

00314 (OEP USE ONLY)

NUMBER IS TO BE PUNCHED
(OLS. 3-6 ON ALL CARDS)

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

COUNTY NUMBER
A-36690-W

DATE Received
10/10/86

DATE WELL COMPLETED
10/10/86

Depth of Well
260 (TO NEAREST FOOT)

PERMIT NO.
10-81-1456

OWNER
MC CRACKS

last name

first name

TOWN
FULTON

STREET OR RFD
KONDROP DRIVE

UBDIVISION
BEAUFORD PARK

SECTION
4

BLOCK
C

LOT
10

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

Top Soil 0 2

Clay 2 4

Shale 4 10

Mica schist 10 20

Mica 20 30

and Stone 30 45

Mica 45 50

Sand Stone 50 55

Mica 55 70

Flint 70 72

Mica 72 260

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 18 ft.

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)

Total depth of main casing (nearest foot)

ST 6 30

OTHER CASING (if used)

diameter depth (feet)

inch from to

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 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 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 10.17.13 "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. 40

DRILLERS SIGNATURE
Heure J. Easterday

(MUST MATCH SIGNATURE ON APPLICATION)

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

GRVEL 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.)

WQ

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 39

WHEN PUMPING 43

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES 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:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above - below

LAND SURFACE 2 (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)

Well 35'

Right of Way line

Kondrop DR.

0730

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
PERMIT TO DRILL WELL

OEP PERMIT NUMBER

H0-S1-1456

THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS

please print or type

fill in this form completely

Date Received

10/2/86

OWNER INFORMATION

15 Last Name McKACHEN Owner KEVIN First Name B 34
 36 8500 RUSSELL RD Street or RFD 55
 157 FULTON Town 70 State 72 MD Zip 76 20759

DRILLER INFORMATION

Driller's Name George F. Easterday, PMP 1 0 0 77 License No. 80
 Firm Name L. F. Easterday, Inc.
 Address 9265 Br. Ch. Rd. Mt. Airy, Md. 21771
 Signature George F. Easterday Date 3/17/86

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☐ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☒ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 700 24 28 FEETAPPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REverse-ROTary DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
☐ THIS WELL WILL DEEPEMED 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)

APPROP. PERMIT NUMBER _____ 54 GAP _____ 63

FORCE 10 WRITE INITIALS IN BOX PERMIT NO. 10-S1-1456 167 168 169 170 171 172 173 174 175 176 177 178 179

SPECIAL CONDITIONS

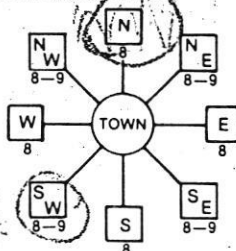
B 3

LOCATION OF WELL

1 2 40.10 324/PG 36690
 8 COUNTY HOWARD 21
 23 SUBDIVISION REDFORD PARK 42
 SECTION 4 44 46 LOT 10 48 50 BLOCK C
 62 NEAREST TOWN FULTON 71
 MILES FROM TOWN (enter 0 if in town) 2 73 MI 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Howards DE 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 200 37 DISTANCE FROM ROAD

ENTER FT or MI 200 38 39NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

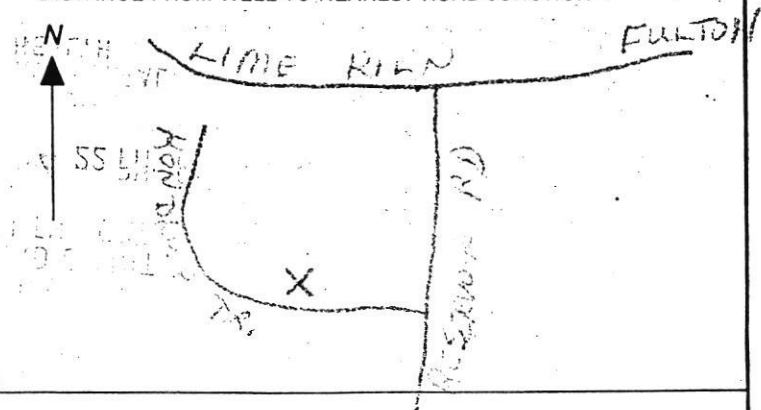
COUNTY NAME HOWARD COUNTY NO. A 3/100-10
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41
 DATE ISSUED 03/17/86 CO SIGNATURE 110406 EXP. DATE _____
 NORTH GRID 471000 50 55 EAST GRID 0015000 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. _____
 3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8105
 N 4706 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



Lat
70-11-86
8:00

OK! @ 8a 11/6/8

260 30 GPM
suring point (M.P.) above ground 24"

210 MUL

12 GPM

210 MUL

pumpset
 2001
 by Steve

LOCATION OF WELL

1 2

HOWARD 8 COUNTY 21

BEAUFORT 23 SUBDIVISION 42

SECTION 24 44 46 LOT 100 48 50

FULTON 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 1/2 73 76 77 78 MI

2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)

11 Leondrup Drive NEAR WHAT ROAD 3

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34

2	5	3	
---	---	---	--

 37
DISTANCE FROM ROAD

ENTER FT or MI

38	39
----	----

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 2000 2500

22 ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
☐ F 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

COUNTY NAME

COUNTY NO.

OEP
SIGNATURE

STATE HE
INSERT S

DATE ISSUED 10/10/68

6	4	7	5	6
---	---	---	---	---

43					
----	--	--	--	--	--

NORTH

1	7	1
---	---	---

GRID	7	7	5
------	---	---	---

CO SIGNATURE

0	0	EA
---	---	----

$\begin{array}{|c|c|} \hline \text{O} & \text{O} \\ \hline \end{array}$
 $\begin{array}{c} \text{G} \\ \text{FF} \end{array}$

EXP. DATE

0	0
---	---

63

APPROXIMATE DEPTH OF WELL

3	0	0	.	
24				28

 FEET

APPROXIMATE DIAMETER OF WELL _____ INCH

METHOD OF DRILLING (circle one)

30- BORED (or Augured) JETTED Jetted & DRIVEN
37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REverse-ROTary Drive-POINT
other _____

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)[illegible]

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER

				G	A	P			
--	--	--	--	---	---	---	--	--	--

54 63

FORCE

67	68
----	----

 WRITE INITIALS IN BOX PERMIT No.

70	71	72	73	74	75	76	77	78	79
----	----	----	----	----	----	----	----	----	----

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF
BOX & LOCATE WELL _____
WITH AN X

SOURCES OF DRILLING WATER

1. ~~W. 5. 2. 1~~

2.

3

WRITE THE BOX NUMBER
FROM THE MAP HERE

E	810.	2
N	470	6

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

A hand-drawn map showing the intersection of Pendrop Ct. and Pendrop Dr. A curved line represents the road intersection. An arrow points to a location on Pendrop Dr. labeled "20' well". Another arrow points to a location on Pendrop Ct. labeled "x".

Maura J. Rossman, M.D., Health Officer

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: J&R Plumbing Telephone #: 410-489-7776
Address: P.O. Box 57
Lisbon MA 01765

Must circle one: ☒ Licensed Plumber ☐ Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Tim Rollins License# 7079

*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: Greaves Farm LLC Telephone #: 410-977-1328
Subdivision: BEAUFORT PARK Lot #: 10 Well Tag #: HO-81-1956
Site Address: 12397 KENDRUP CT.
Fall River MA 02759

Submersible Pump Data

Make: DAB
Model #: 60198245
Pump Capacity: 10 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: BOSHAAT +
Model #: P-800-53
GPM Depth: 56" (36" min)
GPM 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: ☒

Depth of well encountered at time of pump installation: 354 (feet) Just 372

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

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

Piping to house

Type: PLASTIC
PSI: 200 (160 psi min)
Depth of supply line: 38" (36" min)
42"

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒
Length of sleeve (5' minimum from foundation): 9'
Sleeve sealed properly: ☒ PEAK COOPING

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: 11/30/21 Date Insp. Approved: 11/30/21 Inspector: SR
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 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

48"
24"
7"
10"

(Revised form 10/24/2018)

H0-81-1456

12347 Kandrup Dr.

12 gpm 260' depth

Before pumping 39'

When pumping 43'

Casing depth 30'

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 27, 2022

January 27, 2022

Homeowner
12397 Kondrup Drive
Fulton, MD 20759

**RE: Beaufort Park, Sec. 4, Lot 10
12397 Kondrup Drive
Building Permit: B21001542
Well Permit: HO-81-1456**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **01/26/2022**. Final approval of the well line connection to the dwelling was granted on **11/30/2021**. The well construction was completed on **10/10/1986**. Water samples were collected on **01/20/2022, 01/24/2022**.

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. 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-81-1456. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 149995 Account #: 1045
Reference: Stephen Forney Client: Atlantic Blue Water Services
Location: 12397 Kondrup Drive Requested By: Mark Mather
Fulton, MD 20759 Source: Well Water
Date/ Time Collected: 1/20/2022 1355 Site: Bathroom Tap
Date/Time Rec'd: 1/20/2022 1530 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 5.4
Collected By: N. Stonesifer 2143NS Well #: HO-18-1456

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/21/2022 / 1030 / CRS
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	1/21/2022 / 1030 / CRS
Nitrate	6.15	mg/L	10	Hach 10206	1/20/2022 / 1545 / TSD
Turbidity	<0.30	NTU	<10	SM20 2130B	1/20/2022 / 1535 / TSD
Iron	<0.02	mg/L	0.3*	FR, 45 (126)	1/20/2022 / 1540 / TSD

NOTES:

- 1 *SMCL = Secondary Maximum Contaminant Level
- 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 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B21001542

Date Reported: 1/21/2022

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #:	150035	Account #:	1045
Reference:	Stephen Forney	Client:	Atlantic Blue Water Services
Location:	12397 Kondrup Drive Fulton, MD 20759	Requested By:	Mark Mather
Date/ Time Collected:	1/24/2022 1305	Source:	Well Water
Date/Time Rec'd:	1/24/2022 1412	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	N. Stonesifer 2143NS	pH:	6.2
		Well #:	HO-18-1456

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	1/24/2022 / 1415 / TSD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND = None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy

Building Permit # : B21001542

Date Reported: 1/24/2022

Well Log

To whom it May Concern

Re: Beaufort Park
Sally RLC list 10
(Kundberg Dr.)

original well completion report
+ other Septic Treatment Nite are
in file for 8500 Rosewood Rd
(Beaufort Park Bld B ~~list 2~~ list 3

see P 39093 (Ramin)

This well does not have a
long assessment or several interesting
logs - list B will need to develop it
own well
App'd by 4/15/02