

DRILLER: REMOVE COPY AND RETURN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224. *Jan 7/22/03*

C1 3901	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <i>W518978</i>	

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 7 1 03	Depth of Well 22 220 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <i>Ho - 04 - 3701</i>
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OWNER *MARLOW DONALD*
 STREET OR RFD *500 GREENWOOD DRIVE* TOWN *HIGHLAND*
 SUBDIVISION *GREENWOOD FARMS* SECTION *II* LOT *14*

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<i>Sand</i>	<i>0</i>	<i>39</i>	
<i>Gray Mica Rock</i>	<i>39</i>	<i>220</i>	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS *20* NO. OF POUNDS *1880*
 GALLONS OF WATER *120*
 DEPTH OF GROUT SEAL (to nearest foot)
 from *0* ft. to *40* ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL	CO CONCRETE
PL PLASTIC	OT OTHER

MAIN CASING TYPE *ST* Nominal diameter top (main) casing (nearest inch!) *6* Total depth of main casing (nearest foot) *43*

OTHER CASING (if used)

E A C H C A S I N G	diameter		depth (feet)	
	inch		from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL	BR BRASS	HO OPEN HOLE
PL PLASTIC	OT OTHER	

C2 DEPTH (nearest ft.)

E A C H S C R E E N	1		2		3	
	8	9	11	15	17	21
1	<i>41</i>					<i>220</i>
2						
3						

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C3 PUMPING TEST

HOURS PUMPED (nearest hour) *3*

PUMPING RATE (gal. per min.) *10*

METHOD USED TO MEASURE PUMPING RATE *Bucket*

WATER LEVEL (distance from land surface)

BEFORE PUMPING *46* ft.

WHEN PUMPING *180* ft.

TYPE OF PUMP USED (for test)

air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 *29*

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

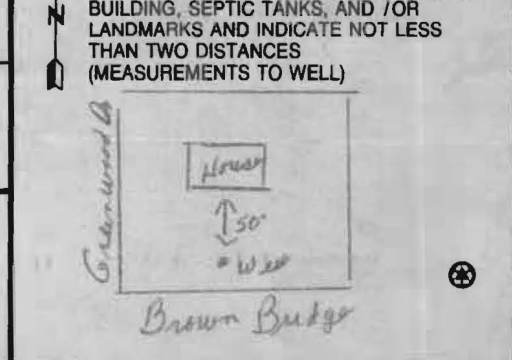
PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE
 below } *2* (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: *0*

WELL HYDROFRACTURED YES NO

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. *M S D 024*

DRILLERS SIGNATURE *Joseph L. Thayer*

LIC. NO. *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 88 _____

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

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

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

B-1 5108
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3701
70 fill in this form completely 79

W518998 please type

Date Received (APA)
05-24-03

OWNER INFORMATION

8 MM DP YY 13
15 Last Name: Marlow R. Donald
36 Street or RFD: 7500 Greenwood Dr.
57 Town: Highland 70 State: Md 72 Zip: 20777

B 3 LOCATION OF WELL

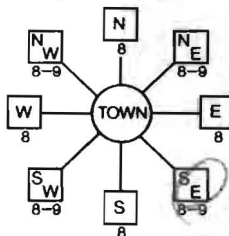
8 COUNTY: Howard
23 SUBDIVISION: Greenwood Farms
SECTION: 44 46 LOT: 48 50
52 NEAREST TOWN: Highland
MILES FROM TOWN (enter 0 if in town): 3 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph E. Mayone MS D 024
Firm Name: Joseph E. Mayone Well Drilling
Address: 5512 Ridge Rd. Mt. Airy Md 21777
Signature: Joseph E. Mayone Date: 5/21/03

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: 7500 Greenwood Dr. 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, SOUTH, EAST
34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 18 PARCEL: 158

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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

COUNTY NAME: HOWARD COUNTY NO: W518998
STATE SIGNATURE: [Signature] INSERT S → 41
DATE ISSUED: 5/23/03 CO SIGNATURE: [Signature] EXP. DATE: 5/23/04
NORTH GRID: 485 000 EAST GRID: 816 000
50 55 57 63

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
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: HO-94-3701
70 71 72 73 74 75 76 77 78 79

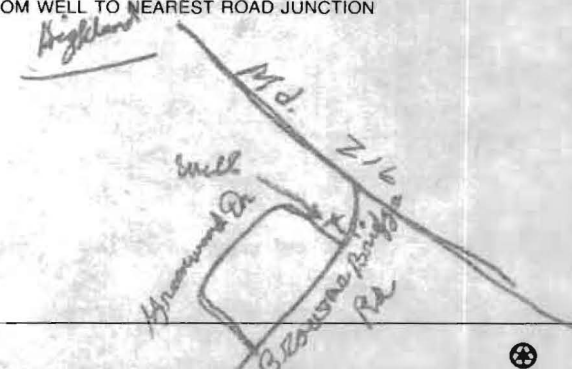
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8160
N 4885
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

**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: NA Telephone #: NA
Address: _____

(Must circle one) Licensed Plumber Licensee Well Driller Licensed Well Pump Installer **Homeowner**

License # and name of individual responsible for the field installation:
Name (Print): Donald R. Marlow License# NA

***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: Donald R. Marlow Telephone #: 301-854-2916
Subdivision: Greenwood Farms Lot #: 14 Well Tag #: HO-94-3701
Site Address: 7500 Greenwood Dr Highland, MD 2077

Submersible Pump Data

Make: Water Ace
Model #: _____
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Myers
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: 220 (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" well pipe
PSI: 200 (160 psi min)
Depth of supply line: 4" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 13"
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.

Donald R. Marlow **SRV**
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: NA Date Insp. Approved: OK 8/6/03
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

SRV
per phone conversation
w/ Mike Day
(Neighbor & licensed plumber)

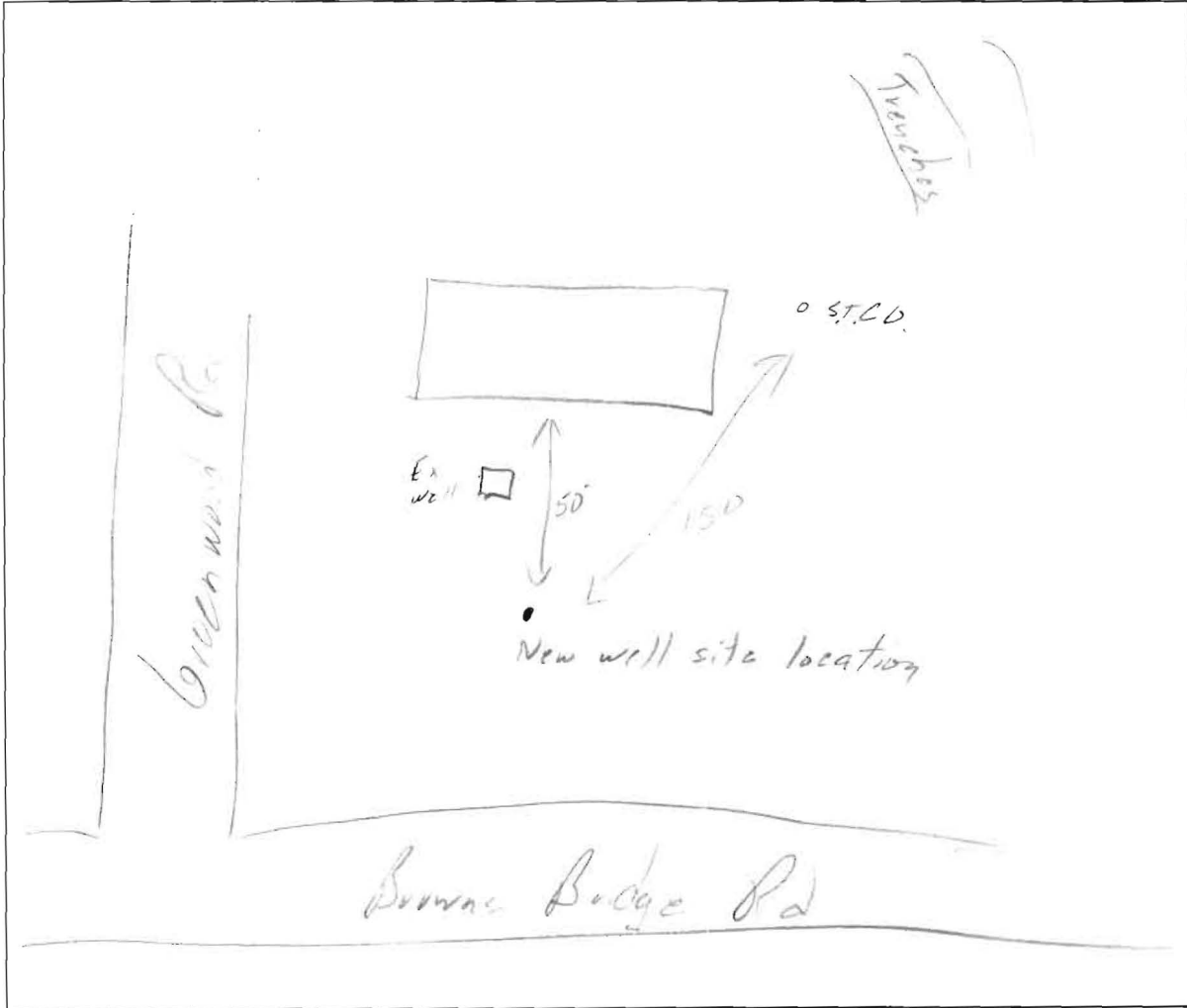
Homeowner

Steve was here with Mr. Myer and if the neighbor was installing nothing was said to us about home or inspection. It has been completed for several weeks. My husband has private camera work to do. Mike Marlow was there.

SITE INSPECTION SHEET

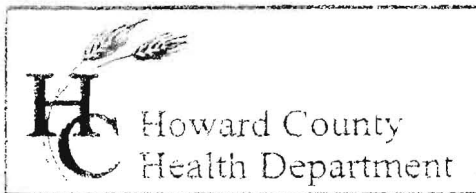
OWNER: _____ PHONE #: _____
ADDRESS: Donald R Marlow CONTRACTOR: J Mayne
7500 Greenwood Dr. Highland WELL TAG #: HO-94-3701
SUBDIVISION: Greenwood Farms LOT: 14 (sect 2) COUNTY #: W518978
PROPOSAL: KWSI - Muddy Water

LOCATION DIAGRAM



COMMENTS: No wells or septic w/in 100'

DATE: 5/21/03 INSPECTOR: S.O.



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

July 22, 2003

Donald Marlow
7500 Greenwood Drive
Highland, MD 20777-9562

RE: **Replacement Well Issues**
Greenwood Farms, Lot # 14
7500 Greenwood Drive
Well Permit #: HO-94-3701

Dear Mr. Marlow:


This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was 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 and submit it to this office via fax or mail once the pump is 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.**

We understand that you have contacted the Community Services 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). **Currently, there is no charge for this sampling.**

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.

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,


Steven R. Krieg
Registered Environmental Sanitarian
Well & Septic Program

Enclosure

cc: Community Services Program
File

Please do a site visit to look for any signs of failing trench or dry well. Jeff from Hatfield said homeowner cancelled a perc w/ them because he said he was going thru the BK &?

Just

6/19/09

Site visit confirmed. No visual signs of system failure. Area to be used for landscape. Ground saturated w/ rain water, not septic.

(16)