

**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> 3958   | SEQUENCE NO.<br>(MDE USE ONLY) | <b>STATE OF MARYLAND<br/>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |
| 1 2 3 4 5 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS) |                                | COUNTY<br>NUMBER   |  |

|   |  |   |  |
|---|--|---|--|
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>8 13 | DATE WELL COMPLETED<br>MM DD YY<br>07 30 2003<br>15 20 | Depth of Well<br>22 300 28<br>(TO NEAREST FOOT) | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br>OK (SD) 12/5/03 HO-94-3754<br>28 29 30 31 32 33 34 35 36 37 |
|---|--|---|--|

OWNER: VIRIUG DEVELOPMENT first name  
 STREET OR RFD: ARCHERS GLEN TOWN: WEST FRIENDSHIP  
 SUBDIVISION: ARCHERS SECTION: \_\_\_\_\_ LOT: 18

| 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    | 45  |                        |
| Gray Rock   | 45   | 300 | x                      |
| water at 80'  |      |     |                        |

| 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"/> <b>CM</b>  | BENTONITE CLAY <input type="checkbox"/> <b>BC</b> |
| NO. OF BAGS <u>13</u>   | NO. OF ROUNDS <u>1300</u>                         |
| GALLONS OF WATER <u>18</u>  |   |
| DEPTH OF GROUT SEAL (to nearest foot)   |   |
| from <u>0</u> ft. to <u>52</u> ft.  |   |
| (enter 0 if from surface)   |   |

| CASING RECORD  |   |
|--|---|
| casing types insert appropriate code below             |   |
| <input checked="" type="checkbox"/> <b>ST</b><br>STEEL | <input type="checkbox"/> <b>CO</b><br>CONCRETE              |
| <input type="checkbox"/> <b>PL</b><br>PLASTIC          | <input type="checkbox"/> <b>OT</b><br>OTHER                 |
| MAIN CASING TYPE <u>ST</u>                             | Nominal diameter top (main) casing (nearest inch)! <u>6</u> |
|  | Total depth of main casing (nearest foot) <u>52</u>         |
| 60 61  | 63 64 66 70   |

| OTHER CASING (if used) |                               |
|------------------------|-------------------------------|
| EACH CASING            | diameter depth (feet) from to |
| _____                  | _____                         |
| _____                  | _____                         |

| SCREEN RECORD  |  |
|--|--|
| screen type or open hole (insert appropriate code below) |  |
| <input checked="" type="checkbox"/> <b>ST</b><br>STEEL   | <input type="checkbox"/> <b>BR</b><br>BRASS                |
| <input type="checkbox"/> <b>PL</b><br>PLASTIC            | <input checked="" type="checkbox"/> <b>HO</b><br>OPEN HOLE |
| <input type="checkbox"/> <b>OT</b><br>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

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

LIC. NO. JS D 052

Robert Brun

| DEPTH (nearest ft.)                     |  |
|---|--|
| T <u>HO</u> <u>52</u> <u>300</u>        |  |
| E 8 9 11 15 17 21                       |  |
| A 23 24 26 30 32 36                     |  |
| S 38 39 41 45 47 51                     |  |
| R                                       |  |
| E                                       |  |
| N                                       |  |
| SLOT SIZE 1 _____ 2 _____ 3 _____       |  |
| DIAMETER OF SCREEN _____ (NEAREST INCH) |  |
| 56 60                                   |  |
| 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)

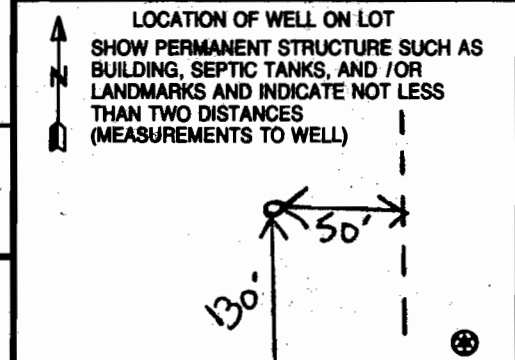
T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_

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

TELESCOPE LOG \_\_\_\_\_

| PUMPING TEST                                     |  |
|--|--|
| HOURS PUMPED (nearest hour)                      | <u>3</u>   |
| PUMPING RATE (gal. per min.)                     | <u>16.66</u>   |
| METHOD USED TO MEASURE PUMPING RATE              | <u>Submersible</u>                                       |
| WATER LEVEL (distance from land surface)         |  |
| BEFORE PUMPING                                   | <u>14</u> ft.  |
| WHEN PUMPING                                     | <u>21</u> ft.  |
| TYPE OF PUMP USED (for test)                     |  |
| <input checked="" type="checkbox"/> <b>A</b> air | <input type="checkbox"/> <b>P</b> piston                 |
| <input type="checkbox"/> <b>C</b> centrifugal    | <input type="checkbox"/> <b>R</b> rotary                 |
| <input type="checkbox"/> <b>J</b> jet            | <input checked="" type="checkbox"/> <b>S</b> submersible |
| <input type="checkbox"/> <b>T</b> turbine        | <input type="checkbox"/> <b>O</b> other (describe below) |

| 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 _____          |   |
| 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)          |   |
| <input checked="" type="checkbox"/> + above                             | LAND SURFACE  |
| <input type="checkbox"/> - below  |   |
|   | <u>1</u> (nearest foot)   |



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

B 1 6736  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

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

STATE PERMIT NUMBER

HO-94-3754  
70 fill in this form completely 79

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

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

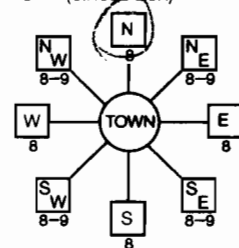
Howard  
8 COUNTY 21  
Wilson Property ARCHER'S GLEN  
23 SUBDIVISION 42  
SECTION 44 46 LOT 18 48 50  
West Friendship  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M 1  
73 76 77 78

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 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)  
NORTH  
WEST EAST  
50  
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 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 COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 07 18 03 Mark Liffin 7/18/04  
43 MM DD YY 48 CO SIGNATURE EXPI. DATE  
NORTH GRID 50 541 000 55 EAST GRID 57 810 000 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
- 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 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 54001

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 H02002G016  
PERMIT No. HO-94-3754  
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: (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: New Dimensions Telephone #: 4102394359  
Address: 3018 Bachman Rd  
Manchester, MD 21102

(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 #: 4104422421  
Subdivision: ARCHERS GLEN Lot #: 18 Well Tag #: HO-94-3754  
Site Address: 1739 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>SAMARLL</u>                   | Two piece watertight cap: <input checked="" type="checkbox"/>    |
| Model #: <u>3/4 HP</u>  | Model#: <u>1</u>                       | Screened, vented well cap: <input checked="" type="checkbox"/>   |
| Pump Capacity <u>7</u> GPM  | Depth: <u>42"</u> (36" min)            | Cap secured to casing: <input checked="" type="checkbox"/>       |
| Well Yield: <u>16</u> GPM   | NSF approved: <input type="checkbox"/> | Conduit min 18" B.G.: <input checked="" type="checkbox"/>        |
| Depth of well encountered at time of pump installation: <u>300</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 N/A

|   |   |
|---|---|
| <b>Piping to house</b>                    | <b>House Connection</b>   |
| Type: <u>PVC</u>                          | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>         |
| PSI: <u>200</u> (160 psi min)             | Approximate length of sleeve: <u>10FT</u>                               |
| Depth of supply line: <u>42</u> (36" min) | Sleeve caulked and sealed properly: <input checked="" type="checkbox"/> |

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: 4/10/06

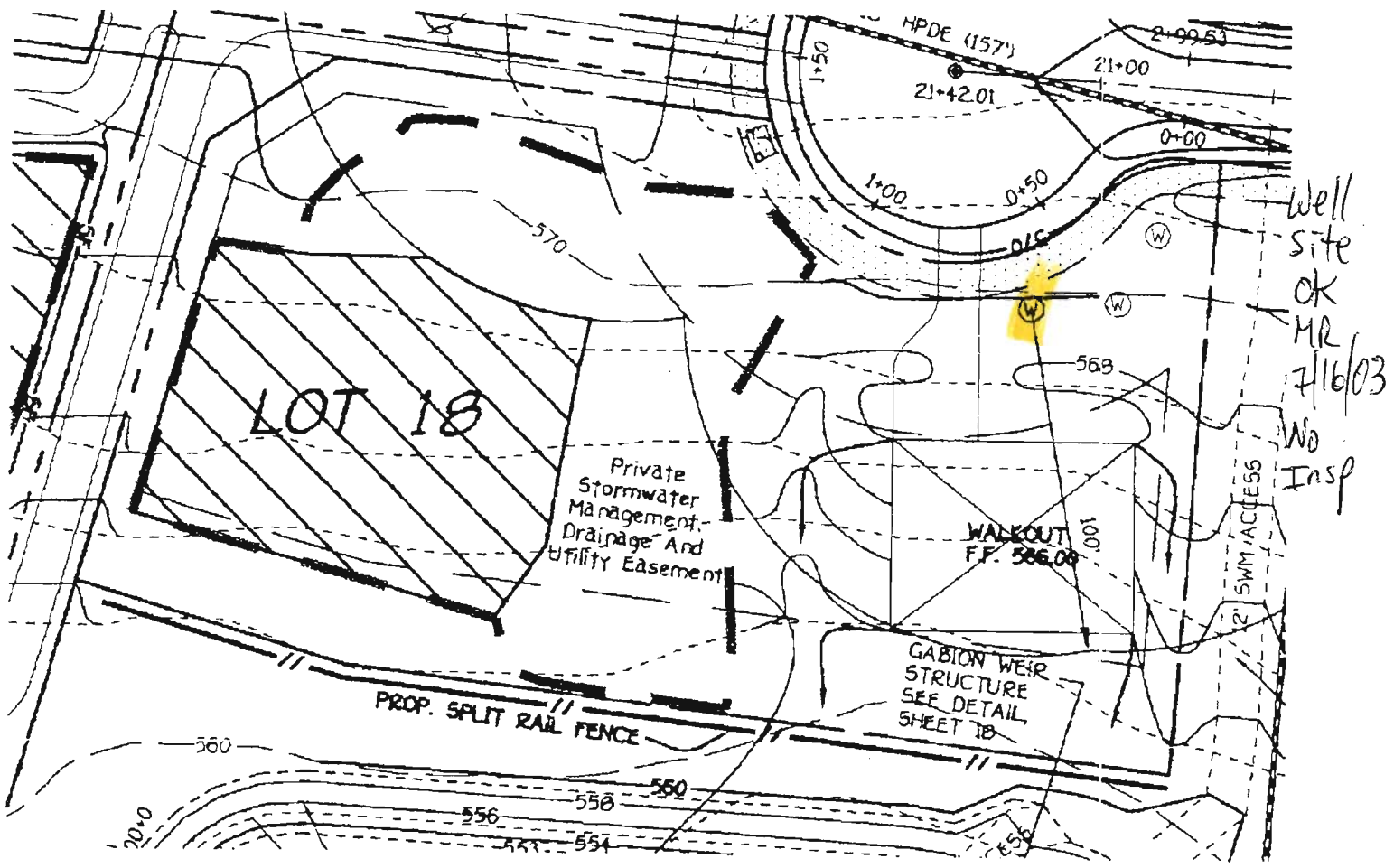
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/7/2006 **(PB)**

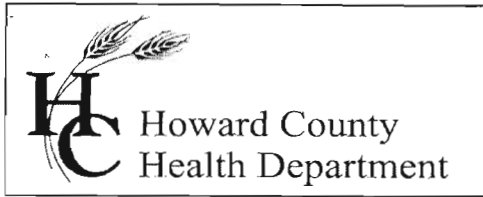
Inspection Data:

- 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

*Sleeved Under Driveway*



Well site OK  
MR  
7/16/03  
No Insp



7178 Columbia Gateway Drive, Columbia, MD 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

June 7, 2006

Patapsco Homes, Inc.  
13898 Forsythe Road  
Sykesville, MD 21784

**SENT VIA FACSIMILE 410-489-0319**

RE: Archers Glen, Lot 18  
1739 Archers Glen  
Sykesville, MD 21784  
BP #: B00156009  
Well Permit # HO-94-3754

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 06/07/2006. Final approval of the well line connection to the dwelling was approved on 06/07/2006.**

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.

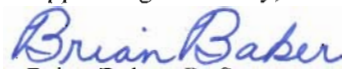
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3754. 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): 05/26/2006  
Date of Well Completion: 07/30/2003

Approving Authority,

  
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@connex.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:** 07-0410  
**Report Date:** May 30, 2006

**Property Sampled:** 1739 Archer's Glen

**County:** Howard  
**Subdivision:** Archer's Glen  
**Lot #:** 18  
**Building Permit #:** B00156009

**Tax Map #:** 9  
**Parcel #:** 301


**Date/Time Collected:** May 26, 2006 at 9:20 am  
**Date/Time Received:** May 26, 2006 at 12:15 pm

**Sample Location:** Powder Room Tap  
**Sampler ID:** 4776MM  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-94-3754  
**Well Condition:** 2-Piece Cap  
Satisfactory

**Water Conditioning/Treatment:** None

| PARAMETER      | RESULT        | METHOD    | MCL/*SMCL      |      |
|----------------|---------------|-----------|----------------|------|
| Nitrate        | 9.4 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         | Pass |
| E.coli         | Absent        | SM 9223B  | Absent         | Pass |

  
 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.