

C1 14408

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER W516527

ST/CO USE ONLY DATE Received 03 of 02

DATE WELL COMPLETED 02 27 02

Depth of Well 440 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3340

OWNER Barnes Charles STREET OR RFD 1906 Long Corner Rd TOWN Mt. Airy SUBDIVISION SECTION LOT

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes entries for Brown Shale and Blue Rock.

GROUTING RECORD form including fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, and DEPTH OF GROUT SEAL.

CASING RECORD form including MAIN CASING TYPE, Nominal diameter, Total depth, and OTHER CASING (if used) details.

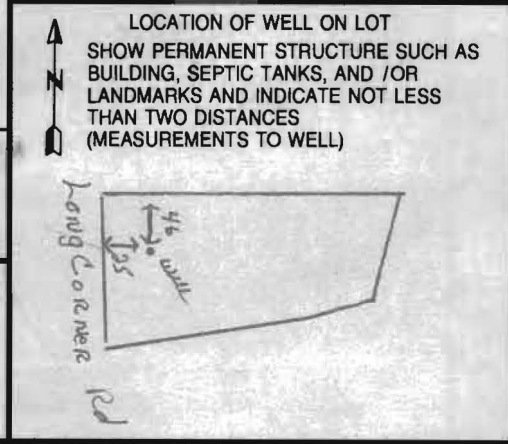
SCREEN RECORD form including screen type or open hole, diameter, and depth details.

DEPTH (nearest ft.) table with columns for depth intervals and corresponding casing diameters.

GRAVEL PACK and MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) sections.

PUMPING TEST form including HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, and TYPE OF PUMP USED.

PUMP INSTALLED form including DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, and PUMP HORSE POWER.



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. 1 MSD027

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD027

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 7791

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3340

please print or type

0516527

fill in this form completely

Date Received (APA)

02 22 02

OWNER INFORMATION

Barnes Charles, 1906 Long Corner Rd, Mt. Airy Md 21771

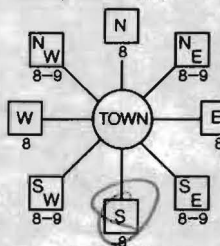
B 3 LOCATION OF WELL

Howard, 1906 Long Corner Rd, Mt. Airy

DRILLER INFORMATION

Joseph L Mayne, M 5 D 0 2 4, Joseph L. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1906 Long Corner Rd, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

33 FT, 6 BLK: 22, PARCEL 74

B 2 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, FARMING, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, 516527, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 02 21 02, EXP. DATE 02 21 03, NORTH GRID 542 000, EAST GRID 755 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, 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, THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G, PERMIT No. HO - 94 - 3340

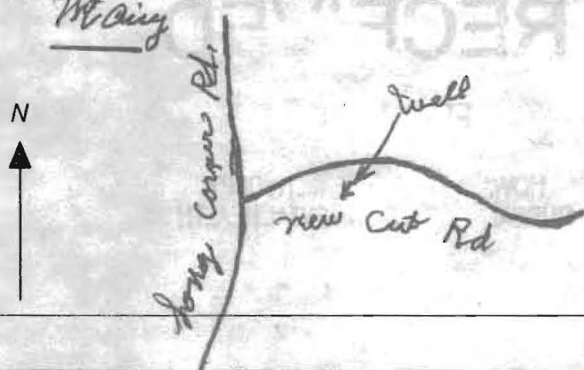
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7505, N 5402

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



**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: Jc. County Pump Service Inc Telephone #: (301) 831-8331
Address: P.O. Box 282
Buckeystown MD 21717

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

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

Name (Print): Bill Griffith License# 20135

*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: Charles Barnes Telephone #: 301-829-5595

Subdivision: _____ Lot #: _____ Well Tag #: HO - 443340

Site Address: 1906 Long Corner Road
Mount Airy Howard Co. MD 21771

Submersible Pump Data

Make: Sta-Rite
Model #: JSP4E02HL-04
Pump Capacity: 7 GPM
Well Yield: 1 GPM

Pitless Adapter

Make: American Granby Inc
Model #: PT-800
Depth: 36" (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 440 (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: 1" Crkline
PSI: 160 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 4'
Sleeve caulked and sealed properly: Yes

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: William Griffith

4-4-02
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 4/5/02 (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 empty line cleared adequately at house connection /



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., Acting County Health Officer

March 12, 2002

Randy Barnes
1906 Long Corner Road
Mt. Airy, Maryland 21771

RE: **Replacement Well Issues**
1906 Long Corner Road
Well Permit # HO-94-3340

Dear Mr. Barnes:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is 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.

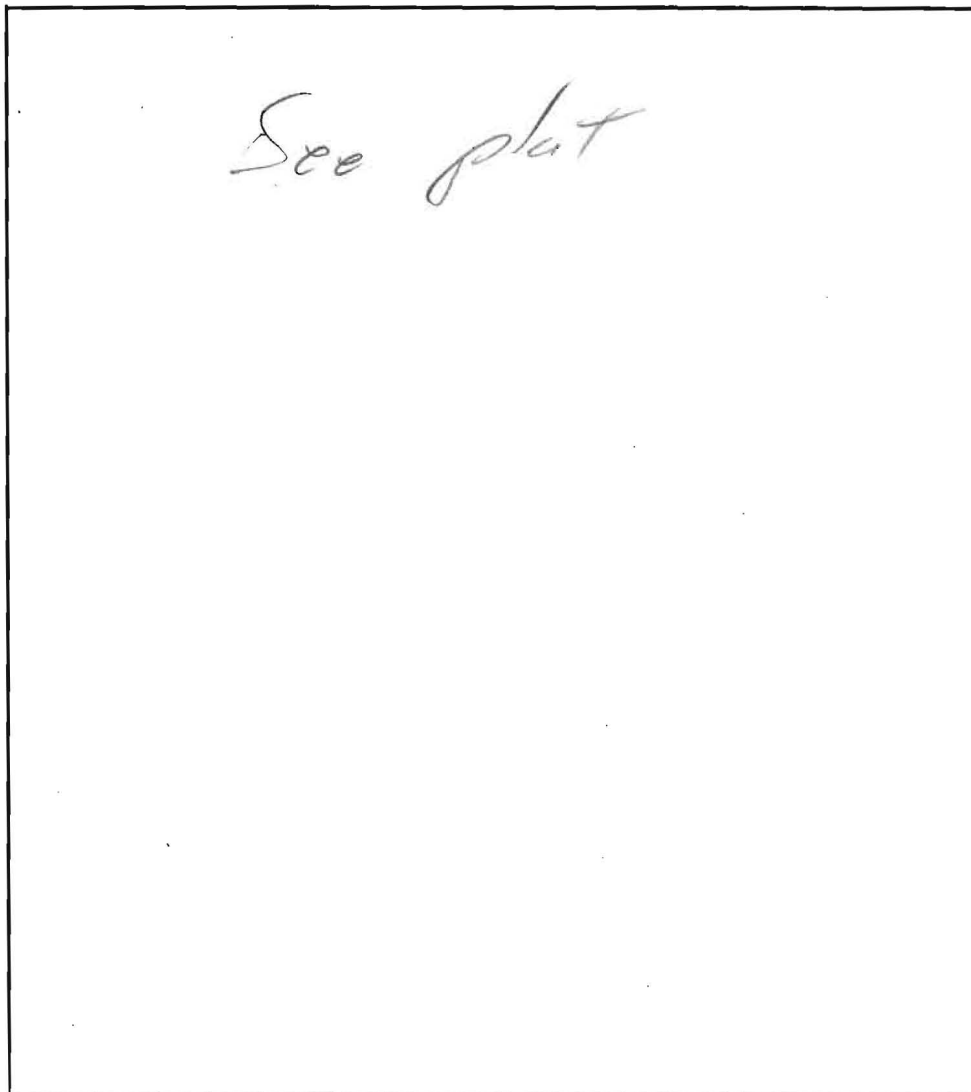
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected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

SITE INSPECTION SHEET

OWNER: Landy Barnes DATE REQUESTED: 2/21/01
ADDRESS: 1906 Long Corners Rd DRILLER/CONTRACTOR: Joe Mayne
Mt Airy MD 21771 WELL TAG NUMBER: HO-94-3340
TAX & PARCEL: _____ COUNTY: Howard
PROPOSAL: For New Well - Lo & No flow

LOCATION DIAGRAM



COMMENTS: Well to be 16' off house
11:03 2/27/02 Grout ok. Well location per plan (K6)
DATE: 2/21/02 INSPECTOR: [Signature]

W516527



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., Acting County Health Officer

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

Brian Baker

Brian Baker, R.S.

Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File