

C1 0687

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 42-206

DATE RECEIVED 09 14 2001

DATE WELL COMPLETED 09 14 2001

DEPTH OF WELL 400 (TO NEAREST FOOT)

PERMIT NO. HO 94-3224

OWNER Patriot Homes, STREET OR RFD 12707 Maryvale Ct, TOWN Glenlyon, SUBDIVISION Second Discovery, SECTION, LOT 16

WELL LOG

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 138' & 210'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 17, NO. OF POUNDS 1700, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 48 to 58 ft.

CASING RECORD

MAIN CASING TYPE PL, Nominal diameter 6, Total depth 69

OTHER CASING (if used) diameter, depth

SCREEN RECORD

DEPTH (nearest ft.) HO 69, 400, A 8-11, C 23-26, S 38-41, R 45-47, E 51, N, DIAMETER OF SCREEN 56-60

PUMPING TEST

HOURS PUMPED 3, PUMPING RATE 9.6, METHOD USED TO MEASURE PUMPING RATE Submersible, WATER LEVEL 38 ft before, 174 ft when pumping, TYPE OF PUMP USED S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED PLACE HO, CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT + above, LAND SURFACE 1 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, E ELECTRIC LOG OBTAINED, P TEST WELL CONVERTED TO PRODUCTION WELL

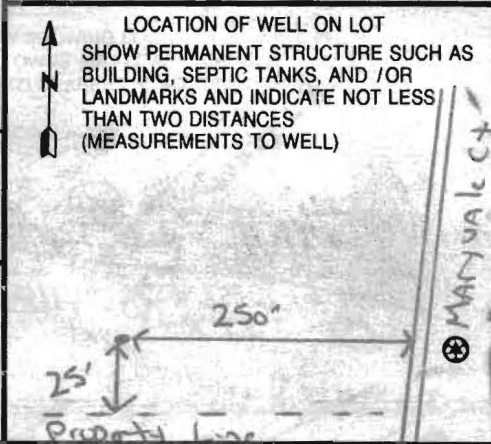
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MWD 399, DRILLERS SIGNATURE (WASHER PAVELL)

LIC. NO. M-D 241, SITE SUPERVISOR (WASHER PAVELL)

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



**B 1** 9851 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER H0-94-3224  
 1 2 3 6 70 79  
 please print or type fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) \_\_\_\_\_  
 8 MM DD YY 13  
 15 Last Name Patriot Homes Owner First Name 997-5522 34  
 36 Street or RFD Po Box 1018 55  
 57 Town Columbia MD State 70 Zip 21044 76

**B 3 LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION Second Discovery 42  
 SECTION 44 46 LOT 16 48 50  
 52 NEAREST TOWN Coleely 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name Paul M. Fabiszak M W D 3 9 9 76 License No. 81  
 Firm Name G. Edgar Harr Sons' Corp  
 Address 12047 Falls Rd Cockeysville 21030  
 Signature Paul M. Fabiszak Date 5/16/01

**B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 1 2  
 11 NEAR WHAT ROAD 12707 Maryvale Ct 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 22 BLK: 23 PARCEL 45

**B 2 WELL INFORMATION**  
 1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

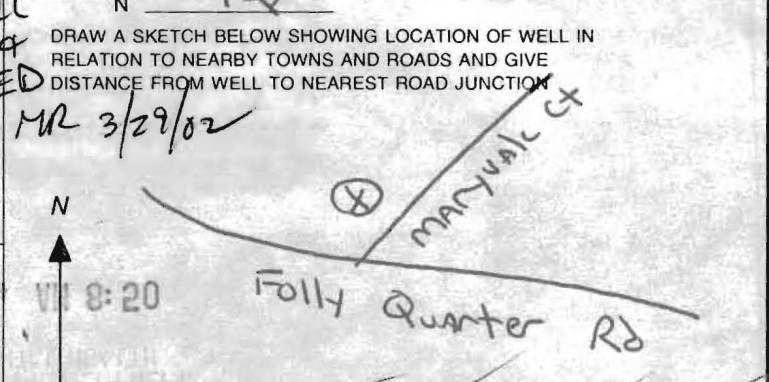
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. A42206  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_  
 DATE ISSUED 8/29/01 Rudolph [Signature] 8/29/03 41  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 519 0 0 0 EAST GRID 0812 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 8102  
 N 5100 ← 000 000

**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)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 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 as a well for separate sprinkler system  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 H0-88-1124 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. H0-94-3224 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 as old well will be on a separate sprinkler system, the new well will be the only potable water well  
 a yield test and water quality testing for ICOP. 8/29/01





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: Van Sant P&H Telephone #: 301-929-0444  
Address: 3 W. Main St.  
MD 21771

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

License # and name of individual responsible for the field installation:  
Name (Print): Van Sant P&H & ITC Inc. License# 1467

\*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: Kayla Telephone #: \_\_\_\_\_  
Subdivision: Second Discovery Lot #: 16 Well Tag #: HO-94-3224  
Site Address: 12707 Maryland Ct.  
Silver Spring, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Galda Make: Campana Two piece watertight cap:   
Model #: 76310822 Model#: 3-10x Screened, vented well cap: \_\_\_\_\_  
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 Sable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

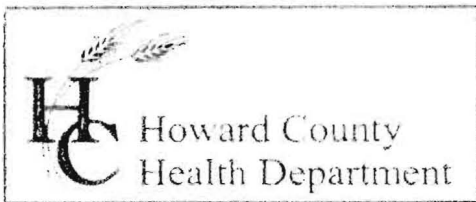
Piping to house House Connection  
Type: Polyethylene PVC sleeved to undisturbed soil at wall penetration: Ultratac  
PSI: 7200 (160 psi min) Approximate length of sleeve: 4'  
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly:

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 12/16/03

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

Date Insp. Requested: 9/13/02 Date Insp. Approved: 9/13/02 (50) 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   
12/16/03  
O.K.  
(50)  
BB



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: [www.hchealth.org](http://www.hchealth.org)

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

April 27, 2004

Mr. Fred Kunkle  
10211 Wincopin Circle  
Columbia, Maryland 21044

RE: Water Sampling

Dear Mr. Kunkle:

This letter is to address the status of the existing water supply well # HO-94-3224 at your residence. Recently, building permit number B00146963 was signed off (i.e., approved) to allow for construction of a new dwelling for the property at 12707 Maryvale Court. The Health Department recommends that prior to occupying the new dwelling that you resample the existing (previously potable) supply well. This service will be offered to you at no charge by contacting the Community Services Program at (410) 313-1773 to set up an appointment for sampling.

In the interim, if questions regarding the well or related aspects of this rebuilding process occur, contact Bert Nixon or me at (410) 313 - 2640.

Respectfully,

A handwritten signature in black ink, appearing to read 'John A. Boris, Jr.', is written over the typed name.

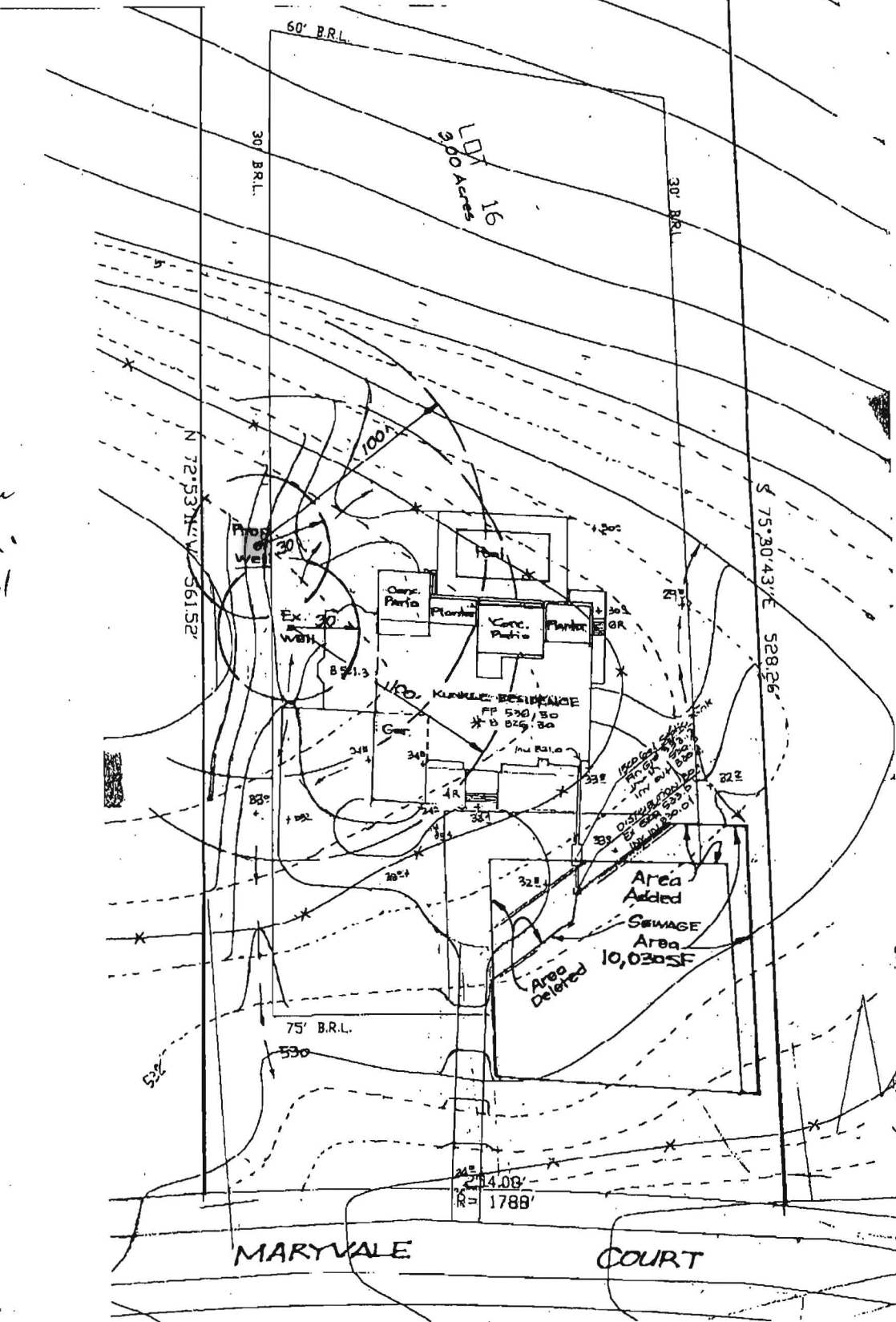
John A. Boris, Jr., R.S, Supervisor  
Well and Septic Program

JAB

Post-it Fax Note	7671	Date	8-17	# of pages	1
To	Choy	From	B.L.		
Co / Dept.	Parliot	Co			
Phone #		Phone #			
Fax #		Fax #			

10°E 232.34'

approved per site plan. 8/29/01







B 1 6360 SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

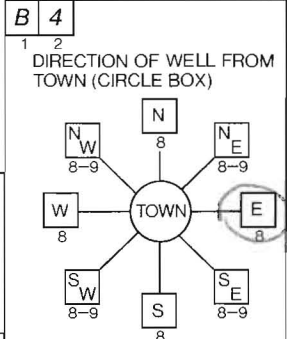
STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
40-88-1179  
fill in this form completely

Date Received (APA) 122889  
OWNER INFORMATION  
Sec Dis Lid Harther  
8207 Main Street  
Millersville City Md 211043

B 3 LOCATION OF WELL  
Howard  
8 COUNTY  
23 SUBDIVISION Second Discovery  
SECTION 1 LOT 16  
Glenn  
52 NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION  
Frank Delph 453  
Driller's Name License No. 80  
Frank Delph Well Drillers Inc  
1324 Penn St. Ft. M. Army Md  
Frank Delph 12/19/89  
Signature Date



Maryvale Court  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH, WEST, SOUTH, EAST  
DISTANCE FROM ROAD 175 FT  
ENTER FT or MI

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  
Howard  
COUNTY NAME  
A42206  
COUNTY NO.  
STATE SIGNATURE  
DATE ISSUED 012589  
CO SIGNATURE Mark E. Rifkin  
EXP. DATE 7/25/90  
NORTH GRID 519000  
EAST GRID 0812000

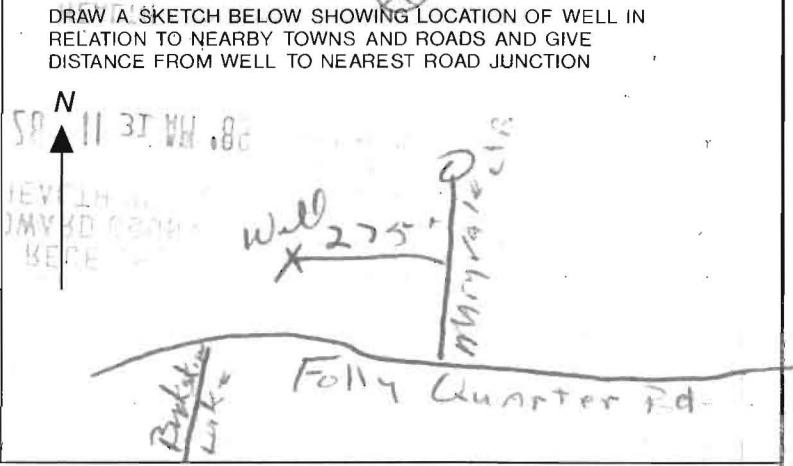
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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  
1. Well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 812  
N 519  
000 well

REPLACEMENT OR DEEPEINED 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  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE HIR WRITE INITIALS IN BOX PERMIT No. 40-88-1179

SPECIAL CONDITIONS

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1174  
 Location of property (road) Maryvale Ct  
 Subdivision SECOND DISCOVERY Lot 16 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Deph Owner 2ND DISC Lpt. Part

Depth of well 305 ft  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 0845 Pumping rate 12 GPM  
 Total time 30 Min to reach pumping water level 135' 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 $\beta'$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:05	135'	30 sec	N/A	2 GPM
9:30	135'	30 sec		2 GPM
9:45	135'	30 sec		2 GPM
10:00	125'	30 sec		2 GPM
10:15	125'	30 sec		2 GPM
10:30	125'	30 sec		2 GPM
10:45	125'	30 sec		2 GPM
11:00	125'	30 sec		2 GPM
11:15	125'	50 sec		2 GPM
11:30	125'	30 sec		2 GPM
11:45	125'	30 sec		2 GPM
12:00	125'	30 sec		2 GPM
12:15	125'	50 sec		2 GPM
12:30	105'	30 sec		2 GPM
12:45	125'	50 sec		2 GPM
1:00	125'	30 sec		2 GPM
1:15	125'	30 sec		2 GPM
1:30	125'	30 sec		2 GPM
1:45	125'	30 sec		2 GPM
2:00	125'	30 sec		2 GPM
2:15	135'	30 sec		2 GPM
2:30	125'	30 sec		2 GPM
2:45	125'	30 sec		2 GPM
3:00	135'	30 sec		2 GPM

26 GPM  
 30 sec  
 125'