

C 1 6654

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER AS22417

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 08 22 2005

Depth of Well 22 200 26 9/1/05 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 112-95-0077

OWNER Cumberland Development last name first name STREET OR RFD 17157 Hardy Rd TOWN Mt Airy SUBDIVISION Hardy Propts SECTION 2/4/37 LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden and Blue Slate.

GROUTING RECORD Form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) Form with fields for diameter, depth.

SCREEN RECORD Form with fields for screen type or open hole, diameter, depth.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. 1 M SD 162

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 052

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

DEPTH (nearest ft.) Table with columns 1-21 and rows A-C, E-N. Includes slot size and diameter of screen.

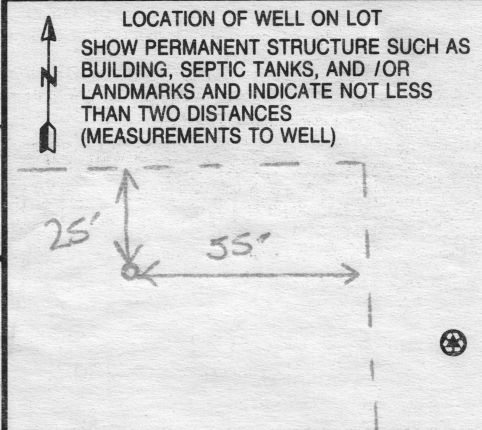
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 1125

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0077

522509 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY '13

Cumberland Development

16391 A.E. Mullinix Road

Woodbine MD 21797

B 3

LOCATION OF WELL

Howard COUNTY

Hardy Property

SECTION LOT

Mount Airy

MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

Michael D. Isom M SD 162

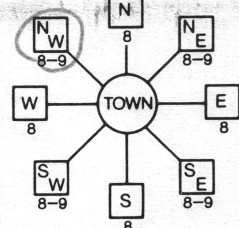
G. Edgar Harry Sons' Corp.

12047 Falls Road, Cockeysville 21030

Signature Date 5/31/05

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD St Michaels Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 300 FT

TAX MAP: 7 BLK: 8 PARCEL 37

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
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 AS22417 COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/26/05 CO SIGNATURE EXP. DATE 7/26/06
NORTH GRID 548 000 EAST GRID 768 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. HO-95-0077

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

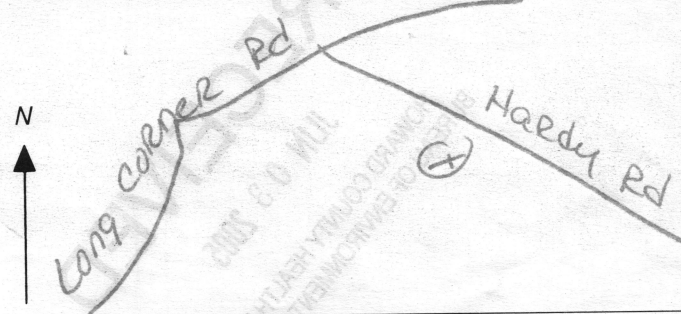
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760 768
N 550 548

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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: Cumberland HCo Telephone #: 301 854-6838
Address: 16391 A.E. Mullinix 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): 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: Curtis Cumberland Telephone #: 301 282-1122
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0077
Site Address: 17201 Hardy Rd Mt. Airy MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Myers</u>	Make: <u>Camble</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25T52-5</u>	Model#: <u>B-10x</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200"</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 <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>6'</u> <i>yes</i>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve (5 foot minimum): <u>6'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed 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 of company representative responsible for installation: Curtis Cumberland date: 7/6/2006

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

Date Insp. Requested: 2/9/06 Date Insp. Approved: 2/10/06 GAC

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

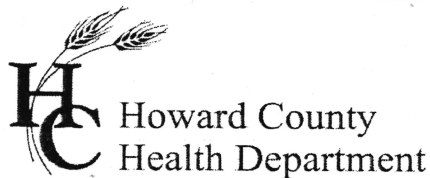
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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

June 2, 2006

Cumberland Development, Inc.
16391 A. E. Mullinix Road
Woodbine, MD 21797

RE: 17201 Hardy Road
Mt. Airy, MD 21771
BP #: B00156488
Well Permit # HO-95-0077

Dear Mr. & Mrs. Das:

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 02/09/2006. Final approval of the well line connection to the dwelling was approved on 02/10/2006.**

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-95-0077. 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: 05/31/2006
Date of Well Completion: 08/22/2005

Approving Authority

Gabriel A. Creighton, R.S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
Mr. Curtis Cumberland
Cumberland Development
16391 A.E. Mullinix Road
Woodbine, Maryland 21797

S/O Number: 07-0438
Report Date: June 1, 2006

TRACE LABORATORIES-EAST

Property Sampled: 17201 Hardy Road**County:** Howard**Subdivision:** N/A**Tax Map #:** 7**Lot #:** N/A**Parcel #:** 535**Building Permit #:** B00156488**Date/Time Collected:** May 31, 2006 at 12:05 pm**Date/Time Received:** May 31, 2006 at 1:25 pm**Sample Location:** Powder Room Tap**Sampler ID:** 6724GP**Samples Iced:** Yes**Residual Cl₂ <0.1 mg/L:** Yes**Well Tag Number:** HO-95-0077**Well Condition:** 2-Piece Cap
Satisfactory**Water Conditioning/Treatment:** NONE

Headquarters
5 North Park Drive
Hunt Valley, MD 21030
Telephone: 410/252-7742
Telephone: 410/584-9099
Fax: 410/584-9117
Email:
tracelab@connext.net
www.tracelabs.com

Maryland State Certified
Water Quality Laboratory
No. 318

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	9.7 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.4 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
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.

June 28, 2005

Mr. Stuart Oster
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Re: 17197 Hardy Road
Parcel 37 Tax Map 7

Dear Mr. Oster:

I hereby certify that on Thursday, June 16, 2005 FSH Associates staked the well site on the above referenced parcel.

Should you have any questions or comments regarding this matter please do not hesitate to contact this office.

Sincerely,
FSH Associates



C. Brooke Miller, P.L.S.



CBM:mlg
CC: File

S:\WORD Documents\FSH Associates\Job Letters\Hardy Road 3333\Oster - well stakeout.doc