

C 1	8348	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	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)		FILL IN THIS FORM COMPLETELY PLEASE TYPE		
ST/CO USE ONLY DATE Received MM DD YY 8 / 21 11		DATE WELL COMPLETED MM DD YY 10 9 11	Depth of Well 22 400 26 (TO NEAREST FOOT)	COUNTY NUMBER A533220 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-95-2194

OWNER **Dunbar** first name **DAVE**
 STREET OR RFD **8503 Reservoir Rd** TOWN **Fulton MD**
 SUBDIVISION _____ SECTION _____ LOT _____

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	
Top Soil	1	2	
Silt	2	115	
Blue Schist	115	400	
*WATER ZONE	300	301	✓
Schist: Blue, Gray, v. hard	301	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CM BC

CEMENT BENTONITE CLAY

NO. OF BAGS **10** NO. OF POUNDS **500**

GALLONS OF WATER **250**

DEPTH OF GROUT SEAL (to nearest foot)
from **3** ft. to **400** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6 3/4** Total depth of main casing (nearest foot) **120 Ft**

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD572**
Samuel A Connelly
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **JSD106**

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

C 2

DEPTH (nearest ft.)

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 _____ to _____

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 _____

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **1**

PUMPING RATE (gal. per min.) **1**

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING **1** ft.

WHEN PUMPING **1** ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 _____

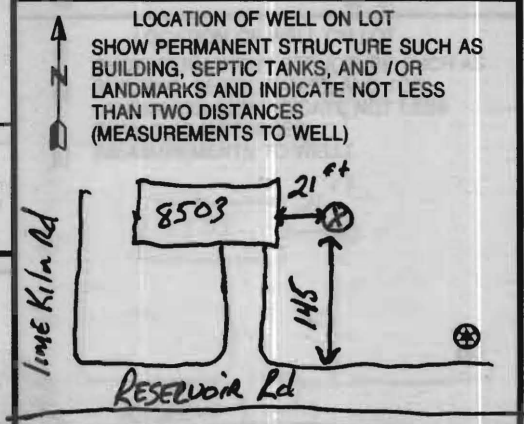
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
 - below } **4** (nearest foot)



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, 1800 WASHINGTON BOULEVARD • BALTIMORE, MARYLAND 21230

C1	0055	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE Received MM <u>11</u> DD <u>21</u> YY <u>11</u>		DATE WELL COMPLETED MM <u>10</u> DD <u>6</u> YY <u>11</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2194
OWNER <u>Dunbar</u>		DRIVER <u>DAVE</u>		COUNTY NUMBER <u>A 533220</u>
STREET OR RFD <u>8503rd RESERVOIR, Rd</u>		TOWN <u>Fulton, MD</u>		
SUBDIVISION _____		SECTION _____		LOT _____

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	
Top Soil	1	2	
DARK BROWN silt & clay	2	115	
Blue Schist	115	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 10 NO. OF POUNDS 500

GALLONS OF WATER 250

DEPTH OF GROUT SEAL (to nearest foot)
from 3 ft. to 400 ft.
48 TOP 52 ft. 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
<input checked="" type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER

MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch) <u>6</u>	Total depth of main casing (nearest foot) <u>120</u>
60 61	63 64	66 70

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

SCREEN RECORD

screen type or open hole (insert appropriate code below)

<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS	<input type="radio"/> HO OPEN HOLE
	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 1
8 9

PUMPING RATE (gal. per min.) 1
11 15

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)

BEFORE PUMPING 1 ft.
17 20

WHEN PUMPING 1 ft.
22 25

TYPE OF PUMP USED (for test)

<input type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input type="radio"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

C2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) _____

56 60

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) _____ 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 } 4 (nearest foot)
49 50 51

DRILLERS LIC. NO. MWD572

Samuel A Connelly
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. ISD106

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

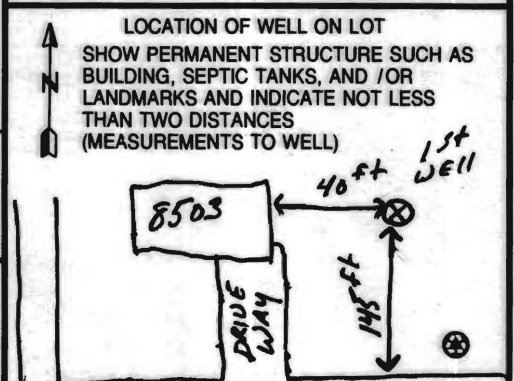
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68

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

T _____ (E.R.O.S.) _____ W Q _____

70 _____ 72 _____

TELESCOPE LOG _____ 74 75 76 _____

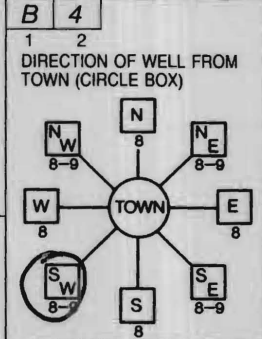


B 1 1351 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 APPLICATION FOR PERMIT TO DRILL WELL please type 535937 HO-95-2194
 fill in this form completely

Date Received (APA) 08 09 11
 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Dunbar Owner DAVE First Name
 36 Street or RFD 6307 Leafy Screen
 55
 57 Town Columbia State md. Zip 21045
 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard Beaufort Park
 23 SUBDIVISION Beaufort Park
 SECTION 4 LOT 48
 44 46 48 50
Fulton
 52 NEAREST TOWN
 71
 MILES FROM TOWN (enter 0 if in town) 1.4 M I
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Sam Connelly License No. MWD 572
 81 Firm Name Connelly & Associates
 Address 260 Interstate Ct. Frederick, Md. 21704
 Signature Samuel A. Connelly Date 8-4-11



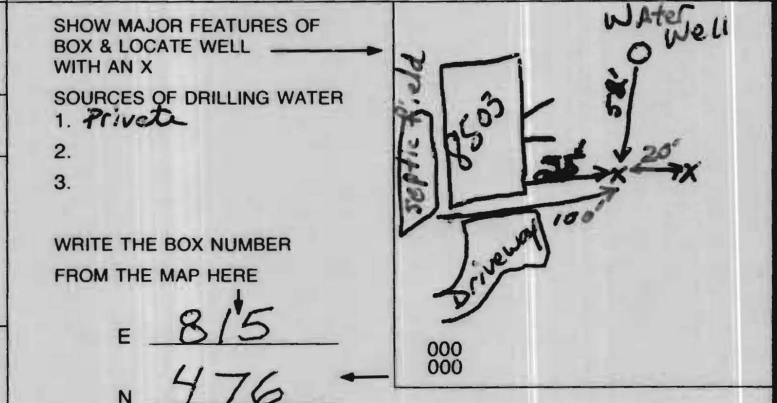
11 Reservoir Rd. (8503) 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 37 DISTANCE FROM ROAD 90 Ft
 ENTER FT OR MI 38 39
 TAX MAP 45 BLK: 12 PARCEL 26

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A533220
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 8/23/2011 Brian Baker 8/23/2012
 CO SIGNATURE EXP. DATE
 NORTH GRID 476 000 EAST GRID 815 000
 50 55 57 63

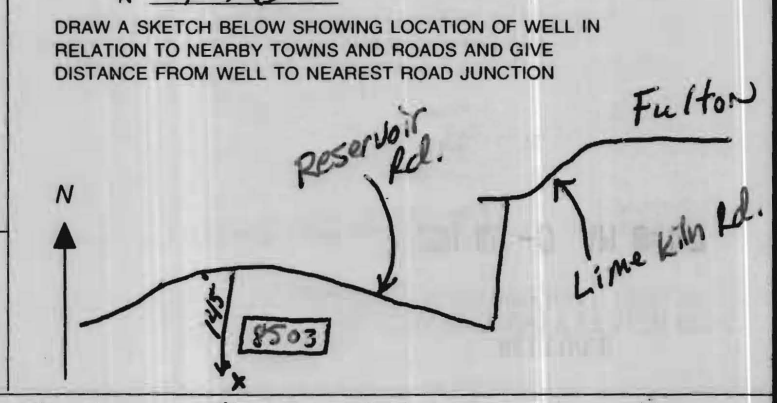
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 2 x 400 FEET
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH



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

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
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

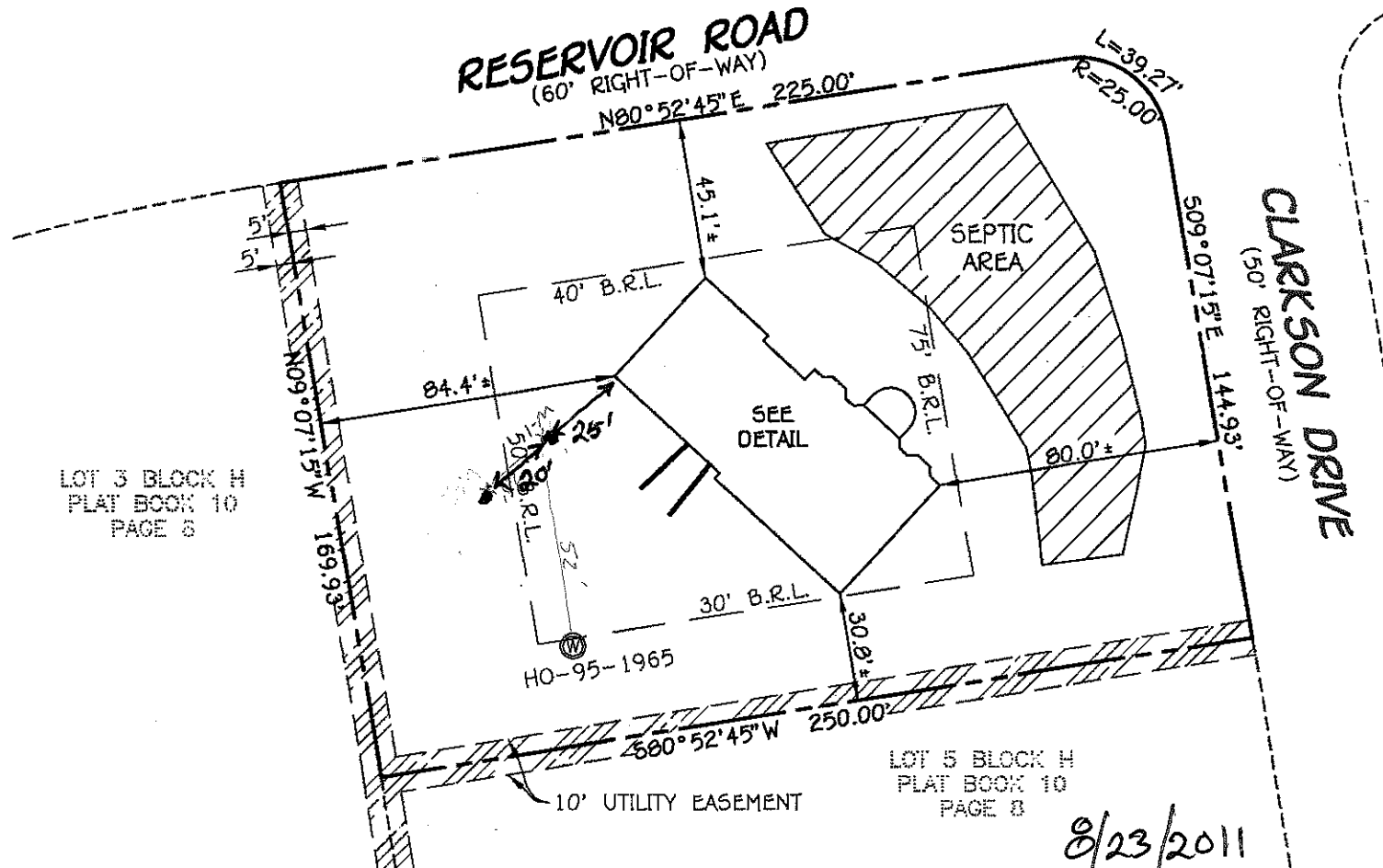


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-2194
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Grant Boreholes From Bottom Upward With Tremie Pipe

GENERAL NOTES:

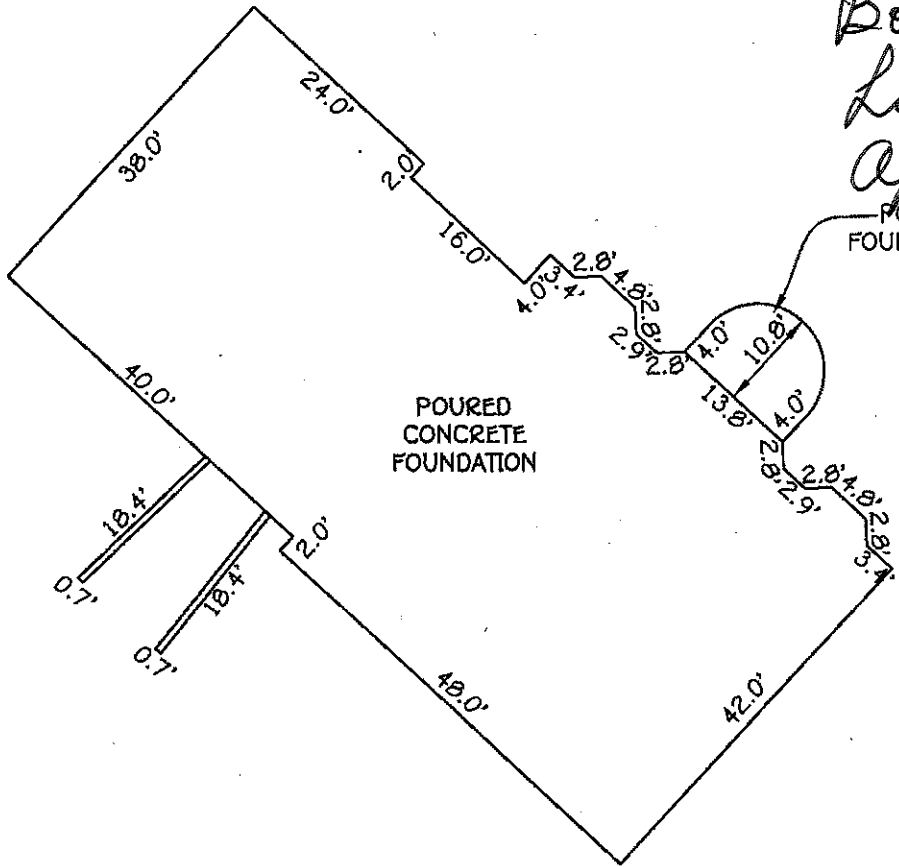
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440041-B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.5' (*)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-1965 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 6) BUILDING PERMIT #B-10003909



LOT 3 BLOCK H
PLAT BOOK 10
PAGE 6

LOT 5 BLOCK H
PLAT BOOK 10
PAGE 8

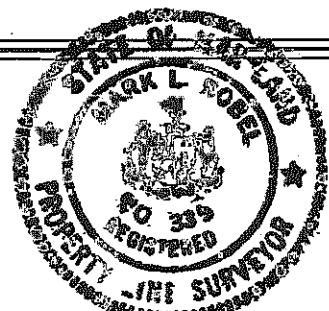
8/23/2011
Borehole
Locations
Appear
FORCH
FOUNDATION
Approvable
(BB)



DEED REFERENCE: LIBER 530/ FOLIO 695
#8503 RESERVOIR ROAD
B.R.L = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. = 499.7' ±

LOT 4 ~ BLOCK "H"
PLAT ONE
BEAUFORT PARK
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT #10/008

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2955



Mark L. Robel 5/26/11
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 5/26/11
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1" = 50'
DATE: 5/26/11
DRAWN BY: JMP
CHECKED BY: MLR
PROJECT No.: 10012-6002

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: NATIONAL WATER SVC Telephone #: 301-854-1333
 Address: P.O. BOX 138
Ashton, MD 20861

(Must circle one) Licensed Plumber Licensed Well Driller **Licensed Well Pump Installer**
 License # and name of individual responsible for the field installation:
 Name (Print): DAVID KYCKE License# PI-0145

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Selridge Builders Telephone #: _____
 Subdivision: BEAUFORT PARK Lot #: 4 Well Tag #: HO-_____
 Site Address: 5303 RESERVOIR Rd
FULTON, MD 20759

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRUNDOS</u>	Make: <u>Campbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1530615-290</u>	Model#: <u>PA 300</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1.2</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>100'</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors or Cable guards are required - Must circle one CRS
 Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house	House Connection
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>4'</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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 10-10-11

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

Date Insp. Requested: _____ Date Insp. Approved: _____
 Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
 Two piece cap installed and attached to casing securely _____
 Elec. conduit extends at least 18" below grade/attached to cap properly _____
 Safety rope installed inside of well casing _____
 Correct well tag attached properly and casing 8" above finished grade _____
 Water supply line sleeved adequately at house connection _____
 Adequate grout observed below pitless adapter _____

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, December 02, 2011 2:14 PM
To: 'Tony Fertitta'
Subject: Dunbar Property 8503 Reservoir Rd

After review of the file, the well locations for the Dunbar Property at 8503 Reservoir Road may not be relocated further north from their current approved locations (perc cert plan signed 6/30/2010). This is due to the location of the septic system on lot 3 (8507 Reservoir Rd) upgradient from that portion of the lot.

Please pass this information on to the homeowner as needed. This decision supersedes my conversation with Mr. Dunbar in which we discussed relocating the alternate wells further north on the property.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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