

C1 3418 (MDE USE ONLY)

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY NUMBER A518633

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

ST/CO USE ONLY
DATE Received
MM DD YY

DATE WELL COMPLETED
MM DD YY
03 09 2004

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-3886

OWNER: Vana Property LLC
STREET OR RFD: Gaither Road
TOWN: Dykesville
SUBDIVISION: Vana Property SECTION: LOT:

WELL LOG
Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Overburden Granite and water at 47' & 160'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 48 NO. OF POUNDS 800
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE: PL (60-61)
Nominal diameter top (main) casing (nearest inch): 6 (63-64)
Total depth of main casing (nearest foot): 30 (66-70)

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

SCREEN RECORD

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

DEPTH (nearest ft.)

Table with columns: A, C, S, R, E, N and rows for slot size and diameter of screen.

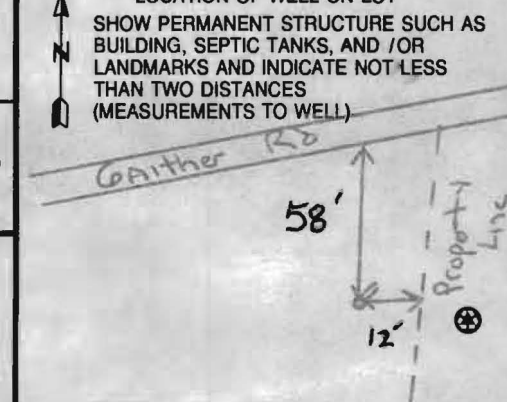
PUMPING TEST

HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 13.6
METHOD USED TO MEASURE PUMPING RATE: Submersible
WATER LEVEL (distance from land surface)
BEFORE PUMPING 10 ft.
WHEN PUMPING 27 ft.
TYPE OF PUMP USED (for test): S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 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 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: Y

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 5 D 1 6 2

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: J 5 D 0 5 2

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

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

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

T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 3105

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-94-3886 fill in this form completely

W520036

Date Received (APA)

01-20-04

OWNER INFORMATION

Vana Property LLC Last Name Owner First Name

8000 Main Street Street or RFD

Ellicott City MD 21043 Town State Zip

B 3

LOCATION OF WELL

Howard COUNTY

Vana Property SUBDIVISION

SECTION LOT

Sykesville NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Michael D. Isom Driller's Name License No.

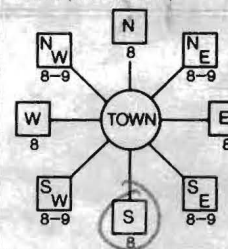
G. Edgar Harr Sons' Corp. Firm Name

12047 Falls Road, Cockeysville 21030 Address

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Gaither Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 4 BLK: 19 PARCEL 30

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTary DRIVE-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
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 (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER

PERMIT No. HO-94-3886

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

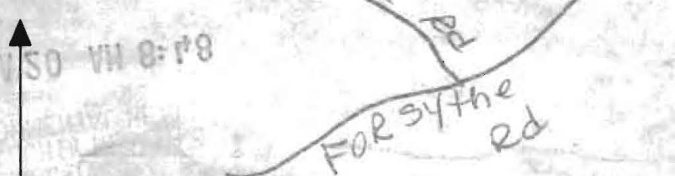
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8002 8005

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

N



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



R=100'



NAD 27

GIB2

Edge of Road  
Center Line of Road

438

GAITHER ROAD

S 34° 20' 35" E 100.00'

DIRT DRIVE

18' CMP

REBAR WITH CAP 10770 FOUND

R=100'

PROPOSED WELL

R=30'

WELL SITE MOVED DUE TO LARGE TREE - OK  
MR 2/25/04

S 62° 16' 23" W 300.00'

50' B.P.L.

N 61° 16' 23" E 300.00'

10' B.P.L.

REPAIR SYSTEM

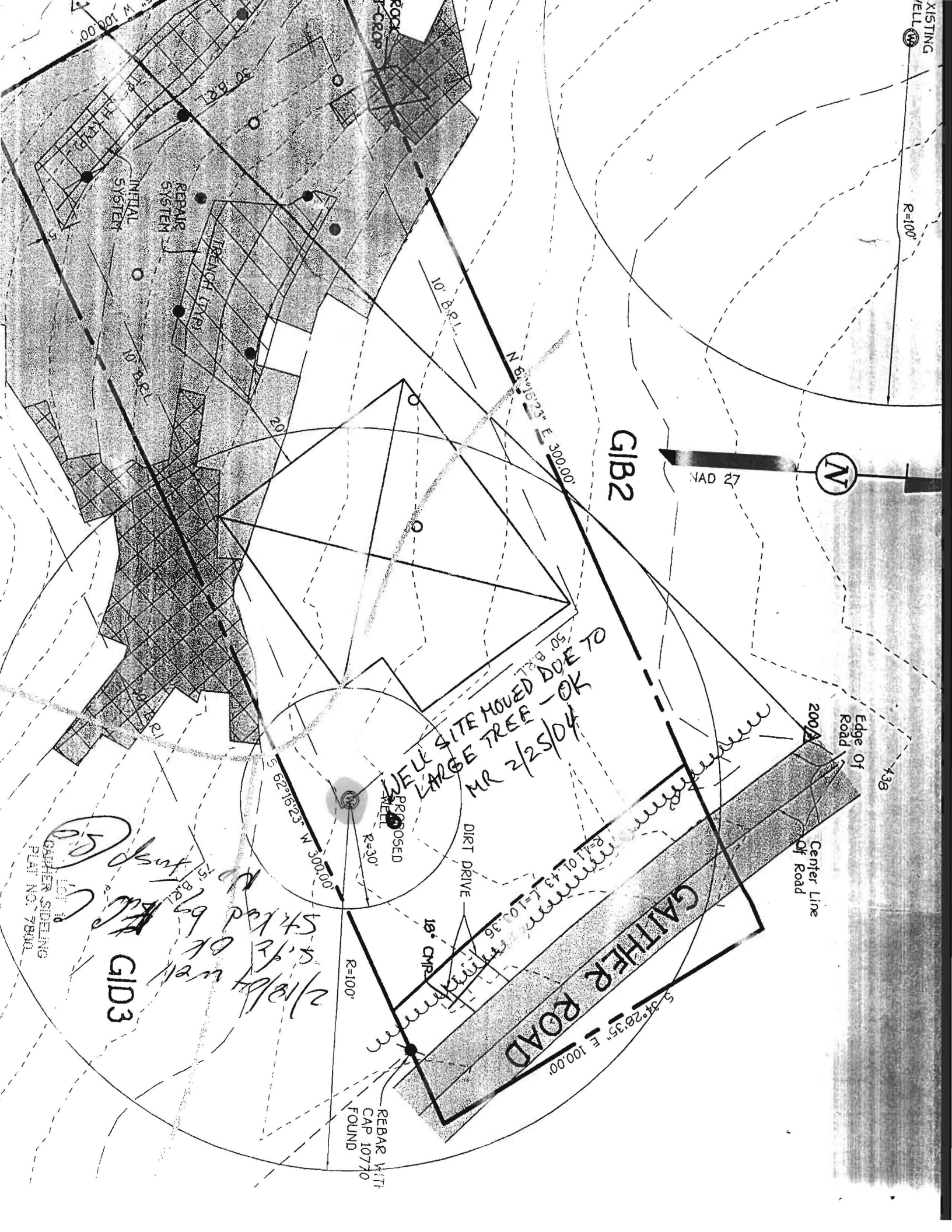
TRENCH (M)

10' B.P.L.

20'

*Handwritten notes:*  
2/19/04  
5' x 4' x 5'  
OK  
by [unclear]  
GAITHER SIDELING  
PLAT NO. 7800

GID3



02/16/05 10:47

61835000

PAGE 1

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 permit form is required prior to Use and Occupancy approval.

Company Name Michael P. Gartland Inc Telephone # (410) 549-1755  
Address 4947 Runkles RD  
MT. AIRY MO 21771

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

Name (Print) Michael Gartland License # 6252

\* 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 Dorsey Family Trust Telephone # 410 465 4300

Submission Urgent Priority Priority Well Tag # HO

Site Address 476 Gaither Rd  
Sykesville MO 21784

Submittable Pump Data  Pitless Adapter  Well Cap and Electric Conduit

Make 202206 Make NAI Two piece watertight cap YES

Model # 2542105410 Model # PT-400 Screened, vented well cap YES

Pump Capacity 7 GPM Depth 42 (36" min) Cap secured to casing YES

Well Yield GPM NSF/IBEC approved Conduit min 1 1/2" B.C. YES

Depth of well encountered at time of pump installation (feet) Conduit secured to well cap YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.04

Torque wrench, Cable guards, or other acceptable method used. Must circle one

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

Piping to house  House Connection

Type 1/2" PVC PVC sleeve in undisturbed soil at well penetration YES

PS: 160 (160 psi min) Approximate length of sleeve 10'

Depth of supply line 42 (36" min) Sleeve caulked and sealed properly YES

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

Signature of company representative responsible for installation Michael Gartland Date 2/16/05

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

Date Insp Requested \_\_\_\_\_ Date Insp Approved 1/17/05 Inspector KN

Inspection Data Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_

Two piece cap installed and attached to casing securely \_\_\_\_\_

Pitless conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_

Safety rope not used outside of well cap/casing \_\_\_\_\_

Correct well cap attached properly and casing 8" above finished grade \_\_\_\_\_

Water supply line sleeved adequately at house connection \_\_\_\_\_

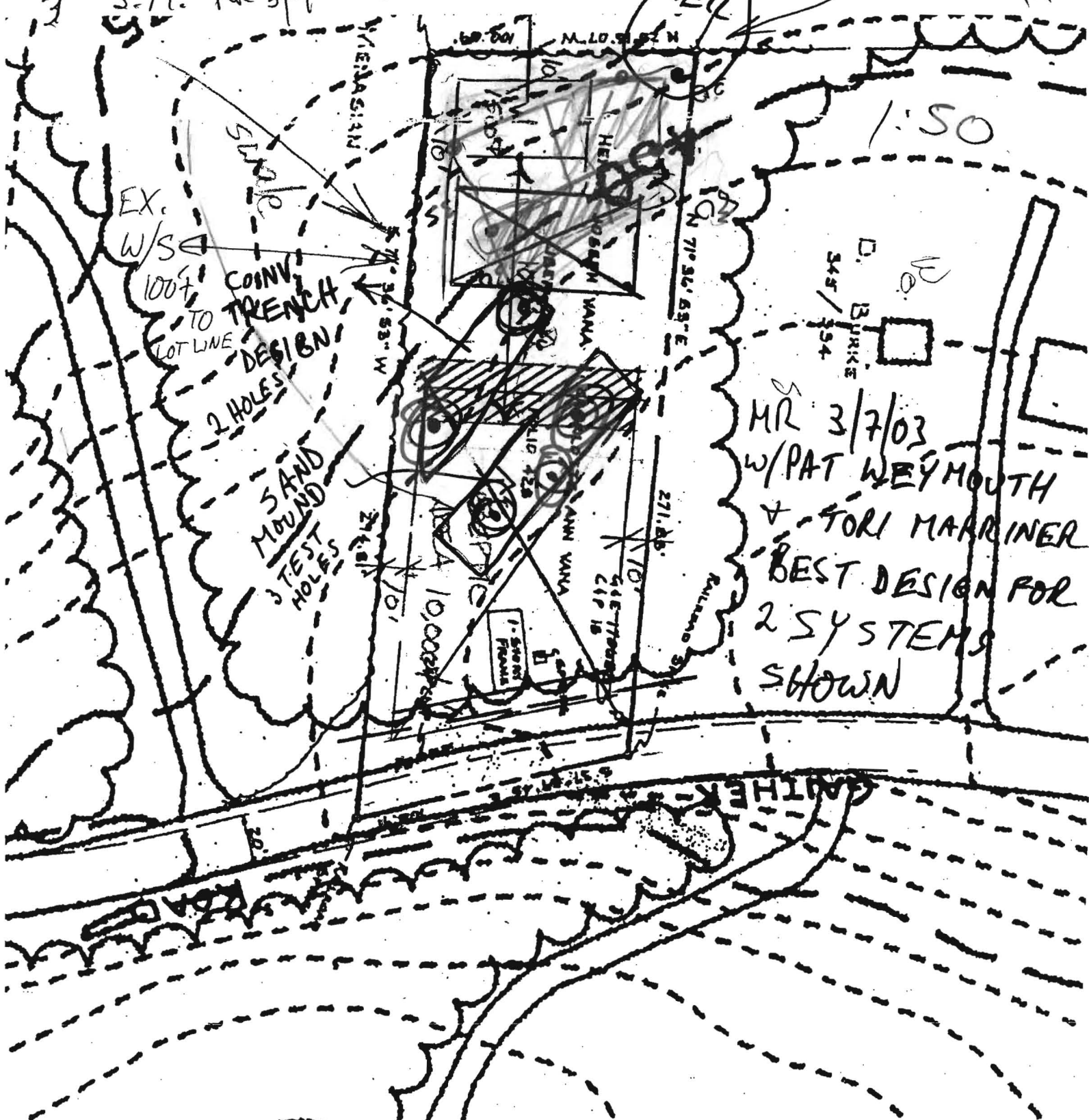
Adequate ground observed below pitless adapter \_\_\_\_\_

1/17/05  
NOT FINISHED  
OK TO BACKFILL  
LEAVE OPEN AT  
WELL (BB)

5 HOLES  
OK TO TEST

2/3 CONVENTIONAL  
S.M. MR 5/5/03

ADJ. A 150'  
ST # 30 15  
69 AC OR  
OVER 30000  
EA. THERE  
ENOUGH ROOM  
A WELL &  
AREA GET  
DRIVEWAY  
3. TO 400  
WANT A  
PLOT NOT  
VER FOR  
LENGTH DEPT



MR 3/7/03  
W/PAT WEYMOUTH  
& TORI MARRINER  
BEST DESIGN FOR  
2 SYSTEMS  
SHOWN



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

February 17, 2005

Dorsey Family Homes  
9926 Cypressmede Drive  
Ellicott City, MD 21042

**SENT VIA FACSIMILE 410-456-0488**

RE: Vana Property  
478 Gaither Road  
Sykesville, MD 21784  
BP #: B00149006  
Well Permit # HO-94-3886

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 02/16/2005. Final approval of the well line connection to the dwelling was approved on 02/17/2005.**

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-94-3886. 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: 02/14/2005  
Date of Well Completion: 03/09/2004

Approving Authority,

  
Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File