

ST/GO USE ONLY DATE RECEIVED [] [] [] [] [] [] DATE WELL COMPLETED **02/13/90** Depth of Well **340** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **HD-92-0110**

OWNER **Dater Robert** STREET OR RFD **Kondrup Drive** TOWN **Fulton** SUBDIVISION **Beaufort Park** SECTION **4** LOT **12C11C**

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 water bearing
	FROM	TO	
SANDSTONE	0	30	
Black mica rock	30	40	
SANDSTONE	40	43	
Gray mica rock	43	340	

*2 day wells 340, 160
 filled with cement + drilling material*

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **960**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **37** 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) **340**
SH **G** **STO**

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 OPEN HOLE
PL **OT** PLASTIC OTHER

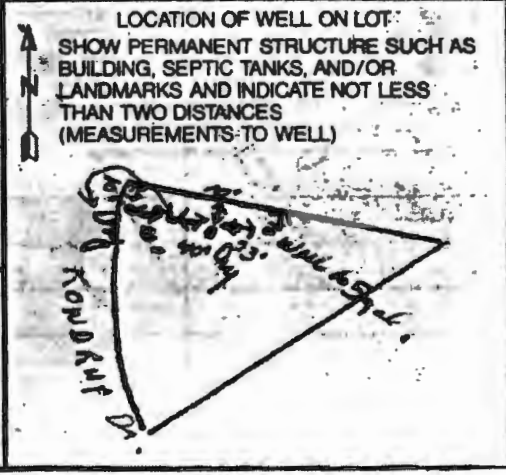
C2
 DEPTH (nearest ft.)
 1 **40** 2 **47** 3 **340**
 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **105**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **374**
 WHEN PUMPING **290**
 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 (CIRCLE) YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE [] (nearest foot)
- below }



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 IDENT. NO. **228**
 DRILLERS SIGNATURE **Walter Meyer**
 MUST MATCH SIGNATURE ON APPLICATION
 PERMIT SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 00742 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
 40-92-0110
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 05/18/92
 Last Name First Name Street or RFD Town State Zip

B 3 LOCATION OF WELL
 COUNTY SUBDIVISION SECTION LOT
 MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION
 Driller's Name License No. Firm Name Address Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD ENTER FT or MI

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
 COUNTY NAME STATE SIGNATURE DATE ISSUED
 NORTH GRID EAST GRID

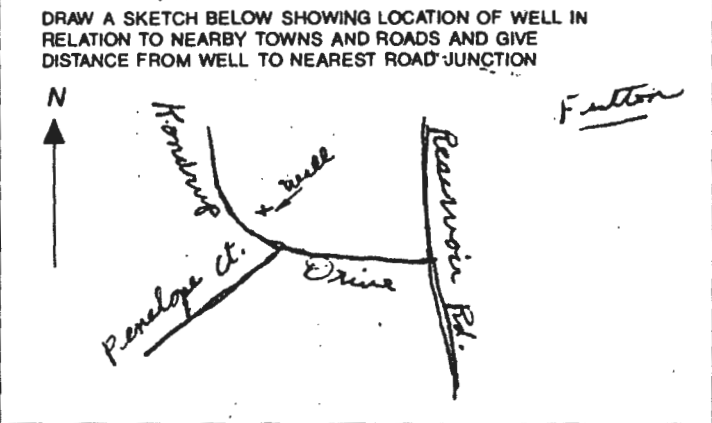
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING-LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

APPROXIMATE DEPTH OF WELL FEET
 APPROXIMATE DIAMETER OF WELL INCH

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER FORCE IN PERMIT No.

Review 8-18-92 JEA

of 7/13/92

**FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 92-0110
 Location of property (road) Kendrup Drive
 Subdivision Beaufort Park Lot 12 Block C Plat _____ Sec. 4
 Well Driller Joseph M. Mynne Owner H. Daffer, Robert A.

Depth of well 340'
 Distance of measuring point (M.P.) above ground 3'
 Static water level (S.W.L.) below M.P. 37'

I. High rate pumping -- reservoir drawdown
 Time pump started 7:30 Pumping rate 15 gpm.
 Total time 30 min. to reach pumping water level 270 ft below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	159'	4000		15 gpm
8:00	270	4		15
8:15	266	60		1
8:30	262	60		1
8:45	262	43		1.3
9:00	262	42		1.3
9:15	262	43		1.3
9:30	262	43		1.3
9:45	259	43		1.3
10:00	259	35		1.7
10:15	259	35		1.7
10:30	260	35		1.7
10:45	261	35		1.7
11:00	262	35		1.7
11:15	263	40		1.5
11:30	262	40		1.5
11:45	261	40		1.5
12:00	261	40		1.5
12:15	261	40		1.5
12:30	261	40		1.5
12:45	261	40		1.5
1:00	260	40		1.5
1:15	260	40		1.5
1:30	259	40		1.5
HD-224 1:45	259	37		1.6
2:00	259	37		1.6

529 gallons over 2 hours

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

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: T+R Plumbing & Heating Telephone #: 410-489-7776
 Address: PO Box 57
Lisbon MD 21765

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

Name (Print): Timothy J. Rollman License# 7079

*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: Nick Kennedy Telephone #: 443-250-5483
 Subdivision: _____ Lot #: 12 Well Tag #: HO # - 92 010 PR
 Site Address: 2405 KONDRA DR.
FULTON MD 20759

Submersible Pump Data

Make: Jacuzzi
 Model #: -60198636
 Pump Capacity: 56GPM
 Well Yield: 350'
 Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: American Grandy
 Model#: PT 800 PL
 GPM Depth: 4' (36" min)
 GPM NSF/WSC approved: Y

Well Cap and Electric Conduit

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

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing


Piping to house

Type: CPVC Line
 PSI: 200 (160 psi min)
 Depth of supply line: 4' (36" min)

House Connection

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

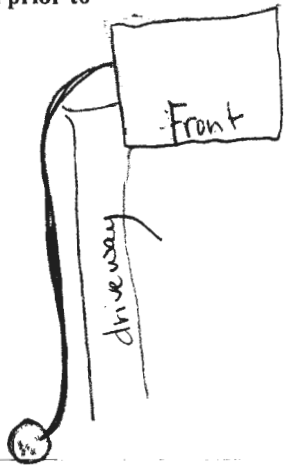
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation:  date: 3-2-23

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

Date Insp. Requested: 3/6/23 Date Insp. Approved: _____ Inspector: RR
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

install 2
 piece cap - 3/6/23
 PR



(Revised form 10/24/2018)

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 16, 2023

May 16, 2023

Homeowner
12405 Kondrup Drive
Fulton, MD 20759

RE: Beaufort Park, Lot 12
12405 Kondrup Drive
Building Permit: B22003386
Well Permit: HO-92-0110

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 **2/22/2023**. Final approval of the well line connection to the dwelling was granted on **5/16/2023**. The well construction was completed on **7/13/1992**. Water samples were collected on **4/26/2023, 5/3/2023**.

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-92-0110. 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 can be found at the following website:

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



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', written in a cursive style.

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 158729 Account #: 1045
Reference: Stephen Forney Client: Atlantic Blue Water Services
Location: 12405 Kondrup Drive Requested By: Mark Mather
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 4/26/2023 1245 Site: Kitchen Sink
Date/Time Rec'd: 4/26/2023 1446 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.4
Collected By: B. Wilson 3085BW Well #: HO-92-0110

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/27/2023 / 1020 / MEW
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	4/27/2023 / 1020 / MEW
Nitrate.	6.53	mg/L	10	EPA 300.0	4/26/2023 / 1606 / MEW
Turbidity	1.16	NTU	<10	SM2130B	4/27/2023 / 1115 / MEW
Sand	ND	mg/L	5	Visual/Gravimetric	4/26/2023 / 1625 / MEW
Iron	0.06	mg/L	0.3*	Hach 8146	4/27/2023 / 1125 / MEW

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected
- 7 pH tested on site; Chlorine level tested in lab
- 8 Visual well check: Sealed, vented cap

Reason for Test : Use & Occupancy
Building Permit # : B22003386

Date Reported: 4/27/2023



Water Testing Labs of Maryland

1000 Butterworth Ct.
Thompson Creek Business Park
Stevensville, MD 21666
(410) 643-7711
sales@wtlmd.com

Atlantic Blue
1802 Baltimore Blvd.
Westminster, MD 21157

Reporting Date: 5/8/2023
Report #: AB2305-01

Submitted Sample Address: 12405 Kondrup Drive
Fulton, MD 20759
Submitted Sample Source: Bathroom sink
Date / Time Collected: 5/3/2023 10:30 AM
Sample Type: Drinking Water
Field Record: Chlorine residual: Absent Clear when drawn pH: 6.5
Sampler/Company: N. V. Allan 1560EU, Atlantic Blue (Exp. 12/16/2023)
Well Tag#: HO-92-0110

Analytical Results

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

Notes:

- 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
- ND – Not Detected.
- * Sand and turbidity standard for new wells - See Code of Maryland Regulations (COMAR) 26.04.04.16E(5).
- 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:

IMPORTANT MESSAGE

TO Ray Hodges

DATE 7/29/92 TIME 11:30 ~~P.M.~~ A.M.

WHILE YOU WERE OUT

M Gary Christopher

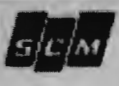
OF Maple Company

Area Code & Exchange 301 924 2184

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>
	RETURNED YOUR CALL	<input checked="" type="checkbox"/>	

Message 7/29/92 Returned
call

Operator J



IMPORTANT MESSAGE

TO June

DATE 8/3/92 TIME 12:20 ~~AM~~ P.M.

WHILE YOU WERE OUT

M BT Slaffer

OF Beaufort Park lots 11 & 12

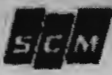
Area Code & Exchange _____

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input checked="" type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>
RETURNED YOUR CALL		<input type="checkbox"/>	<input type="checkbox"/>

Message This afternoon

Will send a letter stating
lot 11 to use well on lot 12
JEN

Operator J



Howard County Health Department

To: File

Well HO-92-0110 located
on Lot-~~12~~ 12 Beaufort Park
is to serve Lot 11 (A 17718).

From: J. Nadeau

Date: 8-18-92

HD-170



THE MAJESTIC CO.

2430 WESTMINISTER DR. OLNEY, MARYLAND 20832
PHONE (301) 924-2184

TO: Howard County Health Department

RE: Well for Lot 11, Block C, Beaufort Park

July 27, 1992

To whom it may concern:

We are the general contractor for the house to be built on the above mentioned lot, owned by Mr. Robert Daffer. This is to inform you of the owner's plans for the well for the above mentioned lot.

The house that is to be built on lot 11 will be serviced by the well that is located on lot 12. Both lots are owned by Mr. Daffer.

The well on lot 12 is a functioning well, permit number HO-92-0110. The building permit number for the house to be built on lot 11 is 44619 (12401 Kondrup Ct., Fulton, MD). The building permit application was filed on July 17 and is still pending.

It is the intention of the owner to file the necessary amendments to the deed to provide for this easement as soon as possible. Hopefully, this will not delay the processing of our permit.

Sincerely,

THE MAJESTIC COMPANY by:

Gary Christopher