

C1	1450	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.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED 5 12 08 15 20	Depth of Well 22 400 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1613 28 29 30 31 32 33 34 35 36 37
OWNER last name first name Bernardo Dancel	STREET OR RFD 11743 Springhaven CT.		TOWN Clarksuite
SUBDIVISION Farside	SECTION		LOT 73

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 FROM TO	check if water bearing
MUD Sand shale Gray Limestone	0 25 25 400 ✓	

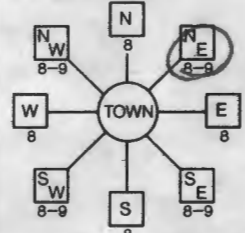
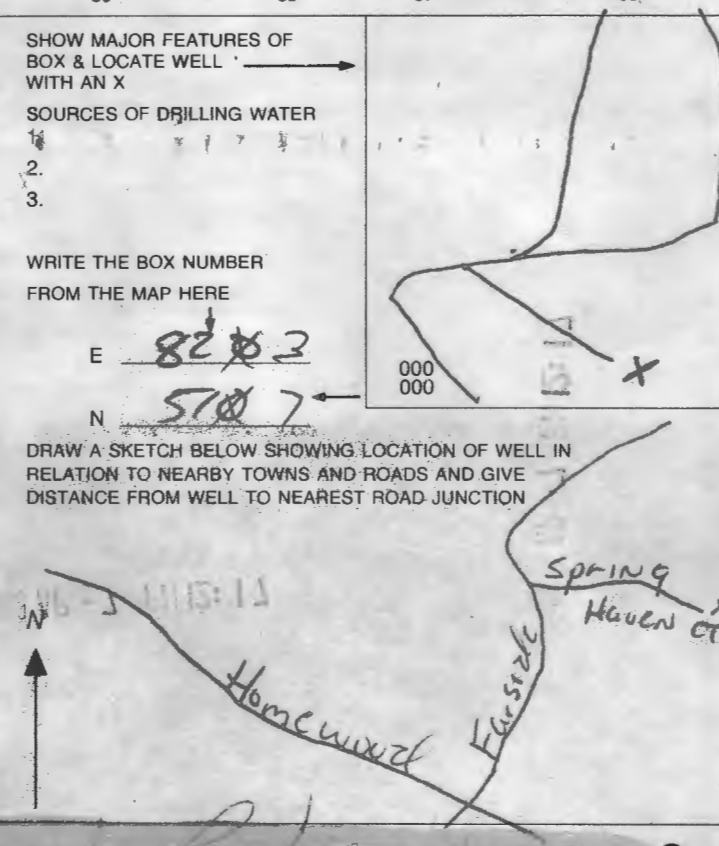
GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		
NO. OF BAGS 22 NO. OF POUNDS 2008		
GALLONS OF WATER 132		
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 28 ft. 48 TOP 52 ft. 54 BOTTOM 58 ft. (enter 0 if from surface)		
CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
MAIN CASING TYPE PL 06 30 60 61 63 64 66 70		
OTHER CASING (if used) EACH CASING diameter depth (feet) inch from to		
screen type or open hole (insert appropriate code below) <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input checked="" type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		

C3 1 2		PUMPING TEST
HOURS PUMPED (nearest hour)		03 8 9
PUMPING RATE (gal. per min.)		5 11 15
METHOD USED TO MEASURE PUMPING RATE		190L
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		5 ft. 17 20
WHEN PUMPING		161 ft. 22 25
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS:	0
WELL HYDROFRACTURED	yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N
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.	MSD 002
DRILLERS SIGNATURE	(Signature)
(MUST MATCH SIGNATURE ON APPLICATION)	
LIC. NO.	D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

C2	DEPTH (nearest ft.)
1 2	30 400
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	
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	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
70 72	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED DRILLER INSTALLED PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 36	
PUMP HORSE POWER 37 41	
PUMP COLUMN LENGTH (nearest ft.) 43 47	
CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } 02 (nearest foot) 49 50 51	
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)	
2100 House 100' septic	

B 1 1 2 3 4 5 6 5303	SEQUENCE NO. (MDE USE ONLY) 	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528880 please type	STATE PERMIT NUMBER HD-95-1613 fill in this form completely
Date Received (APA) 8 MM DD YY 13 <u>BERNARDO DANCELL</u> 15 Last Name Owner First Name 34 <u>11743 Springhaven CT.</u> 36 Street or RFD 55 <u>ELlicott City MD 21042</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Farside</u> 42 SECTION <u>44</u> LOT <u>73</u> 44 46 48 50 <u>Clarksville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>5</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Allen Compton M S D 009</u> Driller's Name 76 License No. 81 <u>Fugles + Well Drilling</u> Firm Name <u>6003 Woodbine rd.</u> Address <u>4-1-08</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Spring Haven Ct.</u> 30 NORTH WEST <u>2</u> EAST SOUTH 34 <u>200</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>23</u> BLK: <u>21</u> PARCEL <u>126</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. <u>9536334</u> STATE SIGNATURE DATE ISSUED <u>4/16/09</u> INSERT S → 41 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> EXP. DATE NORTH GRID <u>517</u> 000 EAST GRID <u>823</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>823</u> N <u>577</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 34 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT other		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>G</u> PERMIT No. <u>HD-95-1613</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET			

Yield Test Data Sheet

County File # _____

District _____

MD Well Permit #. H0-95-1613Date of Test: 5-12-08Subdivision Name: FarsideSection _____ Lot # 73Street Address: 11743 Springhaven Ct.Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")Distance from MP to ground surface 2 ft.Well Depth 400' ft.Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: _____

Pump Start Time	Static Water level: <u>5</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	8:00	5 ft.	3 20 GPM
2	8:15	161 ft.	12 5 GPM
3	8:30	161 ft.	12 5 GPM
4	8:45	161 ft.	12 5 GPM
5	9:00	161 ft.	12 5 GPM
6	9:15	161 ft.	12 5 GPM
7	9:30	161 ft.	12 5 GPM
8	9:45	161 ft.	12 5 GPM
9	10:00	161 ft.	12 5 GPM
10	10:15	161 ft.	12 5 GPM
11	10:30	161 ft.	12 5 GPM
12	10:45	161 ft.	12 5 GPM
13	11:00	161 ft.	12 5 GPM
14	11:15	161 ft.	12 5 GPM
15		ft.	GPM
16		ft.	GPM
17		ft.	GPM
18		ft.	GPM
19		ft.	GPM
20		ft.	GPM
21		ft.	GPM
22		ft.	GPM
23		ft.	GPM
24		ft.	GPM
25		ft.	GPM
26		ft.	GPM
27		ft.	GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☐ The well site has been staked by K C I
on 2-4-08 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

KN

S04°50'18"E 288.40'

LEGEND

CO
WELL
O

SEWER CLEANOUT
WELL

BUILDING LINE
WALKWAY
PROPERTY LINE
DRIVEWAY

LOT 72

100 YEAR
FLOODPLAIN

THIS PROPERTY IS NOT IN A HUD, FEMA, USGS, USACD OR HOWARD COUNTY FLOODPLAIN. IT LIES IN A FLOOD INSURANCE ZONE C, A NON-FLOOD PRONE AREA AS DEFINED BY FEMA ON MAP DATED 12/04/86 #240044 0022 B PANEL 22 OF 45.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON.

RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLATS 4680 THRU 4684 FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS HEREON.

LOT 73
310,147 sq. ft.
OR
7.120 acres

1026.87'

LOT 74



S86°36'41"E 1057.92'

20' DRAINAGE EASEMENT

60' BRL

30' BRL

N87°20'31"W 30.0'

LOT 49

4/10/08 well s.t.o
OK staked by
KCI

10' DRAINAGE
EASEMENT

WELL
HO-81-1306

30' BRL

SEPTIC
AREA

335.3'

75' BRL

DRIVEWAY

R=50.00'
A=81.64'

SPRINGHAVEN
COURT

LOT 50

N0°53'46"W

250.00'

LOT 57

NOTES

1. B.R.L. INFORMATION, IF SHOWN, WAS OBTAINED FROM EXISTING RECORD PLAT OR LOCAL AGENCIES AND IS NOT GARANTEED BY KCI
2. BUILDING FIRE AND/OR FLOOD ZONE INFORMATION IS SUBJECT TO THE INTERPRITATION OF THE ORIGINATOR.
3. PROPERTY MARKERS NOT FOUND OR GARANTEED BY THIS LOCATION
4. THIS PLAT IS NOT TO BE RELIED UPON FOR ESTABLISHMENT OF LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE STRUCTURES.
5. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
6. THIS PLAT IS OF BENIFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION.



ENGINEERS
PLANNERS
SCIENTISTS
CONSTRUCTION MANAGERS

14502 GREENVIEW DRIVE, SUITE 100
LAUREL, MARYLAND 20706
(410) 742-8006 (50) 455-1021
FAX (410) 742-1414
WWW.KCI.COM

DATE 4/05/07
SCALE 1" = 100'
DESIGNED BY
DRAWN BY

FARSIDE
LOT 73
3rd TAX DISTRICT
HOWARD COUNTY, MARYLAND



Howard County
Health Department

Bureau of Environmental Health
7178 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

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

August 7, 2008

Homeowner
11743 Spring Haven Court
Clarksville, MD 21029

RE: Farside, Lot 73
11743 Spring Haven Court
Ellicott City, MD 21042
BP #: B00155342
Well Permit # HO-81-1306

Dear Sir:

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 05/14/2008.**
Final approval of the well line connection to the dwelling was approved on 05/13/2008.

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.

Also, Gross Alpha and Beta samples were collected on 05/13/2008. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

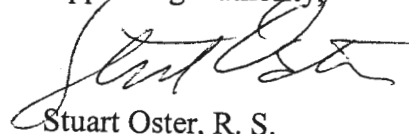
INTERIM CERTIFICATE OF POTABILITY

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-81-1306. 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.**

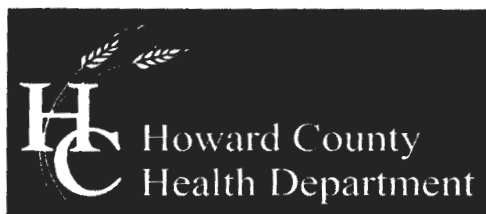
Dates of Water Sample:	04/21/2008
Date of Samples for Gross Alpha and Gross Beta:	05/13/2008
Date of Well Completion:	01/27/1986

Approving Authority:



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

June 17, 2008

Mr. and Mrs. Bernaldo Dancel
11743 Spring Haven Court
Clarksville, Maryland 21029

RE: Farside, Lot 73
Well Tag No. HO - 81 - 1306

Dear Mr. and Mrs. Dancel:

Pre and post-treatment testing was performed on May 13, 2008 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Pre-treatment results from this screening revealed a **Gross Alpha** of 8.0 ± 2.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.0 ± 2.0 pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below the targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year).

Post-treatment results from this screening revealed a **Gross Alpha** of $< 1.0 \pm 0.0$ picocuries/liter (pCi/L); while the **Gross Beta** level was $< 2.0 \pm 0.0$ pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below the targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year).

Based upon these initial findings, your well water supply appears safe for all uses (pre or post-treated) for these tested parameters. Further, it appears that the installed R/O System is effectively working to reduce post-treated levels.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have further questions or concerns. the aforementioned number if you have any further questions or to schedule further testing.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE, Water Mgmt.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Taneytown Rd., Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	67247	Account #:	3123
Reference:	Beims	Company:	National Water Servicing
Location:	11743 Spring Haven Court Ellicott City, MD 21042	Requested By:	Dave Rycke
Date/ Time Collected:	4/21/2008 1040	Source:	Well Water
Date/Time Rec'd:	4/21/2008 1152	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	****
Collected By:	J.Yeager 6176JY	pH:	5.9
		Well #:	HO-81-1306

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/22/2008 / 0845 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	4/22/2008 / 0845 / AD/BD
Nitrate	2.01	mg/L	10	601	4/22/2008 / 1500 / AD/BD
Turbidity	2.22	NTU	<10	SM18 2130B	4/22/2008 / 0825 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimet	4/22/2008 / 0825 / AD/BD

NOTES

- 1 ****Reverse Osmosis/Softener/Sediment Tank
 - 2 **Sample collected prior to treatment
 - 3 mg/L = milligrams per liter (also, parts per million)
 - 4 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
 - 5 NS = None Seen (NS indicates less than 5 mg/L)
 - 6 NTU = Nephelometric Turbidity Units
 - 7 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - 8 ND:None Detected
 - 9 Visual well check: Sealed, vented cap
 - 10 pH tested on-site
- Reason for Test : Use & Occupancy
Building Permit # : B00155342

Date Reported: 4/23/2008