

C1 14536

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.

COUNTY NUMBER 13 A16392

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

ST/CO USE ONLY DATE RECEIVED MM 10 31 02

DATE WELL COMPLETED 7/22/02

Depth of Well 22 100 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-91-3920

OWNER Garney, MICHAEL STREET OR RFD 12th Mariottsville Rd TOWN Mariottsville SUBDIVISION SECTION LOT Parcel 200

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Brown Shale, Sand Stone, Brown mica, Gray mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUDED (Y), TYPE OF GROUING MATERIAL (CM, BC), NO. OF BAGS 16, NO. OF POUNDS 600, GALLONS OF WATER 46, DEPTH OF GROUT SEAL 5

CASING RECORD: MAIN CASING TYPE 6, Nominal diameter 6, Total depth of main casing 60, CASING CODE PL, OT

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to

SCREEN RECORD: screen type or open hole HO OPEN, BRONZE, IP LI IO TI I

DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 56, 60

GRAVEL BACK 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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: PUMPING TEST 3, HOURS PUMPED (nearest hour) 8 9, PUMPING RATE (gal. per min.) 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft, WHEN PUMPING 400 ft, TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, rotary, other, J jet, S submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, 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: 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) SOE PLAT

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES Y NO 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. MWD 040

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JS D 038 Bruno Thompson

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

B 1 2 3 6
2110

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
W517310 please type

STATE PERMIT NUMBER

HO-94-3420
fill in this form completely

Date Received (APA)
06/03/02

5053

B 3

Howard

LOCATION OF WELL

OWNER INFORMATION
GARNER MICHAEL
1213 MARRIOTTVILLE ROAD
MARRIOTTVILLE, MD 21104

DRILLER INFORMATION
George F. Easterday
Franklin Easterday, Inc.

265 Brown Church Rd., MT. Airy, Md. 21771
6/3/2002

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 500
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)
DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL

METHOD OF DRILLING (circle one)
AIRCROTARY

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
PERMIT No. HO-94-3420

SPECIAL CONDITIONS

8 COUNTY 21
23 SUBDIVISION 42
SECTION LOT
MARIOTTVILLE 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 4

1213 Marriottville Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 400
ENTER FT OR MI 38 39
TAX MAP: 10 BLK: 9 PARCEL 200

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME
A116392
COUNTY NO
STATE SIGNATURE
DATE ISSUED 06/05/02
CO SIGNATURE
NORTH GRID 54B 000
EAST GRID 828 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE:
828
540
548

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
GA 10
MARIOTTVILLE
N Velle Rd
Drive Rd

7/26/02
Rain stops

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: Zepp 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: Garner Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3420
Site Address: 1213 Marriottsville

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

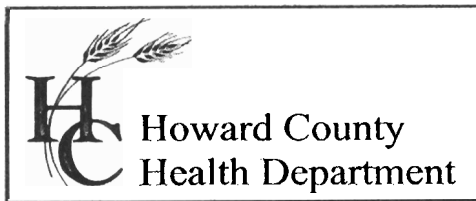
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: 7/26/02 (SO)
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

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

December 20, 2002

Michael Garner
1213 Marroittsville Road
Marriottsville, MD 21104

RE: **Replacement Well Issues**
1213 Marriottsville Road
Well Permit # HO-94-3420

Dear Mr. Garner:

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, will not be abandoned & sealed, as you will be using it as a standby. 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, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File ✓