

**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> 3959	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 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/EO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 08 05 2003	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3755 28 29 30 31 32 33 34 35 36 37
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OWNER: VIRING DEVELOPMENT first name  
 STREET OR RFD: ARCHERS GLEN TOWN: WEST FRIENDSHIP  
 SUBDIVISION: ARCHERS GLEN SECTION: \_\_\_\_\_ LOT: 19

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	75	
Gray Rock	75	300	x
Water at 190'			

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. MWD 120  
Sandy D. Cook  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. JS 0499  
Thomas M. Kelly

SITE SUPERVISOR (sign. of driller or journeyman)

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>15</u>	NO. OF POUNDS <u>7500</u>
GALLONS OF WATER <u>90</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> TOP	ft. to <u>60</u> BOTTOM
(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 checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Total depth of main casing (nearest foot) <u>80</u>
Nominal diameter top (main) casing (nearest inch) <u>6</u>	

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch _____ depth (feet) from _____ to _____

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"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER	

DEPTH (nearest ft.)																																																																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
SLOT SIZE 1 _____ 2 _____ 3 _____		DIAMETER OF SCREEN _____ (NEAREST INCH)		from _____ to _____																																																																											

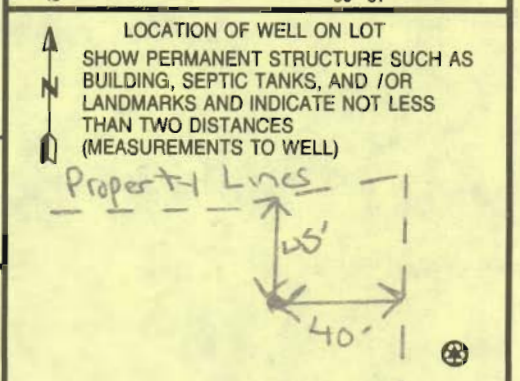
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

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

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>8.57</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>Submersible</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>33</u> ft.	
WHEN PUMPING	<u>252</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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="checkbox"/> + above
LAND SURFACE	<u>1</u> (nearest foot)
<input type="checkbox"/> - below	<u>50</u> <u>51</u>

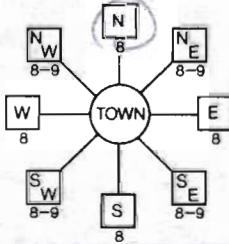



**B 1** 6737 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-94-3755  
 1 2 3 6 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
**APPLICATION FOR PERMIT TO DRILL WELL** please type 519017 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) 06-18-03  
 8 MM DD YY 13  
 15 Last Name Viking Development Owner First Name 34  
 36 815 Windriver Drive Street or RFD 55  
 57 Sykesville MD 21784 Town 70 State 72 Zip 76

**LOCATION OF WELL**  
 B 3  
 8 COUNTY Howard  
 23 SUBDIVISION ARCHERS GLEN 42  
 SECTION 44 LOT 19  
 44 46 48 50  
 52 NEAREST TOWN West Friendship 71  
 MILES FROM TOWN (enter 0 if in town) 2 M 1  
 73 76 77 78

**DRILLER INFORMATION**  
 81 Driller's Name Sandy B. Cochran M W D 120 License No. 81  
 Firm Name G. Edgar Harr Sons' Corp.  
 Address 12047 Falls Road, Hockeysville 21030  
 Signature [Signature] Date 6/12/03

**B 4**  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 NEAR WHAT ROAD ARCHERS GLEN 30  
Old Frederick Road  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 50 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 9 BLK: 22 PARCEL 301

**B 2 WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
 14 20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → .41  
 DATE ISSUED 07-10-03 Mark Griffin 7/10/03  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 54 000 EAST GRID 810 000  
 50 55 57 63

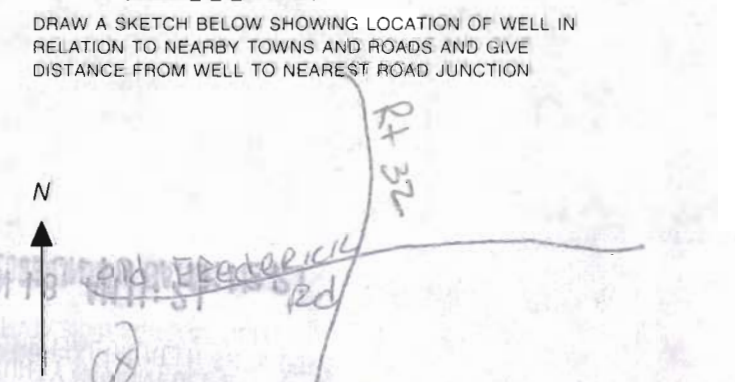
**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

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  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 810  
 N 5401

**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  
 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 402007G 016  
 PERMIT No. HO-94-3755  
 70 71 72 73 74 75 76 77 78 79





**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: Diking Pev Telephone #: 443 398-1782  
 Subdivision: Archer Glen Lot #: 19 Well Tag #: HO-94-3755  
 Site Address: \_\_\_\_\_

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

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: <u>Plastic</u>	PVC sleeved to undisturbed soil at wall penetration <u>yes</u> _____
PSI: <u>160</u> (160psi Min)	Approximate Length of sleeve <u>5ft</u> _____
Depth of supply line: <u>48</u> (36"min)	Sleeve sealed and calked 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]  
 Signature of company representative responsible for installation

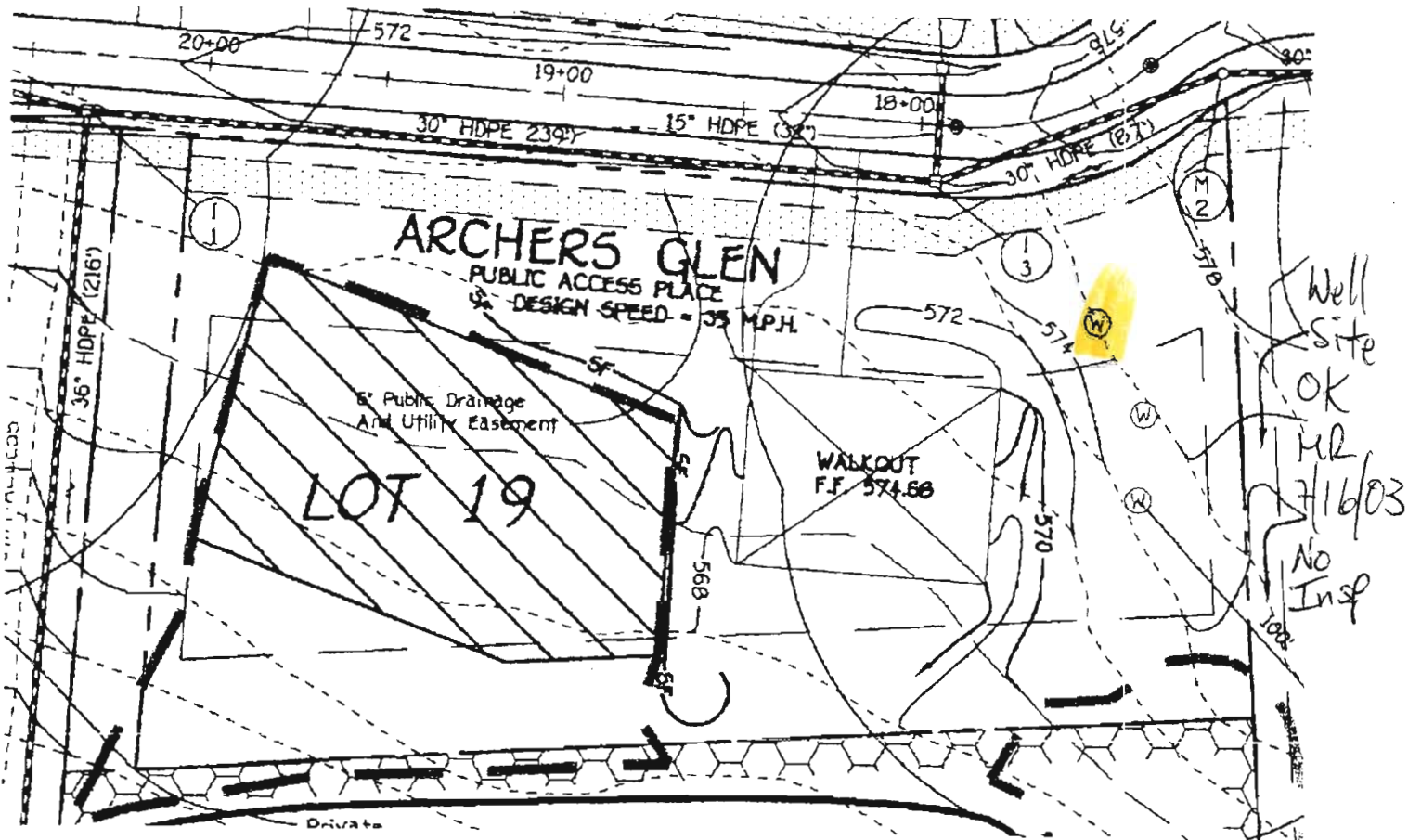
Sept 27 04  
 Date

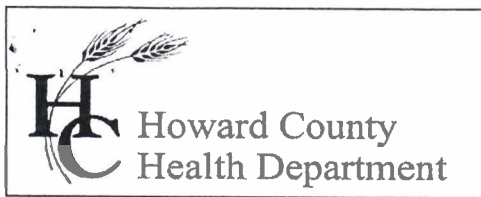
**For Health Department Use Only -Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/20/04 BB  
 Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
 Two piece cap installed and attached to casing securely Need O-Ring Under Cap ✓  
 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  
BB

12/20/04  
O-Ring Under Cap BB





7178 Columbia Gateway Drive, Columbia Maryland 21046  
(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

December 21, 2004

Robert & Roxanne Hettinger  
6352 Soft Thunder Trail  
Columbia, MD 21045

**SENT BY FACSIMILE 410-549-3240**

RE: Archers Glen, Lot 19  
1731 Archers Glen Road  
Sykesville, MD 21784  
BP #: B00148020  
Well Permit # HO-94-3755

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 10/08/2004. Final approval of the well line connection to the dwelling was approved on 12/20/2004.**

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-94-3755. 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: 12/17/2004  
Date of Well Completion: 08/05/2003

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File