

1 0505 SEQUENCE NO. (DENV USE ONLY)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A# 37587

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 061987 Depth of Well 345 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0181

OWNER SCARORN JAMES last name first name
 STREET OR RFD ISLE OF MANN WAY TOWN HIGHLAND
 SUBDIVISION KORNOAN GARDENS EST SECTION 1 LOT 7

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	
SAND Stone	0	47	
Crystalline rock	47	345	
Drill with 400'			
Filled in with cement & drilling mud			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 41 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING
 Nominal diameter top (main) casing (nearest inch) 57
 Total depth of main casing (nearest foot) 52

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 110 51 45
 2
 3

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 10.17.13 "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 IDENT. NO. 235

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

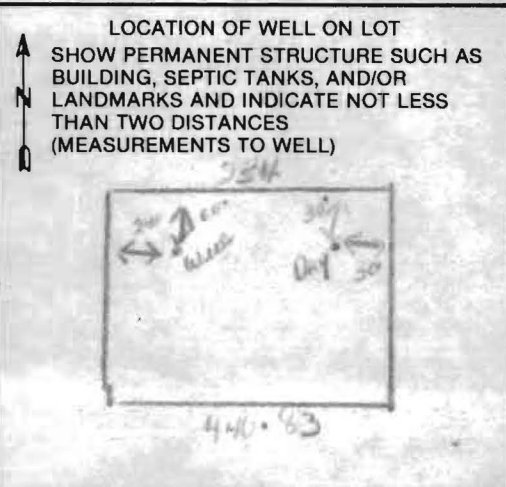
C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 1
 PUMPING RATE (gal. per min. to nearest gal.) 1-1
 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 27
 WHEN PUMPING 255

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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }



B 1 1262

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

70 0-88-0181 79 fill in this form completely

Date Received (APA)

072088

OWNER INFORMATION

Owner: SAMPLE, Street or RFD: 7111, Town: 70, State: 72, Zip: 76

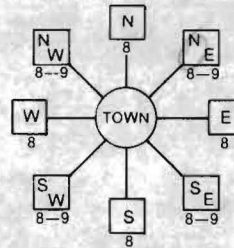
B 3 LOCATION OF WELL

8 COUNTY: 21, 23 SUBDIVISION: 42, SECTION: 44-46, LOT: 48-50, 52 NEAREST TOWN: 71, MILES FROM TOWN: 73-78

DRILLER INFORMATION

Driller's Name: Joseph L. Wayne, License No. 80: 235, Firm Name: Joseph L. Wayne, 10114 Dr... 5512 Ridge Rd. Int. G... 2177-1, Address, Signature, Date: 7/15/88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 Isole of Mann way 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, SOUTH, EAST

34 270 37 DISTANCE FROM ROAD ENTER FT or MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL), T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD, COUNTY NO.: 37589, STATE SIGNATURE, DATE ISSUED: 090188, CO SIGNATURE, EXP. DATE: 9/1/89, NORTH GRID: 492000, EAST GRID: 0811000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH, NEAREST INCH

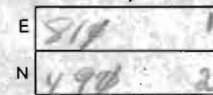
METHOD OF DRILLING (circle one)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE): 41, 52

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER: 54 GAP 63

FORCE: 67, 68, WRITE INITIALS IN BOX, PERMIT No.: 70-88-0181

SPECIAL CONDITIONS

6/19/89 9:30 6 Mo. Exp. New, 6-19-89 12:15 pm 1ft above ground, 52 ft casing, 41 ft open hole, 11 bags cement, 3 bags 1 dry hole grouted



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

52 casing
 11 bags
 41 open

Well Permit No. HO - 88-0181
 Location of property (road) ISLE OF MANN WAY
 Subdivision KOANDAH GARDENS EST. Lot 7 Block - Plat - Sec. 1
 Well Driller J.L. MAYNE Owner SANBORN

Depth of well 345'
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 27'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 15 gpm.
 Total time 45 MIN to reach pumping water level 255 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE, time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	145'	4 sec.	N/A	15
8:00	201	4		15
8:15	255	5		12
8:30	255	58		1.1
8:45	255	58		1.1
9:00	255	58		1.1
9:15	255	58		1.1
9:30	255	58		1.1
9:45	255	58		1.1
10:00	255	58		1.1
10:15	255	58		1.1
10:30	255	58		1.1
10:45	255	58		1.1
11:00	255	58		1.1
11:15	255	58		1.1
11:30	255	58		1.1
11:45	255	58		1.1
12:00	255	58		1.1
12:15	255	58		1.1
12:30	256	58		1.1
12:45	256	57		1.1
1:00	255	57		1.1
1:15	255	57		1.1
1:30	255	57		1.1
HD-224:45	255	57	over	1.1
2:00	255	57		1.1

6/19/89 7:30 AM

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0181
Location of property (road) ISIE OF MANN WAY
Subdivision KOANDAH GARDENS, EST. Lot 7 Block Plat Sec. 1
Well Driller J.L. MAYNE Owner SANBORN

Depth of well 345 ft
Distance of measuring point (M.P.) above ground 1 ft
Static water level (S.W.L.) below M.P. 27 ft

52 | 60
 | 52
 | 80
 | 52
 | 28

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 15 gpm
Total time 45 min to reach pumping water level 255 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE / time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
			N/A	
<u>12:18</u>	<u>256 ft</u>	<u>58 sec</u>		<u>1.1 gpm</u>
<u>12:29</u>	<u>256 ft</u>	<u>52 sec</u>		<u>1.1 gpm</u>
<u>12:39</u>	<u>256 ft</u>	<u>57 sec</u>		<u>1.1 gpm</u>

6-19-89
Pump set at 300 ft,
Water sample taken
at 12:15 pm. Appears
clear. Location OK. (EN)
H1903

Well #1

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: BEN LEWIS INC Telephone #: 3014383500
Address: 23407 FREDERICK RD
CLARKSBURG, MD 20871

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Mark Bonersky License# _____
*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: DENNIS DANNER Telephone #: 3013840897
Subdivision: KOANDAH GAROCH EST Lot #: 7 Well Tag #: HO-88-0181
Site Address: 1305 ISLG DEMANN WAY
Highland, MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Waterford Two piece watertight cap:
Model #: 55515422 Model#: _____ Screened, vented well cap:
Pump Capacity 5 gal GPM Depth: 42 (36" min) Cap secured to casing:
Well Yield: 3 GPM NSF approved: yes Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 4.75 (feet) Conduit secured to well cap:
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 House Connection
Type: Bk. Well pipe PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 200 (160 psi min) Approximate length of sleeve: 4'
Depth of supply line: 72 (36" min) 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.

Mark Bonersky 3/29/05
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: 7/6/04 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



Howard County
Health Department

7178 Columbia 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

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 31, 2005

Danner Development
Attn: Dennis Danner
1006 Paris Ridge Drive
Spencerville, MD 20868

RE: Koandah Gardens, Lot 7
13105 Isle of Mann Way
Highland, MD 20777
BP # B00145134
Well Permit #s (2) HO-88-0181
HO-88-0951

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 07/06/2004. Final approval of the well line connection to the dwelling was approved on 07/06/2004.**

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 #s HO-88-0951 and HO-88-0181. 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: 03/02/2005 (HO-88-0951) & 03/11/2005 (HO-88-0181)
Date of Well Completion: 10/03/1989 (HO-88-0951) & 06/19/1989 (HO-88-0181)

Respectfully,



Kacie Noonan, R. S.
Well and Septic Program

KN/mlb

cc: Building Inspector's Office
Community Services Program
File

