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.

C 1 3498 — SEQUENCE NO. (MDE 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 TYPE

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

COUNTY NUMBER: A519664

ST/CO USE ONLY DATE Received (MM DD YY)

DATE WELL COMPLETED (MM DD YY): 6/3/04

Depth of Well: 300 (TO NEAREST FOOT)

OK (initials) 3/4/05

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-3954

OWNER: Kenwood Care Corp (last name / first name)
STREET OR RFD: P.O. Box 229 TOWN: Fulton
SUBDIVISION: , SECTION: ____ LOT: 3

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	FEET TO	check if water bearing
Top Soil	0	2	
Brown Shale	2	12	
Brown Mica	12	36	
Gray mica	36	44	
Brown mica	44	45	
Gray mica	45	61	
Brown Mica	61	63	✓
Gray Mica	63	230	
opening	230	231	✓
Gray Mica	231	300	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: yes Y / no N (N marked)

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.: MWD 040
[signature] Henry F. Fitterling
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: JSD 038
[signature] Bruce Thompson
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes **Y** (circled) / no N

TYPE OF GROUTING MATERIAL (Circle one): CEMENT **CM** (circled) BENTONITE CLAY BC

NO. OF BAGS: 15 NO. OF POUNDS: 1500

GALLONS OF WATER: 90

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. (TOP) to 37 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	43

EACH CASING — OTHER CASING (if used): diameter inch ____ depth (feet) from ____ to ____

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

C 2 — DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	42	300
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

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
TELES

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 3

PUMPING RATE (gal. per min.): 10.

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 33 ft.
WHEN PUMPING: 110 ft.

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other (describe below), J jet, **S submersible** (circled)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO): YES / **NO** (circled)

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) ____

PUMP HORSE POWER ____

PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height): **+** above (circled) / − below LAND SURFACE: 1 (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)

N

see plat

EMERGENCY/TEMP NO. IF ANY

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

OWNER INFORMATION

Kenwood Care Corporation

Last Name Owner First Name

P.O. Box 229

Street or RFD

Fulton, Md 20759

Town State Zip

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name License No.

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday 4/8/04

Signature Date

B 3 Howard **LOCATION OF WELL** CC#

COUNTY

Triadelphia Mill Rd Prop

SUBDIVISION

SECTION LOT 3

Dayton

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N, NE, E, SE, S, SW (circled), W, NW — TOWN

Triadelphia Mill Rd

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N, WEST W, EAST E, SOUTH S (circled)

300 Ft.

DISTANCE FROM ROAD

ENTER FT OR MI

TAX MAP: 27 BLK: 24 PARCEL 15

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) — circled — DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- I INDUSTRIAL, COMMERICIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A519664

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 5/19/04 *[signature]* 5/19/05

CO SIGNATURE EXP. DATE

NORTH GRID 507 000 EAST GRID 797 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

6/3/04

No Insp (50) X

SOURCES OF DRILLING WATER

1. wells
2.
3.

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary (circled) AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other

WRITE THE BOX NUMBER FROM THE MAP HERE ~~79X~~ 7

E ~~50X~~ 7

N

000
000

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

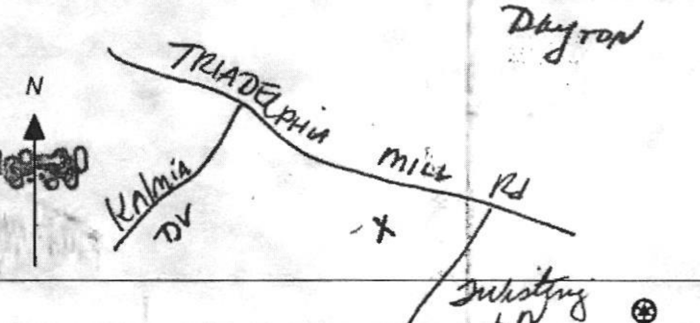
- (N) — circled — THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) — — - — — - — — — —

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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER

PERMIT No. HO - 94 - 3954

SPECIAL CONDITIONS

NOTE — APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

DENV-Permit 97

② COUNTY

of _____ 6-3-04 Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3954
Location of property (road) 3 Triadelphia Mill Rd
Subdivision Kenwood Cake Lot 3 Block 2 Plat ____ Sec. ____
Well Driller Easterday Owner KENWOOD CAKE

Depth of well 300 6gpm
Distance of measuring point (M.P.) above ground 2Feet
Static water level (S.W.L.) below M.P. 33ft

I. High rate pumping -- reservoir drawdown

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

II. Recovery pump test data - observations to be recorded at same intervals

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used) Pumpset	CALCULATED FLOW (gallons per minute)
1:15	110ft	6 sec	280'	10gpm
1:30	110 ft	6 sec		10gpm
1:45	110 ft	6 sec		10gpm
2:00	110 ft	6 sec		10gpm
2:15	110 ft	6 sec		10gpm
2:30	110 ft	6 sec		10gpm
2:45	110 ft	6 sec		10gpm
3:00	110 ft	6 sec		10gpm
3:15	110 ft	6 sec		10gpm
3:30	110 ft	6 sec		10gpm
3:45	110 ft	6 sec		10gpm
4:00	110ft	6 sec		10gpm
4:15	110 ft	6 sec		10gpm

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 Triadelphia Manor

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: ____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: ____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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	House Connection
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: ___ (36" min)	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	✓

~~11/05~~ (KW) ~~Not Finished~~

HD-215(Rev. 8/00)

Howard County Health Department

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

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 Engineer Mildenberg, Boender & Assoc on 3/2/04 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 Sam C Easterday
for Kenwood Care Corp
Eugene Valentine
Triadelphia 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.