

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.

C1 3966	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 4 (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 06 2003	Depth of Well 22 129 28 (TO NEAREST FOOT) OK (S) 12/5/03	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3747 28 29 30 31 32 33 34 35 36 37
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OWNER VIKING DEVELOPMENT
 STREET OR RFD ARCHER'S GLEN TOWN WEST FRIENDSHIP
 SUBDIVISION ARCHER'S GLEN SECTION _____ LOT 11

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	55	
Gray Rock	55	129	x

water at 70'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 90 NO. OF POUNDS 1000
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE
 PLASTIC OTHER

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

SCREEN SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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 _____

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MWD120

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Therese McElly

LIC. NO. 1 JSD 0419

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 14.66

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 31 ft.
 WHEN PUMPING 31 ft.

TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

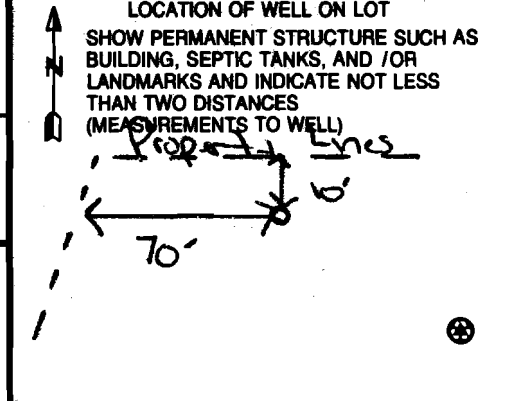
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

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)



B 1 **6729**

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3747
fill in this form completely

Date Received (APA)
06-18-03

OWNER INFORMATION

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

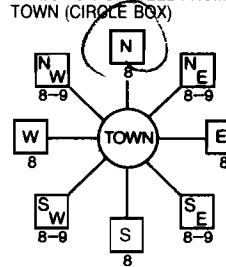
B 3 LOCATION OF WELL

Howard
8 COUNTY 21
~~Wilson Property~~ **ARCHER'S GLEN**
23 SUBDIVISION 42
SECTION _____ LOT **11**
44 46 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) _____ M _____
73 76 77 78

DRILLER INFORMATION

Sandy B. Cochran MWD 120
Driller's Name 76 License No. 81
G. Edgar Harr Sons' Corp
Firm Name
12047 Falls Road, Cockeysville 21030
Address
SBC
Signature Date **6/12/03**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ARCHER'S GLEN
~~Old Frederick Road~~
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
200
34 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **9** BLK: **22** PARCEL: **301**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **7500**
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** 7/31/04
43 MM DD YY 48 CO SIGNATURE EXP DATE
NORTH GRID **541 000** EAST GRID **810 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

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
 - 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

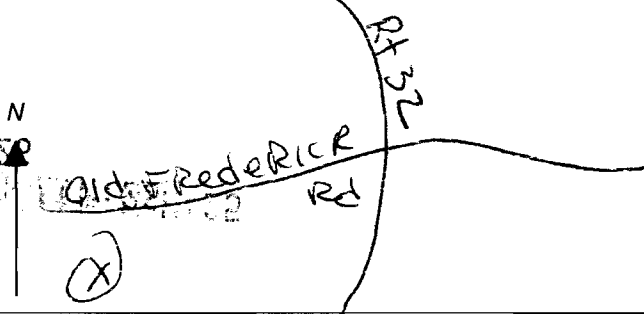
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **810**
N **541**

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 **4020076016**
PERMIT No. **HO-94-3747**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

9/27/04

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) !!!!! COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WTC III Plumbing & Heating Telephone #: 410 489-4457
Address: 1820 Gillis Falls Rd 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): William T Cumberland III License# 7979

A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber t pump installer or well driller. Licenses may be subject to field verification.

Name of Property Owner: Wiking Dove Telephone #: 443 398 1788
Subdivision: Archers Glen Lot #: 11 Well Tag #: HO-94-3747
Site Address:

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Make:
Make: Myers Make: Campbell Two piece watertight cap: YES
Model #: 3ST52-8 Model#: B10 X Screened, vented well cap: YES
Pump Capacity GPM Depth:- (36" min) Cap secured to casing: YES
Well Yield: GPM NSF approved: YES Conduit min 18" B.G.: YES

Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap:- 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 -

Piping to House House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration yes
PSI: 160 (160psi Min) Approximate Length of sleeve 5ft
Depth of supply line: 48 (36"min) Sleeve sealed and calked properly: yes

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]
Signature of company representative responsible for installation

Sept 27 04
Date

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

Date Insp. Requested: _____ Date Insp. Approved: 3/9/05 (50)
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

9/27/04
28



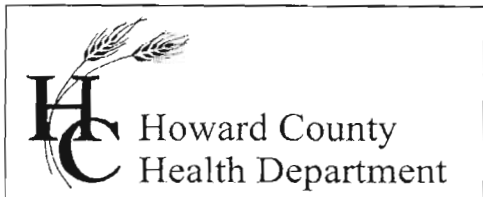
well site
 OK
 MR 7/16/03
 No Insp

LOT 11
 HEATHERWOOD
 SECTION 1, AREA 1
 PLAT NO. 4401

BASEMENT
 F.T. 201.00

LOT 11

12



7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 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

March 9, 2005

John & Tiffany Chum
10264 Wetherburn Road
Eooicott City, MD 21042

RE: Archers Glen, Lot 11
1730 Archers Glen
Sykesville, MD 21784
BP # B00148723
Well Permit # HO-94-3747

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 01/07/2005. Final approval of the well line connection to the dwelling was approved on 03/09/2005.**

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-94-3747. 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: 02/25/2005, 03/02/2005 & 03/08/2005
Date of Well Completion: 08/06/2003

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File