

**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> 3933	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A519 007</u>

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 7 15 03	Depth of Well 22 540 26 (TO NEAREST FOOT)	OK SRK 7/18/03 PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-943713</u>
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OWNER DZUBAR JONATHAN  
STREET OR RFD 7215 MINK HOLLOW ROAD TOWN HIGHLAND  
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	
Sand	0	82	
Gray Mica Rock	82	540	

GROUTING RECORD	
WELL HAS BEEN GROUTED (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 type="checkbox"/> BC
NO. OF BAGS <u>24</u>	NO. OF POUNDS <u>2256</u>
GALLONS OF WATER <u>144</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>76</u> ft.	
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input 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>ST</u>	<u>6</u>	<u>85</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="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER		

DEPTH (nearest ft.)	
C 2	
T 2	
E 1	<u>HO</u> <u>84</u> <u>540</u>
A 8 9 11 15 17 21	
C 2	
S 23 24 26 30 32 36	
C 3	
R 38 39 41 45 47 51	
E	
N	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	(NEAREST INCH)
<u>56</u> <u>60</u>	
from to	

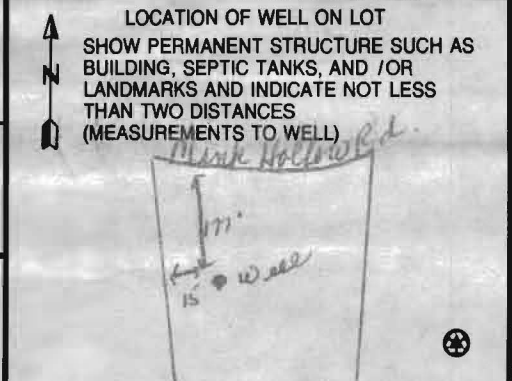
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70		72		74	75	76
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PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>6</u>
PUMPING RATE (gal. per min.)	<u>1.5</u>
METHOD USED TO MEASURE PUMPING RATE	<u>Bucket</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>40</u> ft.
WHEN PUMPING	<u>297</u> ft.
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible
<input type="checkbox"/> T turbine	<input type="checkbox"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<u>1</u> (nearest foot)



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.

DRILLERS LIC. NO. MSD 024

DRILLERS SIGNATURE Joseph M. Maize

LIC. NO. MSD 027

SITE SUPERVISOR (sign. of driller or journeyman)

B 1 5187

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3713

W519027 please type

fill in this form completely

Date Received (APA) 06/25/03

OWNER INFORMATION

DZUBAK Jonathan 7215 Mink Hollow Rd Highland md 20777

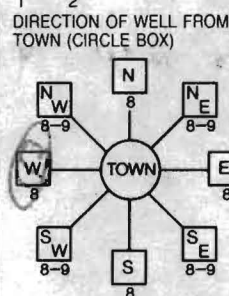
B 3 LOCATION OF WELL

Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN 3 1/2 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Wayne MSD024 Driller's Name License No. Joseph L. Wayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy md 21771 Address Joseph L. Wayne 6/24/03 Date Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7215 Mink Hollow Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 150 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 SOUTH TAX MAP: 40 BLK: 7 PARCEL 17

B 2 WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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 COUNTY NAME A519007 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 06/26/03 Mark E. Ruffin 6/26/04 CO SIGNATURE EXP. DATE NORTH GRID 487 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

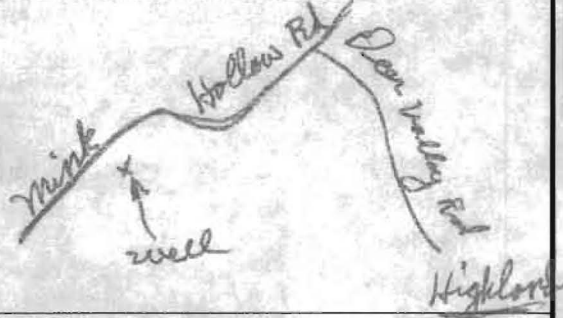
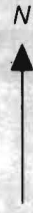
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 80x2 N 48x7

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 G PERMIT No. HO-94-3713

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3713  
 Location of property (road) 7215 Mink Hollow Rd  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Jonathan DZUBAK + Jacqueline DZUBAK

Depth of well 540'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 8:05 Pumping rate 20 gpm  
 Total time 45 min to reach pumping water level 297 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:20	139'	3 sec		20 gpm
8:35	202	H		15
8:50	297	5		12
9:05	297	40		1.5
9:20	297	40		1.5
9:35	297	40		1.5
9:50	297	40		1.5
10:05	297	40		1.5
10:20	297	40		1.5
10:35	297	40		1.5
10:50	297	40		1.5
11:05	297	40		1.5
11:20	297	40		1.5
11:35	297	40		1.5
11:50	297	40		1.5
12:05	297	40		1.5
12:20	297	40		1.5
12:35	297	40		1.5
12:50	297	40		1.5
1:05	297	40		1.5
1:20	297	40		1.5
1:35	297	40		1.5
1:50	297	40		1.5
2:05	297	40		1.5
2:20	297	40		1.5
2:35	297	40		1.5
2:50	297	40		1.5

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: Van Sant Plumb & Hvy Telephone #: 301-829-0444  
Address: 3 N Main St  
Mt. Airy, MD 20771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): LARRY VANSANT License# 16936

\*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: Jonathan Dzubak Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94 3213  
Site Address: 7215 Mink Hollow Rd  
Highland MD 20777

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Goulds      Make: BIX      Two piece watertight cap:   
Model #: 76S10422      Model#: Impresso      Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM      Depth: 4.2 (36" min)      Cap secured to casing:   
Well Yield: \_\_\_\_\_ GPM      NSF approved: \_\_\_\_\_      Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 500 (feet)      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  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**      **House Connection**  
Type: Polyethylene      PVC sleeved to undisturbed soil at wall penetration: 15  
PSI: 200 (160 psi min)      Approximate length of sleeve: 15  
Depth of supply line: 3 (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.

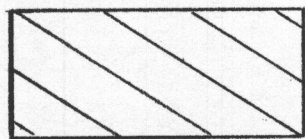
Signature of company representative responsible for installation: \_\_\_\_\_ date: 12.8.03

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/14/03 (50)  
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 \_\_\_\_\_

**NOTE:**

1. EXISTING 1 STY. FRAME DWELLING TO BE VACATED AND DEMOLISHED UPON COMPLETION AND OCCUPANCY OF PROP. HOUSE.
2. EXISTING WELL AND SEPTIC SYSTEM TO BE ABANDONED UPON OCCUPANCY OF PROPOSED HOUSE AND PRIOR TO DEMOLITION OF EXISTING HOUSE. EX. WELL TO BE FILLED AND SEALED BY WELL DRILLER.



This area designates a private sewage disposal area as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available and servicing any residential structures constructed on this building site. This sewage disposal area shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant adjustments to the private disposal area.

All percolation test holes have been field located and shown as thus ⊙

All wells and septic systems within 100' of property lines have been shown.

Percolation test holes shown as ⊗ indicate failed test holes (N/A.)

The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.

Topography shown in the vicinity of the proposed sewage disposal area reflects field run elevations, based upon Topography Composite Map of Howard County MD. 1998 map # 239 and 240.

APPROVED: For private water and private sewer  
HOWARD COUNTY HEALTH DEPARTMENT

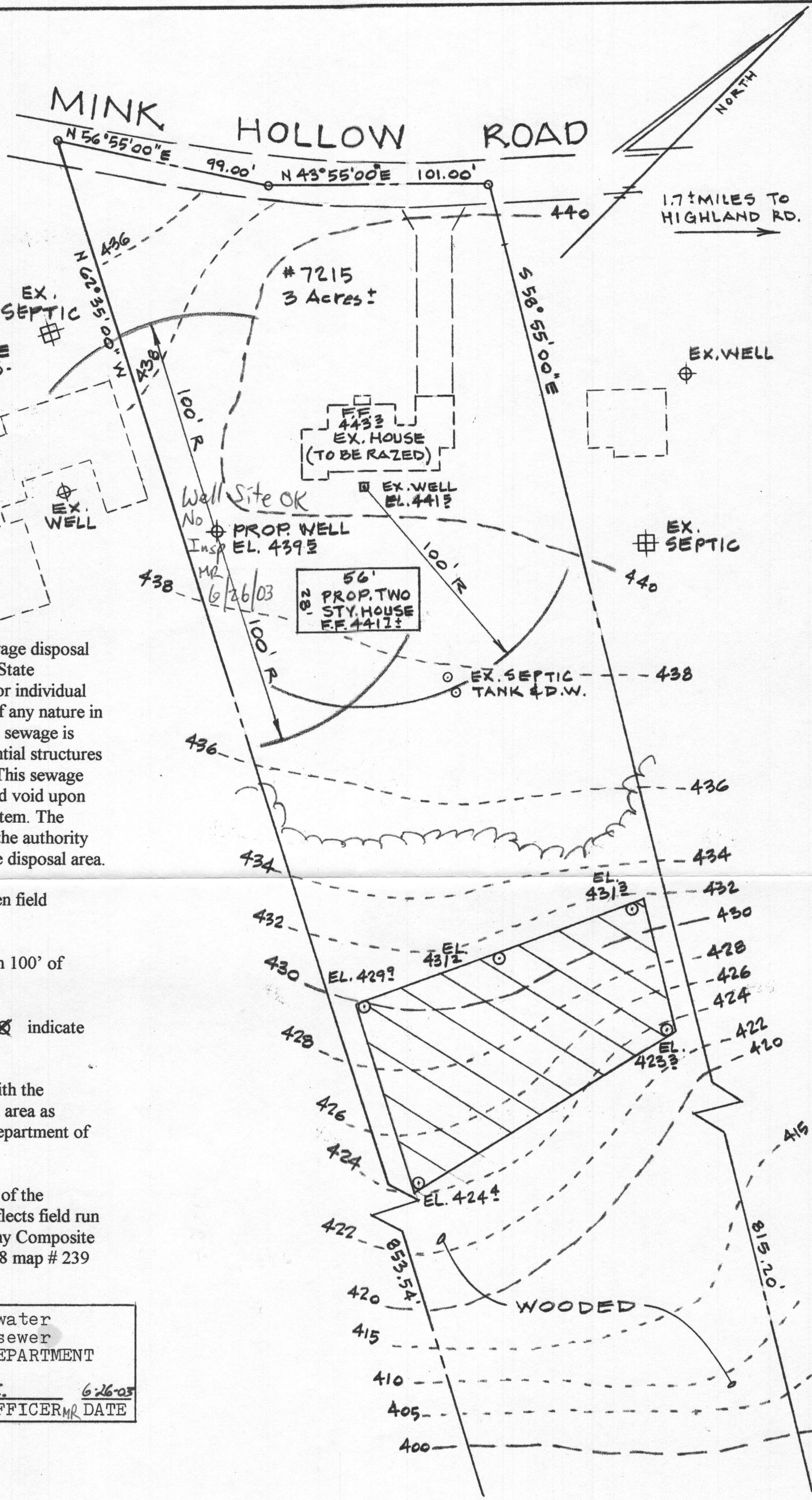
*Perry Borestein M.D.* 6-26-03  
HOWARD COUNTY HEALTH OFFICER MR DATE

**ENGINEER:**  
JOHN L. SCHNEIDER, P.E.  
100 N. ROLLING ROAD  
CATONSVILLE, MD. 21228  
PHONE: 410 744 1945

**PROPERTY OWNERS:**  
JACQUELINE DZUBAK  
JONATHAN DZUBAK  
7215 MINK HOLLOW RD.  
HIGHLAND, MD. 20777  
PHONE 301 854 0881

**PERCOLATION CERTIFICATION PLAT**

SCALE: 1"=50'	APPROVED BY: REVISED: 6-26-03 TO ADD NOTE NO 2	DRAWN BY TGH REVISED 6-26-03
DATE: 5-5-03	DZUBAK PROPERTY - PARCEL 17-GRID 7 7215 MINK HOLLOW RD. MAP 40	
5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND		DRAWING NUMBER 305



**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneystown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	49455	Account #:	4405
Reference:	John Dzubak	Company:	CASH ACCOUNT
Location:	7215 Mink Hollow Road Highland, MD 20777	Requested By:	John Dzubak
Date/Time Collected:	01/12/04 1050	Source:	Well Water
Date/Time Rec'd:	01/12/04 1302	Site:	Kitchen Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Neutralizer
Collected By:	J. Yeager 6176JY	pH:	7.0
		Well #:	HO-94-3713

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.

**NOTES:**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Sealed, vented cap
- 5 pH tested on-site

Reason for Test : Use & Occupancy 2nd Consecutive  
 Building Permit # : B00143163

Date Reported: 01/13/04

MD State Certification # 133

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 49320 Account #: 4405  
Reference: John Dzubak Company: CASH ACCOUNT  
Location: 7215 Mink Hollow Road Requested By: John Dzubak  
Highland, MD 20777 Source: Well Water  
Date/ Time Collected: 12/29/03 1205 Site: Kitchen Tap  
Date/Time Rec'd: 12/29/03 1500 Treatment: Sediment Filter  
Chlorine ppm: Free: ND Total: ND pH: 6.6  
Collected By: C. Mooshian 7268CM Well #: HO-94-3713

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Nitrate	<1.0	mg/L	10	601
Turbidity	2.92	NTU	<10	SM2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**NOTES:**

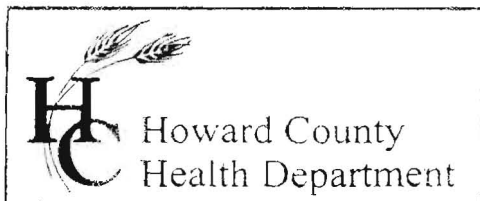
- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory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

Reason for Test : Use &amp; Occupancy

Building Permit # : B00143163

Date Reported: 12/30/03

MD State Certification # 133



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

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

January 16, 2004

MEMORANDUM

TO: Jacqueline Dzubak  
7215 Mink Hollow Road  
Highland, MD 20777

FROM: Mark Rifkin, R.S. *MR*  
Well & Septic Program  
Bureau of Environmental Health

RE: 7215 Mink Hollow Road

This is to advise that the Howard County Health Department recommends issuance of the requested demolition permit for the original dwelling at the referenced property.

You have advised that the well on the property will be properly disconnected from the original house, and will be maintained for use as a non-potable outdoor supply with the replacement dwelling. In order to avoid damage to the well, house demolition activity should be directed away from the well pit structure, and the pit cover should be secured.

You have also advised that the existing septic system will be properly pumped and collapsed during the demolition process. Please verify that the contractor reports the completion of septic system abandonment to the Health Department.

January 16, 2004

Howard County Health Department  
Water and Sewerage Program  
3525- H Ellicott Mills Drive  
Ellicott City, MD 21043-4544

Attn: Mr. Mark Rifken

Re: Demolition Permit Request (Request to keep old well)  
7215 Mink Hollow Road  
Highland, MD 20777  
Jonathan and Jacqueline Dzubak

Dear Mr. Rifken,

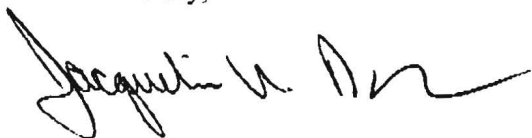
As per your request, I am writing this letter to request permission to keep the "old" well at the above referenced property for outdoor use and/or emergency.

As part of the demolition process, the well will remain at its current location- a "pit" and not be filled in with the foundation of the declared structure. The current pump will remain also.

Should you require additional information, please feel free to contact me: (410) 313-6945 daytime and (301) 854-0881 evenings.

Thank you for all of your help regarding this matter and prior steps in the process.

Yours Truly,



Jacqueline Dzubak  
Home Owner