u>CM1</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>92"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>125</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 or Cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt NA

**Piping to house**  
 Type: 1" 200 PSI  
 PSI: 200 (160 psi min)  
 Depth of supply line:      (36" min)

**House Connection**  
 PVC sleeved to undisturbed soil at wall penetration:   
 Approximate length of sleeve: 10'  
 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.

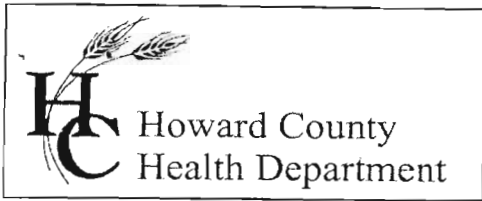
CW Blake 4/4/06  
 Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/1/06 BB  
 Inspection Data: Pitless adapter and 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 installed inside of well 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

3/29/06  
BB  
5/30/06  
CAG





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

June 2, 2005

Patapsco Homes Inc.  
13898 Forsythe Road  
Sykesville, MD 21784

*SENT VIA FACSIMILE 410-489-0319*

RE: Archers Glen, Lot 22  
1719 Archers Glen  
Sykesville, MD 21784  
BP #: B00156010  
Well Permit # HO-94-3758

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 03/29/2006. Final approval of the well line connection to the dwelling was approved on 06/01/2006.**

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-94-3758. 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): 05/22/2006  
Date of Well Completion: 07/24/2003

Approving Authority,

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

cc: Building Inspector's Office  
Community Health Services  
File

## CERTIFICATE OF ANALYSIS



TRACE LABORATORIES-EAST

**Headquarters**  
5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email:  
tracelab@cottnext.net  
www.tracelabs.com

Maryland State Certified  
Water Quality Laboratory  
No. 318

**Requester:**  
Patapsco Homes  
Attn: Jennie  
13898 Forsythe Road  
Sykesville, Maryland 21784

**S/O Number:** 07-0328  
**Report Date:** May 23, 2006

**Property Sampled:** 1719 Archer's Glen

**County:** Carroll  
**Subdivision:** Archer's Glen  
**Lot #:** 22  
**Building Permit #:** B00156010  
**Tax Map #:** 9  
**Parcel #:** 301

**Date/Time Collected:** May 22, 2006 at 12:15 pm  
**Date/Time Received:** May 22, 2006 at 1:57 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 7334JB  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3758  
**Well Condition:** 2-Piece Cap  
Cap Removable  
4 Bolts Loose

**Water Conditioning/Treatment:** None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	6.1 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

*Heather R. Beam*  
Heather R. Beam  
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.