

C1 2968

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
04 26 10

15 20

Depth of Well

22 200 26

(TO NEAREST FOOT)

6/29/2010
O.K. (PB)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-95-1864

28 29 30 31 32 33 34 35 36 37

OWNER

LAND Design + Development

STREET OR RFD

last name Jennings Chapel Rd first name

TOWN

Glenwood

SUBDIVISION

Chapel Meadows

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingSoil
Brown
shale
Blue slate
Fractured
slate
Blue slate0 8
8 36
36 70
70 75
75 200
150✓
✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 45 46 10

NO. OF POUNDS 45 46 940

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 54 58 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL 60 61

6 63 64

40 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

PL 4 12 40 80

screen type
or open hole

SCREEN RECORD

ST
STEELBR
BRASSPL
PLASTICHO
OPEN
HOLEOT
OTHER(insert
appropriate
code
below)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

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
WELLI 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. 1 MS D355

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D066

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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74

75

76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

15.0
11 15METHOD USED TO
MEASURE PUMPING RATE

Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING

28
17 20 ft.

WHEN PUMPING

30
22 25 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

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.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)

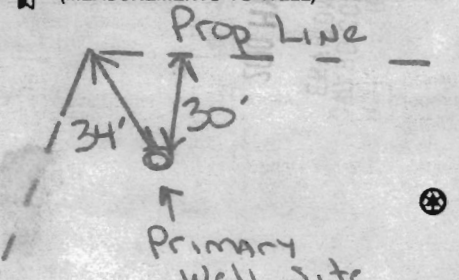
+ above

LAND SURFACE

- below

(nearest
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

B 1	3122	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 532525 please type	STATE PERMIT NUMBER <u>HO-95-1869</u> <small>70 fill in this form completely 79</small>
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		57 Town
70 State		72 Zip		76
DRILLER INFORMATION				
Driller's Name		76 License No.		81
Firm Name				
Address				
Signature		Date		
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13)</u> STATE SIGNATURE <u>Brian Baker</u> INSERT S <u>2/23/2011</u> DATE ISSUED <u>2/23/2010</u> CO SIGNATURE <u>2/23/2011</u> EXP. DATE <u>2/23/2011</u> 43 MM DD YY 48 57 63				
APPROXIMATE DEPTH OF WELL <u>250</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jettied & DRIVEN AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> 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 _____ G _____ PERMIT No. <u>HO-95-1869</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Drill at Primary Well Site First, Then if Necessary Drill at Middle Well Site.</u>				

Drill at Well Sites In Order Shown

Ex. Driveway

PROPOSED DRIVEWAY



PRIMARY WELL

1

2

3

PROP. HOUSE

2/23/2010

Locations Look

O.K.

BB

LOT 1

49,995 Sq. Ft.

LOT 2

SEPTIC AREA

10,013 Sq. Ft.

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

H0-95-1869

INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD.
BALTIMORE, MARYLAND 21230

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE, OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 1

CHAPEL MEADOWS
TAX MAP NOS. 13 & 20 PARCELS 322 & 357
HOWARD COUNTY, MARYLAND
SCALE 1"=50'
DATE JANUARY 29, 2010

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: Cumberland Co. Inc Telephone #: 301-854-6838
Address: 16391 A.E. Mullinix Rd
Waldens 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): Kelly Cumberland License# 61417

*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: Waydeley Builders Telephone #: N/A
Subdivision: Chapel Meadows Lot #: 1 Well Tag #: HO-95-1869
Site Address: 16405 Tinker Hill Rd

Submersible Pump Data

Make: Myers
Model #: 25T52
Pump Capacity: 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Hayward
Model #: 1"
Depth: 18" (36" min)
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
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 17.8.4

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

Type: 1" Poly
PSI: 200 (160 psi min)
Depth of supply line: 4' (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 69"
Sleeve caulked and sealed properly: ✓

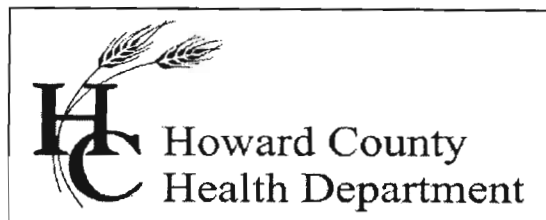
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Kelly Cumberland
Signature of company representative responsible for installation

5-17-13
date

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

Date Insp. Requested: Date Insp. Approved: 1/10/2013 (KW)
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 ✓



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – November 23, 2013

May 23, 2013

Homeowner
16405 Tinker Hill Road
Glenwood, Maryland,

**RE: Chapel Meadows, Lot #1
16405 Tinker Hill Road
Building Permit: B12001709
Well Permit: HO-95-1869**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/20/2013**. Final approval of the well line connection to the dwelling was granted on **01/10/2013**. The well construction was completed on **04/26/2010**. Water samples were collected on **5/14/2013**.

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. 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-95-1869. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, REHS/RS
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
 Community Hygiene Program
 File



TRACE LABORATORIES, INC

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:

Cumberland Development
Attn: Kelly Cumberland
16391 A.E. Mullinix Road
Woodbine, Maryland 21797

S/O Number: 89139

Report Date: May 15, 2013

Property Sampled: 16405 Tinker Hill Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001709
Sampler ID #: 6683EB
Samples Iced: Yes

County: Howard
Map: 13

Subdivision: Chapel Meadows Phase 1
Parcel: 322

Lot #: 1

Date/Time Collected in Field: May 14, 2013 @ 11:56 am

Date/Time Received in Lab: May 14, 2013 @ 2:15 pm

Well Tag #: HO-95-1869

Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	3.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	1.8 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	5.5 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs

Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

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