

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3498		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 4519664	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED 6/3/04		Depth of Well 22 300 28 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3954 28 29 30 31 32 33 34 35 36 37	
OWNER last name Kennard Case Corp first name		STREET OR RFD P.O. Box 229		TOWN Fulton		SUBDIVISION	
SECTION		LOT		3			
WELL LOG Not required for driven wells				GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			
				TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			
DESCRIPTION (Use additional sheets if needed)				NO. OF BAGS 15 NO. OF POUNDS 1500			
				GALLONS OF WATER 90			
FEET FROM TO				DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 37 BOTTOM 58 ft. (enter 0 if from surface)			
check if water bearing				CASING RECORD			
				casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER			
MAIN CASING TYPE ST				Nominal diameter top (main) casing (nearest inch) 6			
				Total depth of main casing (nearest foot) 43			
EACH CASING				OTHER CASING (if used) diameter depth (feet) inch from to			
screen type or open hole (insert appropriate code below)				SCREEN RECORD			
				ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER			
NUMBER OF UNSUCCESSFUL WELLS: 0				C2 DEPTH (nearest ft.)			
WELL HYDROFRACTURED Y N				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			
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				SLOT SIZE 1 2 3			
				DIAMETER OF SCREEN (NEAREST INCH) 58 80 from to			
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.				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			
DRILLERS LIC. NO. 1 M 40 040 Henry F. Fetherday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JS D 038 Bruce Thompson				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)			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1	9742	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 520142 please type	STATE PERMIT NUMBER HO-94-3954 fill in this form completely
Date Received (APA) 9692		<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> OWNER INFORMATION 8 MM DD YY 13 Kennwood Care Corporation 15 Last Name P. O. Box 229 Owner First Name 34 36 Fulton, Md 20789 Street or RFD 56 57 Town 70 State 72 Zip 76 </div> <div style="width:45%;"> LOCATION OF WELL B 3 Howard COUNTY Triadelphia Mill Rd Prop 23 SUBDIVISION 3 SECTION Dayton LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78 </div> </div>		
DRILLER INFORMATION George F. Easterday M W D 040 Driller's Name L. Franklin Easterday, Inc. 76 License No. 81 Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday 4/8/04 Signature Date		Triadelphia Mill Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 27 38 39 TAX MAP: 24 BLK: 15		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> P PUBLIC WATER SUPPLY WELL <input type="radio"/> T TEST, OBSERVATION, MONITORING <input type="radio"/> G GEO-THERMAL		
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A519664 COUNTY NO. STATE SIGNATURE 5/19/04 DATE ISSUED 5/19/05 43 MM DD YY CO SIGNATURE 797 EXP. DATE NORTH GRID 507 000 EAST GRID 57 000		
METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTARY JETTED ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 79X 7 000 000 6/3/04 No Insp (50)		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 13 E 4 Dayton TRIADDELPHIA Kalmia Dr Mill Rd Dayton		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER HO-94-3954 PERMIT No. 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

Well Permit No. HO - 94-3954
Location of property (road) Tridolphia Mill Rd
Subdivision Kenwood Cane Lot 3 Block 24 Plat Sec.
Well Driller Kastor Owner KENWOOD CAVE

Depth of well 300' 69pm
Distance of measuring point (M.P.) above ground 2 feet
Static water level (S.W.L.) below M.P. 33 ft

Time pump started 12:45 Pumping rate 15 gpm
Total time 30 min to reach pumping water level 110 ft. below M.P.

HD-224

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: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: 3 Well Tag #: HO - 94-3954
Site Address: 14265 Tradefair Drive MDR

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

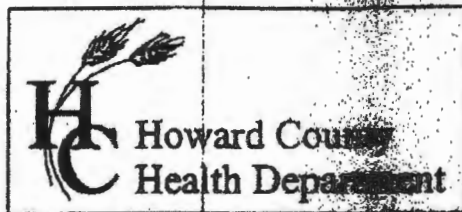
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 12-30-08 (KW)

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

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

Attn: Stewart 313-2648

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 Mildenburg, Brenda Assoc
Engineer
on 3/24/04 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

From Sara C Easterday
for Zenwood Care Corp
Eugene Valentine
Irishville Mill Road
lots 3 & 4



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia 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

Wednesday, November 14, 2007

MEMORANDUM

IMPORTANT

Re: Replacement well locations
14265 Triadelphia Mill Rd
Lot 3

Replacement wells on this property need to be 100' from the neighboring cemetery located on Lot 1.