

C1 0639

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

514987A

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

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY

1 9 2002

Depth of Well

22 440 26

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO - 94 - 3178

28 29 30 31 32 33 34 35 36 37

OWNER

GTC Group - Sawyer, Joyce (New owner)

STREET OR RFD

Woodstream Way

TOWN

SUBDIVISION

Kindler Estates

SECTION

LOT

9

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand Stone 0 16

Gray Mica Rock 16 440

GROUTING RECORD

yes

no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y

N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

45 46

7

NO. OF POUNDS

45 46

258

GALLONS OF WATER

42

DEPTH OF GROUT SEAL (to nearest foot)

from

48

TOP

52

ft. to

19

54

BOTTOM

58

ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

57

6

63

64

66

21

70

OTHER CASING (if used)

diameter
inchdepth (feet)
from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

HO

OPEN

HOLE

PL

PLASTIC

OT

OTHER

C 2

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

NUMBER OF UNSUCCESSFUL WELLS:

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

P

TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 1 MSD 0241

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

6

PUMPING RATE (gal. per min.)

2.2

METHOD USED TO

MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

23

ft.

WHEN PUMPING

310

ft.

TYPE OF PUMP USED (for test)

A

air

P

piston

T

turbine

C

centrifugal

R

rotary

O

other

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.

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

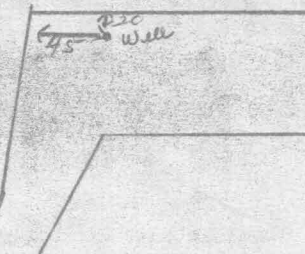
-

below

(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)

B 1	8459	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W515350</i> please print or type	STATE PERMIT NUMBER HO-94-3178 <small>fill in this form completely</small>
Date Received (APA) 7 18 01 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name Gyc Group, LTD		First Name		
Street or RFD P.O. Box 1550		Town Westminster md		
State md		Zip 21158		
DRILLER INFORMATION				
Driller's Name Joseph L. Mayne		License No. M S DO 24		
Firm Name Joseph L. Mayne Well Drilling				
Address 5512 Ridge Rd Mt. Airy 21771				
Signature Joseph L. Mayne Date 7/17/2001				
B 2		WELL INFORMATION		
APPROX. PUMPING RATE (GAL. PER MIN.)		8 500 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <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				
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small>				
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST</small>				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> 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 DEEPEMED 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 DEEPEEN 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)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. HO-94-3178 <small>70 71 72 73 74 75 76 77 78 79</small>				
B 3		LOCATION OF WELL		
COUNTY Howard		SUBDIVISION Kindler Estates		
SECTION 44		LOT 9		
NEAREST TOWN Seagoville		MILES FROM TOWN (enter 0 if in town) 2 <small>73 76 77 78</small>		
B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/>		
NEAR WHAT ROAD Woodstream Way		DISTANCE FROM ROAD 120 FT <small>34 37 38 39</small>		
TAX MAP: _____		BLK: _____ PARCEL: _____		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard COUNTY NO. 27662 STATE SIGNATURE _____ INSERT S → DATE ISSUED 08 07 01 Steven R. King 08 07 02 <small>43 MM DD YY 48</small> CO SIGNATURE _____ EXP. DATE _____ NORTH GRID 480 000 EAST GRID 830 000 <small>50 55 57 63</small>				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. Well 2. Well 3. Well				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 830 N 480				
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 <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

Page 1 of 1
 Date 1/9/2002

Review K6 1/18/02

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3178
 Location of property (road) Woodstream Way
 Subdivision Kendler Estates Lot 9 Block Plat Sec.
 Well Driller Joseph Mayne Owner Joyce Sauragen - Co. Inc

Depth of well 440'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 23'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm
 Total time 45 min to reach pumping water level 310 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	140'	3 sec	N/A	20 gpm
7:15	221	4		15
7:30	310	5		12
7:45	310	27 sec		2.2
8:00	310	27		2.2
8:15	310	27		2.2
8:30	310	27		2.2
8:45	310	27		2.2
9:00	310	27		2.2
9:15	310	27		2.2
9:30	310	27		2.2
9:45	309	27		2.2
10:00	309	27		2.2
10:15	309	27		2.2
10:30	309	27		2.2
10:45	309	27		2.2
11:00	309	27		2.2
11:15	309	27		2.2
11:30	309	27		2.2
11:45	309	27		2.2
12:00	309	27		2.2
12:15	309	27		2.2
12:30	309	27		2.2
12:45	309	27		2.2
HD-224 00	309	27		2.2
1:15	309	27		2.2
1:30	309	27		2.2

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3178

Location of property (road)

Subdivision Kindler Estates

Lot 9 Block Plat Sec.

Well Driller Joseph Mayne

Owner GYC Group, LTD.

Depth of well 440

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P. 2.3'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45

Pumping rate 20

Total time 45 min to reach pumping water level 310 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Steven Krieg
410-313-2669

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: All Around Plbg. Inc. Telephone #: 301-829-6745
Address: 1211 Lofty Hollow Cir.
Mt. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): James Madden License# 18121

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Hal C. Marker Telephone #: 301-776-8228
Subdivision: Kindler Estates Lot #: HO-3178
Site Address: 7649 Woodstream Way
Scaggsville, MD 21073

<u>Submersible Pump Unit</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>/</u>
Model #: <u>SGS10422</u>	Model#: <u>B-10X</u>	Screened, vented well cap: <u>/</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>38"</u> (36" min)	Cap secured to casing: <u>/</u>
Well Yield: <u>5</u> GPM	NSF approved: <u>Y</u>	Conduit min 18" B.G.: <u>/</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>/</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrench Cable guards, other - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt /

Piping to house

Type: poly
PSI: 200 (160 psi min)
Depth of supply line: 40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: /
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly: /

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.

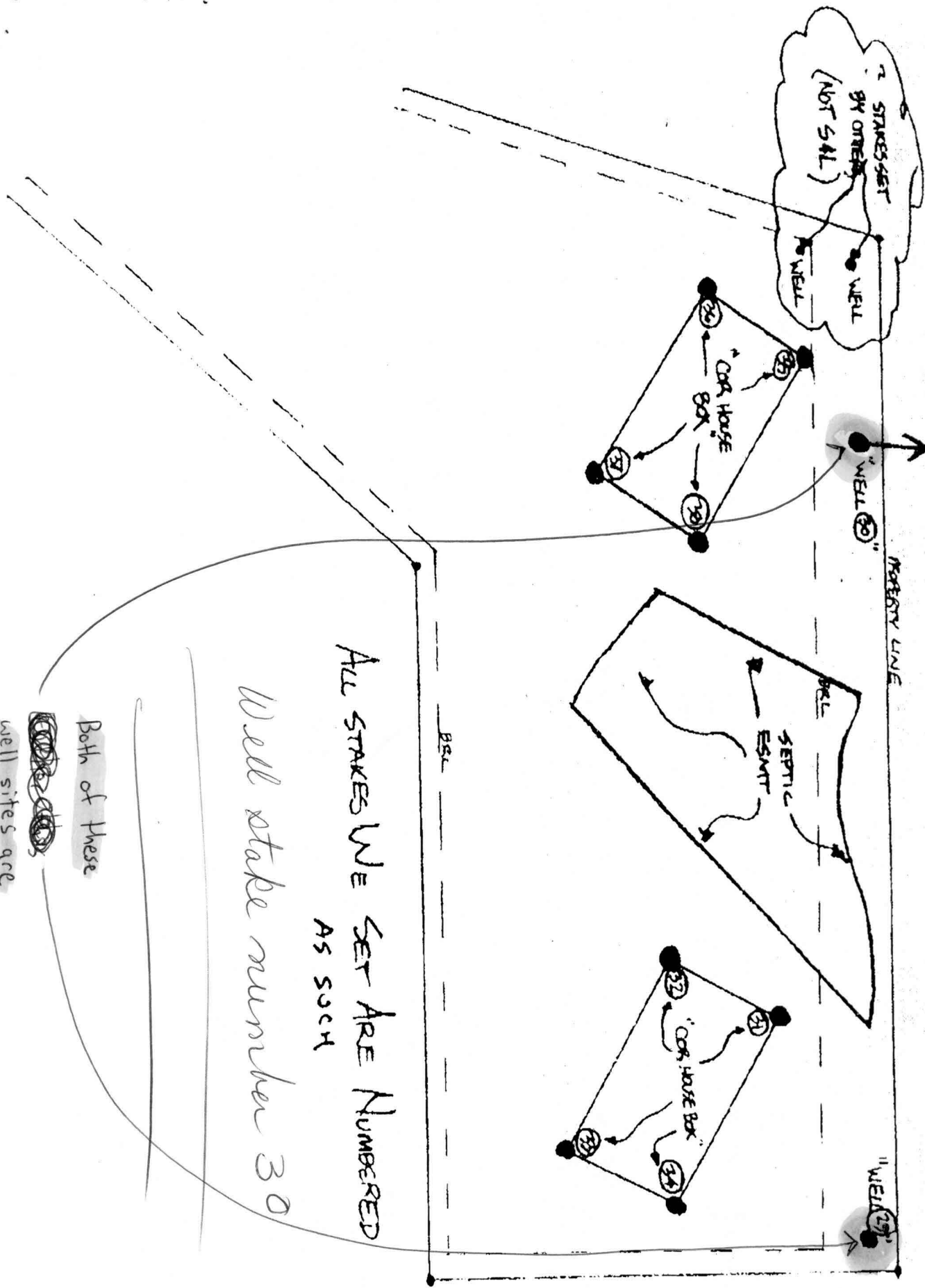
Brendan Madden Pres.
Signature of company representative responsible for installation

1-23-04
date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/1/04 Inspector: (50)
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing /
Correct well tag attached properly and casing 8" above finished grade /
Water supply line sleeved adequately at house connection /
Adequate grout observed below pitless adapter /

* W.C. 11113
WELL LOCATION



ALL STAKES WE SET ARE NUMBERED
AS SUCH

Well stake number 30

Both of these

~~well sites are~~

ON AS STAKED

by licensed surveyor

8/7/01 SRK



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

May 12, 2004

Joyce & Larry Sauvager
9636 Green Moon Path
Columbia, MD 21046

SENT VIA FACSIMILE 301-776-0130

RE: 7644 Woodstream Way
Kindler Estates, Lot 9
BP # B00140724
Well Permit # HO-94-3178

Dear Mr. & Mrs. Sauvager:

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 **05/06/2004**.

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-94-3178. 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: 04/12/2004 & 4/19/2004
Date of Well Completion: 01/09/2002

Approving Authority,


Stuart Oster, R. S.

Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File