

C 1 14569 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(THIS NUMBER) TO BE PUNCHED IN COLS. 3-6 C.N. ALL CARDS)

COUNTY NUMBER W 517372

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/24/02

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3439

OWNER Gillicee last name Linden Church first name TOWN Clarksville SECTION LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-62) and Gray Mica Rock (62-600).

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0-60).

CASING RECORD form including: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (66).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD form including: screen type (ST), DEPTH (64, 600).

PUMPING TEST form including: HOURS PUMPED (6), PUMPING RATE (34), METHOD USED TO MEASURE PUMPING RATE (Bucket), TYPE OF PUMP USED (A).

WELL HYDROFRACTURED (Y) and NUMBER OF UNSUCCESSFUL WELLS (0).

CIRCLE APPROPRIATE LETTER A (Well abandoned and sealed).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M SD 24 Joseph T. Mayne

LIC. NO. 1 D

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

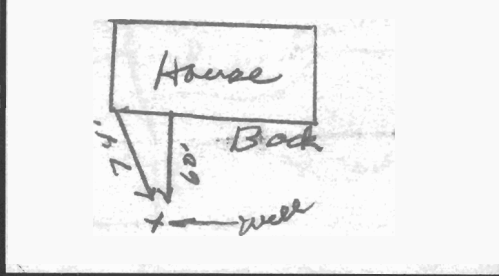
DEPTH (nearest ft.) table with columns 1-3 and rows 1-3.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (+ above, - below).

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)



B 1 798A

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

140-94-3439 fill in this form completely

Date Received (APA) 07 18 02

OWNER INFORMATION

Owner: Gilliese, Kathleen; Address: 13111 Linden Church Rd, Clarksville, MD

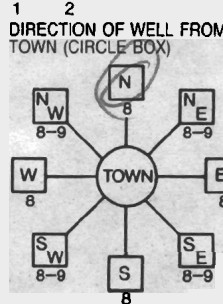
LOCATION OF WELL

Howard County, Subdivision 21, Lot 7, Nearest Town: Clarksville, MD

DRILLER INFORMATION

Driller: Joseph L. Mayne, License No. M 5 D 24; Firm: Joseph L. Mayne Well Drilling; Address: 5512 Ridge Rd, Clarksville, MD

DIRECTION OF WELL FROM TOWN



13111 Linden Church Rd, Near What Road, Distance from Road: 500 ft, Tax Map: 28, Blk: 15, Parcel: 176

WELL INFORMATION: APPROX. PUMPING RATE: 5 GAL. PER MIN.; AVERAGE DAILY QUANTITY NEEDED: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled); Industrial, Commercial, Dewatering; Public Water Supply Well; Test, Observation, Monitoring; Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued: 07 18 02, Mark E. Rijk, 7/18/03, North Grid: 508 000, East Grid: 0809 000

APPROXIMATE DEPTH OF WELL: 300 FEET; APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

- AIH-ROTary (circled); AIR-PERCussion; ROTARY (Hydraulic Rotary); CABLE; REVerse-ROTary; Drive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (circled); THIS WELL WILL DEEPEM AN EXISTING WELL

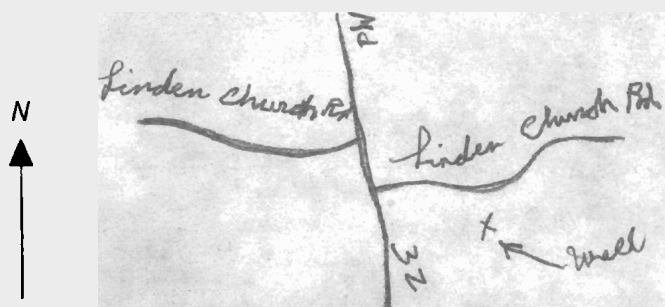
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. well (circled); 2.; 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 82409; N 5088

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



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

APPROX. PERMIT NUMBER: G; PERMIT NO. 140-94-3439

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

8/8/02
3:00 Canceled
8/9/02 Noon

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: ALLEN M. VAN SANT, INC Telephone #: 410-442-2221
Address: 12630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael J. Kasow License# 6501

*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: KATHLEEN GILLIECE Telephone #: 410-988-9724
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3439
Site Address: 13111 LINDEN CHURCH ROAD
CLARKSVILLE, MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: OSJ Two piece watertight cap: _____
Model #: 56517412 Model#: P-10055 Screened, vented well cap:
Pump Capacity 5 GPM Depth: 36" (36" min) Cap secured to casing: _____
Well Yield: 30 GPM NSF approved: _____ Conduit min 18" E.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
Type: 1
PSI: 2 (160 psi min)
Depth of supply line: 36" (36" min)

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

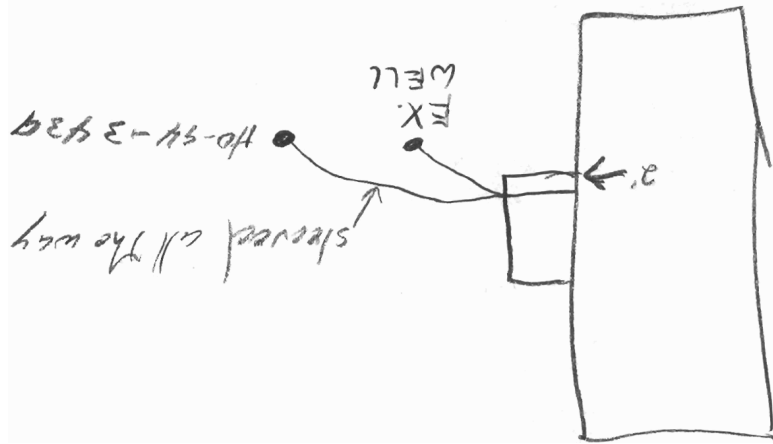
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Michael Kasow 7-2302
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: 8/9/02 (Signature)
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 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____



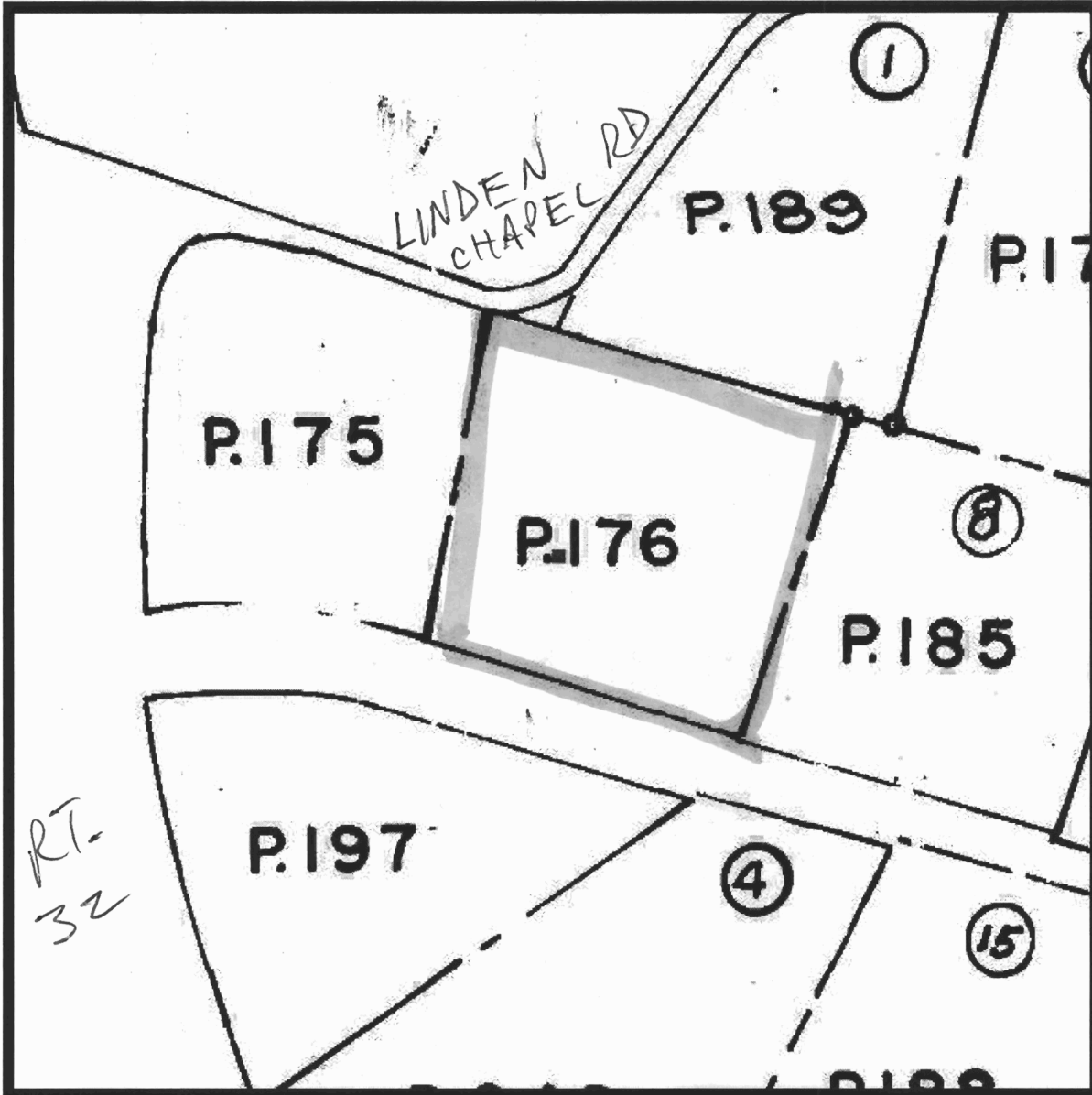




Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

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District - 05 Account Number - 351065



Property maps provided courtesy of the Maryland Department of Planning ©2001.
For more information on electronic mapping applications, visit the Maryland Department of Planning
web site at www.mdp.state.md.us

C 1 **4140**
 (THIS NUMBER IS TO BE REPRODUCED IN COLS. 2-5 ON ALL CARDS)
 DATE RECEIVED (WVA USE ONLY)
 DATE WELL COMPLETED 7/15/75
 2-19

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAMES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED TO THE SD DATED AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER A 21418
 PERMIT NO. FROM PERMIT FOR WELL
710-739-1059
 20 21 22 23 24 25 26 27 28 29

OWNER Gillicee Leve
 LAST NAME
 STREET OR RFD RT 2 BA 63 Leve Rd. POS 2146 OFFICE
 FIRST NAME

WELL LOG
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

25 ft of dirt &
 135 ft of sand rock
 and Flint

| DESCRIPTION | FEET | DEPTH |
|---|------|-------|
| FROM | TO | |
| 25 ft of dirt & 135 ft of sand rock and Flint | | |

GRouting RECORD
 (SEE 10-11) (SEE 10-12)
 (SEE 10-13) (SEE 10-14)
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 GROUT GENTLENIUM CLAY
 NO. OF CASES 11 NO. OF POUNDS 1100
 GALLONS OF WATER 100
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 TESTED 5 FT FROM SURFACE

CASING RECORD
 (CIRCLE APPROPRIATE CODE BELOW)
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE ST 6 45
 60 61 62 63 64 65 66 67 68 69 70
 GENERAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET)
6 45
 60 61 62 63 64 65 66 67 68 69 70

SCREEN RECORD
 (CIRCLE APPROPRIATE CODE BELOW)
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER
 C 2
 1 2 3 (SEE 10-15) 4
 DEPTH (NEAREST WHOLE FOOT)
 FROM 45 TO 115
 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 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR)
 PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 6
 METHOD USED TO MEASURE PUMPING RATE LARD DUMP
 WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 17 FEET
 WHEN PUMPING 75 FEET
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) FOR PUMPING TEST:
 A AIR B PISTON C CENTRIFUGAL D ROTARY E JET F SUBMERSIBLE G TURBINE H OTHER (DESCRIBE BELOW)

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, B, C, D, E, F, G, H)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON)
 PUMP HORSEPOWER
 PUMP COLUMN LENGTH (NEAREST FOOT)
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND COVER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } NEAREST FOOT
2

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS) TO WELL.
 RT 2 BA 63
 DIRT ROAD

CIRCLE APPROPRIATE BOXES
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 B ELECTRIC LOG OBTAINED
 C TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLER'S NAME
 (PLEASE PRINT) Arthur P. Anderson
 SIGNATURE Arthur P. Anderson
 WVA USE ONLY (DO NOT BE FILLED IN BY DRILLER)
 Y TELESCOPE CASING
 W LOG INDICATOR
 72
 74 TO 76 OTHER DATA AVAILABLE



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

August 29, 2002

Kathleen Gilliece
13111 Linden Chapel Road
Clarksville, Maryland 21029

RE: **Replacement Well Issues**
13111 Linden Chapel Road
Well Permit # HO-94-3439

Dear Ms. Gilliece:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

We have also noted in your file that your old well, Well Tag #HO-73-1054, will not be abandoned & sealed, as you will be using it for non-potable supply. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan
Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File