

14571

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

COUNTY
NUMBER 13

AS11347

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-94-3617

ST/CO USE ONLY
DATE Received
MM DO YY
8 13

DATE WELL COMPLETED
MM DO YY
02 12 2005

Depth of Well
22 505 26
(TO NEAREST FOOT)

OWNER
last name first name
PARK Kim

STREET OR RFD
Santa Maria

TOWN
HIGHLAND

SUBDIVISION
SECTION
LOT
parce 15

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	
Dirt	0	1	
Soft Br. Mica Schist	1	41	
Soft Blue Mica Schist	41	47	
Opening	47	50	X
Soft Br. Mica	50	58	
Hard Blue Sandstone	58	69	
Hard Br. Sandstone	69	73	X
Hard Blue/stone	73	207	
Hard Blue Sandstone	2	295	
Hard Br. Sandstone	295	297	X
Hard Blue Sandstone	297	310	
Blue Mica Schist	310	368	
Hard Blue Sandstone	368	416	
Hard Br. Sandstone	416	419	X
Hard Blue Sandstone	419	460	
Hard Blue Sandstone/Quartz/Br. Sandstone	460	505	

GROUTING RECORD

yes no
Y N
44 44

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS 1800

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 59 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO
STEEL CONCRETE

PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST 6 61

60 61 63 64 66 70

EACH CASING	OTHER CASING (if used)	
	diameter inch	depth (feet) from to
PL	4	300 300
PL	4	495 505

SCREEN RECORD

screen type or open hole

ST BR HO
STEEL BRASS OPEN HOLE

BRONZE PL OT
PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

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 WD 296

DRILLERS SIGNATURE

LIC. NO.: J WD 334

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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 2

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 37 ft.

WHEN PUMPING 413 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 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.

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)

LAND SURFACE

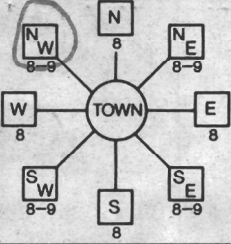
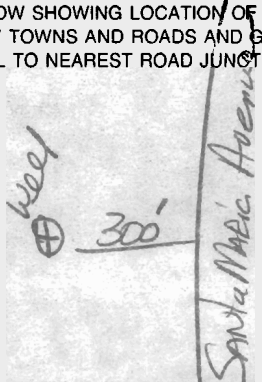
below 2 (nearest foot)

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)

well

Santa Maria Ave

B 1	6238	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518030 please type	STATE PERMIT NUMBER HO-94-3617 <small>fill in this form completely</small>
Date Received (APA) 12/17/02 8 MM 00 YY 13		OWNER INFORMATION 15 Last Name <u>Park</u> Owner First Name <u>Kim</u> 34 36 <u>10117 Brunswick Avenue</u> 55 <u>Silver Spring MD 20902</u> 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION 76 Driller's Name <u>Ronald Kyker</u> 81 License No. <u>MWD 296</u> Firm Name <u>Westminster Rotary Well Drilling Inc.</u> Address <u>P.O. Box 861, Westminster, Md 21158</u> Signature <u>Ronald Kyker</u> (RSB) Date <u>12-14-02</u>		LOCATION OF WELL B 3 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Parcel X 5</u> 42 SECTION <u>Highland</u> 44 46 48 50 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <u>2</u> M I 73 76 77 78		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Santa Maria Ave.</u> 30 34 <u>300</u> 37 DISTANCE FROM ROAD <u>300</u> FT ENTER FT OR MI 38 39 TAX MAP: <u>34</u> BLK: <u> </u> PARCEL <u>5</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input type="checkbox"/> G GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A 511347</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>12-23-02</u> <u>Kacie Nomen</u> <u>12-23-03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>491</u> 000 EAST GRID <u>808</u> 000 50 55 57 63		
APPROXIMATE DEPTH OF WELL <u>400</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>City</u> 2. <u> </u> 3. <u> </u>		
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 _____		WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8008</u> N <u>4901</u>		
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		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. <u>HO-94-3617</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

No insp

Review (K)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3617
Location of property (road) SANTA MARIA Ave Parcel 5
Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
Well Driller Ronald Tyler Owner Kim PARK

Depth of well 505
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 32

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12
Total time 1 3/4 to reach pumping water level 437 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 $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	32'	5 sec.		12
9:15	124'	6 sec.		10
9:30	236'	6 sec.		10
9:45	301'	7 sec.		8.5
10:00	356'	10 sec.		6
10:15	396'	12 sec.		5
10:30	423'	15 sec.		4
10:45	437'	30 sec.		2
11:00	436'	30 sec.		2
11:15	435'	30 sec.		2
11:30	434'	30 sec.		2
11:45	433'	30 sec.		2
12:00	432'	30 sec.		2
12:15	431'	30 sec.		2
12:30	430'	30 sec.		2
12:45	429'	30 sec.		2
1:00	428'	30 sec.		2
1:15	427'	30 sec.		2
1:30	426'	30 sec.		2
1:45	425'	30 sec.		2
2:00	424'	30 sec.		2
2:15	423'	30 sec.		2
2:30	422'	30 sec.		2

FIELD DATA SHEET
HYDROGEOLOGIC AREA (5) WELL YIELD TEST

Maryland Well Permit No. HO-94-3617 Election District

Location of Property (road) Santa Maria Ave

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller Dana Kyker Jr. III Owner Kim Park

Depth of Well 505

Distance of Measuring Point (M.P.) above ground 2

Static Water Level (S.W.L.) below M.P. 32

I. High Rate Pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12
Total time 1 3/4 to reach pumping water level 437 ft. below M.P.

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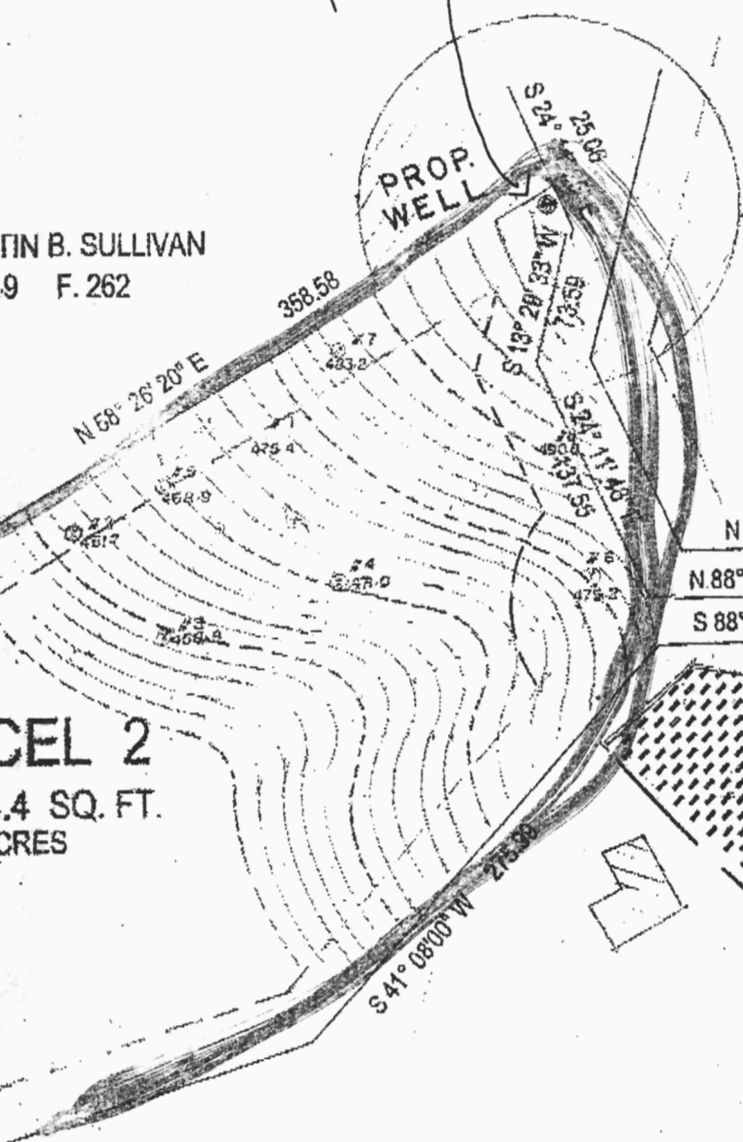
[illegible]

12-23-02
 proposed well location ok:
 J.F SULLIVAN &
 P.A. SULLIVAN
 L. 1867 F. 547
 staked by
 licensed engineer
 No ref.

Kol

TIN B. SULLIVAN
 9 F. 262

CEL 2
 .4 SQ. FT.
 CRES



LOT 5
 HIGHLAND OAKS

WELL

R= 50.00
 A= 32.08
 R= 50.00
 A= 25.36
 SANTA MARIA
 AVENUE

C-1 DATA
 ARC 25.36, RAD. 50
 CHORD S 03° 36' 33" W, 25.10

LOT 4
 HIGHLAND OAKS

J.F S
 P.R.
 L. 18

**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, Fitters 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 26.04.06 (All Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: REG WATER SYSTEMS INC Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DRIVE
MANCHESTER, MD. 21102

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): RICKY L. ROOS, SR. 210141

*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: MJM KIM PARK Telephone #: 301-370-2233
Subdivision: _____ Lot #: _____ Well Tag #: EO-94-3617
Site Address: 6850 SANTA MARTA AVE.
HIGHLAND, MD 20777

<u>Submersible Pump Data</u>	<u>Fitters Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>COWI DS</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>YG510422</u>	Model #: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>1</u> GPM	Depth: <u>(36" min)</u>	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2</u> GPM	NSF approved: _____	Conduit min 18" R.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>505</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>
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 glands are required - Must circle one → <u>well sleeved</u>		
Safety rope, if used, attached to inside of well casing with eye bolt <u>yes</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>(36" min)</u>	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Ricky L. Roos, SR.

date

4/2/04 / 7/12/04

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

Date Insp. Requested: _____

Date Insp. Approved: 12/31/03 (50) / KB

Inspection Data: Fitters 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 5" above finished grade

Water supply line sleeved adequately at house connection

Adequate girth observed below fitters adapter



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

October 4, 2004

Kim & Kathy Park
10117 Brunswick Avenue
Silver Spring, MD 20902

SENT VIA FACSIMILE 202-789-8120

RE: Sullivan Property, Parcel 5
6850 Santa Maria Avenue
Highland, MD 20777
BP #: B00143371
Well Permit # HO-94-3617

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/11/2004. Final approval of the well line connection to the dwelling was approved on 12/31/2003.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3617. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/08/2004, 07/13/2004 & 10/01/2004
Date of Well Completion: 02/12/2003

Approving Authority,

Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File