

C 1 9694

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A37981W

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 4 21 99

Depth of Well 22 340' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2197

OWNER Anderson Audrey STREET OR RFD 691 Long Corner Rd. TOWN Mt Airy SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale 0-45, Blue Rock 45-340. Dry well backfilled 360-40 drilling material, 40-0 cement.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 50

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

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.)

Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 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. Includes handwritten entries: 48, 340.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED (Y) (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. 1 M S D O 24 DRILLERS SIGNATURE Joseph L. Mayne LIC. NO. 1 D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

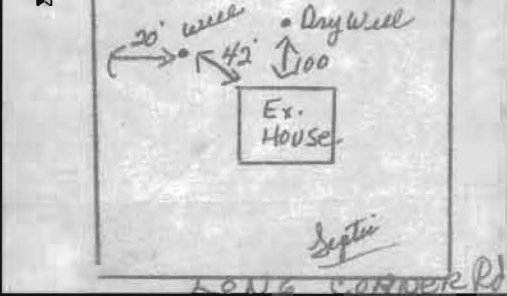
C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 290 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 2 (nearest) foot

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 7490
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

10-94-2197
70 fill in this form completely 79

Date Received (APA)
03/11/99
8 MM DD YY 13

OWNER INFORMATION

Anderson Audrey
15 Last Name Owner First Name 34
691 Long Corner Rd.
36 Street or RFD 55
Mt. Airy Md. 21771
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

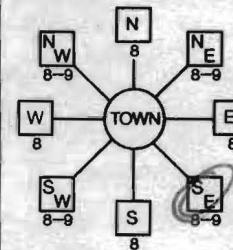
Howard
8 COUNTY 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
Mt. Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 1/2 M I
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS D 24
76 Driller's Name License No. 81
Joseph L. Mayne Well Drilling
5512 Ridge Rd. Mt. Airy, Md. 21771
Address
Joseph L. Mayne 3/11/99
Signature Date

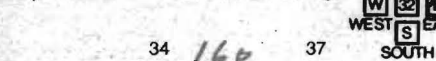
B 4

1 2
DIRECTION OF WELL FROM
TOWN (CIRCLE BOX)



691 Long Corner Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 160 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39

TAX MAP: 1 BLK: 24 PARCEL 20

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(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

Howard A37981W
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 03/12/99 TO J. L. MAYNE 03/11/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 552 000 EAST GRID 0762 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 360 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

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 760
N 550

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



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 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 54 GAP 63

PERMIT No. 10-94-2197
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

TO: AUDREY ANDERSON

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
313-2640 ~~401-8885~~ 313-2648 (fax)

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date 5/26/99
Name of Installer Reed & Son Plumbing, Inc Telephone 301-831-0231
License Number MD ST 5304
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Audrey ANDERSON Telephone 301-829-0107
Well Tag # HO 94 2197
Address 691 Long Corner Rd. Mt. Airy

Pump Motor Pitless Adapter
1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make FRANKLIN Electric 3. Model # 2445089003 4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibration? Torque restrictors Cable guards Other

Tank Piping Well data
1. Capacity 23 2. Pressure relief valve? yes
1. Type 160 lb plastic 2. Size 1" 3. NSF and/or BOCA Code approved Depth of supply line 42"
1. Depth 340 ft 2. Yield 2 GPM 3. Static water level 300 ft 4. Will water supply be disinfected by installer? yes

I am by responsibility to notify the Howard County Health Department when the installation is ready for inspection otherwise this permit is null and void.
All information given above is true to the best of my knowledge.
Signature of Applicant: Audrey Anderson
Date: 5/29/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

May 29, 1999

Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Mr. Rifkin,

I had a replacement well dug in April 1999, well permit # HO-94-2197. The large expenditure of money for digging two wells, one was dry, adding the cost of a plumber and an electrician. It would be a hardship for me at this time to have to spend another \$350-\$450.

Please allow me to delay the abandonment of the previous well until October. I have discussed this with Mr. Joe Mayne and he would be able to perform the work for me.

The old well does not pose a safety hazard since it is completely underground.

Thank you for your consideration in this matter.

6/18/99 AGREED,
CONTINGENT UPON
RECEIPT OF
ABANDONMENT
REPORT FROM
CONTRACTOR

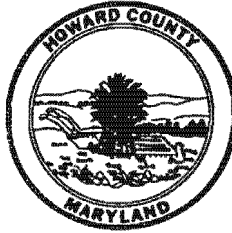
MR

Sincerely,

Audrey Anderson

Audrey Anderson
691 Long Corner Rd.
Mt. Airy, MD 21771,

1/31/00 T/C TO Ms. Anderson's work (SE Health Ctr);
Ms. A passed away ^{2 mos. ago}; ^{Glen & Sharon} son is executor of estate
301-473-8708
T/C w/daughter-in-law Sharon - ~~ab.~~ w/in 6 mos. requested
(greater leeway given due to circumstance) MR



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

May 5, 1999

Mrs. Audrey Anderson
691 Long Corner Road
Mt. Airy, MD 21771

RE: Replacement Well Sampling and
Original Well Status
691 Long Corner Road
Well Permit # HO-94-2197

Dear Mrs. Anderson:

This office is requesting that you contact Ms. Vicki Fellas at (410) 313-2644 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, 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 water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

The original well located on the property should be properly abandoned as a condition of the replacement well permit (HO-94-2197) issued on March 12, 1999. This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

If you have any questions, please call me at (410)313-2640. Thank you for your attention to these important matters.

Approving Authority

Mark E. Rifkin
Registered Sanitarian
Water and Sewerage Program

MR
cc: File

SITE INSPECTION SHEET

829-1121

OWNER: Audrey Anderson

DATE REQUESTED: 3/11/99 2:00

ADDRESS: 691 Long Corner Rd

DRILLER: J. Mayne

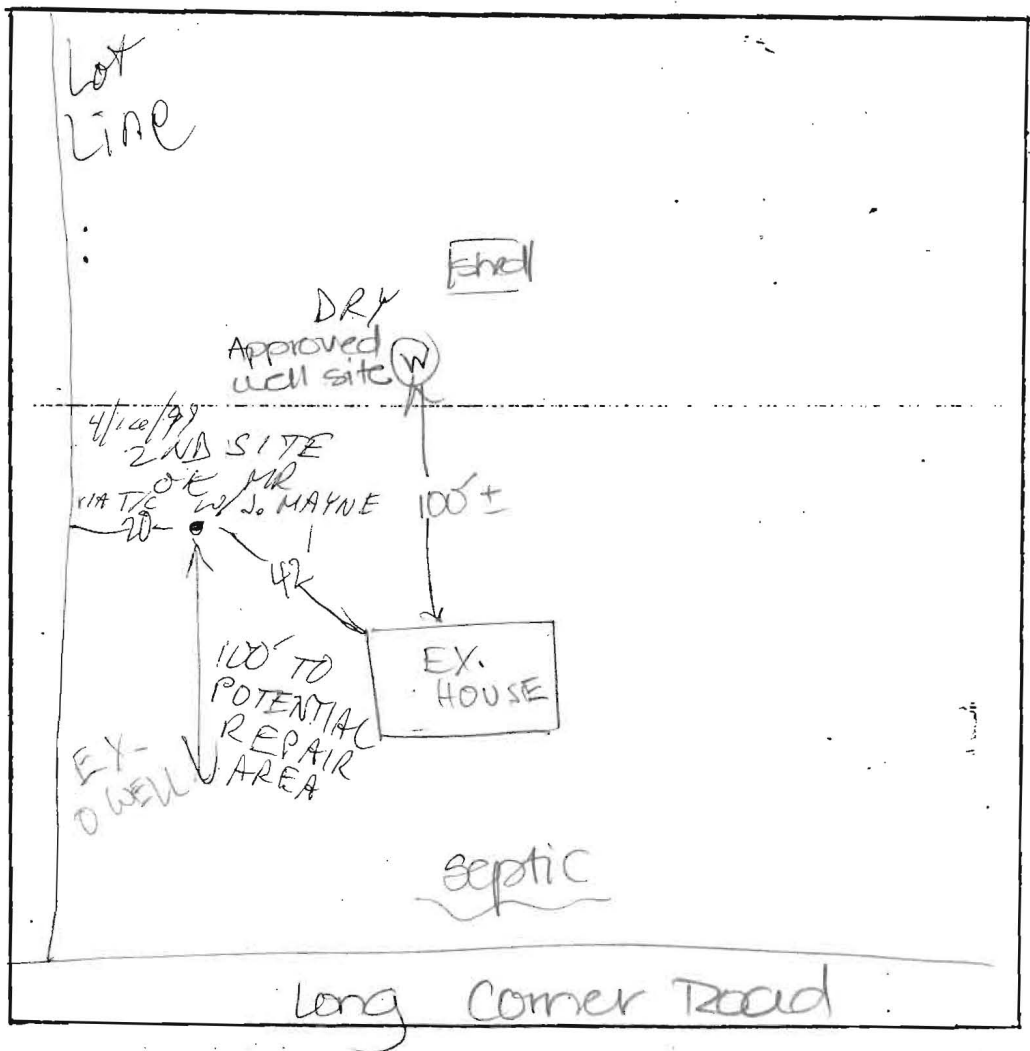
Mt. Airy

WELL TAG # _____

COUNTY # 37981 W

PROPOSAL: out of water - requests site inspection for repl. well

LOCATION DIAGRAM



COMMENTS: Replacement well site ok as staked

DATE: 3/11/99

INSPECTOR: DKS

Robert G. Anderson
4814 Old Holter Road
Jefferson, MD 21755
301-473-8708

Mr. Steven R. Krieg
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

May 15, 2003

Dear Mr. Krieg:

I am writing this letter as a follow-up to our discussion today regarding the disposition of the old well at 691 Long Corner Road. I am requesting that the requirement to abandon the well be removed. I would like to use the old well for supplemental residential irrigation, non-potable use only. I realize that in the event of future repairs to the septic system of the property it may become necessary to abandon the well if mandated by code requirements.

I would like to thank you for your time today to discuss the condition of the septic system at my property. It was a very helpful discussion. I have taken your advice and scheduled a septic tank cleaning for May 20.

Thank you again for your attention to this matter.

Sincerely,



Robert G. Anderson

OK SRK
5/19/03

MEMO CONFIRMATION REPORT

FAKED AGREEM'T
TO WELL AB.
DELAY REQUEST