

C1 1135

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)

COUNTY NUMBER P 45569

ST/CO USE ONLY DATE Received MM 12 DD 10 YY 10

DATE WELL COMPLETED 10 25 2010 Depth of Well 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-2019

OWNER BABA'S Howard County STREET OR RFD 11571 John Hopkins RD TOWN SUBDIVISION Hopkins Mead SECTION LOT 849

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand and Ceray Mica Rock.

GROUTING RECORD form including fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including fields for casing types (STEEL, CONCRETE, PLASTIC, OTHER), MAIN CASING TYPE, Nominal diameter, Total depth.

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

SCREEN RECORD form including fields for screen type or open hole (STEEL, BRASS, OPEN HOLE, PLASTIC, OTHER), DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN.

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

PUMP INSTALLED form including fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES

CIRCLE APPROPRIATE LETTER: A (A WELL WAS ABANDONED AND SEALED)

DRILLERS LIC. NO. 1 MSD 0240

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

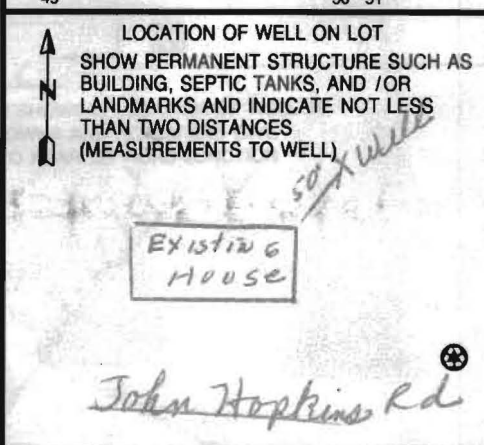
LIC. NO. 1 MSD 027

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

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, N.

GRAVEL PACK 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



B 1 3410

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

140 - 95 - 2019 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 BATH'S of Howard Co. 15 Last Name Owner First Name 34 11517 John Hopkins Rd 36 Street or RFD 55 37 Clarksville Md 21029 57 Town 70 State 72 Zip 76

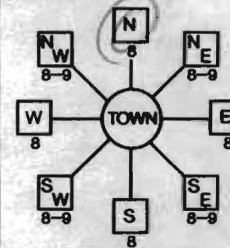
B 3 LOCATION OF WELL

8 COUNTY Howard 21 Hopkins Mead 23 SUBDIVISION 42 SECTION 1 44 46 LOT 8x9 48 50 52 NEAREST TOWN Fulton 71 MILES FROM TOWN (enter 0 if in town) 3 1/2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne M S D 024 76 License No. 81 Firm Name Joseph L Mayne Well Drilling 5512 Ridgerd Mt Airy 21771 Address Signature Joseph L Mayne 10-5-2010 Date

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



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 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 200 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI TAX MAP: 41 BLK: 8 PARCEL 195

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (3) P45569 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/18/10 CO SIGNATURE EXP. DATE 10/18/11 43 MM DD YY 48 NORTH GRID 486 000 EAST GRID 0824 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 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-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 52

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

APPROP. PERMIT NUMBER G

PERMIT No. 140-95-2019 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

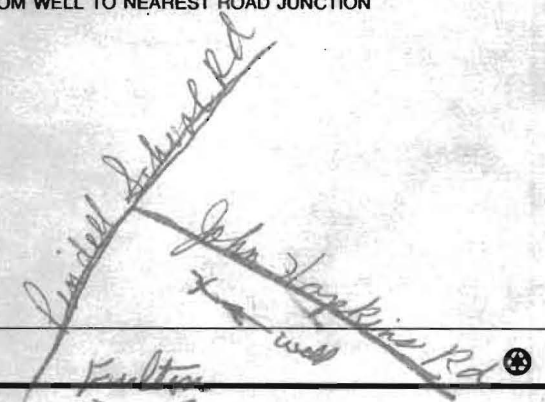
- 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8264 N 486

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Ex. Pt well must be sealed

**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 #: _____ Well Tag #: HO-95-2019
Site Address: 11517 Johns Hopkins Road

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: 12/6/2010 **BB**
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

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

3/4/2011
 O.K. BB

DATE WELL ABANDONED: 12-13-2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 2019

* PERSON ABANDONING WELL: Joseph E. Mayne

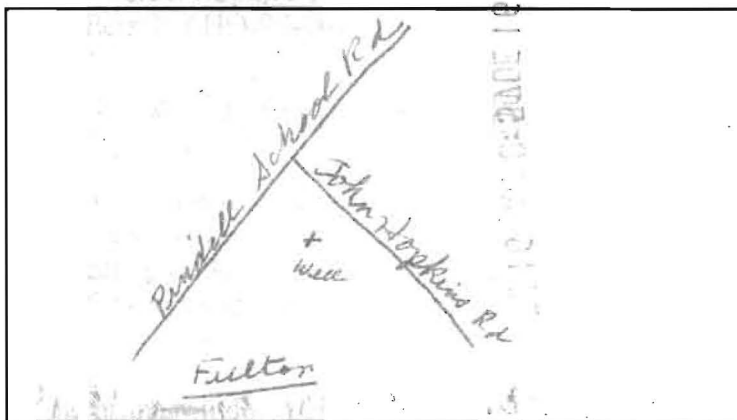
WELL DRILLERS LICENSE NUMBER: MSD024

* OWNER'S NAME: BAHA'S of Howard Co.

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 41 BLOCK 8 PARCEL 195
 SUBDIVISION: Hopkins Mead
 SECTION: _____ LOT: 8x9
 NEAREST ROAD: 11517 John Hopkins RD

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 70 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement/gravel mixed</u>	<u>0</u>	<u>70</u>
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph E. Mayne LICENSE # MSD024 CIRCLE ONE: MWD/MSD/MGD DATE: 12-14-2010



Howard County
Health Department

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, MD., M.P.H., Health Officer

January 4, 2010

Lantz Priest
15809 Bellis Drive
Woodbine, MD 21797

RE: **Replacement Well**
11517 Johns Hopkins Road
Well Permit # HO-95-2019

Dear Mr. Priest:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at (410) 313-2694 to schedule an initial water sampling for the referenced replacement well as required by Maryland code. There is currently no charge for the sampling and it is to your benefit to have your well tested.

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

Additionally, the well pump installation form that is included must be filled out by Zepp Plumbing (they probably already have a copy) and faxed to us at (410)313-2648. Joe Mayne well drilling needs to submit an abandonment/sealing form to us when the old pit well is sealed. If you have any additional questions you can call me at (410)313-2643. Otherwise, call Community Health at the number above to arrange a time for the water sample.

Sincerely,

Brian Baker, R.S.
Well and Septic Program

cc: Community Health Program
File