

C1 6849 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 29948

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER BRUCOLINA VICTOR last name first name TOWN WEST FRIENDSHIP SUBDIVISION COVENTRY MEADOWS SECTION 2 LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Overburden, Brown Shale, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 20, NO. OF POUNDS 200, GALLONS OF WATER 120, DEPTH OF GROUT SEAL 60 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing 4 inches, Total depth of main casing 60 feet.

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

DEPTH (nearest ft.) table with columns for depth intervals and screen diameter.

CIRCLE APPROPRIATE LETTER: A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP 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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (46 ft. before, 54 ft. when pumping), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (above land surface)

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)

no map Available

B 1 8514

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-92-0124

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

please print or type

Date Received (APA)

06/03/92

OWNER INFORMATION

Broccolino, Victor

5625 Johnny Cake Rd

Baltimore, MD 21207

B 3

LOCATION OF WELL

R-48204 6/1/92 40.10'

Howard

Coventry Meadows

SECTION 44-46 LOT 48-50

West Friendship

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Driller's Name Leroy Brown 489 License No. 80

Firm Name G. Edgar Harr Sosa' Corp.

Address 12047 Falls Road Cockeysville 21030

Signature Leroy Brown Date 6/1/92

B 2

WELL INFORMATION

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

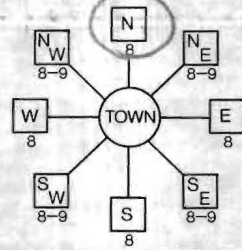
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Coventry Meadows Drive

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 300 FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 29948

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 7/20/92 CO SIGNATURE EXP. DATE 1/20/93

NORTH GRID 546000 EAST GRID 0912000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 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

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
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROX. PERMIT NUMBER GAP

FORCE PERMIT No. 10-92-0124

SPECIAL CONDITIONS 744-6709

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

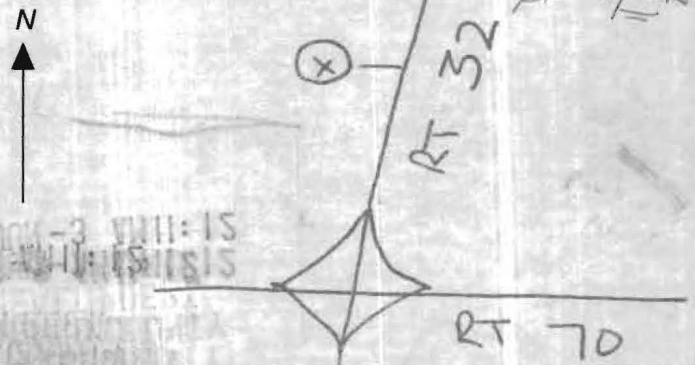
SOURCES OF DRILLING WATER

- 1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE

8102
5406

8/6/92 10 AM GROUT ONLY
Per well driller
21 Bags of cement
40' Well Grout - open
60' Casing
2 1/2' Casing above ground
Rof. C.B.

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





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 23, 2002

John Garbart
1450 Coventry Meadows Drive
Sykesville, Maryland 21784

RE: Coventry Meadows, Lot #15
1450 Coventry Meadows Drive
BP # B00129893
Well Permit # HO-92-0124

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/31/2001.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.


INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-92-0124. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 0~~2~~06/2001 & 1/18/2002
Date of Well Completion: 08/24/1992

Respectfully,


Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

cc: Building Inspector's Office
File

drilled on wrong lot

2 wells on lot 15