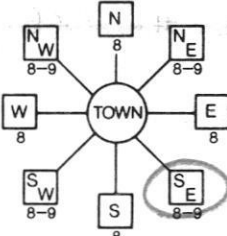


B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 517959 please print or type	STATE PERMIT NUMBER HO-94-3551 fill in this form completely
Date Received (APA) <u>10/30/02</u> 8 MM DD YY 13 WESTRICK KENNETH 15 Last Name Owner First Name 34 <u>6159 MEADOWRIDGE RD.</u> 36 Street or RFD 55 <u>ELKRIDGE MD. 21075</u> 57 Town 70 State 72 Zip 76		B 3 HOWARD LOCATION OF WELL 8 COUNTY 21 <u>GREEN HENGE</u> 23 SUBDIVISION 42 SECTION <u>1</u> LOT <u>6</u> 44 46 48 50 <u>WEST FRIENDSHIP</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION <u>RONALD KYKER</u> M <u>WD 296</u> Driller's Name 76 License No. 81 <u>WESTMINSTER WELL DRILL INC</u> Firm Name <u>P.O. BOX 861 WESTMINSTER MD. 21157</u> Address <u>Ronald Kyker</u> <u>OCT 3 02</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  <u>TRIADELPHIA RD</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD <u>50</u> FT ENTER FT OR MI 38 39 TAX MAP: <u>16</u> BLK: <u>19</u> PARCEL <u>240</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard A517959</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>10/30/02</u> <u>30/30/03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>600</u> 0 0 0 EAST GRID <u>620</u> 0 0 0 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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 <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary 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 39 <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		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 <u>620</u> N <u>600</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 50' x well Triadelphia Rd	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-94-3551</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C1 14301 SEQUENCE NO. (MDE USE ONLY)

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

A517759

ST/CO USE ONLY

DATE Received

MM DD YY
10/30/02

DATE WELL COMPLETED

MM DD YY
12 04 2002

Depth of Well

22 380 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO - 94 - 3551

OWNER Ken Westrick Ken
STREET OR RFD Philadelphia Road first name TOWN West Friendship
SUBDIVISION Green Henge SECTION 6 LOT 6

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	
Clay & Br. Schist	1	4	
Soft Br. Schist	4	13	
Sand	13	38	
Hard Blue Sandstone	38	66	X
Hard Br./Blue Schist	66	85	
Br. Schist	85	86	X
Hard Blue Schist	86	231	
Hard Blue/Br. Schist	231	240	
Hard Blue Schist	240	287	
Isorglass/Blue Schist	287	290	
Hard Blue Schist	290	380	

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 45 46 15 NO. OF POUNDS 45 46 140GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 42 ft.
48 TOP 52 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPE
STNominal diameter
top (main) casing
(nearest inch)!Total depth
of main casing
(nearest foot)6 44
60 61 63 64 66 70E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHER

C 2

DEPTH (nearest ft.)

1 2 H O 44 380

E 1 8 9 11 15 17 21

A 2 23 24 26 30 32 36

S 3 38 39 41 45 47 51

R 3 38 39 41 45 47 51

E 3 38 39 41 45 47 51

N 3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

56 60

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 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 6
8 9PUMPING RATE (gal. per min.) 1.6
11 15METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.
17 20WHEN PUMPING 313 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O (describe below)

J jet S submersible

27 27 27 27 27 27

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 2 (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)

7/8 well

Philadelphia Road

NUMBER OF UNSUCCESSFUL WELLS: 1

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 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. 1 M W D 296

Ronald Kyker

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 J W D 334

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

Jana Kyker

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

DENV-CR00

COUNTY

Maryland Well Permit No. HD-94-3551 Election District _____
Location of Property (road) Triadelphia Road
Subdivision Green Henge Lot 6 Block _____ Plat _____ Sec. _____
Well Driller Dana Kyker Jr. III Owner Kenneth Westrick

I. High Rate Pumping -- reservoir drawdown
Time pump started 8:00 Pumping rate 120 GPM
Total time 1hr to reach pumping water level 337 ft. below M.P.

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

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3551
Location of property (road) Triadelphia Road
Subdivision Green Henge Lot 6 Block _____ Plat _____ Sec. _____
Well Driller Westminster Well Drill Owner K. Westfick

Depth of well 380 feet
Distance of measuring point (M.P.) above ground 2 feet
Static water level (S.W.L.) below M.P. 36 feet

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12GPM
Total time 1 hr to reach pumping water level 337 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 $\times 1$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	36'	5 sec.		12
8:15	162'	6 sec.		10
8:30	241'	7 sec.		8.5
8:45	298'	7 sec.		8.5
9:00	337'	37 sec.		1.6
9:15	336'	37 sec.		1.6
9:30	335'	37 sec.		1.6
9:45	334'	37 sec.		1.6
10:00	333'	37 sec.		1.6
10:15	332'	37 sec.		1.6
10:30	331'	37 sec.		1.6
10:45	330'	37 sec.		1.6
11:00	329'	37 sec.		1.6
11:15	328'	37 sec.		1.6
11:30	327'	37 sec.		1.6
11:45	326'	37 sec.		1.6
12:00	325'	37 sec.		1.6
12:15	324'	37 sec.		1.6
12:30	323'	37 sec.		1.6
12:45	322'	37 sec.		1.6
1:00	321'	37 sec.		1.6
1:15	320'	37 sec.		1.6
1:30	319'	37 sec.		1.6
1:45	318'	37 sec.		1.6

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: John's Plumbing Telephone #: (410) 747-0260
Address: 535 Forest Hill
Chilmark 21225

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): WILLIAM MAHONEY License # 10944

***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: REbecca H. Westrick Telephone #: 410 796-1568

Subdivision: Green Henge Lot #: 6 Well Tag #: HO-74-3551

Site Address: 12006 TRINITY RD

Fleetville MD 21042

Submersible Pump Data

Make: MYERS

Model #: 26302B010

Pump Capacity 5 GPM

Well Yield: 2.8 GPM

Depth of well encountered at time of pump installation: 340 (feet)

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

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: 1"

Model #: 442

Depth 42 (36" min)

NSF/WSC 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: ✓

Piping to house

Type: SEWAGE ST/NO-FLX

PSI: 200 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 10'

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: 1/23/04 Inspector: BB

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 ✓

HD-215

Rev. 12/00

2" PVC
Done per Ken Westrick

(Homeowner) - Not Inspected By HCHD

Covered
Not Inspected
Not Inspected

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 12/04/2002 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HD — 94 — 3551

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Ronald Kyker

WELL DRILLERS LICENSE NUMBER: MD296

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Kenneth Westrick

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: West Friendship

TAX MAP BLOCK PARCEL

SUBDIVISION: Green Henge

SECTION: LOT: 6

NEAREST ROAD: Trinicks Road

*** Dry Well***

* TYPE OF WELL BEING ABANDONED:

 DRILLED JETTED
 BORED/AUGERED HAND DUG
 OTHER (specify)

* USE CODE:

 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

 STEEL PLASTIC
 CONCRETE OTHER (specify)

* SIZE OF CASING: n/a INCHES IN DIAMETER

* DEPTH OF WELL: 450 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet:

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement (1974 lbs)	0	40
Well Cuttings	40	460
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD
CIRCLE ONE

DATE

DENV 828

JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

TRIADDELPHIA ROAD
(FUTURE 80' R/W)

well location
R=660

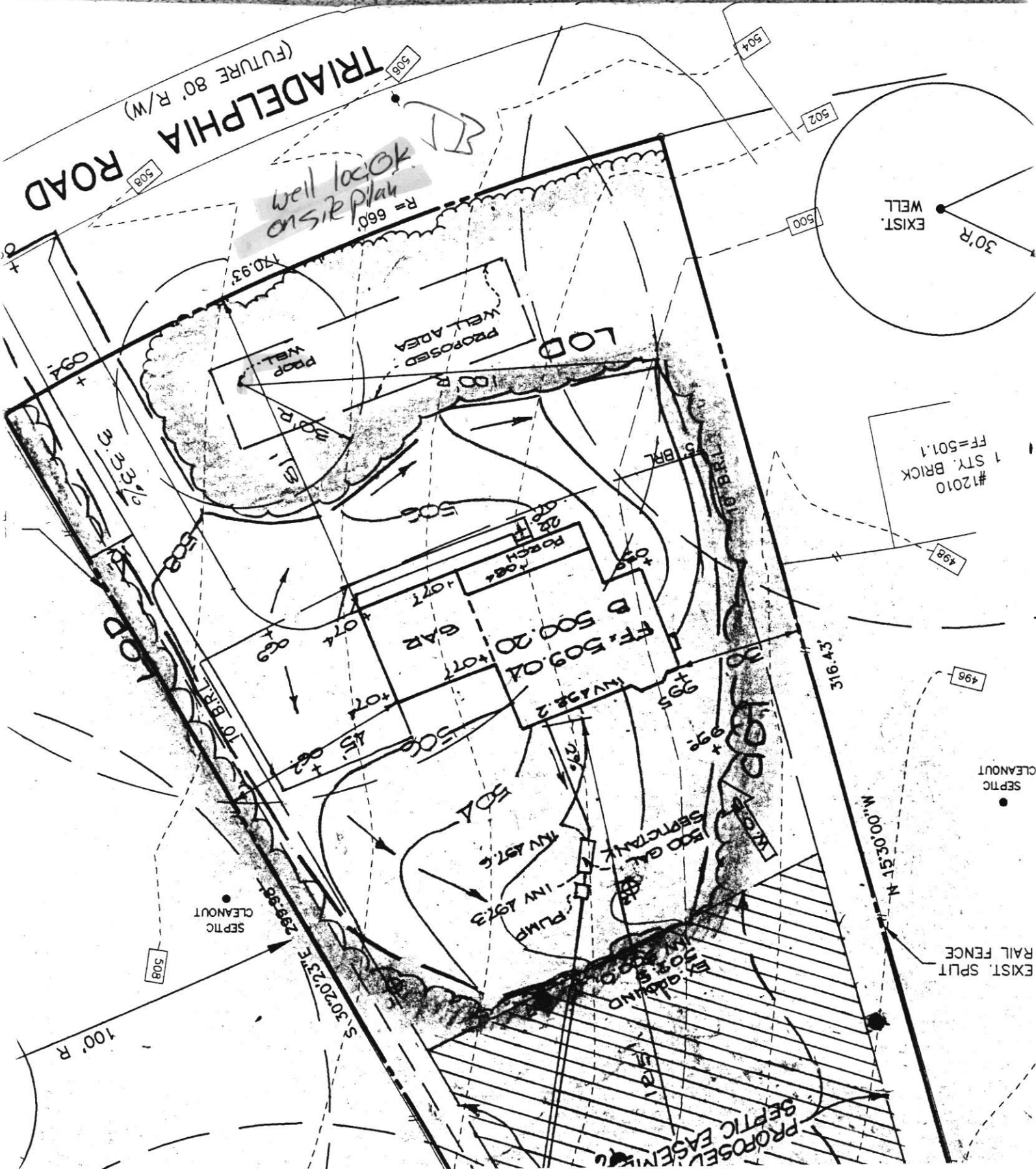
EXIST. WELL

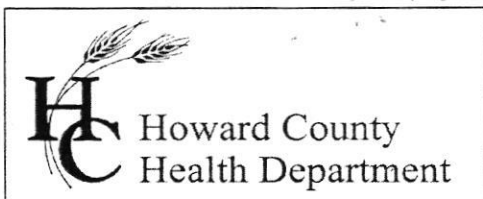
#12010
1 STY. BRICK
FF=501.1

SEPTIC
CLEANOUT

EXIST. SPLIT
RAIL FENCE

PROPOSED EASEMENT





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

January 27, 2004

Kenneth P. Westrick
6159 Meadowridge Road
Elkridge, MD 21075

RE: 12006 Triadelphia Road
Green Henge, Lot 6
BP # B00140950
Well Permit # HO-94-3551

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 11/25/2003.**

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-94-3551. 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 Sample: 01/13/2004
Date of Well Completion: 12/04/2002

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File