

C1 0967 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A4L592

ST/CO USE ONLY
 DATE Received 1 23 19 0
8 13 15 20

DATE WELL COMPLETED 1 23 19 0
 Depth of Well 328
22 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
40-88-1655
28 29 30 31 32 33 34 35 36 37

OWNER KESTING BRUCE
last name first name
 STREET OR RFD Underwood Rd TOWN Sykesville
 SUBDIVISION GETTHER KROLL SECTION LOT X2

WELL LOG FIVE OAKS
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING SUBD.

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Br. Clay & Sand	1	9	
Soft Br. Sand & Mica	9	20	
Soft Br. Sandstone	20	33	
Hard Blk. Granite	33	48	
Hard Br. Sandstone	48	49	X
Blk. Granite	49	129	
Hard Br. Sandstone	129	130	
Blk. Granite	130	224	
Hard Br. Sandstone	224	225	X
Blk. Granite	225	249	
Hard Br. Sandstone	249	251	X
Blk. Granite	251	328	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
44 44
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
45 46 45 46
 NO. OF BAGS 12 NO. OF POUNDS 1128
 GALLONS OF WATER 72
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
48 52 54 58
 (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) 6
 Total depth of main casing (nearest foot) 42
ST 6 42
60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO
 STEEL BRASS OPEN HOLE
PL OT
 PLASTIC OTHER

DEPTH (nearest ft.)
 1 HO 42 328
8 9 11 15 17 21
 2
23 24 26 30 32 36
 3
38 39 41 45 47 51
 S C R E E N
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 IDENT. NO. 296
RONALD L. KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ronald L. Kyker

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WO
70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
8 9
 PUMPING RATE (gal. per min. to nearest gal.) 8.5
11 15
 METHOD USED TO MEASURE PUMPING RATE submersible
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 38
17 20
 WHEN PUMPING 244
22 25
 TYPE OF PUMP USED (for test)
A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 } 2 (nearest foot)
49 LAND SURFACE }
- below } 2
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)
 X well
 Underwood Rd

B 1 **3359** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

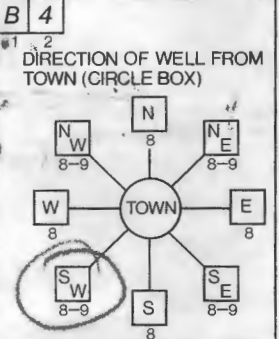
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-88-1655
70 fill in this form completely 79

Date Received (APA) **12/29/90**
OWNER INFORMATION
13
KESTING BRUCE
75 Last Name 13 Owner 34 First Name
3925 SINTER RD
36 Street or RFD 55
BALTIMORE MD 21236
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
HOWARD
A COUNTY 21
GERBER KNOLL
23 SUBDIVISION 42
SECTION **44** 46 LOT **435** 48 50
SNIKESVILLE
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **5** 73 MI 76 77 78

DRILLER INFORMATION
Ronald L. Kyker **296**
Driller's Name 77 License No. 80
Westminster Rotary Well Drilling
Firm Name
PO. Box 861 Westminster MD 21157
Address
Ronald L. Kyker (USA) 12/10/90
Signature Date



UNDERWOOD ROAD
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST
EAST
SOUTH
34 **250** 37 DISTANCE FROM ROAD
ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
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
Howard COUNTY NAME
A 46592 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **122690** **Mark E. Riffin** 6/26/91
43 48 CO SIGNATURE 41 EXP. DATE
NORTH GRID **548000** EAST GRID **0803000**
50 55 57 63

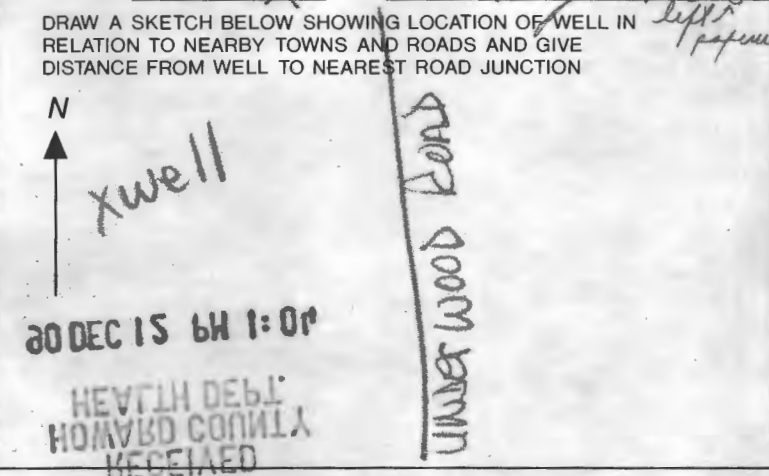
APPROXIMATE DEPTH OF WELL **280** FEET
24 28

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **City**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **8003**
N **5408**
000
000
well 12/31/90 AM
already grouted
12 # Bags of cement
4 1/2' casing
40' open
2' casing above ground
C.B.D.
(Tayon site)
left paper work

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
39 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 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ GAP _____
54 63
FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1655**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
Bruce 882-7311 - 882-7788

11/18
taxed
10/29/03

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, 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: Fogle Well Drilling Telephone #: 410-795-5670
Address: 580 OBRECHT RD
Sykesville MD 21784

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

Name (Print): Allen Campbell License# MSD 009

*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: Precise Design + Remod Telephone #: 202-345-6152
Subdivision: _____ Lot #: _____ Well Tag #: HO-88-1655
Site Address: 1200 Underwood RD
Sykesville, md 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Grundfos Make: Campbell Two piece watertight cap: yes
Model #: 75B07422 Model#: _____ Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 8 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 320 (feet) Conduit secured to well cap: yes
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 guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt uh

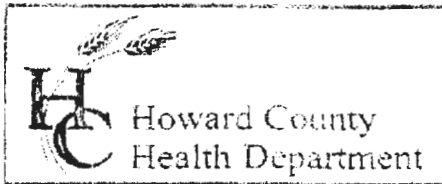
Piping to house House Connection
Type: 1" Black Pipe PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: yes

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.

Allen Campbell 9/18/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 9/12/03 Date Insp. Approved: 9/12/03 (KN) SRK
Inspection Data: Pitless 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 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

REQUEST FOR TEMPORARY DEVIATION TO
 BACTERIA STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 10/30/03 WELL PERMIT #: HO - 88 - 1655
 PROPERTY OWNER: Alan + Diana Stanislav
 SUBDIVISION & LOT #: FIVE OAKS LOT 2
 PROPERTY ADDRESS: 1200 UNDERWOOD ROAD
Sykesville, MD. 21784

The water sample results recently submitted for evaluation indicate that the water sample contained coliform bacteria. This bacteria is used as an indicator species which can help measure the sanitary protection of the well and water supply. Coliform bacteria by themselves do not usually cause disease, but their presence may indicate that surface contamination (insects, organic material, surface water, etc.) may have entered the water supply and the water may be potentially unsafe. Coliform bacteria are also good indicators because they are killed by disinfection the same way that most disease-causing organisms are killed. With a few exceptions, a well that is properly disinfected causes the coliform bacteria to disappear, and in most cases disease causing organisms have also been killed.

TESTIMONIAL: (Steps taken thus far by the well owner or agent to make the well water supply bacteriologically safe)

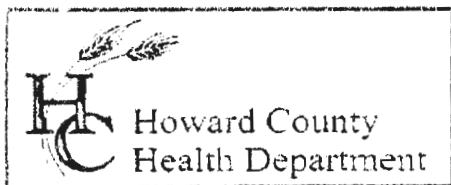
Two water tests by Fountain valley lab. Both tests showed coliform bacteria. The second test was taken after chlorinating the well with 2 gallons of bleach.

PLEDGE: (Steps to be taken by the well owner or agent to bring the well water supply into compliance with COMAR 26.04.04.09 within fifteen (15) days)

We intend to have Fogle's well service install a ultraviolet system as long as approved by the health department. We will comply with any suggestions made by the Health Department.
We also intend to install a reverse osmosis system to the drinking water to the kitchen.
We plan to have annual tests completed by Fountain valley laboratory.

CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit # HO - 88-1655 will meet the bacteria standard resulting from approved disinfection procedures.



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

2) If condition #1 is not met through disinfection techniques, then either:

a) **PRIOR HEALTH DEPARTMENT APPROVAL IS REQUIRED BEFORE AN ULTRAVIOLET DISINFECTION SYSTEM CAN BE INSTALLED** (which must be maintained by the homeowner continuously to ensure a bacteriologically safe water supply)

OR

b) An order to abandon and seal the well will be issued

I hereby request that a Fifteen-Day Temporary Deviation to COMAR 26.04.04.09 B3a be granted for the well installed under permit # HO -88-1655 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner which will include advising any future buyer/tenant of the installation, condition and maintenance responsibilities of an appropriate disinfection device if applicable.

Prospective Owner's Original Signature(s) [Person(s) who intend to live in the dwelling]

Alan J. Stanish

Prospective Owner's Day Time Phone Number(s)

301 924-0105 301 854-5056

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 48601 Account #: 1930
Reference: Alan Stanislav Company: Fogle's Septic
Location: 1200 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 10/30/2003 1130 Site: Bathroom Tap/ Mudroom
Date/Time Rec'd: 10/30/2003 1320 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.0
Collected By: C. Mooshian 7268CM Well #: HO-88-1655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Turbidity	2.42	NTU	<10	SM2130B
Sand	NS	mg/L	5	Visual/Gravimetric
Bacteria, Coliform, Total, MPN	40.6	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.

NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 NS = None Seen (NS indicates less than 5 mg/L)
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : Use & Occupancy

Date Reported: 10/31/2003

MD State Certification #133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 48505 Account #: 1930
Reference: Alan Stanislav Company: Fogle's Septic
Location: 1200 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 10/23/2003 1235 Site: Bathroom Tap/ Mudroom
Date/Time Rec'd: 10/23/2003 1350 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J.Yeager 6176JY Well #: HO-88-1655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Nitrate	6.17	mg/L	10	601

NOTES

- 1 Corrected Copy
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : Use & Occupancy

Date Reported: 10/24/2003

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 48505 Account #: 1930
Reference: Alan Stanislav Company: Fogle's Septic
Location: 1200 Underwood Road Requested By: Dave Fogle
Sykesville, MD 21784 Source: Well Water
Date/Time Collected: 10/23/03 1235 Site: Bathroom Tap/ Mudroom
Date/Time Rec'd: 10/23/03 1350 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: J. Yeager 6176JY Well #: HO-88-1655

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	>200.5	MPN/ 100 ml	<1.0	SM 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM 9223 B.
Nitrate	6.17	mg/L	10	601

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 4 ND:None Detected
- 5 Visual well check: Sealed, vented cap
- 6 pH tested on-site

Reason for Test : Real Estate

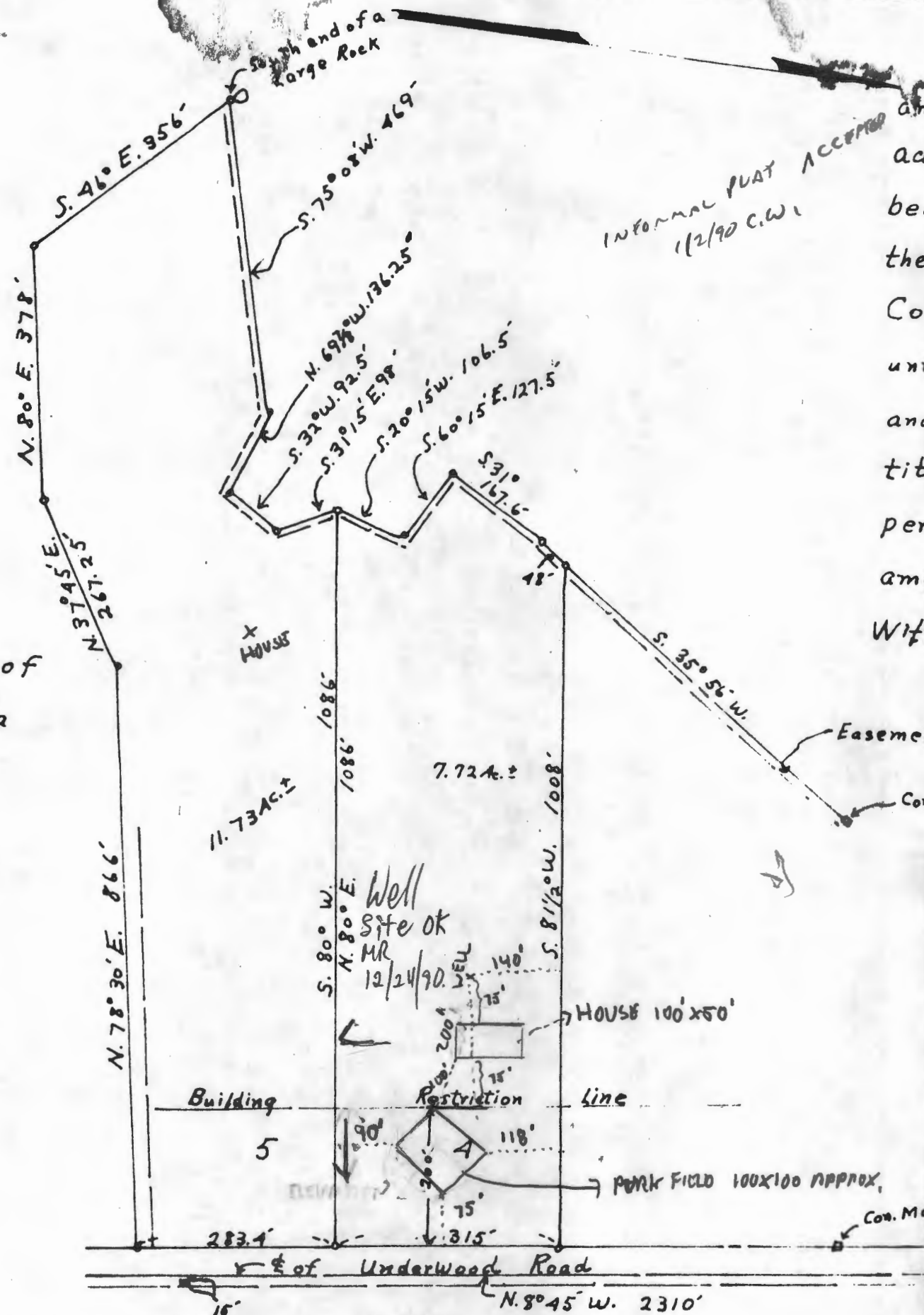
Date Reported: 10/24/03

MD State Certification # 133

the property of
 described in a
 will, dated
 of Howard
 4th Election
 = 200'

INFORMAL PLAT ACCEPTED
 11/2/90 C.W.

and
 ado
 beds
 the
 Cou
 unto
 and
 title
 per
 amo
 With



BRUCE + MARY KESTY 1200 UNDERWOOD
 TO SCALE WITH PROPOSED HOUSE 100 x 50'
 GRUBER KNOLL. LOT #4 1" = 200'

Bruce Kesty 12/20/90
 882-7311