

C1 6818

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A 41146

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 060492

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-92-0083

OWNER Pollock last name, John first name, STREET OR RFD Hunt Valley Dr, TOWN Glenwood, SUBDIVISION WELLINGTON, SECTION, LOT 43

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SANDstone, GRAY mica Rock, 0 52, 52 205.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 15, NO. OF POUNDS 1410, GALLONS OF WATER 90, DEPTH OF GROUT SEAL 45 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 4 inch, Total depth of main casing 205 ft.

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

DEPTH (nearest ft.) H0 54, 205

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH) from to

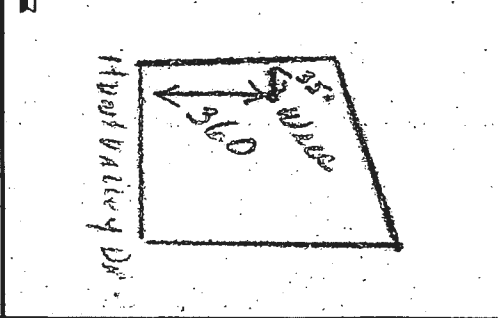
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 85 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 43 BEFORE PUMPING, 42 WHEN PUMPING, TYPE OF PUMP USED S submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT 1 above LAND SURFACE

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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...

DRILLERS IDENT NO. 238, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 00739

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0083

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

please print or type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 05/8/92, Last Name POLLOCK, Owner W, First Name JOHN, Street or RFD 15927 WOODBINE, Town WOODBINE, State 72, Zip 21797

LOCATION OF WELL: COUNTY 8 HOWARD, SUBDIVISION 23 WELLSINGTON, SECTION 44, LOT 43, NEAREST TOWN 52 CALPWOOD, MILES FROM TOWN 5 MI

DRILLER INFORMATION: Driller's Name Joseph L. Mayne, License No. 238, Firm Name Joseph L. Mayne Well Drilling, Address 5512 Ridge Rd. Mt. Airy 2171, Signature Joseph L. Mayne, Date 5/18/92

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) W, NEAR WHAT ROAD 11 Hunt Valley Dr., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST, DISTANCE FROM ROAD 360 FT

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 100

USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT), P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL), T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: County Name Howard, County No. A41146, State Signature, Date Issued 06/01/92, Mark E. Rabin, CO Signature, EXP. DATE 12/1/92, NORTH GRID 529000, EAST GRID 0789000

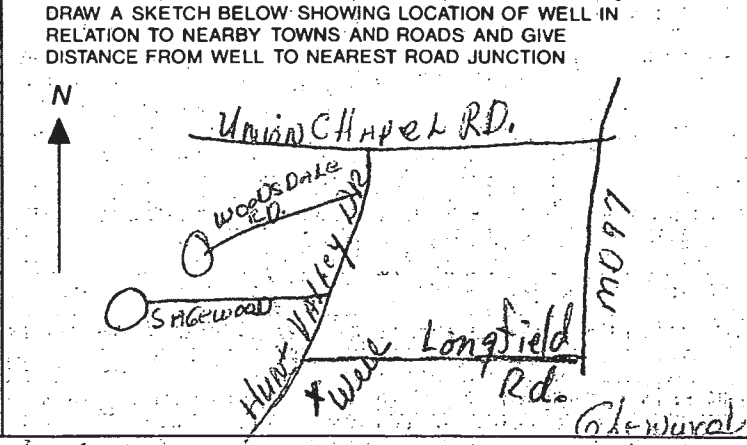
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTARY, AIR-PERCussion, CABLE, other, JETTED, ROTARY (Hydraulic Rotary), Drive-POINT

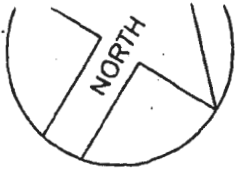
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 4-30 6/4/92, 55' CASING GROUT NOT OBS'D 6/4/92, 45' OPEN, 1' CASING AG. MR LOC OK GROUT OK, 000 VTAG OK

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, D THIS WELL WILL DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP, FORCE MZ INITIALS IN BOX, PERMIT No. 40-92-0083

SPECIAL CONDITIONS: 301-854-6902 Mr. Pollock 854-6745, COUNTY



2440 SQ.FT. CONC. DECK  
BY MPI

*1:60*

LOT 43  
2.86 AC. +/-

EX. WELL

SW

FILTER

FENCE  
PR  
PER

LOT 44

HOUSE

FRONT

LOT 42

SEPTIC TANK

SEPTIC  
RESERVE  
AREA

DRIVEWAY

ACCESS

N32°59'34"W

30' BRL

367.88'

243.82'

N57°00'26"E

HUNT VALLEY DR.

N12°19'55"E  
N76°12'20"W

30' BRL  
50' BRL

N30°01'44"W

290.36'

88'

83'

36'

82'

88'

30' BRL

505.15'

75' BRL

POOL  
OK  
MR  
9/13/01

92.69'

182'

104'

246'

Building Address 2881 Hunt Valley Dr  
Crownwood MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WF/Petition #: \_\_\_\_\_  
 6013

Census Tract \_\_\_\_\_ Subdivision William

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 43

Tax Map 14 Parcel 237731 Grid 21

Zoning R Map Coordinates 9010 Lot size \_\_\_\_\_

Property Owner's Name Sherry E Thomas Dikun  
 Address 2881 Hunt Valley Dr  
 City Crownwood State MD Zip Code 21738

Home Phone 301-854-6506 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
DANA L KRAWCZYK  
9515 GERWIG LN #119  
COLUMBIA MD 21046  
 Phone 410 995 6611 Fax \_\_\_\_\_

Existing Use FD  
 Proposed Use SD w/retention

Estimated Construction Cost \$ 20,000

Description of Work CONSTRUCT INGROUND 20' x 20' 9384  
8 DEEP IN REAR YD POOL  
LET ATTACHED W/CART FILTER  
POOL FILLED BY TRUCK  
435 LIN FT OF WOOD FENCE @ 4" x 4"

Contractor Company Maryland Pools, Inc.  
 Contact Person DANA L KRAWCZYK  
9515 GERWIG LN #119  
COLUMBIA MD 21046  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 6694  
 Phone 410 995 6611 Fax 6600

Occupant or Tenant OWNER

Contact Name DANA L KRAWCZYK  
 Address 9515 GERWIG LN #119  
COLUMBIA MD 21046  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410 995 6611 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**      **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SP Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Dana L Krawczyk  
 Applicant's Signature  
Agmt WPC  
 Title/Company

Dana L Krawczyk  
 Print Name  
7/13/01  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DEPT/SETBACK INFORMATION	PROPERTY ID#
Planning & Development	7/13/01	[Signature]	Front: _____ Rear: _____ Side: _____ Side St: _____	100-1000
Building Official	7/13/01	[Signature]	All minimum setbacks met? <input checked="" type="checkbox"/> (If not, specify in NO. 1)	
Public Health	7/13/01	[Signature]	Entrances: _____ (If not, specify in NO. 1)	
Fire Department	7/13/01	[Signature]	Fire Department: _____	
Police Department	7/13/01	[Signature]	Police Department: _____	
Public Works	7/13/01	[Signature]	Public Works: _____	
Health Department	7/13/01	[Signature]	Health Department: _____	
Department of Public Safety	7/13/01	[Signature]	Department of Public Safety: _____	
Department of Transportation	7/13/01	[Signature]	Department of Transportation: _____	
Department of Public Works	7/13/01	[Signature]	Department of Public Works: _____	
Department of Public Safety	7/13/01	[Signature]	Department of Public Safety: _____	
Department of Health	7/13/01	[Signature]	Department of Health: _____	
Department of Planning & Development	7/13/01	[Signature]	Department of Planning & Development: _____	

2/11/93

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 #     -0-      
Date 12/14/92

Name of Installer G. DONALD DEMENT

Telephone 301-384-6493

License Number #276  
Certified Well Pump Installer

Well Driller  Registered Plumber

Name of Property Owner JOHN W POLLACK Telephone 854-6902

Subdivision WELLINGTON Lot # 43 Well Tag # HQ-22-0085

Site Address 2881 HUNT VALLEY DR - GLENWOOD

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>MART</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <u>    </u>	2. Model # <u>10</u>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <u>220</u>	3. Depth <u>48"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input type="checkbox"/>	
2. Make <u>GOULD</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>    </u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>#250</u>	1. Type <u>Poly</u>	1. Depth <u>240</u> ft.
2. Pressure relief valve? <u>YES</u>	2. Size <u>1"</u>	2. Yield <u>12</u> GPM
<del>3. Tank material <u>    </u></del>	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <u>30</u> ft.
<del>4. Tank location <u>    </u></del>	4. Depth of supply line <u>50"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

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.

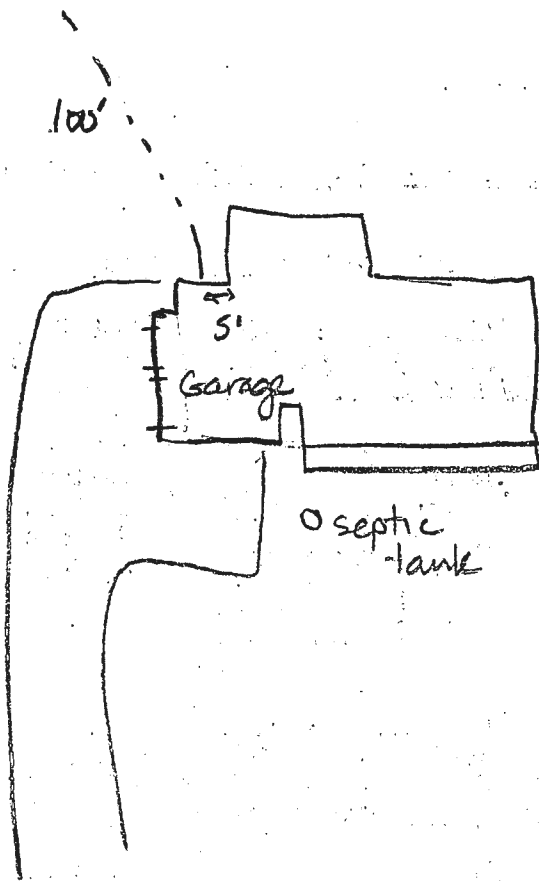
Signature of Applicant: G. Donald Dement

Date: 12-14-92

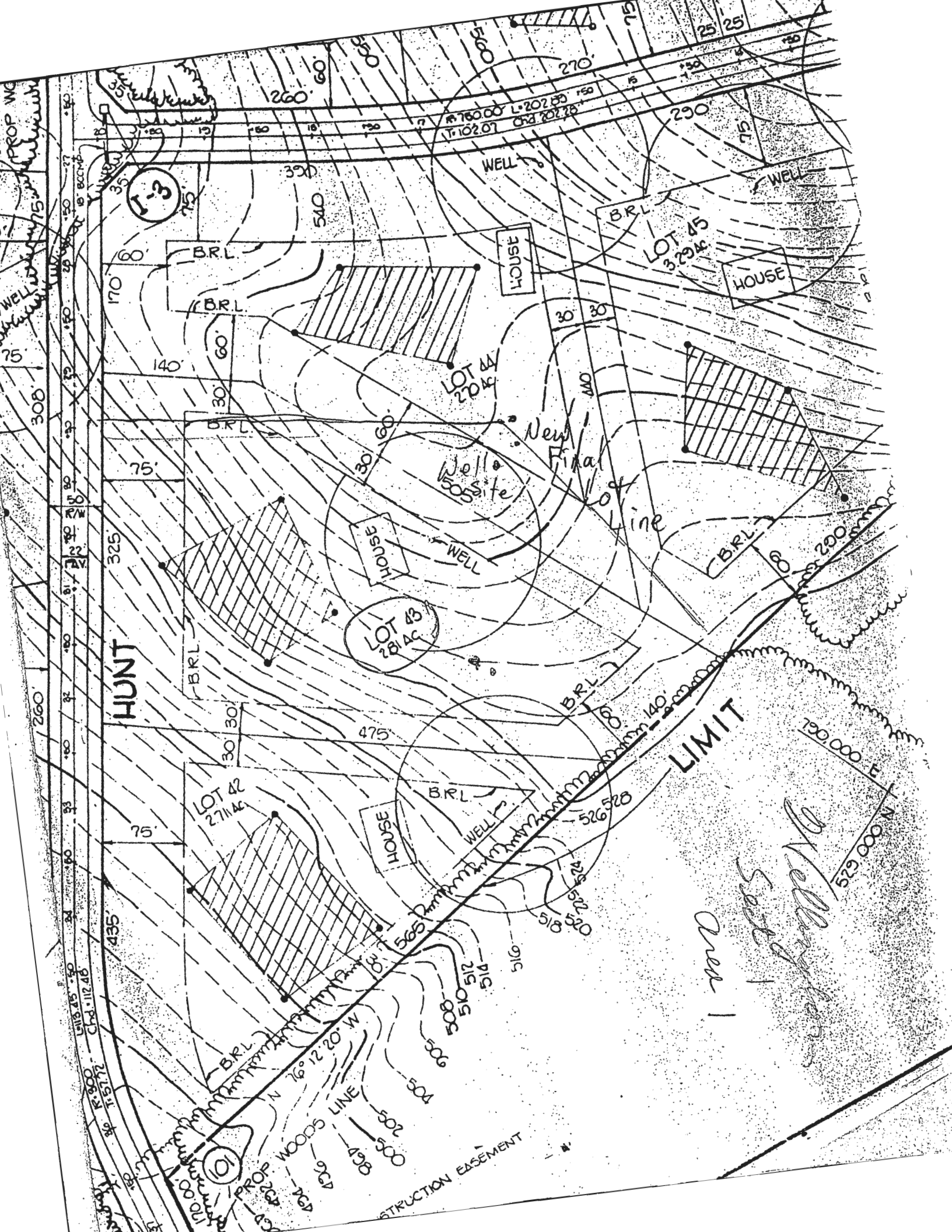
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HO-92-0083

(W)

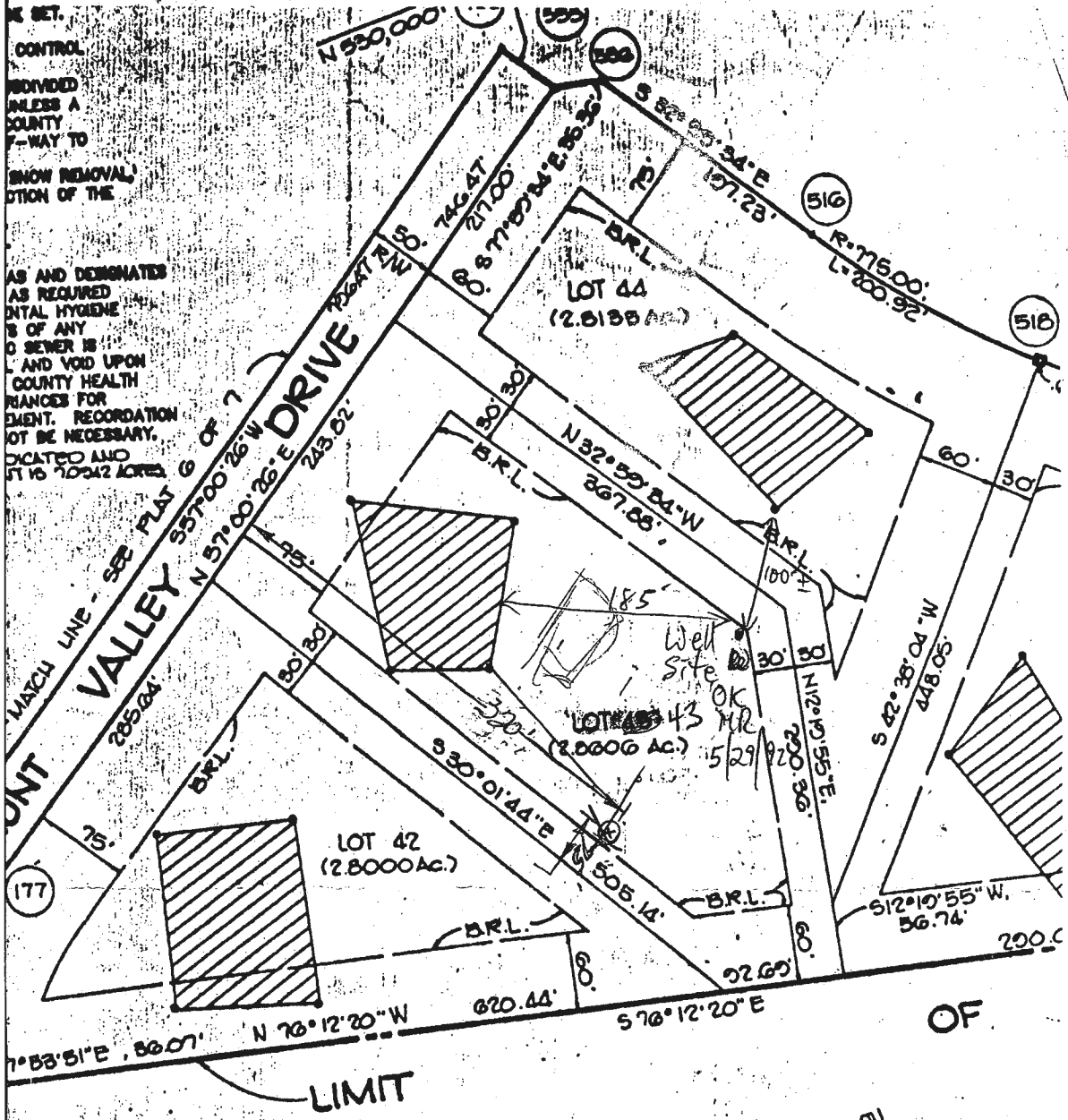


2-11-93 well line is 60 inches below grade. Pitless adaptor is 60 inches below grade. Ground line in place. House connection ok. No pump tank yet. JENadeau





CONTROL  
 PROVIDED UNLESS A COUNTY F-WAY TO SNOW REMOVAL PORTION OF THE  
 AS AND DEMONSTRATED AS REQUIRED FOR DENTAL HYGIENE AND SEWER IS AND VOID UPON COUNTY HEALTH ORDINANCES FOR ELEMENT. RECORDATION NOT BE NECESSARY. INDICATED AND IT IS 70,000 ACRES



NAAM REI, INC.  
 1339 / 355

JOHN W. POLLOCK  
 15927 MEADOWWALK RD.  
 WOODBINE, MD. 21797  
 301-854-6902  
 854-6745

14.0303 AC  
 1.3079 AC  
 15.3442 AC

DATE  
 PLANNING AND

**SURVEYOR'S CERTIFICATION**  
 I HEREBY CERTIFY THAT THE FINAL PLAT IS CORRECT; THAT IT IS PART OF THE LAND OBTAINED BY SECURITY DEVELOPMENT CORP. FROM E. OLIVER GOLDSMITH BY DEED DATED JANUARY 29, 1992 AND RECORDED IN LIBER 1246 AT FOLIO 110 IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AND THAT ALL MONUMENTS ARE IN PLACE, OR WILL BE IN PLACE, PRIOR TO ACCEPTANCE OF THE STREETS IN THE SUBDIVISION OF HOWARD COUNTY, AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND.

WE SECURITY DEVELOPMENT SUBDIVISION, AND IN CC ESTABLISH THE MINIMUM ASSIGNMENTS, (1) THE RIGHT UTILITIES AND SERVICES SHOWN HEREON; (2) T AND FLOODPLAINS AND GRANT THE RIGHT AND AND/OR ROADS AND IT REQUIRE DEDICATION OF REPAIR AND MAINTENANCE OVER THE SAID EASEMENT



*James I*

LOT 43 - WILLYNUTS  
2881 HUNT WALK DR.

ECCENTRICS ON ATTACHED SHEET OIL  
BP 4935 RECOMMENDED FOR APPROVAL  
6/24/92 CW/LL

REDUCED SCALE

