

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 3878		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 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 12 9 03		Depth of Well 22 165 26 (TO NEAREST FOOT)		COUNTY NUMBER (13) A46645 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3848	
ST/CO USE ONLY DATE Received MM DD YY 8 13		OWNER Mercer Homes		TOWN Sykesville		LOT 3	
STREET OR RFD 1737 Underwood Road		SUBDIVISION Pipes Property		SECTION		LOT	
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT C-M BENTONITE CLAY BC NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 36 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)		C3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 122 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			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing			
Top Soil		0 2					
Brown Shale		2 10					
Brown Slate		10 21					
Blue Slate		21 43					
Blue Slate		43 44		✓			
Blue Slate		44 86					
Flint		86 87		✓			
Blue Slate		87 128					
Flint		128 130		✓			
Blue Slate		130 165					
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes Y no N		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC 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	
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.		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	
DRILLERS LIC. NO. M S D 081		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO. D		SITE SUPERVISOR (sign. of driller or journeyman)	

B 1	6150	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519643 please type	STATE PERMIT NUMBER H0 - 94 - 3848 fill in this form completely
Date Received (APA) 10/29/2003 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Mersey		Owner Homes		34 First Name
36 Street or RFD 13787 Rover Mill Rd.		55		
57 Town West Friendship, Md.		70 State Md.	72 Zip 21794	76
DRILLER INFORMATION				
Driller's Name Stanley Bollinger		M 5 D 081 License No. 81		
Firm Name Stan's Well Drilling				
Address PO Box 2035, Westminster, Md. 21157				
Signature Stanley Bollinger 10/29/03				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
		8 12 500		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20 500		
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 Howard COUNTY NO. 13 STATE SIGNATURE Brian Baker DATE ISSUED 11/12/2003 CO SIGNATURE 11/12/2004 EXP. DATE NORTH GRID 542 000 EAST GRID 805 000				
APPROXIMATE DEPTH OF WELL 165 FEET		APPROXIMATE DIAMETER OF WELL 6 INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT 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 39 <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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER PERMIT No. H0 - 94 - 3848				
SPECIAL CONDITIONS				

Well Permit No. HO - 94-3848
Location of property (road) 1734 Underwood Rd
Subdivision Pipes Property Lot 3 Block Plat Sec.
Well Driller Stan's Well Drilling Owner Mercer Homes

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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: UNITED PLUMBING & HEATING CO. INC. Telephone #: 410-995-1655
Address: 4305 LEE WALKER ROAD STE 5
COLUMBIA MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): LAWRENCE BASKETTE License# 3479

*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: DEERER CUSTOM HOMES LLC Telephone #: _____

Subdivision: _____ Lot #: 5 Well Tag #: HO 44-3848

Site Address: 1734 UNDERWOOD ROAD
SAKESVILLE MD 21784

Submersible Pump Data

Make: Mayer
Model #: 5152-12-PK
Pump Capacity: 12 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Cumhell
Model#: B-10X
Depth: 42" (36" min)
NSF approved: AS-97

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: _____ (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: POLY LPP
PSI: 200 (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 8' (2" PVC)
Approximate length of sleeve: 8'
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.

Signature of company representative responsible for installation _____

date 9-6-07

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

Date Insp. Requested: _____

Date Insp. Approved: 9/2/07 (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

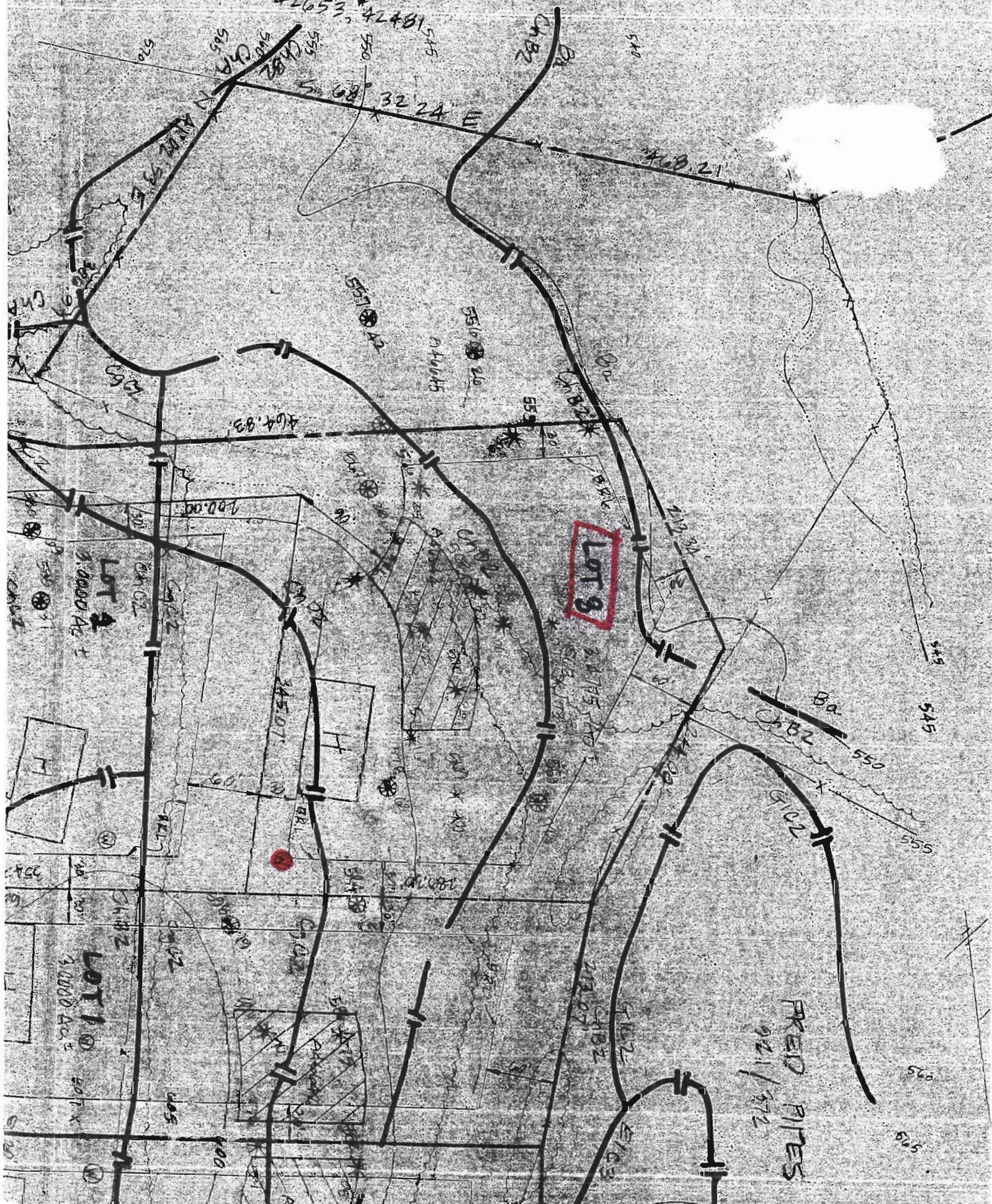
Safety rope installed inside of well casing

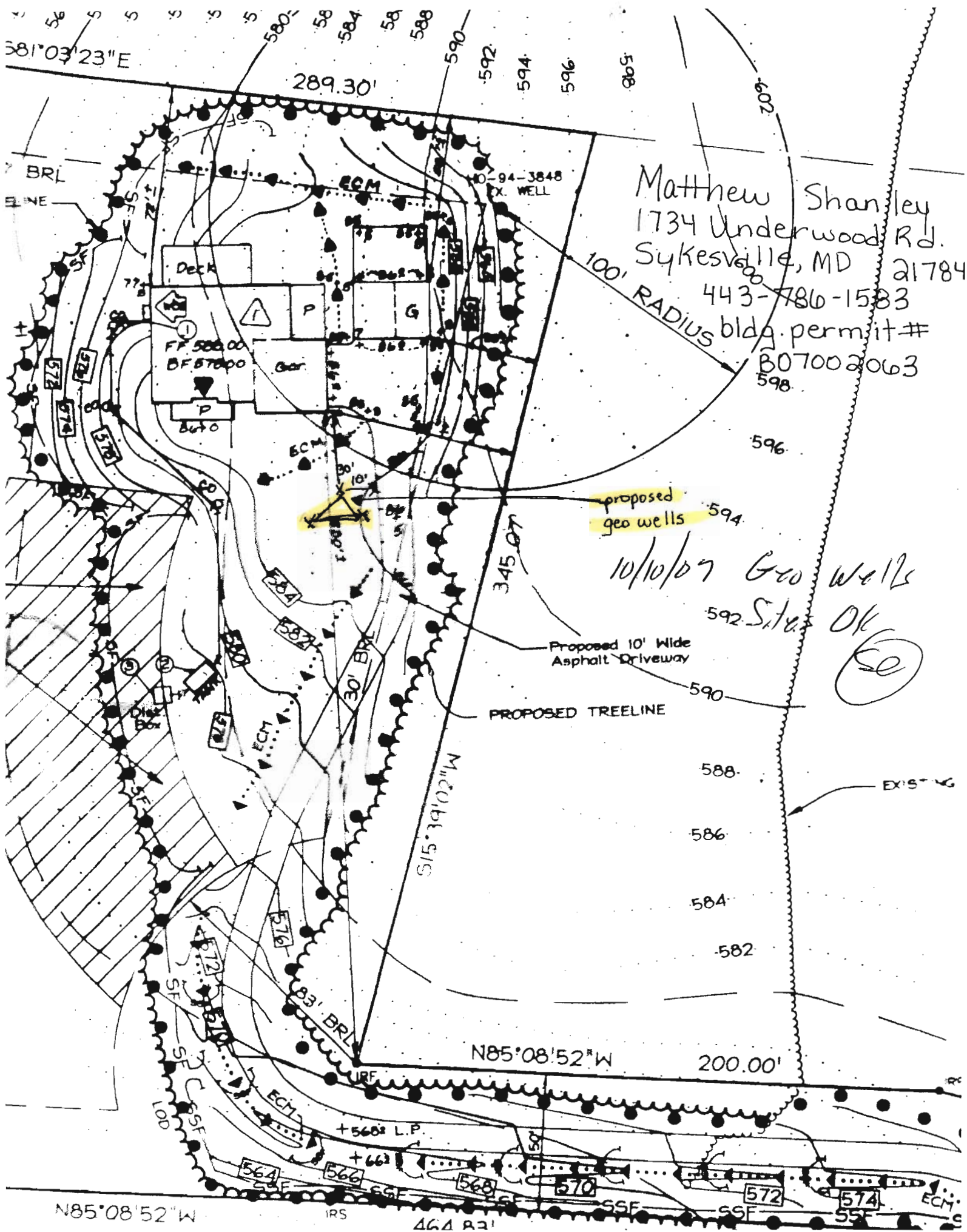
Correct well tag attached properly and casing 8" above finished grade

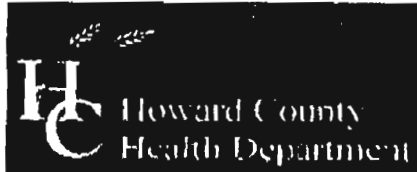
Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

SRG PLATS #42653, #42481







Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2111
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

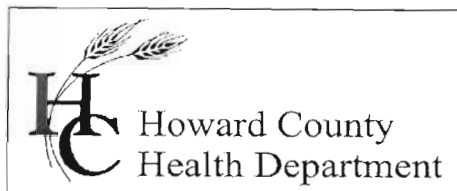
Well Site Location: 1734 Hopedale Dr.
1734 Hopedale Dr. 3 1734 Hopedale Dr.
Subdivision/Property Name Lot# Road Name

☐ The well site has been staked by _____
(professional land surveyor or company employing professional land surveyors)
on _____ (date) and does not require a site inspection.

☒ The well driller, builder or property owner will call the Health
Department to schedule a time to meet in the field to verify the
proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green
well permit application.

Revised 3/11/05



Bureau of Environmental Health
7178 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

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 10, 2008

JBL Construction
8048 Hillsborough Road
Ellicott City, MD 21043

RE: Pipes Property, Lot 3
1734 Underwood Road
Sykesville, MD 21784
BP #: B07002063
Well Permit # HO-94-3848

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 09/21/2007.** **Final approval of the well line connection to the dwelling was approved on 09/07/2007.**

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-94-3848. 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: 01/03/2008
Date of Well Completion: 12/09/2003

Approving Authority,

A handwritten signature in blue ink, appearing to read "Stuart Oster", is written over a light blue rectangular background.

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	66247	Account #:	3123
Reference:	Shanley	Company:	National Water Servicing
Location:	1734 Underwood Road	Requested By:	Dave Rycke
	Sykesville, MD 21784	Source:	Well Water
Date/ Time Collected:	1/3/2008 1106	Site:	Pressure Tank
Date/Time Rec'd:	1/3/2008 1407	Treatment:	None
Chlorine ppm:	Free: ND Total: ND	pH:	5.3
Collected By:	J.Yeager 6176JY	Well #:	HO-94-3848

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2008 / 0825 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	1/4/2008 / 0825 / AD/BD
Nitrate	3.94	mg/L	10	601	1/3/2008 / 1545 / AD/BD
Turbidity	0.89	NTU	<10	SM18 2130B	1/3/2008 / 1545 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	1/3/2008 / 1545 / AD/BD

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH tested on-site

Reason for Test : Use & Occupancy

Building Permit # : B07002063

Date Reported: 1/4/2008