

147-148	S34°07'38"E	70.00
149-149	S34°36'28"E	59.81
149-155	S46°37'45"E	42.72
155-156	S35°58'46"E	32.11
156-157	S31°42'17"E	51.64
157-158	N86°54'01"W	10.16
158-159	N30°48'20"W	44.47
159-160	N70°47'25"W	17.27
160-150	N41°46'34"W	59.58
150-151	N31°48'01"W	65.34
151-152	N33°33'50"W	77.85

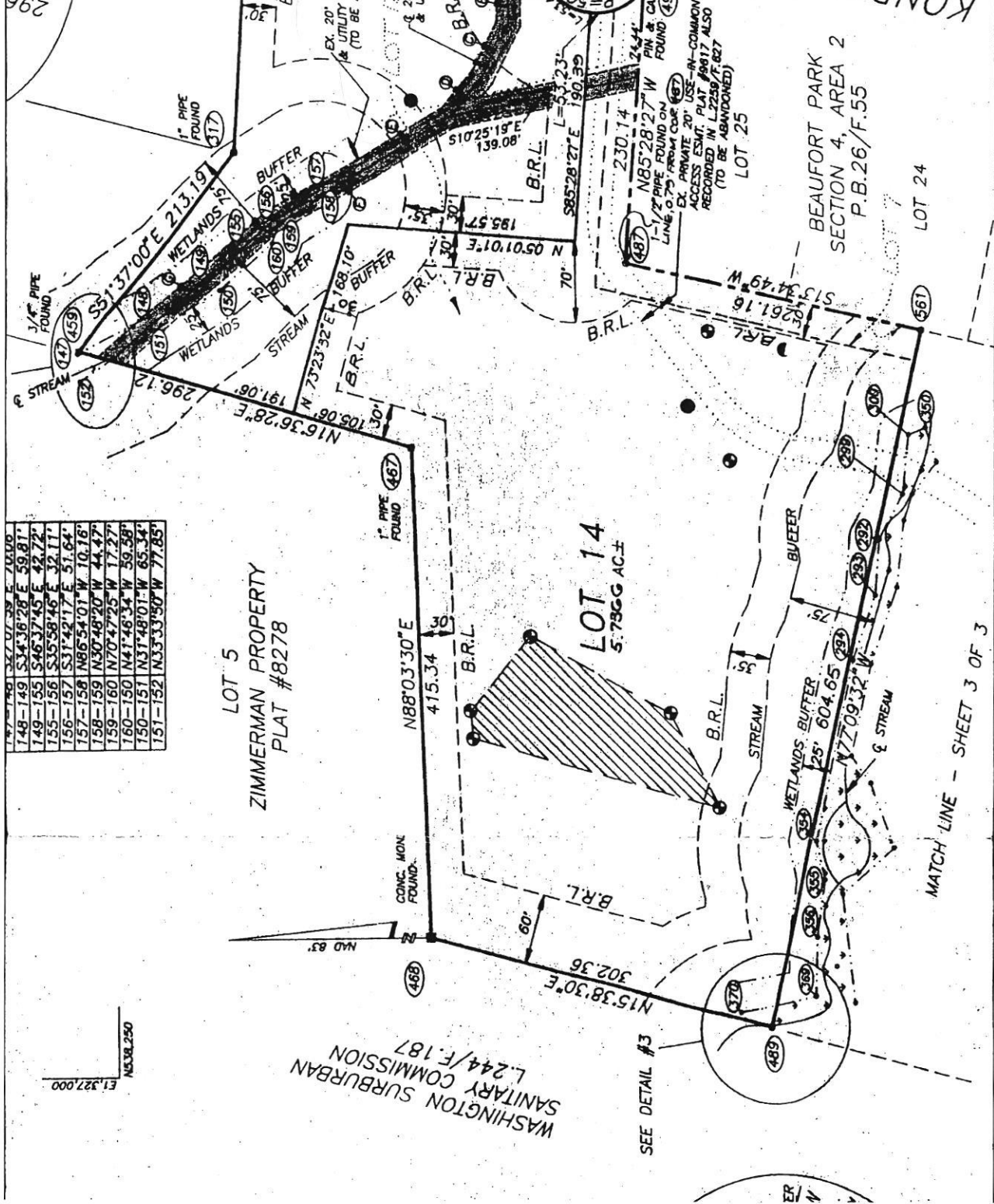
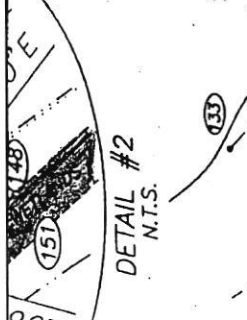
LOT 5  
 ZIMMERMAN PROPERTY  
 PLAT #8278

LOT 14  
 5.7966 AC±

BEAUM  
 L.564/F.3

WETLANDS

133-134	S47°20'
132-131	S67°38'
131-130	S76°35'
130-129	N89°26'
129-128	S81°27'



WASHINGTON SUBURBAN  
 SANITARY COMMISSION  
 L.244/F.187

SEE DETAIL #3

CONC. MON. FOUND.

1" PIPE FOUND

1/2" PIPE FOUND ON LINE EX. PRIVATE 20' USE - IN-COMMON ACCESS ESMT. PLAT #817 ALSO RECORDED IN L.2259/F.627 (TO BE ABANDONED)

EX. 20' DRAINAGE & UTILITY ESMT. PLAT #817 (TO BE ABANDONED)

20' PUBLIC DRAINAGE & UTILITY ESMT.

WETLANDS

STREAM

B.R.L.

LOT 25

LOT 24

BEAUFORT PARK SECTION 4, AREA 2 P.B.26/F.55

BEAUFORT PARK SECTION 4, AR P.B.26/F.55

KONDRUP COURT

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2

LOT 14

LOT 5

LOT 25

LOT 24

LOT 1

LOT 2



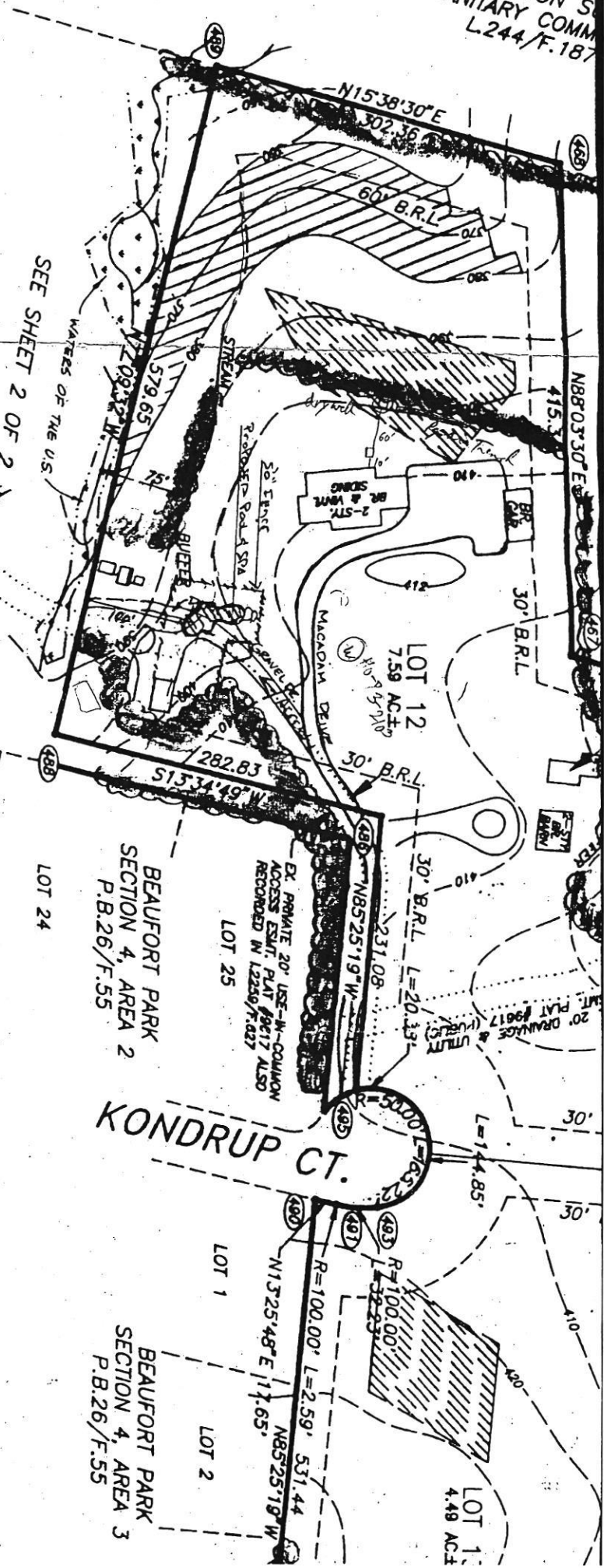
LOT 7  
BEAUFORT ESTATES  
PLAT #9617

SEE SHEET 2 OF 2  
WATERS OF THE U.S.  
600120404  
Swim Pool  
No conflict with  
well or Septic  
Requires approval  
R. P. Kelly 9/15/19

LOT 12  
7.59 AC ±  
NO. 8-9-710

BEAUFORT PARK  
SECTION 4, AREA 2  
P.B.26/F.55

LOT 1  
BEAUFORT PARK  
SECTION 4, AREA 3  
P.B.26/F.55



KONDRUP CT.

2-STY BR & PORCH

EX. PRIVATE 20' USE-W-COMMON ACCESS ESM. PLAT #9617 ALSO RECORDED IN L.2250/F.427

20' DRAINAGE & UTILITY

LOT 13  
4.49 AC ±



WELLS DRILLED ON ADJ. LOT 19 TO SERVE LOT 19  
DOCUMENTATION IN LOT 19 FILE

**C1** 2965

SEQUENCE NO. (MDE USE ONLY)

**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 42922**

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

DATE RECEIVED **060795** DATE WELL COMPLETED **060595** DEPTH OF WELL **403** (TO NEAREST FOOT)

OWNER **Namieb Corp.** STREET OR RFD **Kondrop Drive** TOWN **FULTON** SUBDIVISION **BEAUFORT ESTATES** SECTION \_\_\_\_\_ LOT **1819**

**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	

**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 **15** NO. OF POUNDS **1410**  
GALLONS OF WATER \_\_\_\_\_  
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **64** ft.  
(enter 0 if from surface)

**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.

**C1** 14356

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 **W517968**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK MR 960340-94-3599**

DATE RECEIVED \_\_\_\_\_ DATE WELL COMPLETED **5/2/03** DEPTH OF WELL **400** (TO NEAREST FOOT)

OWNER **Miller James** STREET OR RFD **Kondrop 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 Sand	11	19	
Brown shale	19	27	
Brown slate	27	48	V
Gray micg	48	400	

**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 **14** NO. OF POUNDS **1400**  
GALLONS OF WATER **89**  
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **30** ft.  
(enter 0 if from surface)

**CASING RECORD**  
Casing types insert appropriate code below

<b>ST</b> STEEL	<b>CO</b> CONCRETE
<b>PL</b> PLASTIC	<b>OT</b> OTHER

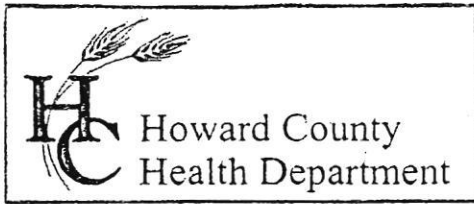
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42**

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

**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



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

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

December 6, 2002

*Well permitted for Lot 19,  
but with ~~sewer~~ LOT 14*

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.

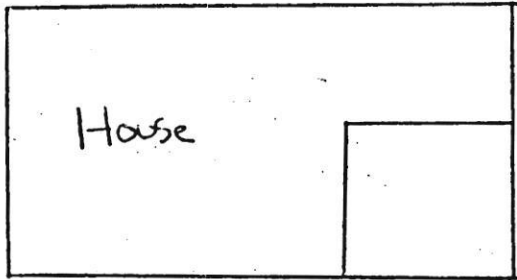
If you have any questions, please contact this office at the referenced address or telephone number.

Very truly yours,  
*Mark E. Rifkin*  
Mark Rifkin  
Well and Septic Program

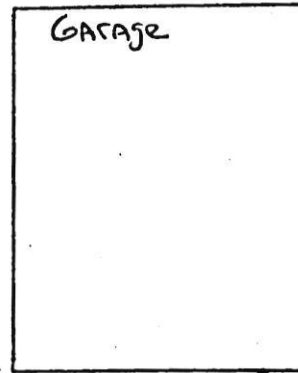
MR  
cc: George Easterday  
File

(X) Septic

410  
372  
1508



House



GARAGE

○  
Ex Well

100'

HOSE  
DRP

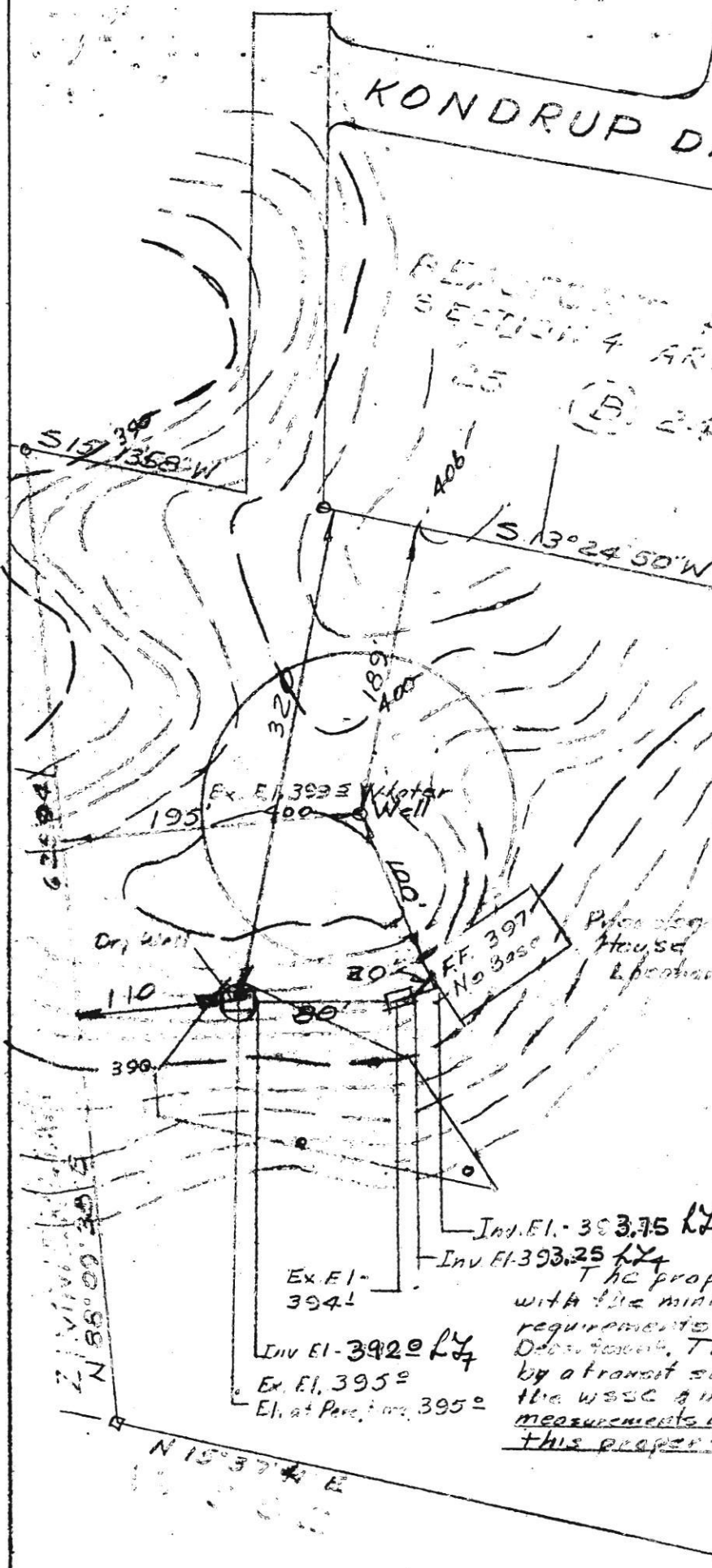
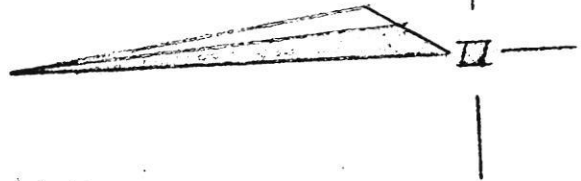
OK  
43ft  
New Well Site

Well site OK  
No Insp 8/8/02  
(410)

Customer owns property  
around site. No other property  
within 100' of new well site.

KONDRUP DR.

BEAUFORT PARK  
SECTION 4 AREA



off 7/20/77  
*[Signature]*

Prepared for  
**LAWRENCE C. GAYER, JR.**  
near  
**BEAUFORT PARK**  
Fifth Election Dist.  
Howard County Md.  
Scale: 1"=100' July, 1977  
Part of L.691 F.362

Inv. El. - 393.75 LY  
Inv. El. - 393.25 LY  
Ex. El. - 394.1  
Inv. El. - 392.0 LY  
Ex. El. 395.0  
El. at Perc. core, 395.0

The property shown hereon complies with the minimum ownership and lot area requirements of the Maryland State Health Department. The topographic shown was established by a transit survey, the elevations approximating the WSC & USGS Datum. I certify that the measurements and elevations shown are correct for this property.

*[Signature]*  
Reg. Prof. in Geod. No. 8372

Prepared by  
**The J. E. Clark, Co.**  
Laurel, Md. E-4-16

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

A 25622

B 1	3951	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 40-73-2103
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 6-6-77 9:30 a.m.	OWNER Gayer Lawrence	FIRST NAME Lawrence
STREET OR RFD 309 Main Street	COL 15 LAST NAME Gayer	COL 34
POST OFFICE Lanval, Md. 20810	COL 36	COL 55
COL 57	COL 76	

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE 5/19/77	LICENSE NUMBER 42	
FIRST NAME L. F. Easterday	DRILLER L. F. Easterday	LAST NAME
SIGNATURE L. F. Easterday		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY Howard	(DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION	
SECTION 44	LOT 48
NEAREST TOWN Fulton	
MILES FROM TOWN (ENTER 0 IF IN TOWN)	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST
NEAR WHAT ROAD Rt. 216	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> SOUTH
<input type="checkbox"/> EAST	<input type="checkbox"/> WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100	

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)

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

THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER

ENGINEER REVIEW DISTRICT NO.

FORCE

CONDITIONS

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. W25913

DATE 5 23 77

APPROVED BY Donald W. Monaghan, Sanitarian

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

BOX NUMBER

NORTH COORDINATE

EAST COORDINATE

ELEVATION AT WELL HEAD (FEET)

1 2 3 (SEQ. NO.) 6  
 2351  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 OF ALL CARDS)

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED \_\_\_\_\_ DEPTH OF WELL 300 (TO NEAREST FOOT) 22 26  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 7-3-2103 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. \_\_\_\_\_

OWNER \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 STREET OR RFD \_\_\_\_\_ POST OFFICE \_\_\_\_\_

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shaley	2	20	
SANDSTONE	20	90	✓
MICA	90	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO   
 TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44 44  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 4 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 25

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
11	300

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2  
 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT)  
 WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LAND SURFACE 2 (NEAREST FOOT)  
 ABOVE  BELOW

LOCATION OF WELL ON LOT

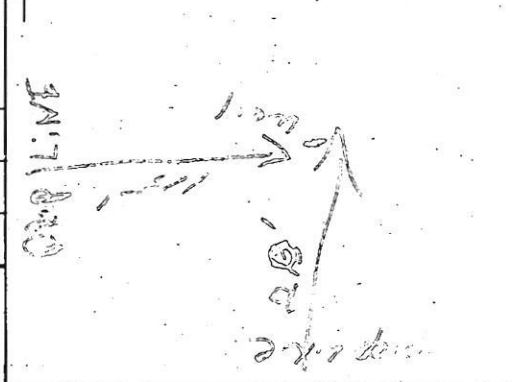
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME \_\_\_\_\_  
 (PLEASE PRINT) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_





Building Address 12466 Kondrup Dr.  
Fulton MD. 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Beaufort Est

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1214

Tax Map 45 Parcel 1414 Grid 6

Zoning RR Map Coordinates 1806 Lot size \_\_\_\_\_

Property Owner's Name Jim & Lara Miller  
 Address 12466 Kondrup Dr.  
 City Fulton State MD Zip Code 20759

Home Phone 301-317-5439 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Daniell Miller  
12075 Old Frederick Rd.  
Marriottsville Md 21104  
 Phone 410-442-1385 Fax \_\_\_\_\_

Existing Use Shed  
 Proposed Use Pool House  
 Estimated Construction Cost \$ 3,000.00

Description of Work Partition off Existing  
Building for BATH / Kitchen area

Contractor Company John D. Miller Builders Inc.  
 Contact Person Jan Miller  
 Address 12075 Old Frederick Rd.  
 City Marriottsville State MD Zip Code 21104  
 License No. 67861  
 Phone 410-442-1385 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height _____	Water Supply: Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
State Certified Modular _____		No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Daniell Miller Print Name: Daniell Miller  
 Title/Company: John D. Miller Builders Inc. Date: June 15, 2000

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

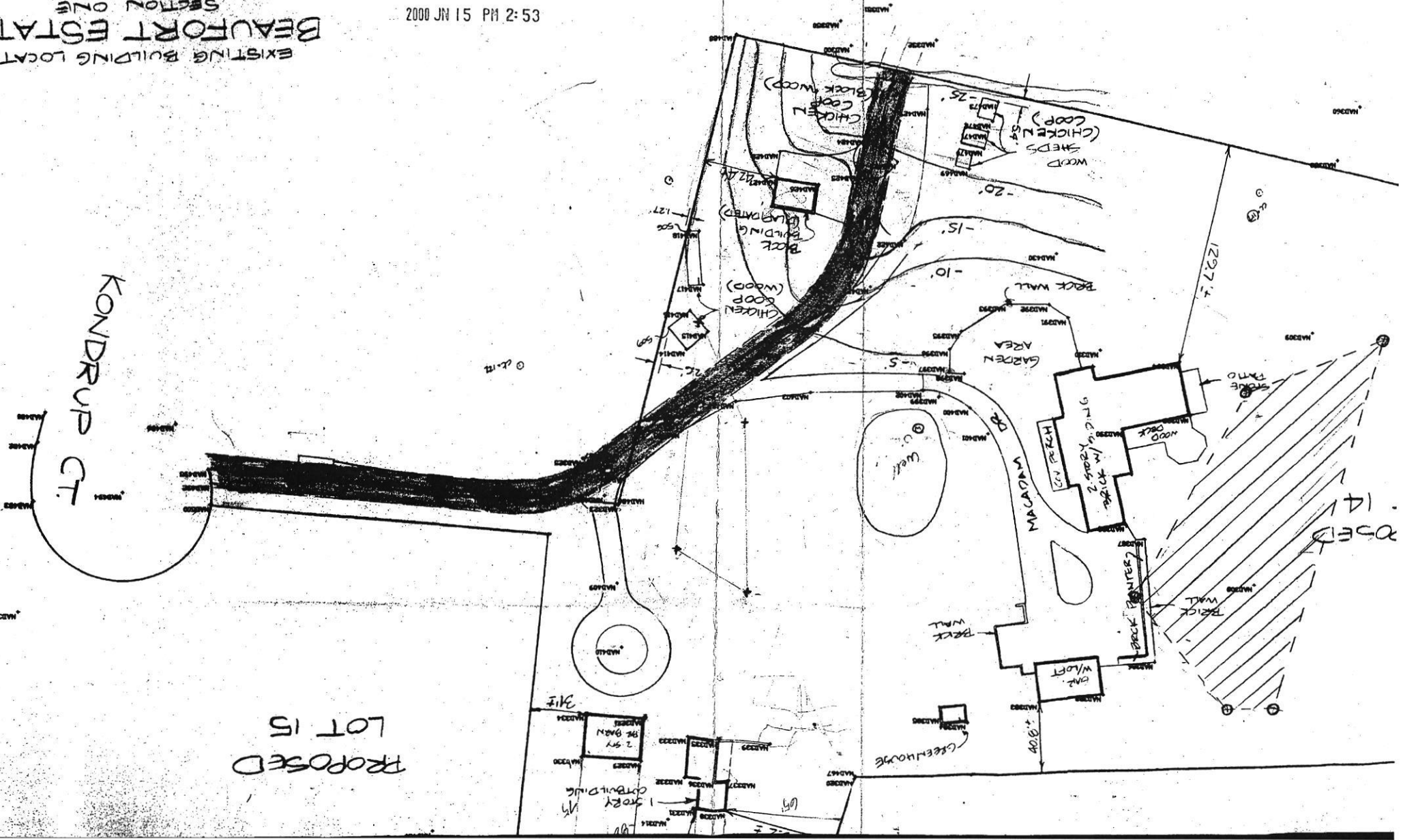
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	43060
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>5271</u>
			Accepted by _____	Validation # <u>32486</u>

EXISTING BUILDING LOCAT  
BEAUFORT ESTAT  
SECTION ONE  
LOTS # 15  
SCALE: 1"=50'

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH  
2000 JUN 15 PM 2:53

KONDRUP CT.

PROPOSED  
LOT 15



147-148	S37°07'39"E	20.00
148-149	S34°16'28"E	59.81
149-150	S46°37'45"E	42.72
150-151	S35°38'46"E	32.11
151-152	S31°42'17"E	51.64
152-153	N86°54'01"W	10.16
153-154	N30°48'20"W	44.47
154-155	N70°47'25"W	17.27
155-156	N47°46'34"W	59.58
156-157	N37°48'01"W	65.34
157-158	N33°33'50"W	77.85

LOT 5  
ZIMMERMAN PROPERTY  
PLAT #8278

LOT 14  
5.736G AC±

BEAUM BEAUM  
L.564/F.3.

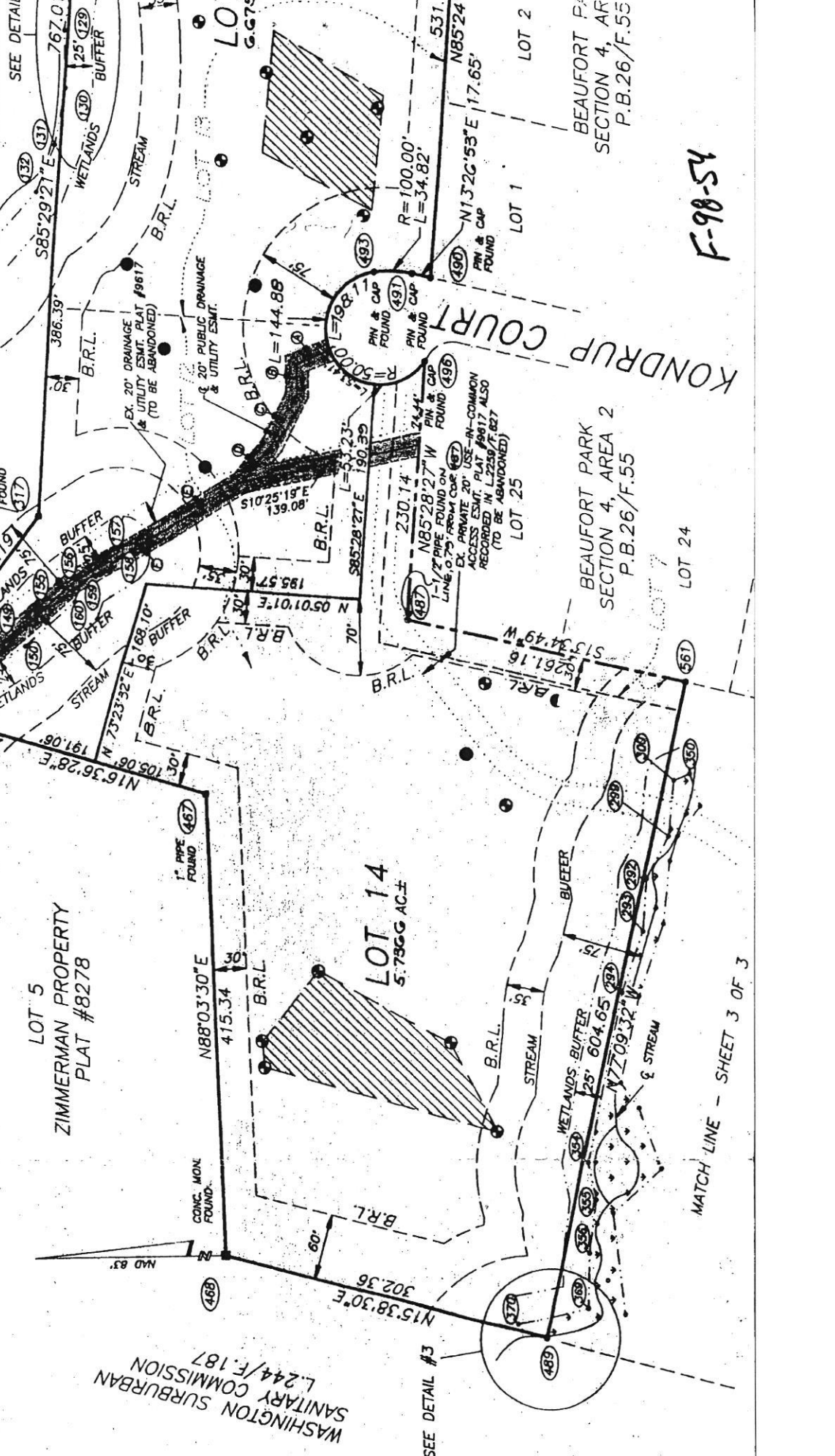
WETLANDS  
133-132 S47.20'  
132-131 S67.38'  
131-130 S78.35'  
130-129 N89.26'  
129-128 S81.27'

DETAIL #2  
N.T.S.

SEE DETAIL

WASHINGTON SUBURBAN  
SANITARY COMMISSION  
L.244/F.187

EA. 327.000  
N338.250



F-90-54

MATCH LINE - SHEET 3 OF 3

BEAUFORT PARK  
SECTION 4, AR  
P.B.26/F.55

BEAUFORT PARK  
SECTION 4, AREA 2  
P.B.26/F.55

SEE DETAIL #3

MALLOY  
L.2664/F.238

BEAHM  
L.564/F.337

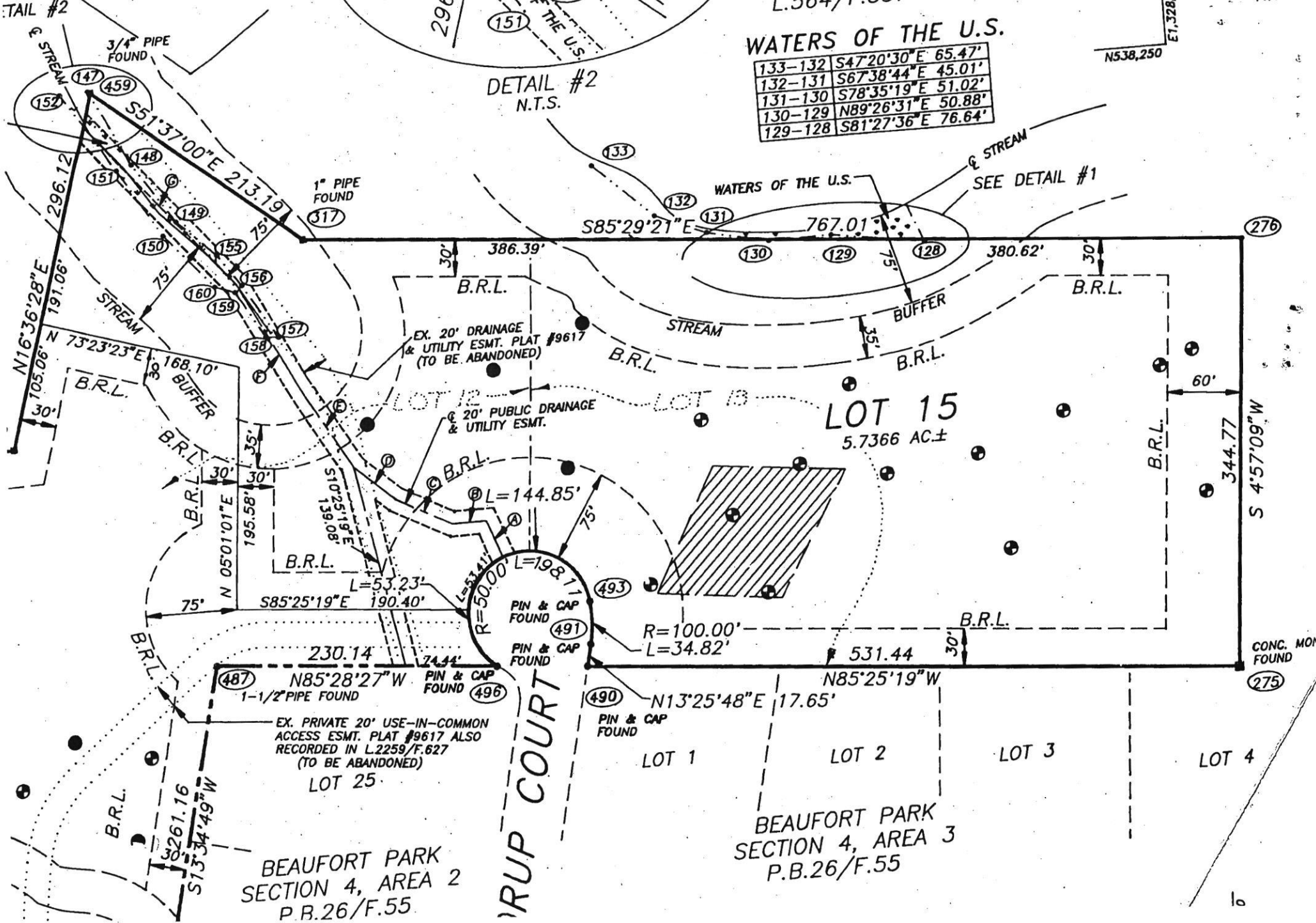
Revised & Signed  
F 9854

S85°29'21"E  
LOT 15  
DETAIL #  
N.T.S.

WATERS OF THE U.S.

133-132	S47°20'30"E	65.47'
132-131	S67°38'44"E	45.01'
131-130	S78°35'19"E	51.02'
130-129	N89°26'31"E	50.88'
129-128	S81°27'36"E	76.64'

DETAIL #2  
N.T.S.



TAIL #2

N538,250  
E1,328,500

(276)

(275)

CONC. MON.  
FOUND



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3432 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
**B00120404**

Building Address 12466 Kondrup Drive  
Fulton, MD - 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 151.02 Subdivision Beaufort Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12

Tax Map 45 Parcel 14 Grid 6

Zoning AA Map Coordinates 1826 Lot size \_\_\_\_\_

Owner's Name Jim & Cara Miller

Address 12466 Kondrup Drive

City Fulton State MD Zip Code 20759

Home Phone 301-319-9339 Wprk Phone 410-312-7508W

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling

Proposed Use Single Family w/ Improved Pool

Estimated Construction Cost \$ 30,000.00

Description of Work Improved Pool 3'6" - 8'0"  
Spa, Full by Truck

Contractor Company Rowan Landscape Co, Inc.

Contact Person Tim & Beth Rowan

Address 8671 Reservoir Road

City FULTON State MD Zip Code 20759

License No. CTR03729

Phone 301-266-9150 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**      **BUILDING DESCRIPTION - RESIDENTIAL**

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mary E Rowan      Mary E. Rowan  
 Applicant's Signature      Print Name

Sec Rowan Landscape Co Inc.      9-15-99  
 Title/Company      Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**VALIDATION**

**FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/15/99</u>	<u>[Signature]</u>	Front: <u>12' min</u>	<u>43080</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>60' min</u>	Filing Fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: <u>30' min</u>	Permit Fee \$ <u>111</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	(.10 sq. ft. □) (.15 sq. ft. □)
<input checked="" type="checkbox"/> Health	<u>9/15/99</u>	<u>[Signature]</u>	All minimum setbacks met?	Excise Tax \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. □) (.80 sq. ft. □)
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES <u>125</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>4067</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>22977</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by: <u>[Signature]</u>
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	



WELLS DRILLED ON ADJ. LOT 19 TO SERVE LOT 14  
 DOCUMENTATION IN LOT 19 FILE

**C1** 2965 **SEQUENCE NO. (MDE USE ONLY)**

**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 42922**

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

DATE RECEIVED **060795** DATE WELL COMPLETED **060595** DEPTH OF WELL **22 403** (TO NEAREST FOOT)

OWNER **Namieb Corp.** STREET OR RFD **Kondrup Drive** TOWN **FULTON**  
 SUBDIVISION **BEAUFORT ESTATES** SECTION \_\_\_\_\_ LOT **1819**

**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	

**GROUTING RECORD** (Circle appropriate box)

WELL HAS BEEN GROUTED **Y** (44)

TYPE OF GROUTING MATERIAL (Circle one): **CM** (45-46) CEMENT, **BC** (45-46) BENTONITE CLAY

NO. OF BAGS **15** NO. OF POUNDS **1410**

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **64** ft. (enter 0 if from surface)

**CASING RECORD**

**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.

**C1** 14356 **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 **W517968**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **OK MR 960340-94-3599**

DATE RECEIVED \_\_\_\_\_ DATE WELL COMPLETED **5/2/03** DEPTH OF WELL **22 400** (TO NEAREST FOOT)

OWNER **Miller James** STREET OR RFD **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 Sndst	11	19	
Brown shale	19	27	
Brown slate	27	48	✓
Gray micg	48	400	

**GROUTING RECORD** (Circle appropriate box)

WELL HAS BEEN GROUTED **Y** (44)

TYPE OF GROUTING MATERIAL (Circle one): **CM** (45-46) CEMENT, **BC** (45-46) BENTONITE CLAY

NO. OF BAGS **14** NO. OF POUNDS **1100**

GALLONS OF WATER **84**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **30** ft. (enter 0 if from surface)

**CASING RECORD**

MAIN CASING TYPE **ST** (STEEL) Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **42**

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

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

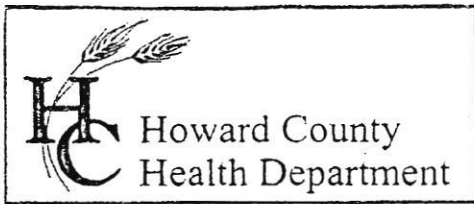
PUMPING RATE (gal. per min.) **15**

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 (CIRCLE) (YES or NO) YES NO  
 IF DRILLER INSTALLS PUMP, THIS SECTION



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

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

December 6, 2002

*Well permitted for Lot 19,  
but with ~~sewer~~ LOT 14*

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 E. Rifkin*  
Mark Rifkin  
Well and Septic Program

MR  
cc: George Easterday  
File

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 0860	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 6 12 03	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3462 28 29 30 31 32 33 34 35 36 37
---	--	---	--

OWNER Miller Jim  
 STREET OR RFD 12466 Kondrup Drive TOWN Fulton  
 SUBDIVISION Beaufort Estates SECTION \_\_\_\_\_ LOT 14

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	
Overburden	0	15	
Brown Shale	15	40	
Gray Rock	40	300	
(Dry Hole - Backfilled)			
Well # 1 300' Dry Hole - Backfilled			

<b>WELL HAS BEEN GROUTED</b> (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>NA</u> NO. OF POUNDS <u>NA</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) from _____ ft. to _____ ft. (enter 0 if from surface)	<b>GROUTING RECORD</b> yes no <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC NO. OF BAGS <u>NA</u> NO. OF POUNDS <u>NA</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) from _____ ft. to _____ ft. (enter 0 if from surface)
<b>CASING RECORD</b> casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input checked="" type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <u>NA</u> <u>NA</u>	
OTHER CASING (if used) diameter inch depth (feet) from to _____	
<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	

<b>C3</b>	<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <u>8 9</u> PUMPING RATE (gal. per min.) <u>NA</u> METHOD USED TO MEASURE PUMPING RATE <u>NA</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17 20</u> ft. WHEN PUMPING <u>22 25</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible
-----------	--

NUMBER OF UNSUCCESSFUL WELLS: 2

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. M D 120  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. JSD 049  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**C2** DEPTH (nearest ft.)  
NA

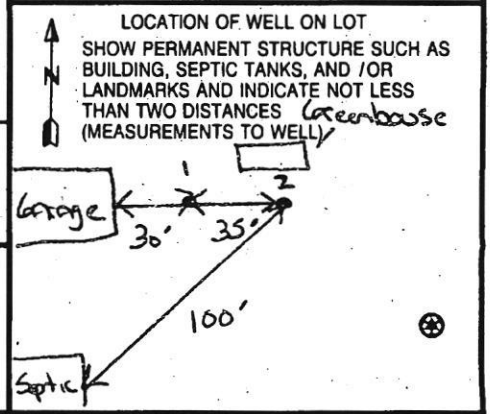
E	8	9	11	15	17	21
A						
C						
H	23	24	26	30	32	36
S						
C						
R	38	39	41	45	47	51
E						
N						

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from 56 to 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 \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**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. 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) NA  
 PUMP HORSE POWER 31 35  
 PUMP COLUMN LENGTH (nearest ft.) 37 41  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below } 50 51



B 1 7571

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3462

W0517347 please type

fill in this form completely

Date Received (APA)

070502

OWNER INFORMATION

8 MM DD YY 13

Miller Jim

12466 Kondrup Drive

Fulton MD 20759

LOCATION OF WELL

Howard COUNTY

Beaufort Estates

SECTION 44 LOT 14

Fulton NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

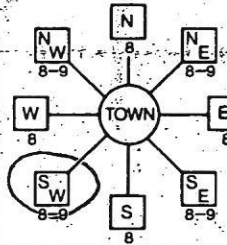
PAUL M FABISZAK MLW D399

G Edgar Harr Sons Corp

12047 Falls Rd Rockysville 21030

Signature Date 7-2-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12466 Kondrup Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

450 300

TAX MAP: 45 BLK: 6 PARCEL 14

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL) IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME P513629 COUNTY NO.

DATE ISSUED 080802 Mark Falk 8/8/03

NORTH GRID 480 000 EAST GRID 6820 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

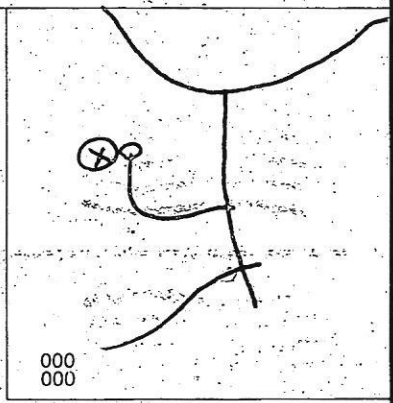
- BORED (or Augered)
JETTED
Jetted & DRIVEN
AIR-ROTARY
AIR-PERCussion (circled)
ROTARY (Hydraulic Rotary)
CABLE
REVERSE-ROTARY
Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. Well

WRITE THE BOX NUMBER FROM THE MAP HERE

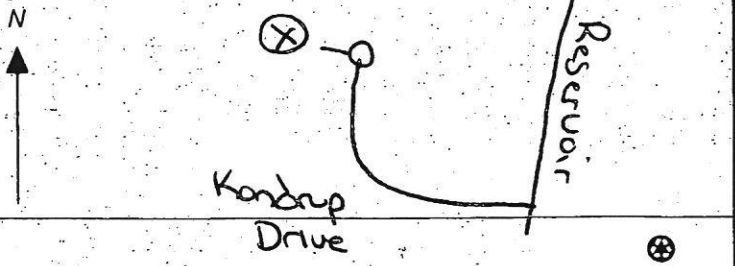
E 6820
N 480



REPLACEMENT OR DEEPEINED 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 (circled)
THIS WELL WILL DEEPEIN AN EXISTING WELL

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 HO-94-3462

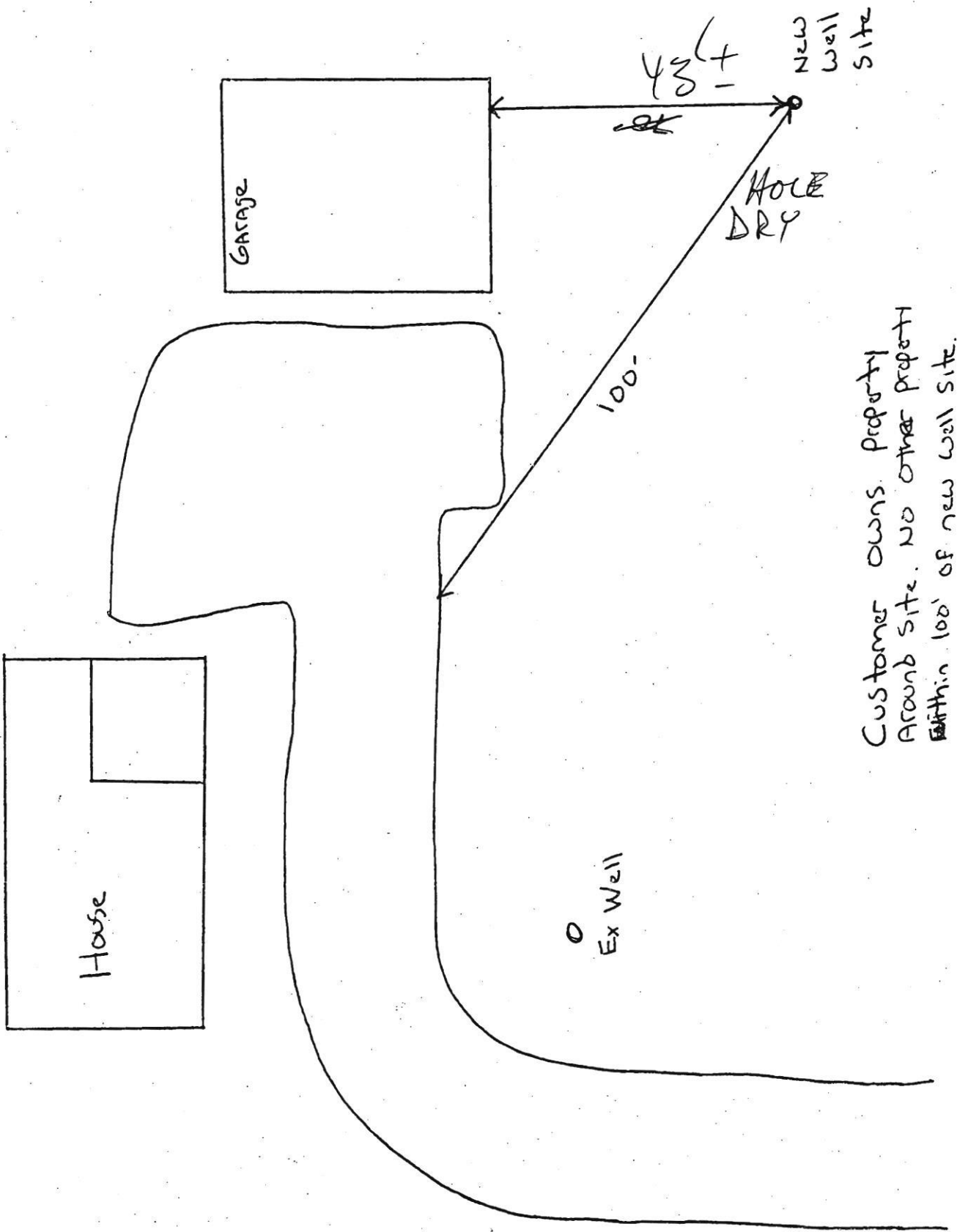
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

410  
312  
7508

Well site OK (MR)  
No Insp 8/8/02

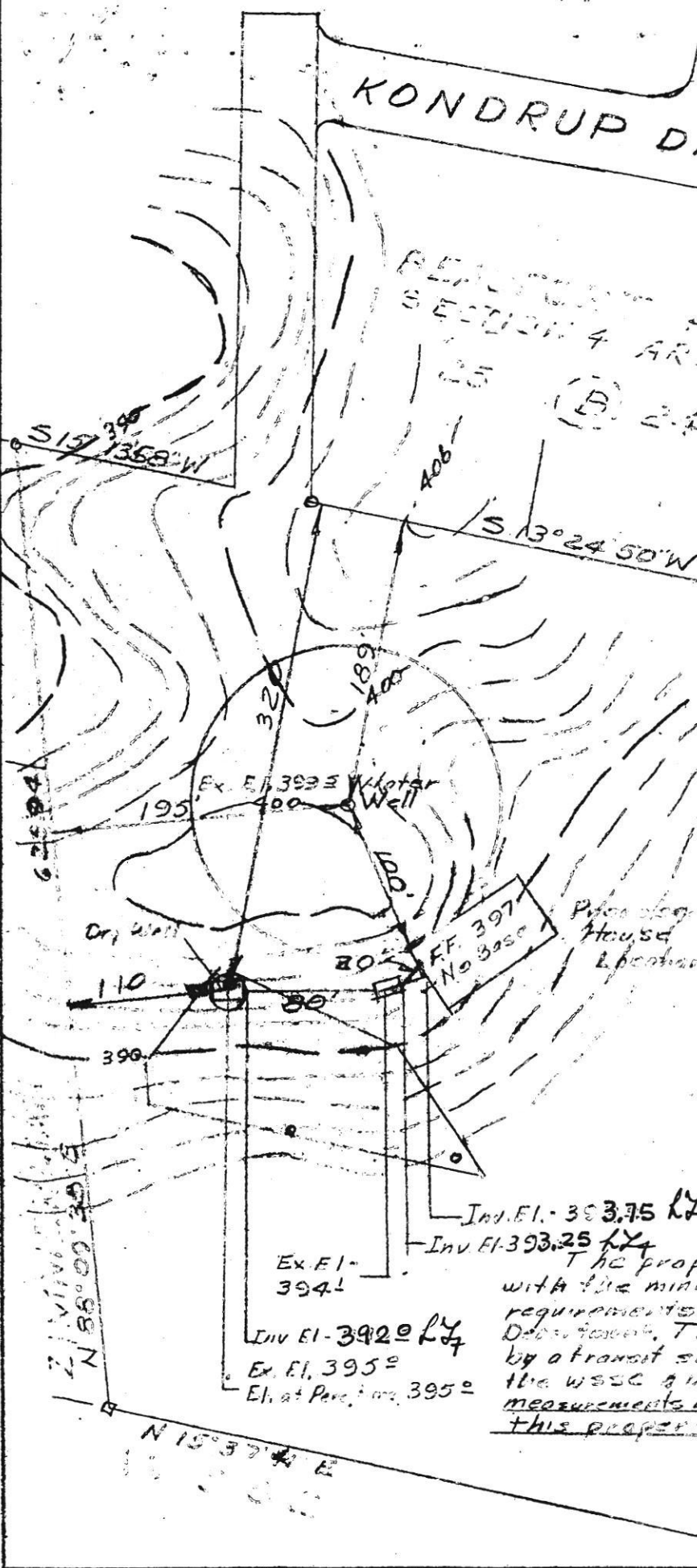
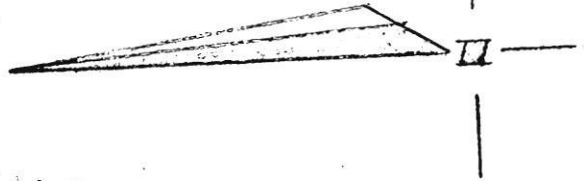
(X) Septic



Customer owns property  
Around site. No other property  
within 100' of new well site.

KONDRUP DR.

BEAUFORT PARK  
SECTION 4 AREA



off 7/20/77  
*[Signature]*

Prepared for  
**LAWRENCE C. GAYE, JR.**  
near  
**BEAUFORT PARK**  
Fifth Election Dist.  
Howard County Md.  
Scale: 1"=100' July, 1977  
Part of L.691 F.362

The property shown hereon complies with the minimum ownership and lot area requirements of the Maryland State Health Department. The topography shown was established by a transit survey, the elevations approximating the WSSC and USGS Datum. I certify that the measurements and elevations shown are correct for this property.

*Jack G. Clark*  
Reg. Professional Surveyor No. 2879  
Prepared by  
**The J. E. Clark Co.**  
Laurel, Md. K-4-16

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

A 25622

B 1	3951	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	WRA PERMIT NUMBER <b>40-73-2103</b>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER <u>Gayer Lawrence</u>		
6-6-77 9:30 a.m.	COL 15 LAST NAME	FIRST NAME	COL. 34
	STREET OR RFD	309 Main Street	COL. 55
	POST OFFICE	Lanear, Md. 20810	COL. 76

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	5/19/77	LICENSE NUMBER 42
L. F. Eastaday		
L. F. Eastaday		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	Howard
SUBDIVISION	23
SECTION	44
NEAREST TOWN	Fulton
MILES FROM TOWN (ENTER 0 IF IN TOWN)	0

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	600

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		
1 2 3 (SEQ. NO.) 6			
N NORTH	E EAST	NE NORTHEAST	SE SOUTHEAST
S SOUTH	W WEST	NW NORTHWEST	SW SOUTHWEST
NEAR WHAT ROAD	rt. 216		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	N	S	E
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	100	34	37

USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

APPROXIMATE DEPTH OF WELL	150
APPROXIMATE DIAMETER OF WELL	6" (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
DATE	5/23/77	W25913
Howard		
Donald W. Monaghan		
Donald W. Monaghan, Sanitarian		

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH, ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

BOX NUMBER

E	820
N	480

NORTH COORDINATE

50	51	52	53	54	55
----	----	----	----	----	----

EAST COORDINATE

57	58	59	60	61	62	63
----	----	----	----	----	----	----

ELEVATION AT WELL HEAD (FEET)

65	66	67	68
----	----	----	----

2'± out of ground

No houses

No septic

C 1 2351

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

300 (TO NEAREST FOOT)

73-2103

8-13

15 20

DRILLERS IDENTIFICATION NO. 72

OWNER LAST NAME FIRST NAME STREET OR RFD POST OFFICE

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING

Table with 3 columns: Description, Feet (From/To), Check if Water Bearing. Includes handwritten entries: Top Soil, Shaley SANDstone, mica.

GROUTING RECORD

GROUTING RECORD fields: YES/NO, WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

CASING RECORD fields: INSERT APPROPRIATE CODE BELOW, MAIN CASING TYPE, NOMINAL DIAMETER TOP (MAIN) CASING, TOTAL DEPTH OF MAIN CASING.

OTHER CASING (IF USED)

OTHER CASING (IF USED) fields: DIAMETER (INCH), DEPTH (FEET) FROM TO.

SCREEN RECORD

SCREEN RECORD fields: INSERT APPROPRIATE CODE BELOW, SCREEN TYPE OR OPEN HOLE, DIAMETER OF SCREEN, DEPTH OF SCREEN.

DEPTH (NEAREST WHOLE FOOT)

DEPTH (NEAREST WHOLE FOOT) fields: FROM, TO, SLOT-SIZE 1, 2, 3.

CIRCLE APPROPRIATE BOXES

- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL"...

DRILLERS NAME (PLEASE PRINT) SIGNATURE

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

PUMPING TEST fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMPED USED.

PUMP INSTALLED

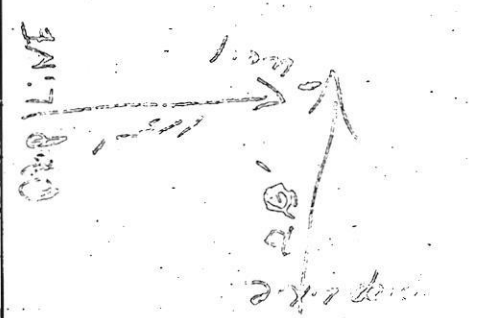
PUMP INSTALLED fields: TYPE OF PUMP, DRILLER WILL INSTALL PUMP, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH.

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

CASING HEIGHT fields: ABOVE/BELOW, LAND SURFACE, (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS. AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).





Building Address 12466 Kondrup Dr.  
Fulton MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Beaufort Est

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot R 14

Tax Map 45 Parcel 1414 Grid 6

Zoning RR Map Coordinates 1806 Lot size \_\_\_\_\_

Property Owner's Name Jim & Lara Miller

Address 12466 Kondrup Dr.

City Fulton State MD Zip Code 20759

Home Phone 301-317-8439 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Daniel Miller  
12075 Old Frederick Rd.  
Marriottsville Md 21104  
 Phone 410-442-1385 Fax \_\_\_\_\_

Existing Use Shed

Proposed Use Pool House

Estimated Construction Cost \$ 3,000.00

Description of Work Partition off existing Building for BATH / Kitchen area

Contractor Company John D. Miller Builders Inc.

Contact Person Tan Miller

Address 12075 Old Frederick Rd.

City Marriottsville State MD Zip Code 21104

License No. 67861

Phone 410-442-1385 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**      **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Daniel L. Miller      Daniel L. Miller  
 Applicant's Signature      Print Name  
President      June 15, 2000  
John D. Miller Builders Inc.      Date  
 Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	43080
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>5277</u>
			Accepted by _____	Validation # <u>32496</u>

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3439 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2486 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
**B00120404**

Building Address 12466 Kondrup Drive  
Fulton, MD - 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 1151.02 Subdivision Beaufort Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12

Tax Map 45 Parcel 1H Grid 6

Zoning RA Map Coordinates 18 PG Lot size \_\_\_\_\_

Owner's Name Jim & Cara Miller

Address 12466 Kondrup Drive

City Fulton State MD Zip Code 20759

Home Phone 301-319-9339 Wprk Phone 410-312-7508w

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling

Proposed Use Single Family w/ In-ground Pool

Estimated Construction Cost \$ 30,000.00

Description of Work In-ground Pool 3'6" - 8'0"  
Spec. Fill by Truck

Contractor Company Rowan Landscape Co, Inc.

Contact Person Tim or Beth Rowan

Address 8671 Reservoir Road

City Fulton State MD Zip Code 20759

License No. PR03729

Phone 301-266-9150 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13 _____ Full _____ Partial _____ Other Suppression _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular _____ Manufactured Home _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mary E Rowan Mary E. Rowan  
 Applicant's Signature Print Name

Sec. Rowan Landscape Co. Inc. 9-15-99  
 Title/Company Date

**VALIDATION**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY.**

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ 9/15/99 Sam Portman

State Highways \_\_\_\_\_ \_\_\_\_\_

Building Official \_\_\_\_\_ \_\_\_\_\_

Dev. Engineering, DPZ \_\_\_\_\_ \_\_\_\_\_

Health 9/15/99 Bob Kelly

Fire Protection \_\_\_\_\_ \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: 15' min

Rear: 60' min

Side: 30' min

Side St: \_\_\_\_\_

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 43080

Filing Fee \$ \_\_\_\_\_

Permit Fee \$ 111

(.10 sq. ft. □) (.15 sq. ft. □)

Excise Tax \$ \_\_\_\_\_

(.40 sq. ft. □) (.80 sq. ft. □)

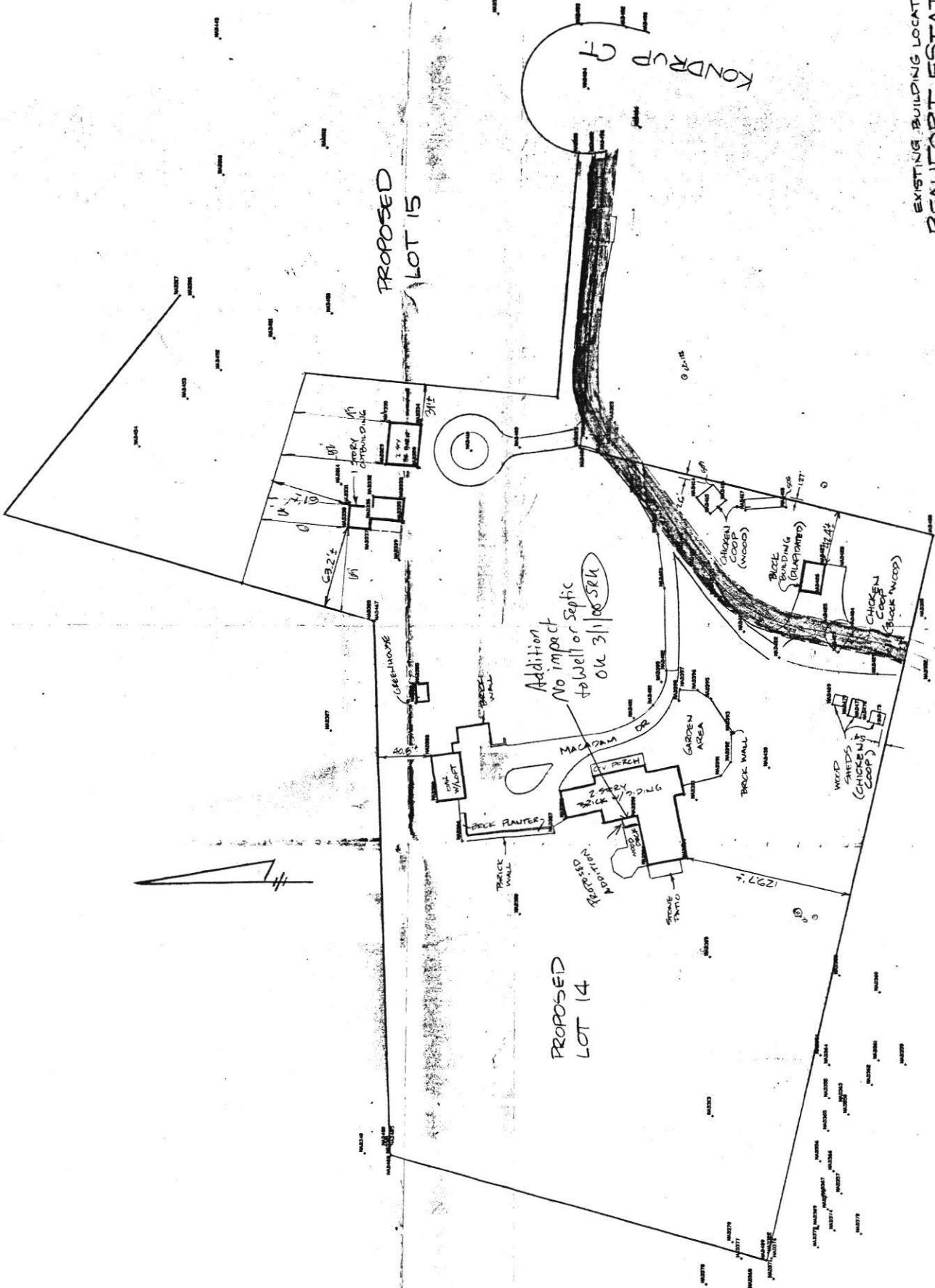
TOTAL FEES 122

Check # 4067

Validation # 22977

Accepted by: [Signature]

EXISTING BUILDING LOCATIONS  
BEAUFORT ESTATES  
SECTION ONE  
LOTS 14 & 15  
SCALE: 1"=50'



PROPOSED LOT 15

PROPOSED LOT 14

KONDRUP CT

**Date Received (APA)** 070502  
**OWNER INFORMATION**  
**8** MM DD YY **13**  
Miller Jim  
**15** Last Name **Owner** First Name **34**  
12466 Kondrup Drive  
**36** Street or RFD **55**  
Fulton MD 20759  
**57** Town **70** State **72** Zip **76**

**B 3** **LOCATION OF WELL**  
Howard  
**8** COUNTY **21**  
Beaufort Estates  
**23** SUBDIVISION **42**  
 SECTION 44 46 LOT 14 50  
Fulton  
**52** NEAREST TOWN **71**  
 MILES FROM TOWN (enter 0 if in town) 1 **M** **I**  
**73** **76** **77** **78**

**DRILLER INFORMATION**  
PAUL M. FABISZAK MLW D399  
**Driller's Name** **76** License No. **81**  
G. Edgar Harr Sons Corp  
**Firm Name**  
12047 Falls Rd. Rockysville 21030  
**Address**  
Tal M... 7-2-02  
**Signature** **Date**

**B 4**  
**1** **2**  
**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
12466 Kondrup Drive  
**11** NEAR WHAT ROAD **30**  
**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
  
450  
**34** **37**  
300  
**DISTANCE FROM ROAD**  
 ENTER FT OR MI **38** **39**  
45 14  
**TAX MAP** **BLK** **PARCEL**

**B 2** **WELL INFORMATION**  
**1** **2**  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
**8** **12**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
**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 P513629  
**COUNTY NAME** **COUNTY NO.**  
**STATE SIGNATURE** **INSERT S**  
**DATE ISSUED** 080802 Mark Palk 8/8/03  
**43** MM DD YY **48** **CO SIGNATURE** **EXP. DATE**  
**NORTH GRID** 480 000 **EAST GRID** 6820 000  
**50** **55** **57** **63**

APPROXIMATE DEPTH OF WELL 300 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** 216820  
**N** 4170480  
**000**  
**000**

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
**30** AIR-ROTARY **ROTARY (Hydraulic Rotary)**  
**37** CABLE REVERSE-ROTARY DRIVE-POINT  
 other

**REPLACEMENT OR DEEPENED 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 DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (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**

**Not to be filled in by driller. (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER G  
 PERMIT No. H0-94-3462  
**70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

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

DRILLER: REMOVE COPY AND RETURN TO YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

<b>C10860</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 6 12 03	Depth of Well 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3462
---	--	---	---

OWNER Miller Jim  
 STREET OR RFD 12466 Kondrup Drive TOWN Fulton  
 SUBDIVISION Beaufort Estates SECTION \_\_\_\_\_ LOT 14

**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	
Overburden	0	15	
Brown Shale	15	40	
Gray Rock	40	300	
(Dry Hole - Backfilled)			

Well # 1  
300' Dry Hole - Backfilled

**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 NA    NO. OF POUNDS NA

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (to nearest foot)  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

STEEL **ST**    CONCRETE **CO**  
 PLASTIC **PL**    OTHER **OT**

MAIN CASING TYPE \_\_\_\_\_  
 Nominal diameter top (main) casing (nearest inch) NA    Total depth of main casing (nearest foot) \_\_\_\_\_

OTHER CASING (if used) diameter \_\_\_\_\_ depth (feet) \_\_\_\_\_

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

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) \_\_\_\_\_

PUMPING RATE (gal. per min.) \_\_\_\_\_

METHOD USED TO MEASURE PUMPING RATE: NA

WATER LEVEL (distance from land surface)

BEFORE PUMPING \_\_\_\_\_ ft.  
 WHEN PUMPING \_\_\_\_\_ 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

NUMBER OF UNSUCCESSFUL WELLS: 2

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

**C 2**

DEPTH (nearest ft.)

NA

E 1 8 9 11 15 17 21  
 A 2 23 24 26 30 32 36  
 H 3 38 39 41 45 47 51  
 S 4 49 51  
 C 5 56 60  
 R 6 68

E SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**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) NA    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 }    (nearest foot)

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. M D 120  
 DRILLERS SIGNATURE \_\_\_\_\_  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 049  
 SITE SUPERVISOR SIGNATURE \_\_\_\_\_

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 \_\_\_\_\_

