

ST/CO USE ONLY DATE Received **12 30 98** DATE WELL COMPLETED **12 18 98** Depth of Well **500'** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-1986**
 8 13 15 20 22 26 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER **KEYES KENNETH** last name first name
 STREET OR RFD **ASHBY PARK ROAD** TOWN **LISBON**
 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	145	✓
Gray Mica Rock	145	500	✓

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS **45** NO. OF POUNDS **4130**
 GALLONS OF WATER **270**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **100** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE **S7** Nominal diameter top (main) casing (nearest inch!) **6** Total depth of main casing (nearest foot) **149**
 60 61 63 64 66 70

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED yes no

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 SD0 24**
 DRILLERS SIGNATURE **Joseph & Mayra**
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **D**

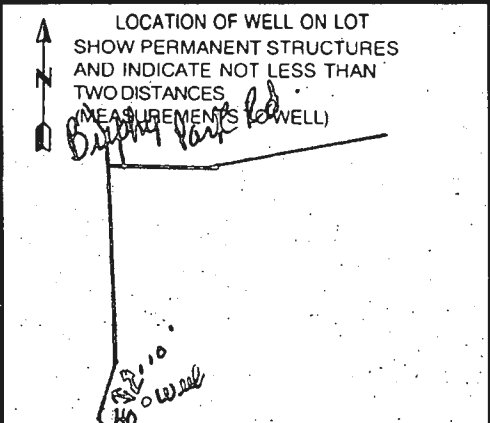
C 2 DEPTH (nearest ft.)
HO 148, 500
 1 2 3 4 5 6 7 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
56 60
 from to

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **1.3**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **66** ft.
 WHEN PUMPING **424** ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 (nearest foot)
 (-) below } **1**



B 1 0358
11-30-98

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

Ho-94-1986
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name First Name
36 Street or RFD
57 Town 70 State 72 Zip 76
Keep Kenneth
7941 Innkeeper Dr.
Severn Md. 21144

B 3

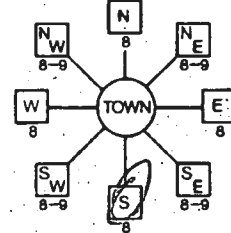
LOCATION OF WELL

8 COUNTY 21
23 SUBDIVISION 42
SECTION 44-46 LOT 48 50
52 NEAREST TOWN 71
Leshon

MILES FROM TOWN (enter 0 if in town) 4 1/2 M
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30
Bushy Park Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 14 BLK: 1 PARCEL 1608

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5
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 A 511004
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 12-3-98 12-3-99
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 540 000 EAST GRID 780 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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
- 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 GAP
PERMIT No. Ho-94-1986
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

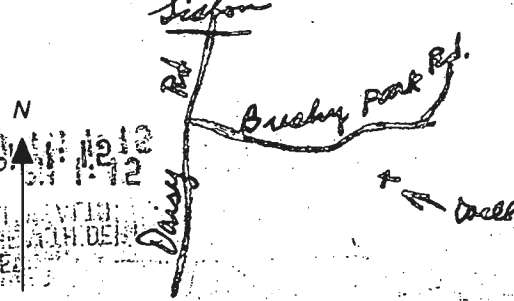
SOURCES OF DRILLING WATER

- 1. Well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 540

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



SPECIAL CONDITIONS: Contact the Health Dept. for special sampling instructions prior to drilling.

Page _____ of _____
 Date 12/18/98

Review 12/31/98 OK DWL

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1986
 Location of property (road) BUSHY PARK ROAD
 Subdivision Keyp Property - Bill Walk Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller WESLEY MAYNE Owner Bill Walk - Kenneth Keys + Gail Keyp

Depth of well 500'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 660'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 15 g.p.m.
 Total time 45 min. to reach pumping water level 421 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 5.1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	219'	4 sec.	N/A	15 g.p.m.
7:30	320	4		15 g.p.m.
7:45	424	5		12
8:00	420	53		1.1
8:15	419	40		1.5
8:30	419	40		1.5
8:45	419	40		1.5
9:00	419	40		1.5
9:15	419	40		1.5
9:30	420	40		1.5
9:45	420	40		1.5
10:00	420	40		1.5
10:15	422	40		1.5
10:30	421	45		1.3
10:45	421	45		1.3
11:00	420	45		1.3
11:15	420	45		1.3
11:30	420	45		1.3
11:45	419	45		1.3
12:00	419	45		1.3
12:15	419	45		1.3
12:30	419	45		1.3
12:45	419	45		1.3
1:00	419	45		1.3
HD-224 12:45	419	45		1.3
0:30	419	45		1.3
1:45	419	45		1.3

110-111-2648
7/2/99

HOWARD COUNTY HEALTH DEPARTMENT

3525-W Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date 6-22-99
 Name of Installer Ken + h Hundermark Telephone 410-857-0350
 License Number 8300
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Ken Keys Telephone 410-789-1166
 Subdivision _____ Lot # _____ Well Tag # HO-94-1986
 Site Address 15611 Bushy Park Rd.

Pump Motor Pitless Adapter
 1. Type 1. Horsepower 3/4 1. Make yes
 a. Deep well jet 2. RPM _____ 2. Model # _____
 b. Shallow well jet 3. Voltage _____ 3. Depth 42"
 c. Submersible a. 110
 2. Make _____ b. 220
 3. Model # _____
 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 _____

Tank Piping Well data
 1. Capacity 48 1. Type 160 psi 1. Depth _____ ft.
 2. Pressure relief valve? yes 2. Size 1" 2. Yield _____ GPM
 3. NSF and/or BOCA Code approved yes 3. Static water level _____ ft.
 4. Depth of supply line 42" 4. Will water supply be disinfected by installer? no
Pitless 4' below grade.
Casing 18" above grade
Two piece cap. W.P.I.O.K.

7/2/99
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: [Signature]
 Date: 6-22-99

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

Silvast, Zackary

From: Silvast, Zackary
Sent: Friday, December 1, 2023 12:18 PM
To: Williams, Jeffrey
Cc: Bernard, Dana
Subject: regarding 15611 Bushy Park Road site visit (for waiver setback reduction from well to pool)

Hey Jeff,

I am assigning this site visit to Dana, I printed off some of the old records to aid in her site visit & to build the file. Thanks.

- ZS

Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division

410-313-1777

Environmental Health Bureau

Howard County Health Department



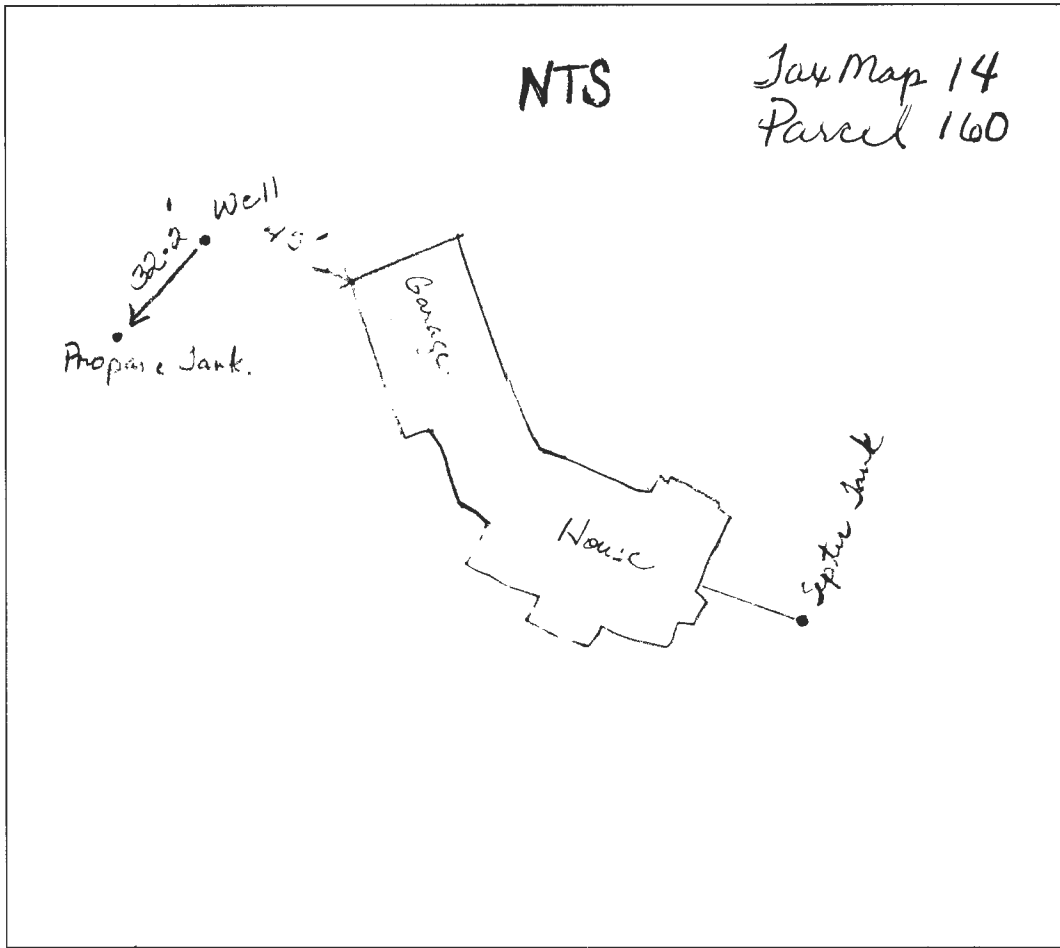




SITE INSPECTION SHEET

OWNER: Cristin Kline PHONE #: (301) 518-4095
ADDRESS: 15615 Bushy Park LLC CONTRACTOR: _____
Woodbine MD 21797 WELL TAG # H094-1986
SUBDIVISION: Keyes Prop. LOT: Parc. 1 COUNTY #: Howard
PROPOSAL: Pool

LOCATION DIAGRAM



COMMENTS: Site Visit for proposed pool. Well is 45 feet from the corner of the garage. Please see attached photos. The septic area appeared to be in good condition. There were no signs of failure. (See photos)
I am recommending building permit approval.
DATE: 11-4-23 INSPECTOR: D. Beard

SITE INSPECTION SHEET

OWNER: Brown Kline PHONE #: _____

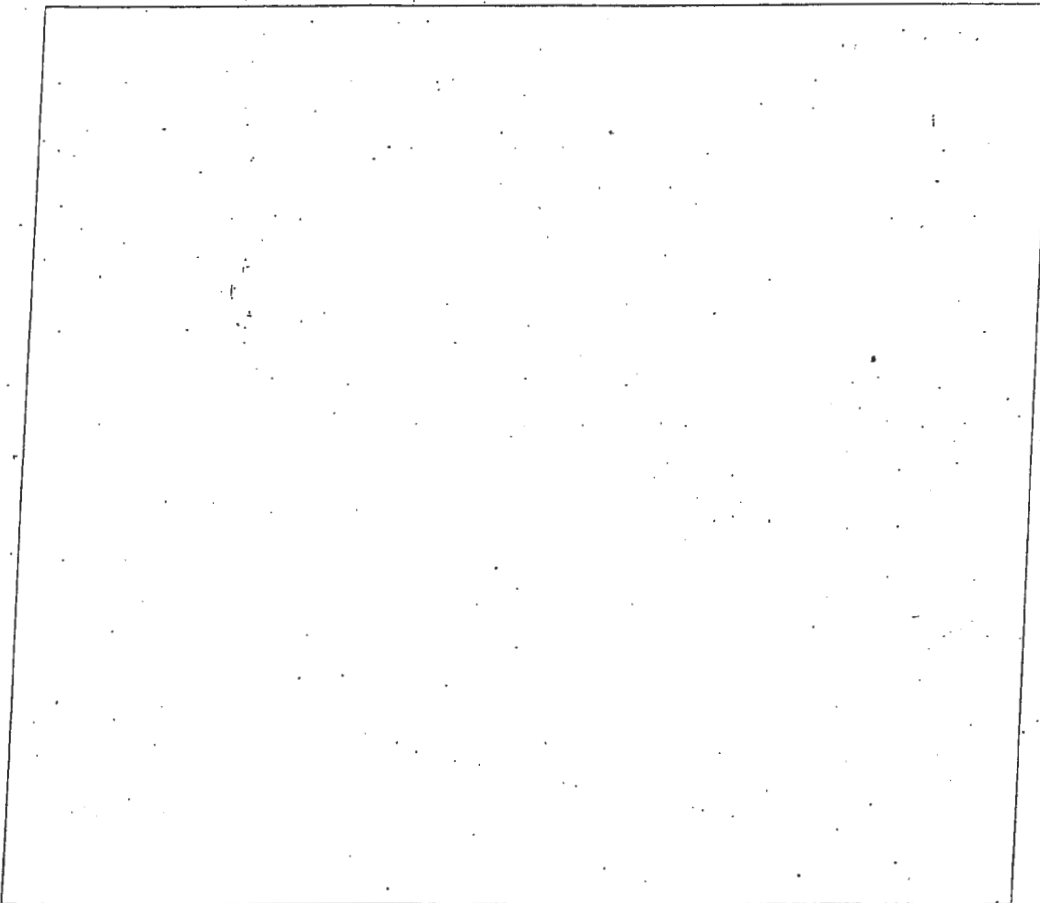
ADDRESS: 15611 Bushy Park Rd CONTRACTOR: _____

WELL TAG #: HO-94-1986

SUBDIVISION: _____ LOT: _____ COUNTY #: Howard

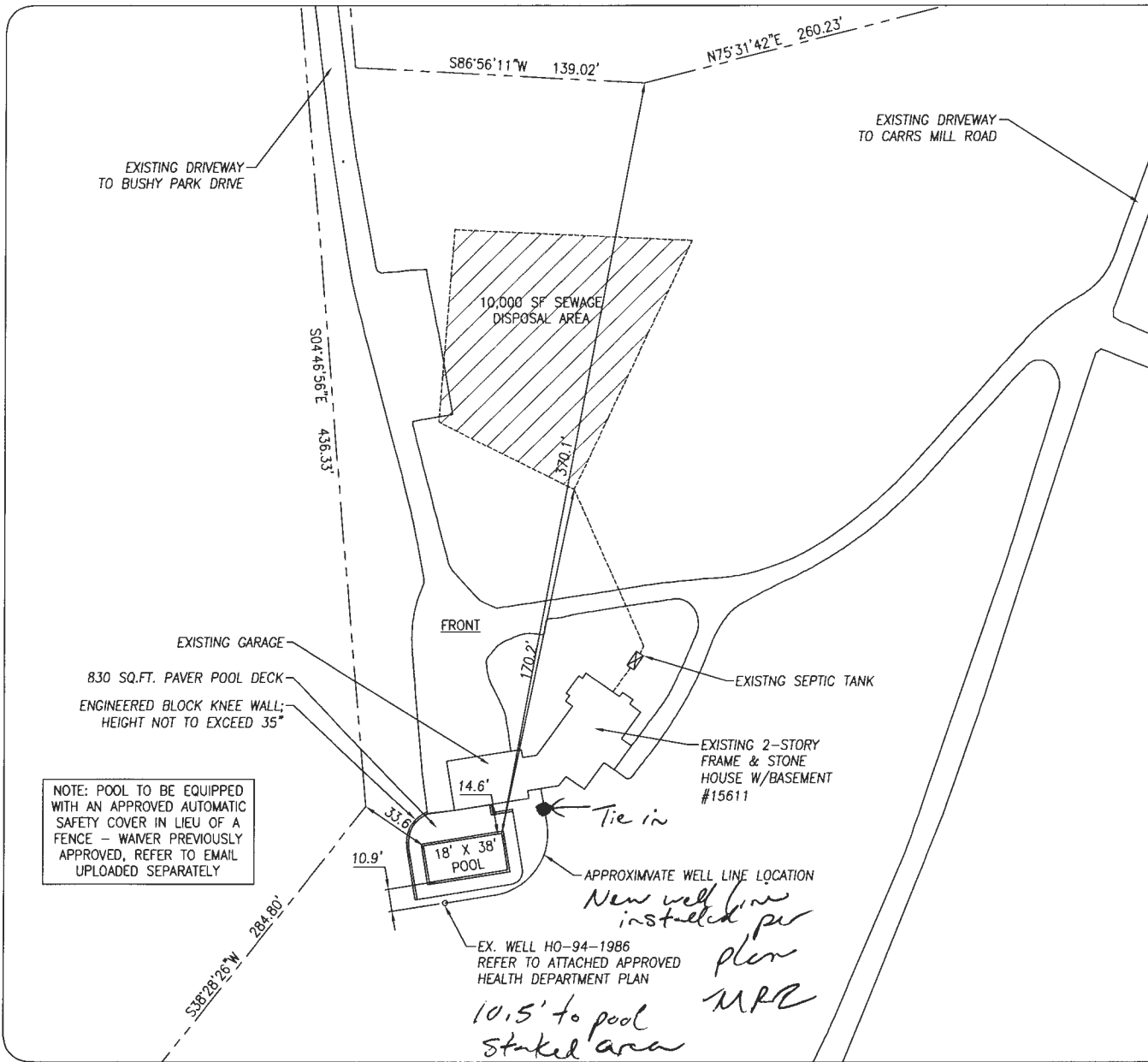
PROPOSAL: Pool proposal required relocation of well line to meet setback requirement of 10'

LOCATION DIAGRAM



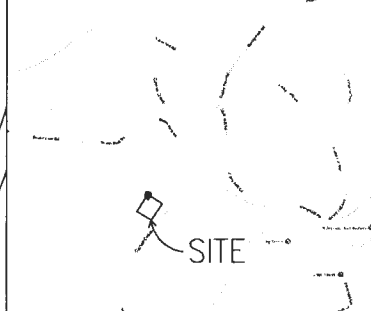
COMMENTS: Site visit made to verify setback distances
well line is at least 10' from stated pool and
the well is approx 10.5' from the well casing.
Well line relocation 4' below grade and shown
on the plan is laid out pretty accurately

DATE: 2/18/25 INSPECTOR: Melanie Esterlund



NOTE: POOL TO BE EQUIPPED WITH AN APPROVED AUTOMATIC SAFETY COVER IN LIEU OF A FENCE - WAIVER PREVIOUSLY APPROVED, REFER TO EMAIL UPLOADED SEPARATELY

VICINITY MAP



DIRECTIONS TO SITE

FROM I-95, FOLLOW TO RT-32 WEST TO I-70 WEST TOWARD FREDERICK. FOLLOW TO EXIT ONTO RT-97 SOUTH. FOLLOW A SHORT DISTANCE TO A R/T ON RT-144 FREDERICK ROAD. FOLLOW 1/2 MILE TO A L/T ON BUSHY PARK DRIVE. FOLLOW TO AND THRU CARRS MILE ROAD INTERSECTION TO REMAIN ON BUSHY PARK DRIVE. FOLLOW TO ENTRANCE OF PROPERTY AND TURN LEFT TO GO UP PRIVATE DRIVEWAY TO HOUSE. 15611 BUSHY PARK DRIVE

POOL DATA

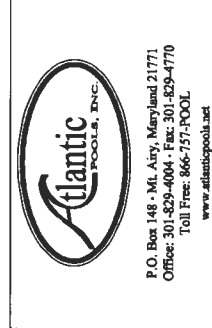
DIMENSIONS	18-0" X 38'-0" RECTANGLE
PERIMETER	116 Ln.Ft.
SURFACE AREA	720 Sq.Ft.
GALLONAGE	30,600 Gallons
DEPTHS	3'-6" to 5'-0" to 7'-0"
FILTER RATE	85 GPM
TURNOVER TIME	6 HOURS
POOL DECK AREA	830 Sq.Ft.

JOB NOTES

PROPERTY OWNER: BRIAN & CRISTIN KLINE
 PROPERTY OWNER ADDRESS: 15611 BUSHY PARK DRIVE WOODBINE, MD 21797
 HOME PHONE: 301-252-3481 (M)
 OFFICE PHONE:
 CELL PHONE: brian@jlineandscaping.com
 LOT NUMBER: PARCEL 1
 SUBDIVISION NAME: WOODBINE
 TAX MAP: 0014
 GRID & PARCEL: GRID 0001, PARCEL 0160
 TAX ACCOUNT NUMBER: 04-327535
 ELECTION DISTRICT: 4
 ZONING:
 UTILITIES: PRIVATE WELL & PRIVATE SEWAGE

SITE PLAN - B

REVISIONS



Kline Residence
 15611 Bushy Park Drive
 Woodbine, Maryland 21797
 4th Election District, Howard County

Date: 10/20/2024

Scale: 1"=50'

Drawn:

Job: ATL2022-0168

Sheet: 2 Of: 2





