

C1 14356 SEQUENCE NO. (MDE USE ONLY) 13  
 1 2 3 6  
 (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 TYPE

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

COUNTY NUMBER W517968

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 8 13

DATE WELL COMPLETED

MM DD YY  
 5/2/03

Depth of Well

22 400 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 OK MR 6/6/03 40-94-3599  
 28 29 30 31 32 33 34 35 36 37

OWNER Miller James  
 STREET OR RFD 12457 Kondrup Drive TOWN Fulton  
 SUBDIVISION BEAUFORT ESTATES SECTION LOT 19

**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	
Topsoil	0	4	
Tan shale	4	11	
Tannish/brown Shale	11	19	
Brown shale	19	27	
Brown slate	27	48	✓
Gray micg	48	400	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

- 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.

DRILLERS LIC. NO. 1 MWD 040  
 George F. Edsteading  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JWD 727  
 Fallis

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

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 45 46 14 NO. OF POUNDS 45 46 1100

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot)  
 from 48 TOP 0 ft. to 54 BOTTOM 30 ft. 58  
 (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE 54  
 Nominal diameter top (main) casing (nearest inch)! 6  
 Total depth of main casing (nearest foot) 42  
 60 61 63 64 66 70

OTHER CASING (if used) diameter inch depth (feet) from to  
 E A C H I N G

**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.)

1 2 HO 40 400  
 E 1 8 9 11 15 17 21  
 C 2 23 24 26 30 32 36  
 S 3  
 R 38 39 41 45 47 51  
 E  
 N SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 400 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

**PUMP INSTALLED**

DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or 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 LAND SURFACE  
 - below 2 (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)



B 1	<b>8410</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 517968 please type	STATE PERMIT NUMBER <b>HO-94-3599</b> <small>fill in this form completely</small>
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**OWNER INFORMATION** 9361

Date Received (APA) 12 06 02  
8 MM DD YY 13

**MILLER JAMES**  
15 Last Name Owner First Name 34  
**12466 KONDRUP DRIVE**  
36 Street or RFD 55  
**FULTON, MD 20753**  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard COUNTY OK CC#  
8 COUNTY 21  
Beaufort Estates  
23 SUBDIVISION 42  
SECTION 19 LOT 19  
44 46 48 50  
Fulton  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

**DRILLER INFORMATION**

George F. Easterday M WD 040  
Driller's Name 76 License No. 81  
L. Franklin Easterday, Inc.  
Firm Name  
9265 Brown Church Rd., MT. Airy, Md. 21771  
Address  
George F. Easterday 12/4/2002  
Signature Date

**WELL LOCATION**

12466 Kondrup Drive  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W EAST E  
SOUTH S  
34 200 37  
DISTANCE FROM ROAD FT.  
ENTER FT OR MI 38 39  
TAX MAP: 45 BLK: 6 PARCEL 14

**WELL INFORMATION**

B 2 APPROX. PUMPING RATE 5  
1 2 (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED 500  
(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 COUNTY NAME W517968 COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 12/6/02 Mark E. Riffin 12/6/03  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 480 0 0 0 EAST GRID 0820 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820  
N 480

**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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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

18 E 6  
Fulton

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

APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
PERMIT No. HO-94-3599  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS WELL ON LOT 19 TO SERVE OWNER ON LOT 14

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 2965

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 A42922

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

060795

060595

403

HQ-94-0468

OWNER Namieb Corp. STREET OR RFD Kondrop Drive TOWN Fulton SUBDIVISION Beaufort Estates SECTION LOT 15

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Mica, Blue & Br. Sandstone, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (S, T), Nominal diameter top (main) casing, Total depth of main casing, OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (S, T, BR, HO, PL, OT), DIAMETER OF SCREEN

C 3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED, PUMP INSTALLED

C 2

DEPTH (nearest ft.)

Table for recording depth measurements in feet, with columns for different depth ranges.

CASING HEIGHT (circle appropriate box and enter casing height), 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)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

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

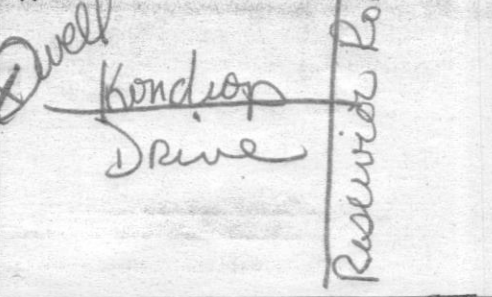
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 256, DANA KYKER JR II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 256, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0468  
 Location of property (road) Kondrop Drive  
 Subdivision Beaufort Estates Lot 15 Block      Plat      Sec.       
 Well Driller D. Kyker Owner Namleh Corp.

Depth of well 403 feet  
 Distance of measuring point (M.P.) above ground 2 feet  
 Static water level (S.W.L.) below M.P. 24 feet

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 am Pumping rate 2 gpm  
 Total time 6hrs to reach pumping water level 315 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 $\times$ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	24'	5 sec.		12
8:45	145'	5 sec.		12
9:00	221'	6 sec.		10
9:15	284'	6 sec.		10
9:30	310'	7 sec.		8.5
9:45	347'	30 sec.		2
10:00	345'	30 sec.		2
10:15	344'	30 sec.		2
10:30	342'	30 sec.		2
10:45	340'	30 sec.		2
11:00	338'	30 sec.		2
11:15	336'	30 sec.		2
11:30	334'	30 sec.		2
11:45	332'	30 sec.		2
12:00	331'	30 sec.		2
12:15	330'	30 sec.		2
12:30	329'	30 sec.		2
12:45	328'	30 sec.		2
1:00	326'	30 sec.		2
1:15	325'	30 sec.		2
1:30	324'	30 sec.		2
1:45	323'	30 sec.		2
2:00	322'	30 sec.		2
2:15	321'	30 sec.		2





**B 1** **7886** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER  
 APPLICATION FOR PERMIT TO DRILL WELL please print or type **40-94-0468**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) <sup>70</sup> fill in this form completely <sup>79</sup>

**OWNER INFORMATION**  
 Date Received (APA) **041795**  
**NAMLER CORP**  
 15 Last Name 13 Owner First Name 34  
**659 MAJORS LANE**  
 36 Street or RFD 55  
**COLUMBIA** **MD21045**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
**SEAFOOT ESTATES**  
 23 SUBDIVISION 42  
 SECTION **1** LOT **25**  
 44 46 48 50  
**FAULTON**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** MI  
 73 76 77 78

**DRILLER INFORMATION** MSD/MGD/MWD  
**DANA KYLES** **256**  
 Driller's Name 77 License No. 80  
**WISMINUTE ROTARY WELL DRILLING**  
 Firm Name  
**P.O. BOX 861 WISMINUTE, MD 21158**  
 Address  
**Dana Kyles JH 083 4-13-95**  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**100**  
 34 DISTANCE FROM ROAD 37  
 ENTER FT OR MI **FT**  
 38 39  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 1 2 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**  
 14 20

**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** **A42922**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
 DATE ISSUED **050595** **C. Weller** **05/04/96**  
 43 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **477000** EAST GRID **0816000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET  
 24 28

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 \_\_\_\_\_

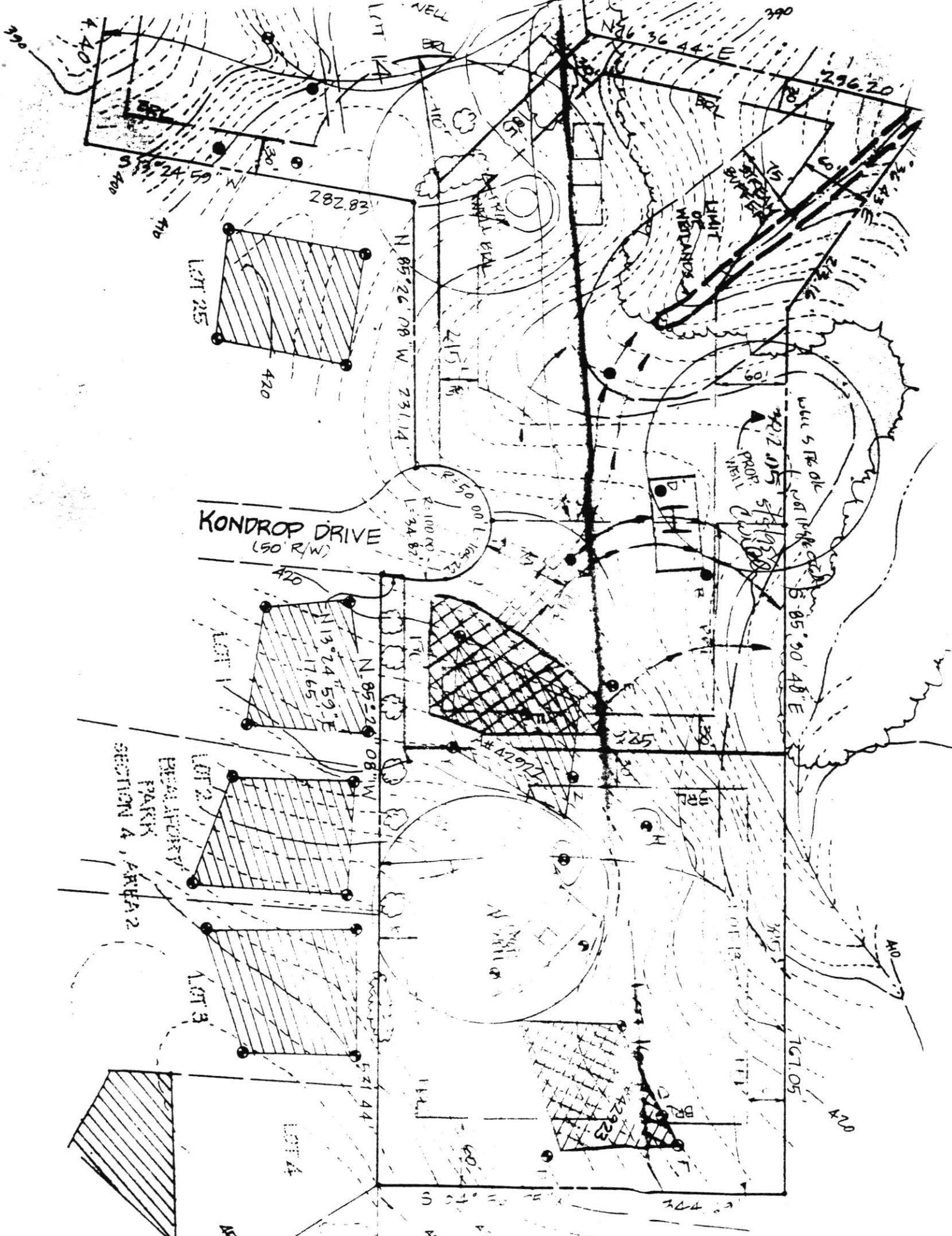
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **City**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 000 000

**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  
 **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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 000 000

**Not to be filled in by driller (OEP USE ONLY)**  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE  WRITE INITIALS IN BOX PERMIT No. **40-94-0468**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



KONDROP DRIVE  
(90' R/W)

REGULATORY  
PARK  
SECTION 4, AREA 2

LOT 225

LOT 1

LOT 2

LOT 3

LOT 4

WELL 5 PROPOSED

LIMIT OF MEADOWS

WELL 1

WELL 2

WELL 3

WELL 4

R=50.00' L=106.22'  
R=100.00' L=34.82'

C11 2700 SEQUENCE NO. (MDE 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

45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 42922**

ST/CO USE ONLY  
 DATE Received  
**JUN 27 1995**

DATE WELL COMPLETED  
**060595**

Depth of Well  
**403**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HC-94-0468**

OWNER **Namieb Corp.**  
 STREET OR RFD **12457 Kondrop Drive** TOWN **FULTON**  
 SUBDIVISION **Beaufort Estates** SECTION **15** LOT **19**

**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	
Dirt	0	1	
Soft Br. Mica	1	50	
Soft Br. Mica	50	51	X
Soft Br. Mica	51	60	
Blue & Br. Sandstone	60	80	
Br. Sandstone	80	81	X
Blue Mica	81	175	
Opening	175	176	X
Blue Mica	176	403	

**GROUTING RECORD** (yes no)  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **15** NO. OF POUNDS **1410**  
 GALLONS OF WATER **90**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **61** ft.  
 (enter 0 if from surface)

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

**MAIN CASING TYPE**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **63**

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

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

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED **Y** **N**

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.

TYPE: MWD/MSD/MGD  
 DRILLERS LIC. NO. **256**  
**DANA KYKER JR II**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Dana Kyker Jr**  
 LIC. NO. **256**

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

**DEPTH (nearest ft.)**

E	1	<b>H</b>	<b>O</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>3</b>
A	8	9	11	15	17	21		
C	23	24	26	30	32	36		
H								
S								
R								
E	38	39	41	45	47	51		
N								

SLOT SIZE 1 **2** 3  
 DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

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  
 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min.) **2**  
 METHOD USED TO MEASURE PUMPING RATE **submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **24** ft.  
 WHEN PUMPING **315** 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

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP 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 **2** (nearest foot)  
**-** below

**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)  
**Well Kondrop Drive**  
**Riverside Road**

B 1 7886 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

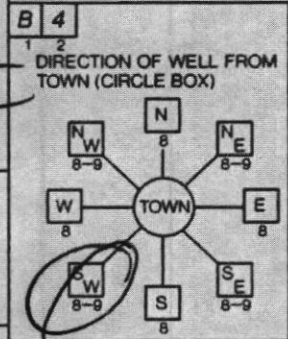
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-0468 fill in this form completely

OWNER INFORMATION Date Received (APA) 041795 OWNER NAME NAMLER CORP OWNER FIRST NAME GUY MATCOBS LANE STREET OR RFD COLUMBIA MD 21045 TOWN STATE ZIP

LOCATION OF WELL HOWARD COUNTY 25 SUBDIVISION 1 46 LOT 15 48 50 NEAREST TOWN HULTON MILES FROM TOWN 1 MI

DRILLER INFORMATION DRILLER NAME Dana Kyles License No. 2356 FIRM NAME D. B. Box 861 University, Md 21158 ADDRESS 4-B95 SIGNATURE DATE



DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD KONROOP DRIVE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SOUTH DISTANCE FROM ROAD 700 ENTER FT OR MI 71 TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 450

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A42922 COUNTY NAME STATE SIGNATURE DATE ISSUED 050595 CO SIGNATURE EXP. DATE 05/04/96 NORTH GRID 477000 EAST GRID 0816000

- 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)

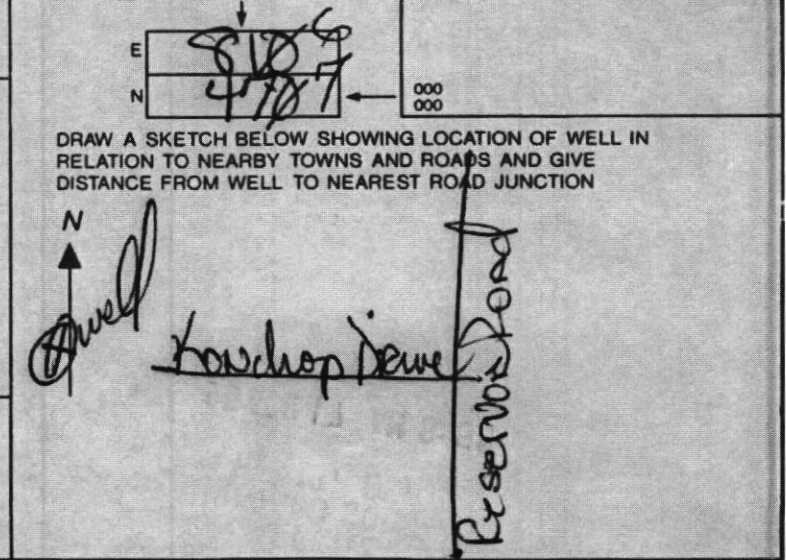
APPROXIMATE DEPTH OF WELL 200 FEET

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

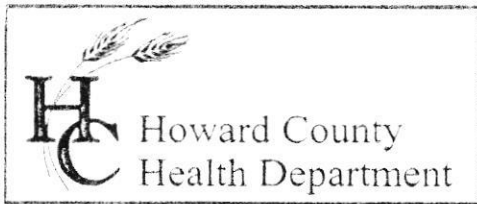
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. City 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS 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 CW WRITE INITIALS IN BOX PERMIT No. 40-94-0468

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - ORIGINAL-STATE



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

December 6, 2002

Mr. James Miller  
12466 Kondrup Drive  
Fulton, MD 20759

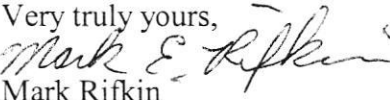
RE: Irrigation Well Permit  
HO-94-3599  
Well Location Lot 19, Beaufort Estates

Dear Mr. Miller:

On December 6, 2002, this office issued the referenced well permit to Easterday Well Drilling.

Although the proposed well location is directly downslope of the approved sewage easement, the site was approved because your agent reported there are no plans to construct a house at the present time. Be advised that if any plans to construct are initiated, the presence of the well in a downslope position could generate additional review prior to issuance of any building permit.

If you have any questions, please contact this office at the referenced address or telephone number.

Very truly yours,  
  
Mark Rifkin  
Well and Septic Program

MR  
cc: George Easterday  
File

**Phillips & Son Drilling, Inc.**  
 Knoxville, MD 21758

**Invoice**

<i>Date</i>	<i>Invoice #</i>
7/14/2020	2020-4486

<i>Bill To</i>
Carin Custom Homes 10548 Gorman Road Laurel, MD 20723

<i>P.O. No.</i>	<i>Terms</i>	<i>Due Date</i>	<i>Project</i>
	Due on receipt	7/14/2020	Lot 19 Kondrup Dr Fulton, ...

<i>Description</i>	<i>Qty</i>	<i>Rate</i>	<i>Amount</i>
Pump Pull Fee	1	450.00	450.00
Hydrofracking	1	4,200.00	4,200.00
Low Yield Test 6 Gallons per Minute	4	100.00	400.00

<b>All work is complete! We appreciate your prompt payment</b>	<b>Total</b>	<b>\$5,050.00</b>
	<b>Payments/Credits</b>	<b>\$0.00</b>

Email: phillipssondrill@aol.com  
 Phone: 301-432-6669  
 Fax: 301-432-6776

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655  
Address: 6321 Barnett Avenue  
Sykesville, MD 21784

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Russell George License# PI0148

**\*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: Mueller Homes Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO -94 -0468  
Site Address: 12457 Kondrup Drive  
Fulton, Maryland 20759

*u/19/2021*

**Submersible Pump Data**

Make: Grundfos  
Model #: 5SQE15-450  
Pump Capacity 5 GPM  
Well Yield: 2.0 GPM

**Pitless Adapter**

Make: Boshart  
Model#: P-100-SS  
Depth: 42" (36" min)  
NSF/WSC approved: Yes

**Well Cap and Electric Conduit**

Two piece watertight cap: Yes  
Screened, vented well cap: Yes  
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes

Depth of well encountered at time of pump installation: 250 (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 N/A

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 42" (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: Yes  
Length of sleeve(5' minimum from foundation): 10'  
Sleeve 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.**

Robert L. Feezer Signature of company representative responsible for installation      September 16, 2021 date  
Russell George

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

Date Insp. Requested: u/19/2021 Date Insp. Approved: u/19/2021 Inspector: [Signature]  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 48" u/19/2021 [Signature]  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 36" u/19/2021 [Signature]  
Safety rope not outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓ 22" u/19/2021 [Signature]  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Nick Renshaw  
12457 Kondrup Drive  
Fulton, MD 20759

Reporting Date: 6/22/2022  
Report #: M10600

Submitted Sample Address: 12457 Kondrup Drive, Fulton, MD  
Submitted Sample Source: Holding tank → Pressure Tank? *Treatment → RO*  
Date / Time Collected: 6/15/2022 09:42 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Ramsey 2084KR, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 8.2  
Well Tag #: HO-94-0468

## Preliminary Report

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	2.19	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.7	NTU	0.5	< 10 NTU*	MD Well Reg.
Gross Alpha	*	pCi/L		15	EPA Primary MCL
Gross Beta	*	pCi/L		*See Notes	EPA Primary MCL

### Notes:

- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL – Maximum Contaminant Level
- EPA considers 50 pCi/L to be the limit of concern for Gross Beta.
- ND – Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type –  
  - EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.
  - EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.
  - Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,

*Christen Rodgers*

C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: MB

BOTH WELLS  
CONNECTED  
TO LOT 14

50

NTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
D SEWERAGE PROGRAM  
-2640 FAX: (410)313-2648

EALTH DEPARTMENT  
ONMENTAL HEALTH  
ERAGE PROGRAM  
FAX: (410)313-2648

of the Well Pump, Pitless Adapter, and Supply Piping

Vell Pump, Pitless Adapter, and Supply Piping

esting an inspection prior to 9 am on the day of the desired  
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NSPC, as amended locally) and COMAR 26.04.04 (MD Well  
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y the Health Department. All installations must comply  
as amended locally) and COMAR 26.04.04 (MD Well  
form is required prior to Use and Occupancy approval.

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

ed Well Driller Licensed Well Pump Installer  
the field installation:

l Driller Licensed Well Pump Installer  
installation:

License# \_\_\_\_\_

License# \_\_\_\_\_

Installation. Apprentices must be under the supervision of a  
installer or well driller. Licenses may be subjected to field  
ported to the appropriate licensing agency.

ation. Apprentices must be under the direct  
er, pump installer or well driller. Licenses may be

Telephone #: \_\_\_\_\_  
Lot #: 19 Well Tag #: HO - 44-0468

Telephone #: \_\_\_\_\_  
Lot #: 19 Well Tag #: HO - 44-3599

Adapter Well Cap and Electric Conduit  
Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
(36" min) Cap secured to casing: \_\_\_\_\_  
SC approved: \_\_\_\_\_ Conduit min 18" B.G.: \_\_\_\_\_  
ation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_  
cut off switch is required by NSPC 1990 Section 17.8.4  
e method used- Must circle one  
pter or other acceptable method inside of well casing \_\_\_\_\_

Well Cap and Electric Conduit  
Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
(36" min) Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
(feet) Conduit secured to well cap: \_\_\_\_\_  
witch is required by NSPC 1990 Section 17.8.4  
le one  
ith eye bolt \_\_\_\_\_

se Connection  
sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
roximate length of sleeve: \_\_\_\_\_  
ve caulked and sealed properly: \_\_\_\_\_

ection  
l to undisturbed soil at wall penetration: \_\_\_\_\_  
; length of sleeve: \_\_\_\_\_  
ed and sealed properly: \_\_\_\_\_

ten feet from the septic tank, pump chamber, sewage piping,  
ve area. If this cannot be accomplished, contact this office for

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. If this cannot be accomplished, contact this office for

For installation \_\_\_\_\_ date \_\_\_\_\_

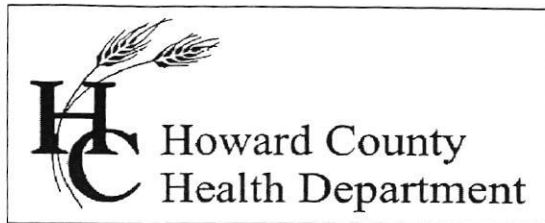
Installation \_\_\_\_\_ date \_\_\_\_\_

se Only - Not to be completed by Installer

y - Not to be completed by Installer

Approved: 5/23/03 Inspector: SO  
er supply line at least 36" below grade \_\_\_\_\_  
ched to casing securely \_\_\_\_\_  
" below grade/attached to cap properly \_\_\_\_\_  
well cap/casing \_\_\_\_\_  
ly and casing 8" above finished grade \_\_\_\_\_  
ately at house connection \_\_\_\_\_  
pitless adapter \_\_\_\_\_  
Under Footer

Date Insp. Approved: 5/23/03 SO  
least 36" below grade \_\_\_\_\_  
casing securely \_\_\_\_\_  
v grade/attached to cap properly \_\_\_\_\_  
ng \_\_\_\_\_  
casing 8" above finished grade \_\_\_\_\_  
t house connection \_\_\_\_\_  
adapter \_\_\_\_\_  
Under Footer



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

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

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 5<sup>th</sup>, 2022

July 5<sup>th</sup>, 2022

Hearld, Donald L; Hearld, Cathy F  
102 Steeplewood Drive  
Exton, PA 19341

RE: Beaufort Estates S1 RSB 15, Lot 19  
12457 Kondrup Drive  
Building Permit: B21000939  
Well Permit: HO-94-0468

Dear Homeowner:

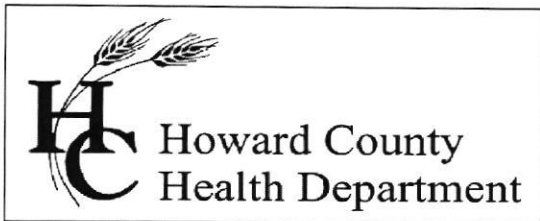
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **June 28<sup>th</sup>, 2022**. Final approval of the well line connection to the dwelling was granted on **November 19<sup>th</sup>, 2021**. The well construction was completed on **June 5<sup>th</sup>, 1995**. Water samples were collected on **June 22<sup>nd</sup>, 2022**.

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. 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-94-0468. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

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Hearld, Donald L; Hearld, Cathy F  
102 Steeplewood Drive  
Exton, PA 19341

**RE: Beaufort Estates S1 RSB 15, Lot 19**  
**12457 Kondrup Drive**  
**Building Permit: B21000939**  
**Well Permit: HO-94-0468**

*[Handwritten signature]*  
*07/05/2022*

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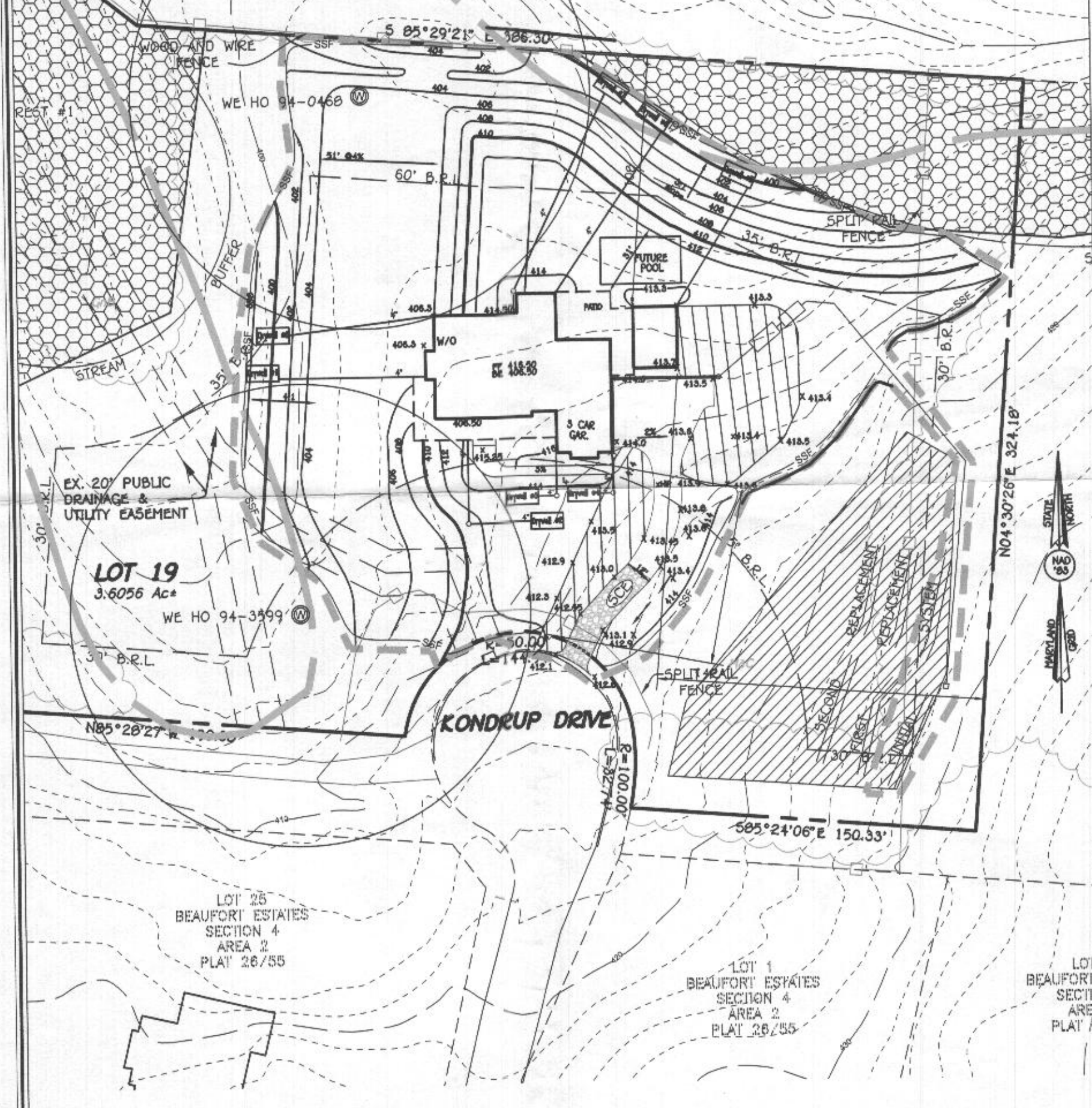
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<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

PROPERTY OF  
ANSHU MISHRA  
8141 MISHRA  
45 PARCEL 31  
6811 FOLIO 48

PROPERTY OF  
MICHAEL W BEAHM  
TAX MAP 45 PARCEL 38  
LIBER 564 FOLIO 33X



**LOT 19**  
3.6056 Ac±  
WE HO 94-3599

**LOT 26**  
BEAUFORT ESTATES  
SECTION 4  
AREA 2  
PLAT 26/55

**LOT 1**  
BEAUFORT ESTATES  
SECTION 4  
AREA 2  
PLAT 26/55

**LOT 1**  
BEAUFORT ESTATES  
SECTION 4  
AREA 2  
PLAT 26/55

**WELL CERTIFICATION:**

THE EXISTING WELL, TAG NO. HO-94-0468 & HO-94-3599,  
HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

**PLAN**  
SCALE: 1"=50'

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2895

**OWNER**  
DONALD & CATH HEALD  
102 STEEPLEWOOD DR  
EXTON PA 19341

**PERMIT PLAN**  
**BEAUFORT ESTATES**  
**12457 KONDRUP DRIVE**  
LOT 19  
SECTION ONE  
ZONED RR-DEO  
TAX MAP No. 45 GRD No. 6 PARCEL No. 14  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE 1"=50' DATE: MARCH 17, 2021

I:\2020\2021\6\Engineering\Dwgs\Xref\2021\6 Kondrup Baseplan Revised 2-8-21.dwg, Permit Plan, 3/17/2021 11:21:19 AM, 1:1



# HOWARD COUNTY HEALTH DEPARTMENT

701514

DATE  
9/14/21

Received From

Allied Env. Services PHONE # 301 774-8370

For

Well Permit / 12457  
Kondrup

CASH

CHECK

NO.

210227

One hundred fifty Dollars

\$

160 00

Received By

JKP

**C 1** 69958 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) FILL IN THIS FORM COMPLETELY PLEASE TYPE COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13 15 20 22 400 10-20-01

OWNER: World Energy WELL SITE ADDRESS: 12437 TOWN: SECTION: LOT: 11

**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	
Brn. clay soil	0	30	
Gray Brkly soil	30	40	
30' sand layers			

**GROUTING RECORD** yes no  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 56 NO. OF POUNDS 1400  
GALLONS OF WATER 400  
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING 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.)  
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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**C 3** **PUMPING TEST**  
1 2  
HOURS PUMPED (nearest hour) 8 9  
PUMPING RATE (gal. per min.) 11 15  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 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

**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. 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) 50 51

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED **Y** **N**

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.

DRILLERS LIC. NO. 1 M S D 028 1  
MICHAEL J KOHLER  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D 028 1  
MICHAEL J KOHLER

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

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

LATITUDE 39.14411  
LONGITUDE 76.74327  
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

05-431158

B 1 75275

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER Ho-20-0141 fill in this form completely

OWNER INFORMATION: Date Received (APA) 01/19/21, Last Name Heald, Owner Cathy, Street or RFD 122 S... Pr, Town Fulton, State MD, Zip 21731

LOCATION OF WELL: COUNTY Howard, SUBDIVISION 2001, SECTION 44 46, LOT 48 50, NEAREST TOWN Fulton

DRILLER INFORMATION: Driller's Name M D, License No. 76 81, Firm Name, Address, Signature, Date

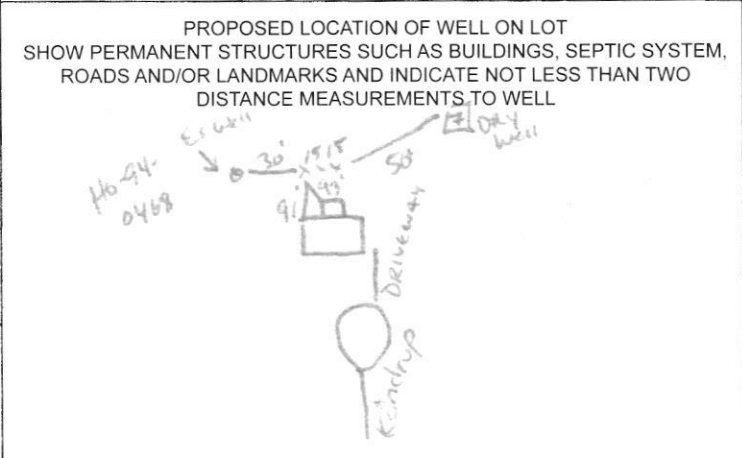
SOURCES OF DRILLING WATER: 12457 Kondrup Dr, STREET ADDRESS, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH, DISTANCE FROM ROAD, ENTER FT OR MI, TAX MAP, BLK, PARCEL

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 8 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, O OPEN LOOP GEOTHERMAL, C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. 21, STATE SIGNATURE, DATE ISSUED 11/22/2021, CO SIGNATURE, EXP. DATE 11/22/2022

APPROXIMATE DEPTH OF WELL 34 10 107 FEET, APPROXIMATE DIAMETER OF WELL INCH



METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRive-POINT

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX PERMIT NUMBER, PERMIT No. Ho-20-0141

SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-

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GRADE

EACH BORE HOLE (TYP)

HORIZONTAL BORE  
DEPTH 4 FT

FOR CONT.  
SEE PLANS

HORIZONTAL  
PIPING

BORE DEPTH

TAPE  
5 TO 10 FOOT SECTION OF  
REBAR TO GUIDE TUBE  
INTO BORE DURING  
INSTALLATION

ANCHOR FITTINGS TO  
PREVENT U-TUBE FROM  
SURFACING AFTER  
INSTALLATION

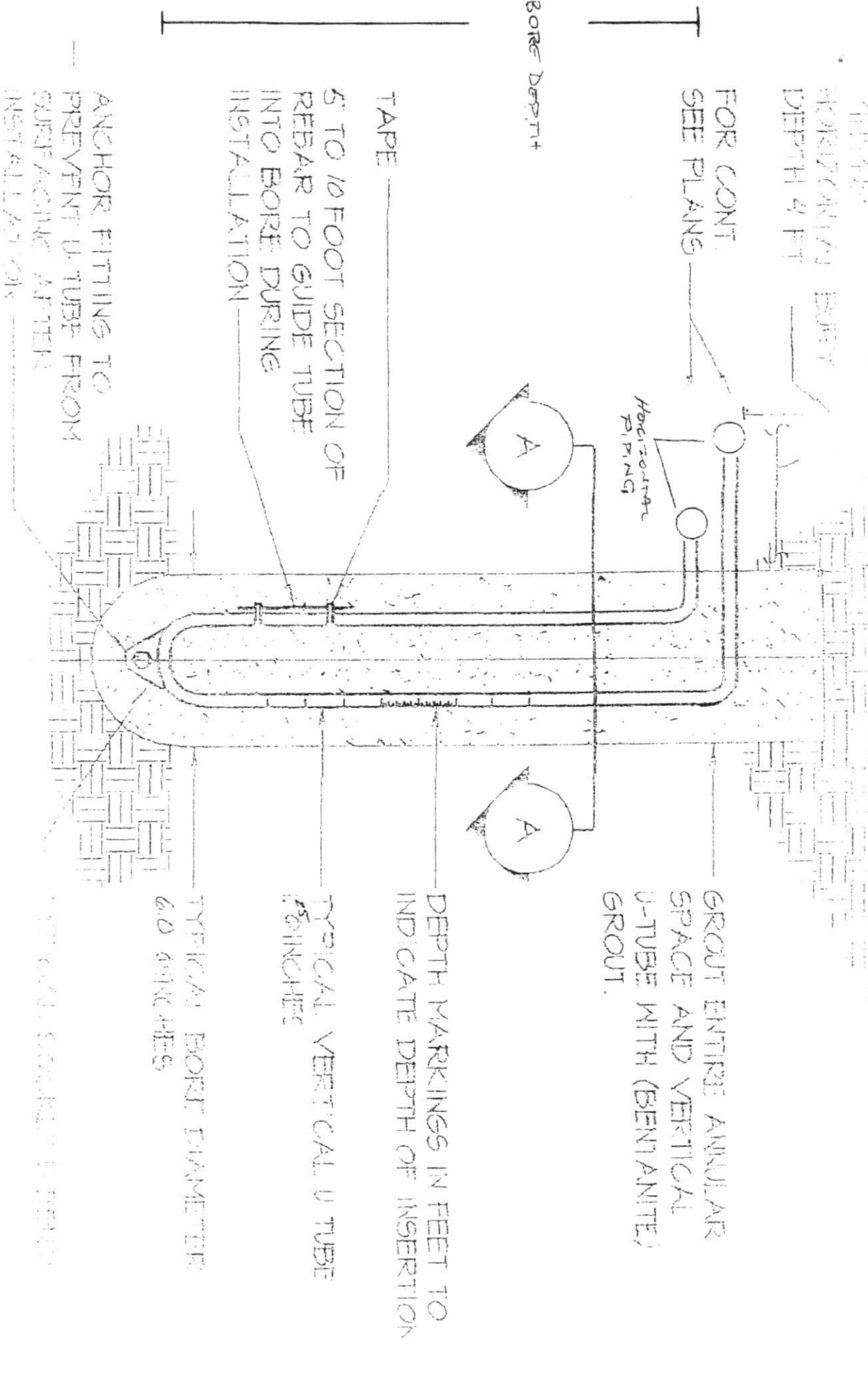
GROUT ENTIRE ANNULAR  
SPACE AND VERTICAL  
U-TUBE WITH (BENTONITE)  
GROUT.

DEPTH MARKINGS IN FEET TO  
INDICATE DEPTH OF INSERTION

TYPICAL VERTICAL U-TUBE  
25 INCHES

TYPICAL BORE DIAMETER  
6.0 INCHES

STRUCTURAL GROUT

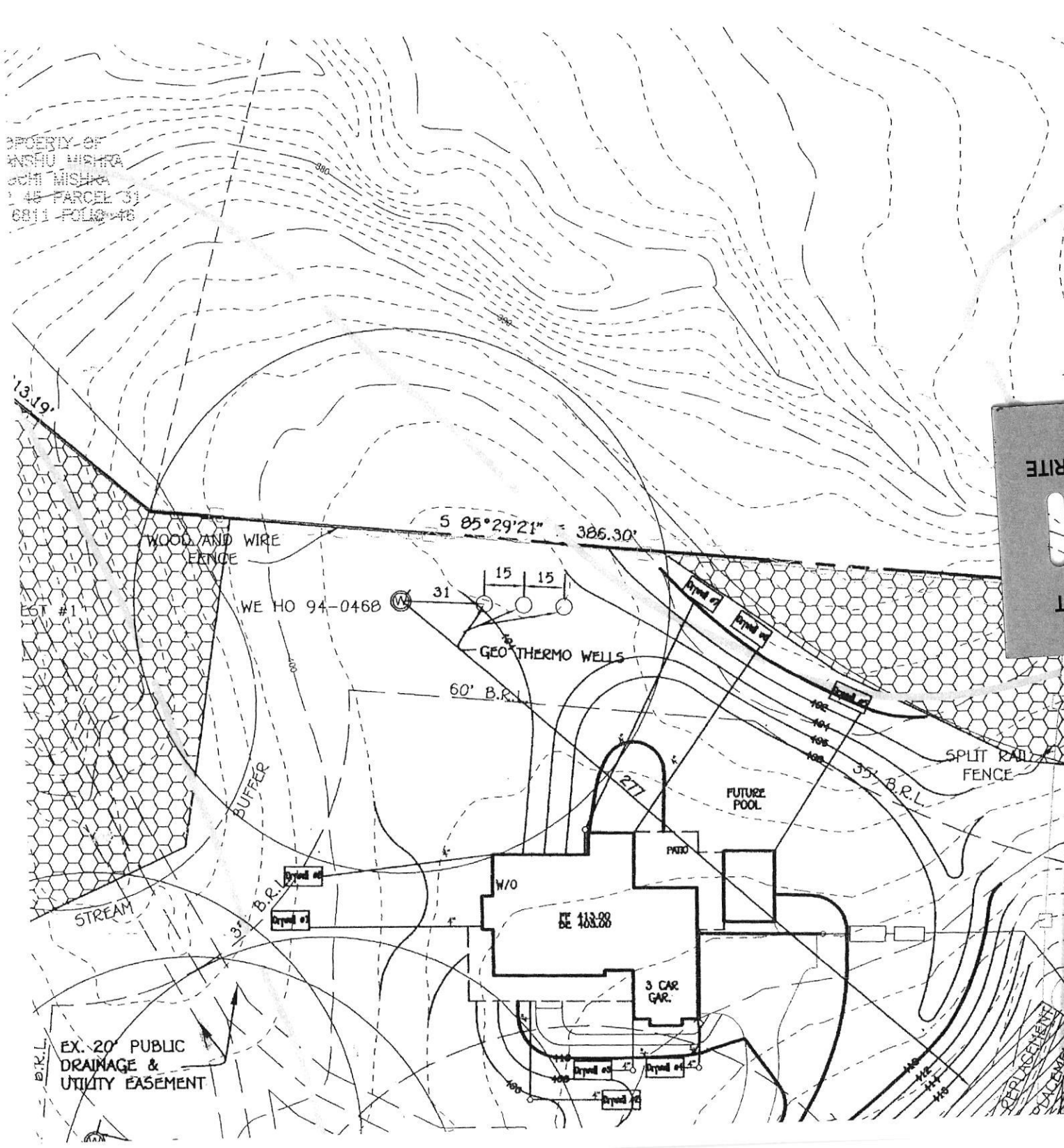


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## **HOWARD COUNTY GROUTING PROCEDURE**

Boreholes will be grouted from the bottom to the top via a tremie pipe and positive displacement pump. Bentonite grout, known as Quik-Grout will be used according to the manufacturer's specifications to achieve a consistency of at least 20% solids (24 gallons potable water/50 lb. sack of grout) and a permeability no more than  $2.5 \text{ E}(-08) \text{ cm/sec}$ . Grouting will be completed immediately after installing the geothermal loop and no later than twenty-four (24) hours after installing the geothermal loop. Open boreholes/annular space will be protected as necessary to prevent the entry of surface water or pollutants.

PROPERTY OF  
INDHU MISHRA  
SMT MISHRA  
145 PARCEL 31  
6811 POLIO-48



Approved 11/22/2012  
12451 KONDAPUR PD  
3 x 600 Batts  
HO-20-0141  
Marked by Davep

DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER  
HO-20-0141  
INFORMATION - GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

# Water Testing Laboratories

of Maryland, Inc.

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

Nick Renshaw  
12457 Kondrup Drive  
Fulton, MD 20759

Reporting Date: 6/22/2022  
Report #: M10600

Submitted Sample Address: 12457 Kondrup Drive, Fulton, MD  
Submitted Sample Source: Holding tank  
Date / Time Collected: 6/15/2022 09:42 AM  
Sample Type: Drinking Water  
Sampler/Company: K. Ramsey 2084KR, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn pH: 8.2  
Well Tag #: HO-94-0468

## Preliminary Report

Parameter	Result	Units	Report Limit	Standard	Standard Type
Total Coliform Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
<i>E. Coli</i> Bacteria	Absent	Coliforms/100 ml	Present/Absent	Absent	EPA Primary MCL
Nitrate as N	2.19	mg/L	0.5	10	EPA Primary MCL
Sand	Absent	mg/L or Absent	mg/L or Absent	< 5 mg/L*	MD Well Reg.
Turbidity	0.7	NTU	0.5	< 10 NTU*	MD Well Reg.
Gross Alpha	*	pCi/L		15	EPA Primary MCL
Gross Beta	*	pCi/L		*See Notes	EPA Primary MCL

### Notes:

- Bacteriological analysis of this sample indicates this water is  safe for human consumption.
- Results in **BOLD** exceed the MCL, Action Level or MD well regulation.
- Samples received and examined within EPA's recommended holding times.
- MCL - Maximum Contaminant Level
- EPA considers 50 pCi/L to be the limit of concern for Gross Beta.
- ND - Not Detected.
- \* Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5). If sand is present, it is analyzed to determine amount of sand in mg/L.
- MCL Type -  
**EPA Primary:** The maximum contaminant level which is the highest level of contaminant that is allowed in drinking water. Primary MCLs are enforceable standards.  
**EPA Secondary:** Non enforceable guidelines regulating contaminants that cause cosmetic effects (such as skin or tooth discoloration) or aesthetic effects (such as taste or odor) in drinking water.  
**Action Level:** Defined in treatment techniques which are required processes intended to reduce the level of a contaminant in drinking water.
- We certify that the analyses performed for this report are accurate, and that the laboratory tests were conducted by methods approved by the US Environmental Protection Agency and the Maryland Department of the Environment.

Reported by,



C. Rodgers, Assistant Lab Manager, Microbiology

Reviewed by: MB



P.O. Box 129  
Annapolis Junction, MD 20724  
P) 301-776-8370  
F) 301-776-8374

To Whom It May Concern,

In the past year or more, Allied Well Drilling's permit applications and completion reports have been filled out and signed by Brett Sweeney (MSD 237). Due to an indefinite leave of absence for medical reasons, Mr. Sweeney will be unable to sign the completion reports for these wells nor will he be able to apply for any new permits.

In his absence, and after consultation with MDE, please accept any and all future completion reports and permits from another Allied employee, Mike Kohler (MSD 028). Please see his signature to this effect below.

Should you have any questions regarding this change, please contact Andy Capelle directly at the contact information listed below.

A handwritten signature in cursive script, appearing to read "Michael Kohler", written over a horizontal line.

Mike Kohler MSD 028  
Allied Well Drilling

A handwritten signature in cursive script, appearing to read "Ac", written over a horizontal line.

Andy Capelle  
Vice President  
Allied Well Drilling  
[acapelle@alliedwells.com](mailto:acapelle@alliedwells.com)