

C1 09795

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10/17/03

Depth of Well 600 (TO NEAREST FOOT)

OKSRK 10/24/03

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 3823

OWNER SALA, MITCH last name first name STREET OR RFD BRAEBURN Rd TOWN Simpsonville SUBDIVISION BRAEBURN SECTION LOT 27

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, and Gray Mica.

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

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

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

SCREEN RECORD form with fields for screen type or open hole, diameter of screen, depth.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted).

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...

DRILLERS LIC. NO. 1 MW D 04. DRILLERS SIGNATURE: Dean F. Eustachy. LIC. NO. 1 JS D 038. DRILLERS SIGNATURE: Bruce Thompson.

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

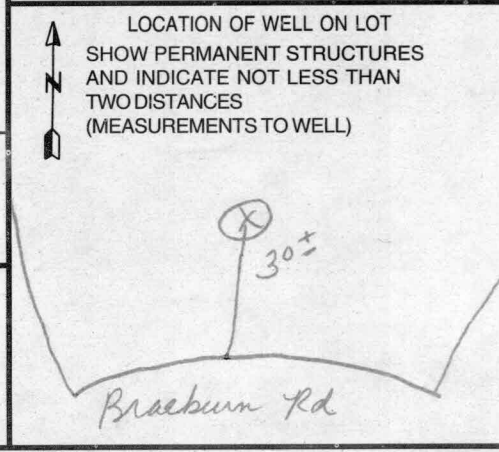
DEPTH (nearest ft.) table with columns 1-21 and rows E, A, C, H, S, C, R, E, E, N. Includes handwritten values 110, 113, 600.

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.

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

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



B 1 0726

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3823

please type 519637

fill in this form completely

Date Received (APA)

10/16/03

OWNER INFORMATION

8 MM DD YY 13

SAULA MITCH

15 Last Name Owner First Name 34

9427 OLD MAN COURT

36 Street or RFD 55

COLUMBIA, MD 21045-4418

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday M DV 040

Driller's Name 76 License No. 81

L. Franklin Easterday, inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature George F. Easterday Date 10/15/03

9574

B 3

LOCATION OF WELL

Howard 10/24/03

CC#

8 COUNTY 21

Braeburn

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50 27

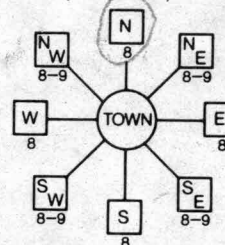
Simpsonville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

B 4

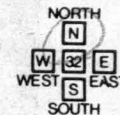
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Braeburn Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37

DISTANCE FROM ROAD FL

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 COUNTY NAME A 515 2216 COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 10 20 03 Steven R. Kuey 10 20 04

43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 495 0 0 0 EAST GRID 57 831 0 0 0

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) 41 52

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

APPROP. PERMIT NUMBER G PERMIT No. HO-94-3823

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Yield Test Required Simpsonville

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

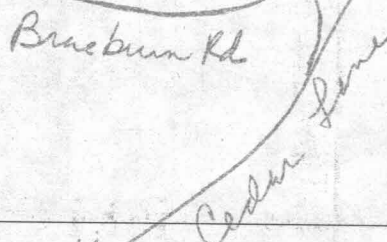
WRITE THE BOX NUMBER FROM THE MAP HERE

E 830 1
N 490 5

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

15 C 10

N



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: WALTER W. KING Telephone #: 301-662-6990  
Address: 5305 KING CT  
FREDERICK MD. 21703

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): WALTER KING License# 2217

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: MITCHELL SAULA Telephone #: 301-508-4991  
Subdivision: BRAEBURN Lot #: 27 Well Tag #: HO-94-3823  
Site Address: 10810 BRAEBURN RD  
COLUMBIA MD. 21044

**Submersible Pump Data**                      **Pitless Adapter**                      **Well Cap and Electric Conduit**  
Make: GOULDS                              Make: BOSCHART                      Two piece watertight cap:   
Model #: E0309334                          Model#:                                      Screened, vented well cap:   
Pump Capacity 7 GPM                      Depth: 42 (36" min)                      Cap secured to casing:   
Well Yield: 12 GPM                          NSF/WSC approved:                      Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 580 (feet)                      Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**                              **House Connection**  
Type: POLYETHYLENE                      PVC sleeve to undisturbed soil at wall penetration: YES  
PSI: 200 (160 psi min)                      Approximate length of sleeve: B  
Depth of supply line: 42(36" min)                      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]    10/21/03  
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: 10/8/03                      Inspector: (50) SRK  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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

picture taken of installation  
installer reputable

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

OK SRK  
10/23/03

DATE WELL ABANDONED: 10/17/03 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 94 - 3500

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 3823

\* PERSON ABANDONING WELL: Richard A. Crummitt

WELL DRILLERS LICENSE NUMBER: WR0 014

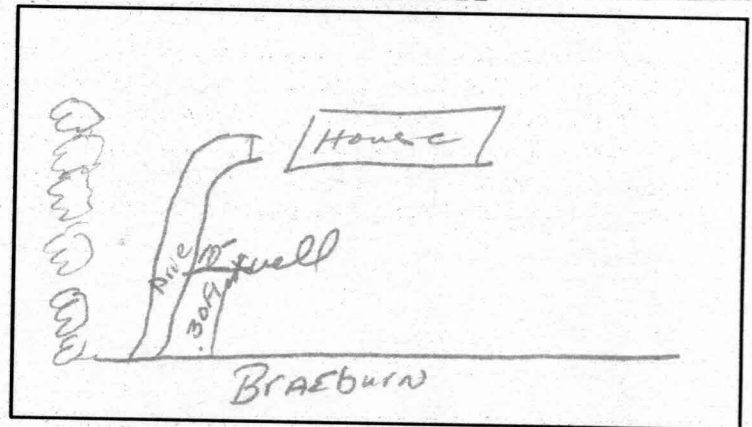
\* OWNER'S NAME: Mitch Saula

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION:

COUNTY: HOWARD  
 NEAREST TOWN: Simpsonville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: 27  
 NEAREST ROAD: Braeburn

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: 82 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 6

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	120	6
Fill Dirt	6	0
Note: Well Caved 400ft TO 120ft		
VOLUME OF MATERIAL USED		
5 bags Bentonite		

SIGNATURE: George F. Eastman  
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN  
 DENV 828 JULY 1997

040  
 LICENSE #  
 2) COUNTY ENVIRONMENTAL AGENCY

MWD/MSD/MGD 10/17/03  
 CIRCLE ONE DATE