

B 1 1955

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2546 fill in this form completely

Date Received (APA) 010200

OWNER INFORMATION

TBI HOMES INC, 7320 GRACE DR., Columbia MD 21044

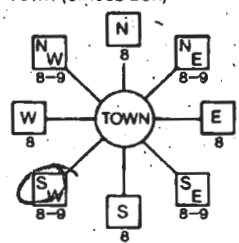
LOCATION OF WELL

Howard County, Peacefields CTRAIL CREEK, SECTION 44-46 LOT 11, FLEWOOD, 52 NEAREST TOWN

DRILLER INFORMATION

Ralph MAYNE MS D 112, Ralph MAYNE well DRILLING, 9120 Brown Church Rd Mt Airy, 12-22-99

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CatHail Oaks, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 45 37, DISTANCE FROM ROAD ENTER FT OR MI 38 39

WELL INFORMATION, APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply, Test, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County A59276N, DATE ISSUED 011100, CO SIGNATURE, NORTH GRID 522 000, EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY, JETTED, ROTARY, CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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, THIS WELL WILL DEEPEM AN EXISTING WELL

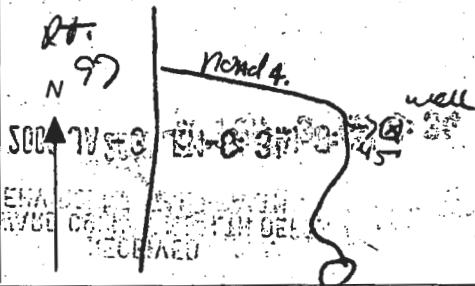
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well

3/3/00 Grant 9:30, Missed well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 750, N 522

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)

APPROP PERMIT NUMBER HO 99 GAP 6015, PERMIT No. HO-94-2546

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

578°47'47"E 175.33'
578°47'47"E 178.89'

1" P.I. (0.25" SE To Title)
S86°26'17"E 185.09'
S86°26'17"E 183.22'
149.88'

LOT 11
19,090 Sq.Ft.
(SET 111)

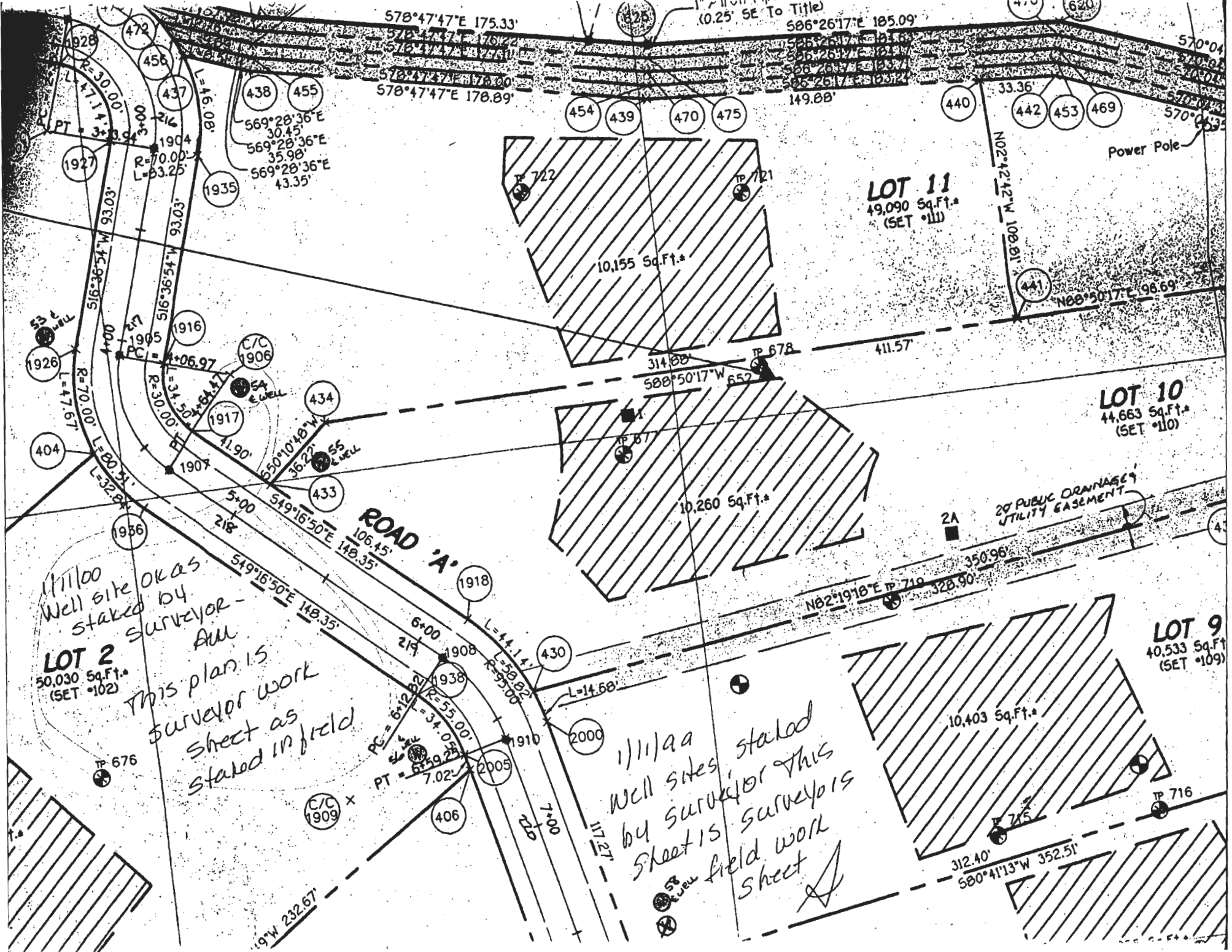
LOT 10
44,663 Sq.Ft.
(SET 110)

LOT 9
40,533 Sq.Ft.
(SET 109)

LOT 2
50,030 Sq.Ft.
(SET 102)

11/100 Well site OK as staked by surveyor - All
This plan is surveyor work sheet as staked in field

11/11a Well sites staked by surveyor this sheet is surveyor's field work sheet



ROAD 'A'

20' PUBLIC DRAINAGE UTILITY EASEMENT

Power Pole

10,155 Sq.Ft.

10,260 Sq.Ft.

10,403 Sq.Ft.

1904
R=70.00'
L=93.25'

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569°28'36"E 30.45'
569°28'36"E 35.98'
569°28'36"E 43.35'

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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: SK Plumbing & Heating Inc. Telephone #: 410-775-0522
Address: 1220 E. S. Kellum, Upper MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: License # 12285
Name (Print): Virgil V. K...

* 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: Trinity Woods Telephone #: 410-313-8722
Subdivision: Hopfields at Collier Creek Lot #: 11 Well Tag #: HO-74-2516
Site Address: 15521 Collier Oaks...

Submittable Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Sociszi Make: Ingersoll
Model #: Model #:
Pump Capacity 5 GPM Depth: 42" (36" min)
Well Yield: 6 GPM NSF approved: Yes
Depth of well encountered at time of pump installation: 125' (See)
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 Slide
Safety rope, if used, attached to inside of well casing with eye bolt Yes

Piping to house House Connection
Type: P.R. PVC sleeved to undisturbed soil at wall penetration: Yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5' 11 7/8"
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.

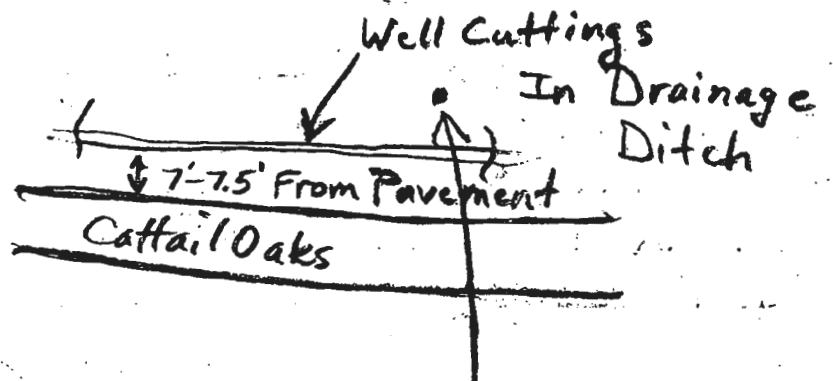
Signature of company representative responsible for installation date 4-11-02

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

Date Insp. Requested: 1/9/02 Date Insp. Approved: 1/9/02 (BB) SRK
Inspection Data: Pitless adapter and water supply lines 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 ground observed below pitless adapter

Well Permit - 4/7/05 - JRB

15521
Cattail
Oaks



5/10/05
RB

Replacement
Well



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-1-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO -94 -2546

* PERMIT NUMBER OF REPLACEMENT WELL

HO -94 -4155

* PERSON ABANDONING WELL: Allen Compton

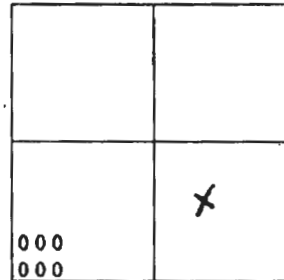
WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Tracey Kukuselis

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Woodbine Glenwood
 TAX MAP 21 BLOCK 10 PARCEL 63
 SUBDIVISION: Countryside
 SECTION: _____ LOT: 11
 NEAREST ROAD: 15521 Cottail Oaks



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 750
 BOX NUMBER
 N 522

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 144 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 18"

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

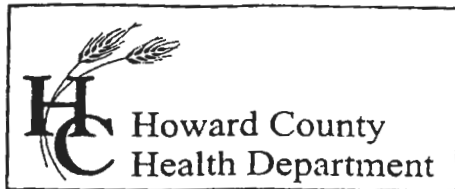
MATERIAL	FEET	
	FROM	TO
16 Bags Cement	0	144'

[Signature]
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN
 DENV 828 JULY 1993

009
LICENSE #

009
CIRCLE ONE

8-4-05
DATE



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

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

July 28, 2005

Michael & Tracy Kukuselis
15521 Cattail Oaks
Glenwood, MD 21738

RE: **Replacement Well Issues**
15521 Cattail Oaks
Glenwood, MD 21738
Well Permit # HO-94-4155

Dear Mr & Mrs. Kukuselis:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well (HO-94-2546). This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

KN/sn
cc: Community Services Program
File

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

*Proceedings @
Cattail Creek*

LOCATION _____ ZIP _____

OWNER OCCUPANT ADDRESS *15521 Cattail ^{Lot 11} Oaks* PHONE _____

COMPLAINANT *They Eronstod* ADDRESS *President, Homeowners* PHONE *(301) 688-3806*

REASON FOR INVESTIGATION _____

- new well drilled - the mud ran into

the drainage (1 foot)

RECEIVED BY *Ron M. Shump* DATE *5-9-05* ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT *- They dug a new well - the old well*

collapsed - Clean-up now done

*Assessment
Cottails (not sure)*

15521 Cattail Oaks

*4/7/05 - ^{ground} well permit
J. Baeis*

fight - ^{water}

*- ^{removing} debris
lip out to other properties*

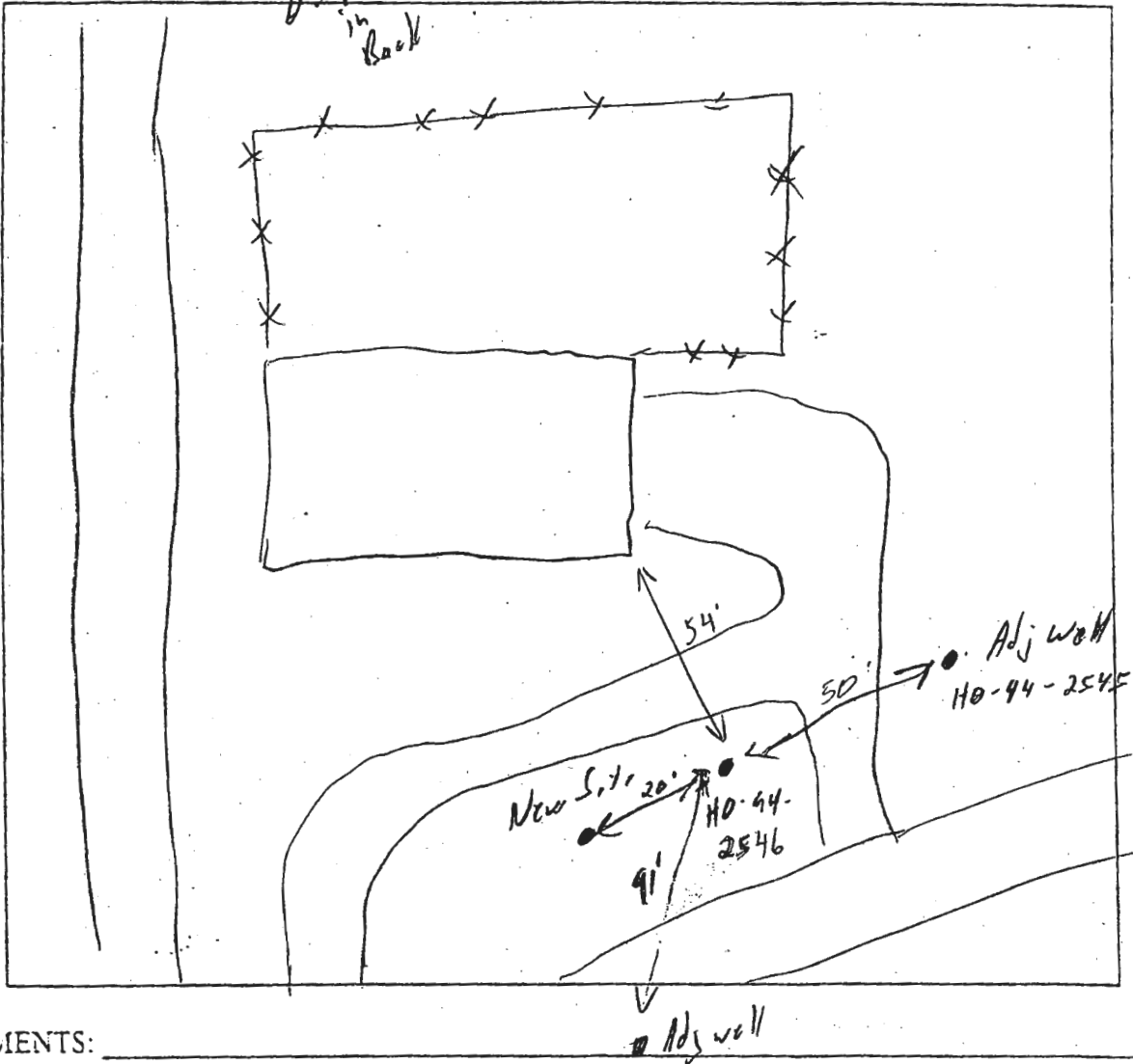
*- referred to Stuart Oster
by Bert to go & look at
the property to see what's
going on **

DATE SUBMITTED _____ SANITARIAN _____

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 15521 Cathi/Dunks CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

Septic in Back
LOCATION DIAGRAM



COMMENTS: _____

DATE: 4/7/05 INSPECTOR: SD