

C1 1131

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

PERMIT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A511659

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Ostrasky Robert STREET OR RFD 6289 Linkyhorn Lane TOWN Clarksville Md 21039 SUBDIVISION Vintage Estates SECTION LOT 11

WELL LOG

GROUTING RECORD

C3

Not required for driven wells

WELL HAS BEEN GROUTED (Circle Appropriate Box)

PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour)

DESCRIPTION (Use additional sheets if needed)

CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray mica, Rock, Dry well backfilled, 500-40 drilling material, 40-0 cement.

NO. OF BAGS NO. OF POUNDS

METHOD USED TO MEASURE PUMPING RATE

GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

WATER LEVEL (distance from land surface)

from TOP ft. to BOTTOM ft. (enter 0 if from surface)

BEFORE PUMPING WHEN PUMPING

CASING RECORD

casings types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

TYPE OF PUMP USED (for test)

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

Includes pump type selection boxes: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible).

OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)

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)

LAND SURFACE (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:

DEPTH (nearest ft.)

WELL HYDROFRACTURED

Includes depth scale with handwritten values: 49, 240.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

Includes casing height selection boxes: + (above), - (below).

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.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

DRILLERS LIC. NO. 1 M S D 0 2 2 4

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS SIGNATURE

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

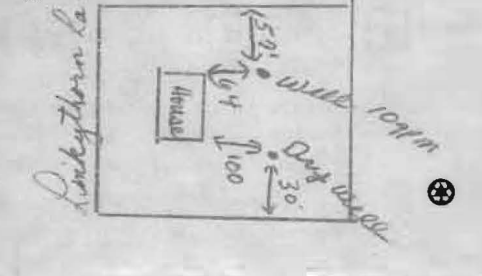
LIC. NO. 1 D

T (E.R.O.S.) W Q

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 8106

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523477 please type

STATE PERMIT NUMBER

HO-95-0127 fill in this form completely

Date Received (APA) 10/12/2005

OWNER INFORMATION

Ostrosky Robert 6289 Linklythorn Lane Clarksville Md 21029

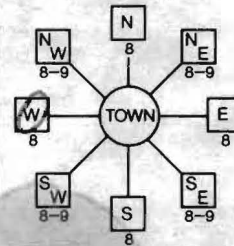
B 3 LOCATION OF WELL

Howard 8 COUNTY 21 Rintee Estates 23 SUBDIVISION 42 SECTION 44 46 LOT 11 48 50 Clarksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Joseph E. Mayne MS DO 24 Driller's Name 76 License No. 81 Joseph E. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt Airy Md 21771 Address Joseph E. Mayne 10/11/05 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6289 Linklythorn Ln 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 300 37 DISTANCE FROM ROAD FT 38 39 ENTER FT OR MI 34 13 PARCEL 247

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

ard 13 A511659 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/12/2005 Brian Baker 10/12/2006 CO SIGNATURE EXP. DATE NORTH GRID 498 000 EAST GRID 800 000

APPROXIMATE DEPTH OF WELL 300 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) CABLE REVerse-ROTary DRive-POINT other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROP. PERMIT NUMBER G PERMIT No. HO-95-0127

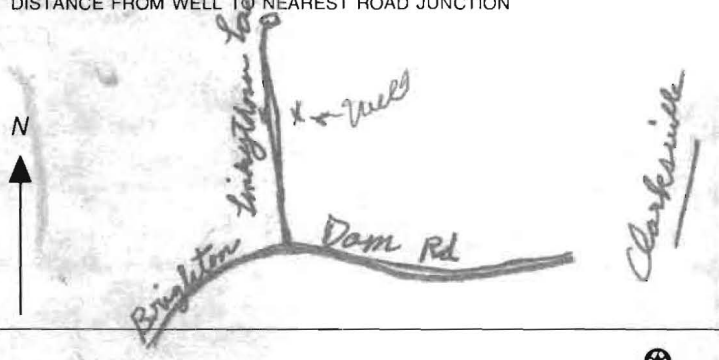
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 790 300 N 498

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

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: AVS Plg + Htg Telephone #: 410-442-2221
Address: 12630 Frederick Rd
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): Craig Kastner License# 7080

*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: Ostrosky Telephone #: 301-854-0123
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0127
Site Address: 6289 Linkythern Ln
Clarksville MD 21029

Submersible Pump Data

Make: Gould
Model #: 13GS15412
Pump Capacity 13 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Martin
Model#: B10X
Depth: 36" (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.: 18"
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 240' (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: NT160
PSI: 160 (160 psi min)
Depth of supply line: 3/4" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 65'
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] date 11-1-05
Signature of company representative responsible for installation

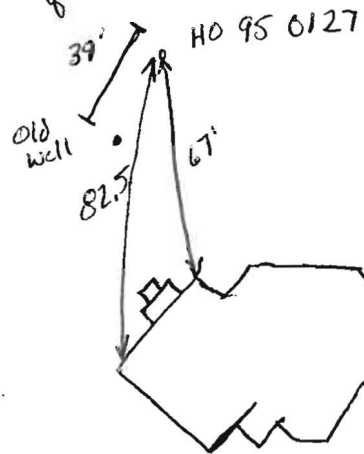
For Health Department Use Only - Not to be completed by Installer

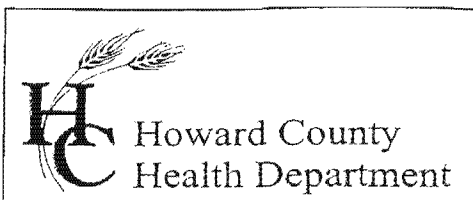
Date Insp. Requested: 11/1/05 Date Insp. Approved: 11/1/05

- 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 - Extends from House
- 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 - Extends to 5' from Well
- Adequate grout observed below pitless adapter

GAC

$$\begin{array}{r} 21.5 \\ \times 2.75 \\ \hline 149.75 \\ 430.00 \\ \hline 589.75 \end{array}$$





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

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

November 14, 2005

Mr. Robert Ostrosky
6289 Linkythorn Lane
Clarksville, MD 21029

RE: **Replacement Well Sampling**
6289 Linkythorn Lane
Well Permit # HO-95-0127

Dear Mr. Ostrosky:

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 Hygiene 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 is 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 enforcement action.

We have also noted in your file that your old drilled 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,

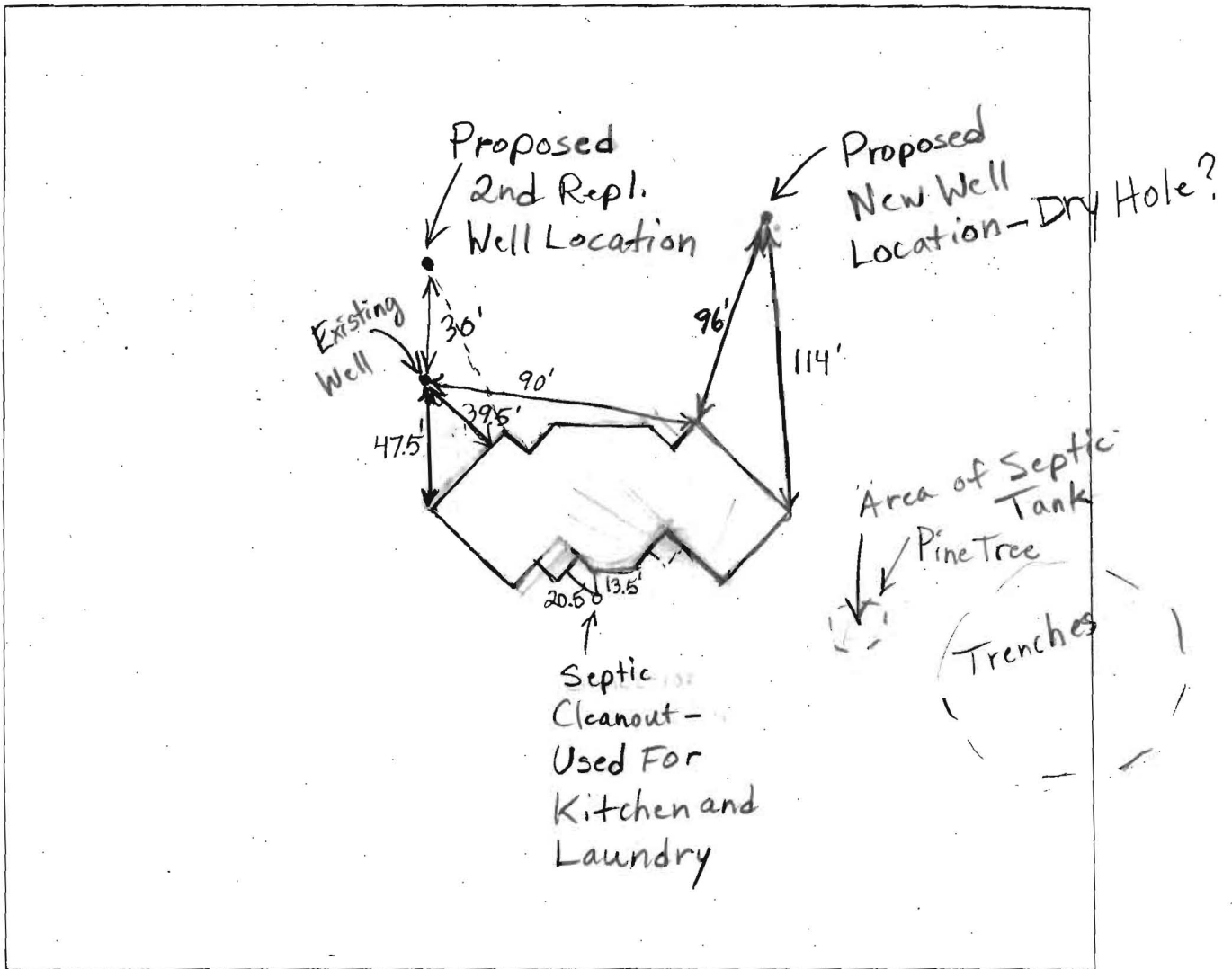
Gabriel A. Creighton, Sanitarian
Well and Septic Program

gac
cc: Community Hygiene Program
File

SITE INSPECTION SHEET (w) 301 470 3546

OWNER: Robert Ostrosky PHONE #: 301 854 0123
ADDRESS: 6289 Leinlythorn Lane CONTRACTOR: J. Mayne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Out of Water

LOCATION DIAGRAM



COMMENTS: Existing Well Has Had Continual Caving Problems,
Water Supply Very Limited - Want to Drill New Well
Will Probably Seal Old Well But May Keep for Irrigation

DATE: 10/12/2005 INSPECTOR: B. Baker