

C1 14179 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.

COUNTY NUMBER 13 A32232

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

ST/CO USE ONLY DATE Received 07 16 03

DATE WELL COMPLETED 06 26 2003 Depth of Well 22 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 7/24/03 OK KW H10-94-3688

OWNER Cornerstone Homes STREET OR RFD LUSTER DRIVE TOWN Highland SUBDIVISION Jocelyn Acres SECTION 2 LOT 6

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 117' & 158'.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 120 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. AW D 778

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

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 13 NO. OF POUNDS 1300 GALLONS OF WATER 78

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

Diagram showing casing types: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 75

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

Diagram showing screen types: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) HO 75 200

Table with columns: E A C H S C R E N, 1 2 3, 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 from 60 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 CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 8 9

PUMPING RATE (gal. per min.) 14.64 11 15

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 37 17 20 ft.

WHEN PUMPING 37 22 25 ft.

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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, (-) below LAND SURFACE (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)

NA show well location Called on 7/25/03 Driller said will locate well on this sheet next time

B 1 0233  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

518639 please type

HD-94-3688  
fill in this form completely 79

Date Received (APA)  
04/24/03  
8. MM DD YY 13

OWNER INFORMATION

15 Last Name Owner First Name 34  
Cornerstone Homes  
36 9691 Norfolk Avenue Street or RFD 55  
57 Laurel MD 20723 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

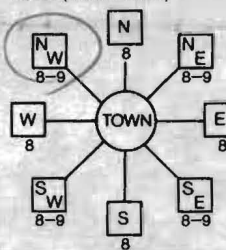
8 COUNTY 21 Howard  
23 SUBDIVISION 42 Jocelyn Acres  
SECTION 2 44 46 LOT 6 48 50  
52 NEAREST TOWN 71 Highland  
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name 76 License No. 81  
Sandy B Cochran MWD 120  
Firm Name  
G Edgar Harr Sons Corp  
Address  
12047 Falls Rd Cockeysville 21039  
Signature Date  
Sandy B Cochran 4-15-03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30 Luster Drive  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 34 BLK: PARCEL 61

B 2 WELL INFORMATION

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A32232  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 5/6/03 KACU MOORE 5/6/04  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 50 493000 EAST GRID 57 804000

APPROXIMATE DEPTH OF WELL 250 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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  
39  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 DEEPEN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

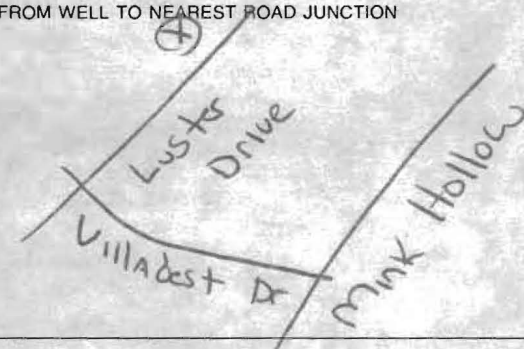
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. Well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8004  
N 4903  
000  
000

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)

APPROX. PERMIT NUMBER G  
PERMIT No. HD-94-3688  
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: ARCrowell Telephone #: 410-715-9565  
Address: P.O. BOX 423  
JOUROS MD 20769

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Robert Crowell License# 0980

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: John Carrus Telephone #: 410-531-1391  
Subdivision: JACOBUS ACRES Lot #: 6 Well Tag #: HO-94-3688  
Site Address: 6647 Luster Drive  
Hickory MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: JACOBUS Make: American Gravity Two piece watertight cap: Yes  
Model #: T53479XV-S2 Model#: 07800 Screened, vented well cap: Yes  
Pump Capacity 7 GPM Depth: 36" (36" min) Cap secured to casing: Yes  
Well Yield: 16 GPM NSF/WSC approved: Y Conduit min 18" B.G.: Yes  
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: Yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Any  
PSI: 200 (160 psi min)  
Depth of supply line: Y (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 10'  
Sleeve caulked and sealed properly: Yes

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.

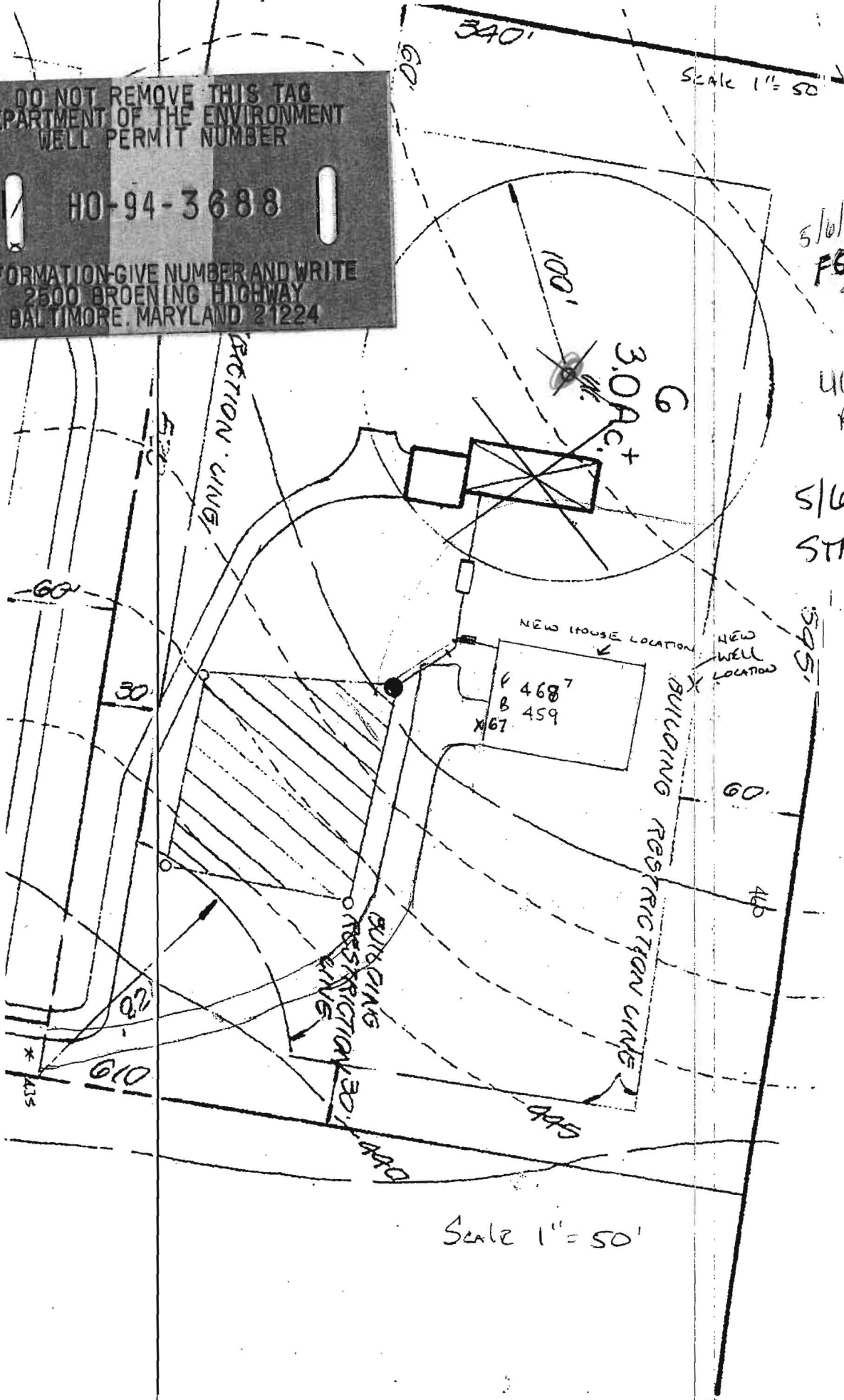
[Signature] 7-28-05  
Signature of company representative responsible for installation date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 11/17/04 Inspector: BB  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

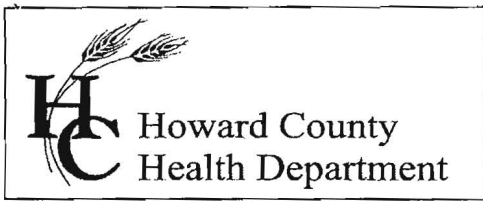
*Needs well barrier*

DO NOT REMOVE THIS TAG  
 DEPARTMENT OF THE ENVIRONMENT  
 WELL PERMIT NUMBER  
 HO-94-3688  
 INFORMATION-GIVE NUMBER AND WRITE  
 2500 BROENING HIGHWAY  
 BALTIMORE, MARYLAND 21224



5/6/03  
 FSC  
 Staking  
 site  
 461-2855  
 Randy  
 5/6/03  
 STAKED  
 BY  
 LICENSED  
 ENGINEER  
 (KN)

Scale 1"=50'



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

**Pennv E. Borenstein. M.D., M.P.H. Health Officer**

July 29, 2005

John & Andrea Connors  
6753 Cortina Drive  
Highland, MD 20777

**SENT VIA FACSIMILE 410-792-2567**

RE: Jocelyn Acres, Lot 6  
6647 Luster Drive  
Highland, MD 20777  
BP #: B00148693  
Well Permit # HO-94-3688

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 10/28/2004. Final approval of the well line connection to the dwelling was approved on 11/17/2004. Homeowner has agreed that within 30 days he will install a well barricade between driveway and well casing.**

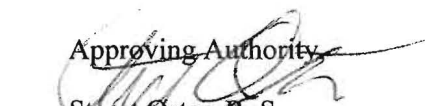
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

**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-94-3688. 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): 07/25/2005  
Date of Well Completion: 06/26/2003

Approving Authority  
  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**  
 143 Old Emerytown Rd., Westminster, MD 21157 (410) 848-1111 (410) 876-1551 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 55696 Account #: 1567  
 Reference: Lot 6 Company: Cornerstone Homes  
 Location: 6647 Luster Drive Requested By: John Connors  
 Highland, MD 20777 Source: Well Water  
 Date/ Time Collected: 07/25/05 1400 Site: Kitchen Sink Tap  
 Date/Time Rec'd: 07/25/05 1508 Treatment: None  
 Chlorine ppm: Free: ND Total: ND pH: 6.5  
 Collected By: J.Yeager 6176JY Well #: HO-94-3688

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/26/05 / 1100 / C. Mooshian
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	07/26/05 / 1100 / C. Mooshian
Nitrate	1.41	mg/L	10	601	07/26/05 / 0900 / B. Dutterer
Turbidity	0.52	NTU	<10	SM18 2130B	07/26/05 / 0925 / B. Dutterer
Sand	NS	mg/L	5	Visual/Gravimetric	07/26/05 / 0925 / B. Dutterer

**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 # : B00148693

Date Reported: 07/26/05

**CORNERSTONE HOMES, INC.**

**FACSIMILIE COVER SHEET**

9695 Norfolk Avenue  
Laurel, MD 20723

Phone # 410/792/2565

Fax # 410/792/2567

TO: Stuart	FROM: John Connors
AT:	DATE: 7/20/2005
RE: 6647 Luster Drive	NUMBER OF PAGES: (INCLUDING COVER SHEET)

Urgent     Please Reply/Comment     For Your Information/Review

**MESSAGE:**

Please be advised a barricade will be placed between driveway and well casing within 30 days.

Thankyou,

John Connors

*Luster Ct*