

C1 9806

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 43007

DATE RECEIVED 1/19/99

DATE WELL COMPLETED 1/12/99

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. 40-94-2013

OWNER Carter, STREET OR RFD SCOTTSWOOD COURT, TOWN Woodbine, SUBDIVISION Country Springs, SECTION, LOT 15

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand Stone and Gray Mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter, Total depth of main casing

OTHER CASING (if used) diameter, depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

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

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE Joseph P. Mayne

LIC. NO. D

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

Table with columns: E, A, C, H, S, R, E, E, N and rows for depth measurements (19, 305)

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

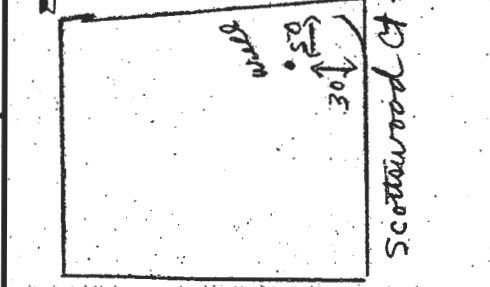
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 10, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 33, WHEN PUMPING 90, TYPE OF PUMP USED (for test) S

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



**B 1** 0356 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-2013  
70 fill in this form completely 79

**OWNER INFORMATION**  
 Date Received (APA) 12/16/98  
 8 MM DD YY 13  
Carter Ron  
 15 Last Name Owner First Name 34  
1750 Daisy Rd.  
 36 Street or RFD 55  
Woodbine Md. 21797  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
Howard  
 8 COUNTY 21  
Country Springs  
 23 SUBDIVISION 42  
 SECTION 15 LOT 15  
 44 46 48 50  
Glennwood  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 2 M 11  
 73 76 77 78

**DRILLER INFORMATION**  
Joseph L. Maupre MSD 024  
 76 License No. 81  
Joseph L. Maupre Well Drilling  
 5512 Ridge Rd. Mt Airy 21771  
 Address:  
Joseph L. Maupre 12/15/98  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
Scottswood Ct.  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 35 37  
 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP \_\_\_\_\_ BLK \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL PER MIN.) 5  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 500  
 14 20

**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

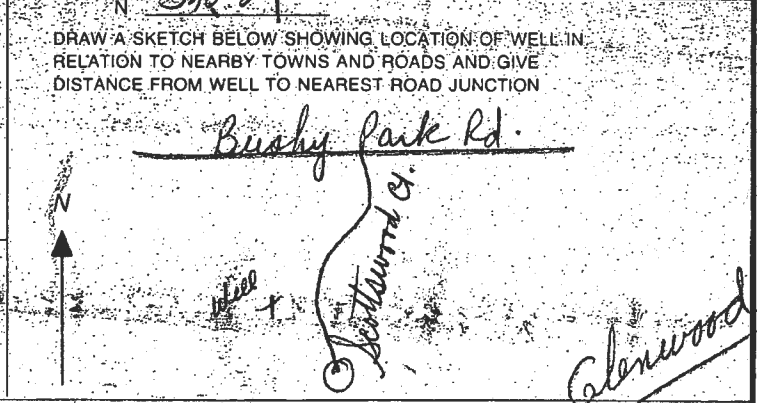
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
HOWARD A43007  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S  
 DATE ISSUED 12/23/98 12/22/99  
 43 MM DD YY 48 CO-SIGNATURE EXP. DATE  
 NORTH GRID 529 000 EAST GRID 0789 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 7809  
 N 57039  
 000  
 000

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 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  
 39  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) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER 54 \_\_\_\_\_ 63  
 PERMIT No. HO-94-2013  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOT 6  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9648

LOT 7  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9648

LOT 11  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9649

LOT 13  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9649

LOT 14  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9649

LOT 18  
COUNTRY SPRINGS  
LOTS 1 - 42  
PLAT No. 9650

CREATED WETLAND AREAS  
IN ACCORDANCE WITH D.N.R.  
PERMIT 89-WQ-0396

EXISTING 20' PUBLIC  
DRAINAGE & UTILITY  
EASEMENT PLAT No. 9650

*12/22/98  
well site  
at old  
road*

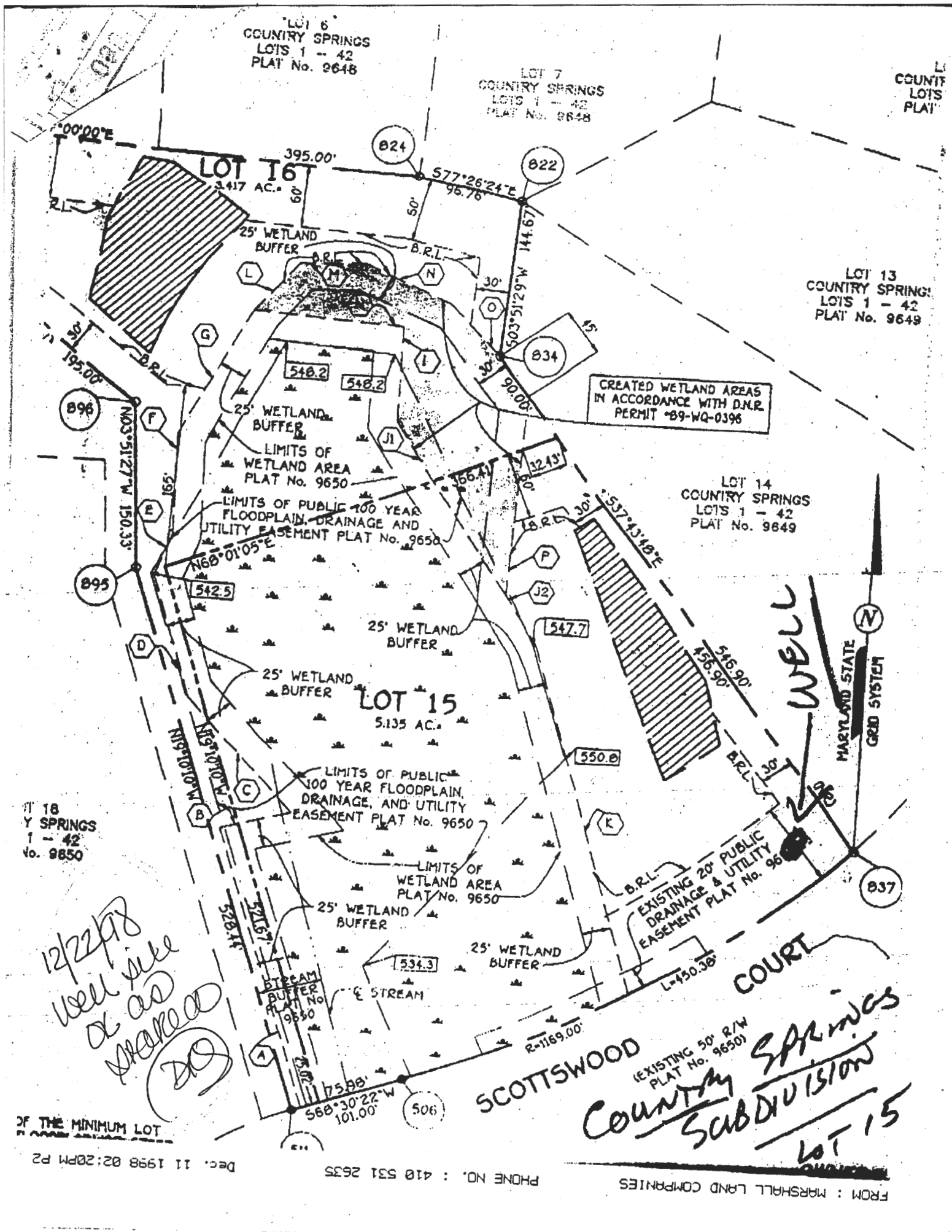
*SCOTTSWOOD  
COUNTRY SPRINGS  
SUBDIVISION  
LOT 15*

OF THE MINIMUM LOT

Dec. 11 1998 02:20PM P2

PHONE NO. : 410 531 2635

FROM : MARSHALL LAND COMPANIES







410-313-2640

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
Name of Installer Harold A. VanSant Telephone 829-0444  
License Number 1467  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Kenneth Limpakis Telephone \_\_\_\_\_  
Subdivision Country Square Lot # 15 Well Tag # HO-94-2013  
Site Address 15036 Scottswood Ct  
Queen, MD

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Sewells  
3. Model # IGS07422  
4. Capacity \_\_\_\_\_ GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No   
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No   
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor  
1. Horsepower 3/4  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make Campbell  
2. Model # B10X  
3. Depth 48"

Tank  
1. Capacity V-100  
2. Pressure relief valve? Yes

Piping  
1. Type PE  
2. Size 1"  
3. NSF and/or BOCA Code approved   
4. Depth of supply line 48"

Well data  
1. Depth 305 ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

8/15/00 WPT  
O.K. BB

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.  
Signature of Applicant: Harold A. VanSant  
Date: 8/14/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Peter L. Beilenson, M.D., M.P.H., Health Officer

September 22, 2008

Laura Haney  
15036 Scottswood Court  
Woodbine, MD 21797

RE: **Variance denial**  
15036 Scottswood Court  
Woodbine, MD 21797

Dear Ms. Haney:

The Health Department received your letter faxed September 10, 2008 requesting to locate an underground propane tank less than one hundred feet from the existing well. The *Howard County Code; Title 3, Subtitle 8, Section 3.808 (m)* requires a one hundred foot setback. Department of Health records indicate that your property is adjacent to a pond and has seasonal high water tables in the area of the proposed underground propane tank. Based on these conditions your request has been denied.

If you wish to appeal this decision you must file a written appeal within fifteen days to the executive secretary of the Board of Health in accordance with the provisions of the *Howard County Code; Title 12, Subtitle 1, Section 12.110 (f)*.

Respectfully,

Michael J. Davis, R.S.  
Assistant Director  
Bureau of Environmental Health

c: File

**B 1** 2186 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-94-3463  
**APPLICATION FOR PERMIT TO DRILL WELL** please type W517375 fill in this form completely <sup>79</sup>

Date Received (APA) 07 22 02 OWNER INFORMATION **9131** **B 3** LOCATION OF WELL  
07 MM 22 DD 02 YY 13 **Howard** COUNTY **CC#**  
**HANEY BOB** **Country Springs**  
 15. Last Name Owner First Name 34  
15036 SCOTTSWOOD COURT  
 36 Street or RFD 55  
WOODBINE, MD 21797  
 57. Town 70 State 72 Zip 76

**DRILLER INFORMATION**  
**George F. Easterday** M WD **040**  
 Driller's Name 76 License No. 81  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
George F. Easterday **7/18/2002**  
 Signature Date

**B 2** WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5  
 1 2 8 12  
 AVERAGE DAILY QUANTITY, NEEDED (GAL. PER DAY) 300  
 14 20

**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**  
 COUNTY NAME Howard COUNTY NO. AA3007  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 08/02/02 Karen Roman 08/27/03  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 539 000 EAST GRID 790 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ NEAREST INCH

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
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 37 CABLE REVERSE-ROTARY Drive-POINT  
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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

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 APPROX. PERMIT NUMBER \_\_\_\_\_ **G**  
 PERMIT No. HO-94-3463  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**Diagram:** A circular diagram with 'TOWN' in the center. Surrounding it are eight boxes labeled NW, N, NE, E, SE, S, SW, W. The 'S' box is circled. A large circle is drawn around the diagram with the text 'Expired Tag Returned' written across it.

**Sketch:** A hand-drawn sketch showing the location of the well (marked with an 'X') in relation to nearby towns and roads. 'Cooksville' is written above the well, and 'Kenwood Ct' is written below it. A north arrow is shown pointing upwards.

Expired Tag Returned

July 14, 2008

**Via Facsimile**

Additional copies will NOT follow

Howard County Health Dept  
7178 Columbia Gateway Drive  
Columbia, MD 21046  
Attn: Dana Bernard

Re: 15036 Scottswood Court  
Woodbine, MD 21797

Dear Ms. Bernard,

Per your conversation with Bob this afternoon, we are requesting a waiver to have the pool propane tank installed within the one hundred foot distance limit from the well.

Should you have any questions regarding the above please contact Bob at 301-980-0038.

Best Regards,

  
Laura Haney