

14273

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.

COUNTY NUMBER

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

ST/CO USE ONLY

DATE RECEIVED MM DD YY

DATE WELL COMPLETED

10 22 82

DEPTH OF WELL

22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-94-3522

OWNER Peirce John STREET OR RFD 15307 RT. 144 TOWN Woodbine 21784 SUBDIVISION SECTION LOT

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 FROM TO check if water bearing

Brown Shale 0 43 Gray granite 43 160

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO 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

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 47

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

SCREEN RECORD screen type or open hole ST BR HO PL OT STEEL BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) C 2 10 45 160

E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 (NEAREST INCH) from to

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

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 40 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S 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.

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

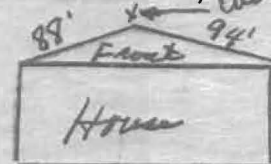
PUMP HORSE POWER 37 41

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

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 2 4 DRILLERS SIGNATURE Joseph T. Marjano (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

8406

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110 - 94 - 3522

517963-A please print or type

fill in this form completely

Date Received (APA)

10/17/02

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name License No. 81

Firm Name

Address

Signature Date

LOCATION OF WELL

8 COUNTY 21

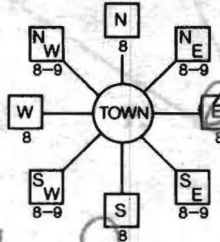
23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1.72 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



15307 Md 144 Fredericks Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 14 PARCEL 50

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10/17/02

43 MM DD YY 48 CO SIGNATURE EXP. DATE 10/17/03

NORTH GRID 540 000 EAST GRID 780 000

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)

- 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)

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

APPROP. PERMIT NUMBER

PERMIT No. 110-94-3522

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780 N 540

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

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: ALLEN M. VANSANT, INC Telephone #: 410-442-2221
Address: 12630 FREDERICK ROAD
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): MICHAEL J. KASTNER, III License# 6501

*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: JOHN PEIRCE Telephone #: 410-489-5889
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3522 ✓
Site Address: 15307 FREDERICK ROAD
WOODBINE, MD 21797

Submersible Pump Data

Make: QWES
Model #: EG505Y12
Pump Capacity _____ GPM
Well Yield: 30 GPM

Pitless Adapter

Make: Campbell
Model #: B-704
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: 160 (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: PE
PSI: ✓ (160 psi min)
Depth of supply line: ✓ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: house to well
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.

Michael Kastner Signature of company representative responsible for installation
10-24-02 date

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

Date Insp. Requested: _____ Date Insp. Approved: 11/20/02 (SO)
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 _____

SITE INSPECTION SHEET

MS/02
12-12=30

OWNER: John Peirce

DATE REQUESTED: _____

ADDRESS: 18307 Rt-144

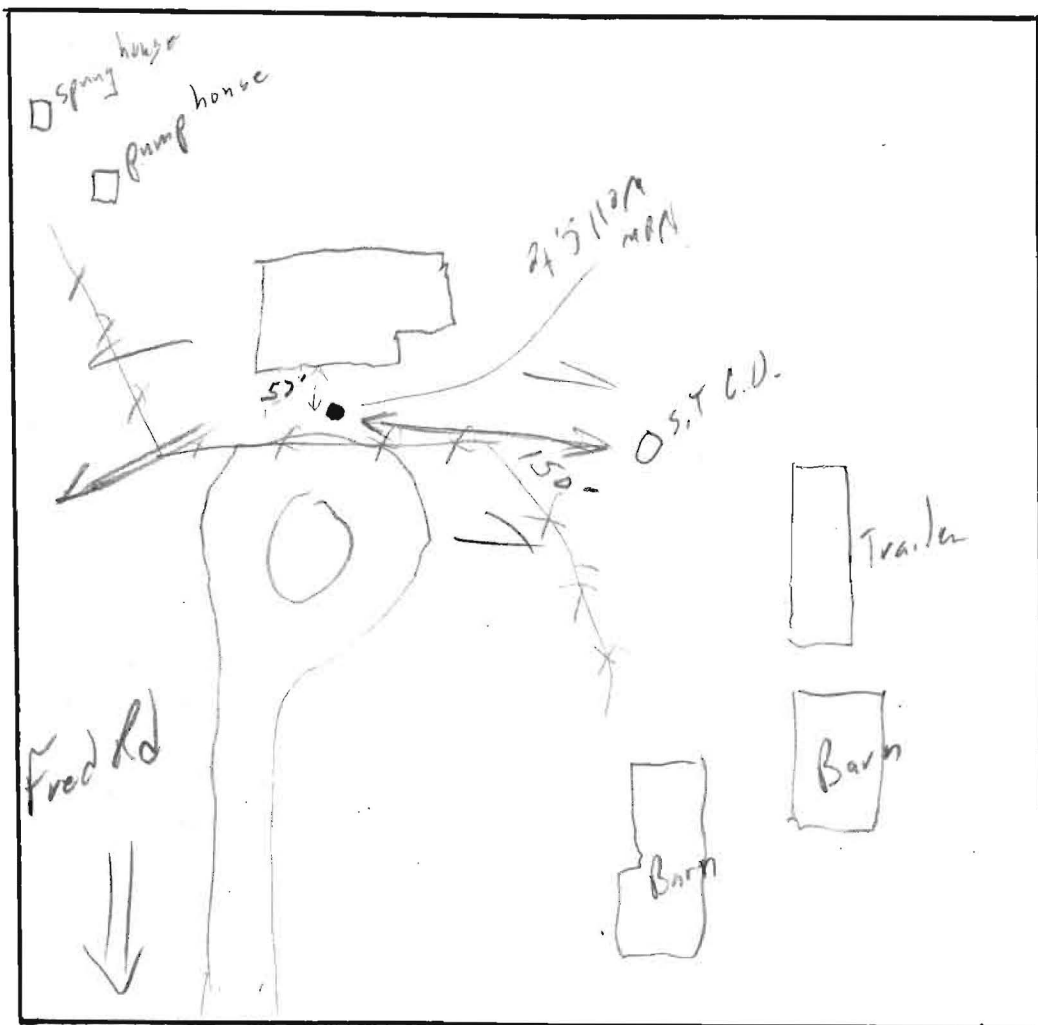
DRILLER: J. Mayne

WELL TAG # _____

COUNTY # _____

PROPOSAL: Repl well requested, reason = Low flow

LOCATION DIAGRAM



COMMENTS: well site OK

DATE: 10/17/02

INSPECTOR: [Signature]



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

November 18, 2002

John Peirce
15307 Frederick Road
Woodbine, MD 21797

RE: **Replacement Well Issues**
Route 144
Well Permit # HO-94-3522

Dear Mr. Peirce:

Our office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule water sampling for the referenced replacement well once it is hooked up to your home (required by the Maryland Well Construction Regulation COMAR 26.04.04). There is currently no charge for the well line inspection and water sampling.

It is preferred that the sample be collected by a certified health official 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 the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

Also, included is a well line inspection form which we have not received from the plumber. If you could kindly forward the form to your plumber to submit back to the health department so that we may verify appropriate installation of well hardware. 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,

Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

LOCAL HEALTH APPROVAL

For Youth Camp locations that have an On-Site Well,
On-Site Sewage Disposal, Portable Toilets, or Privies

Department of Health & Mental Hygiene
DIVISION OF COMMUNITY SERVICES
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 Fax (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 78417

CAMP OPERATOR		
If your youth camp facility has an on-site water supply and/or sewage disposal system, annual approval from the local environmental health department is required. Complete the information in this section and forward the form, 90 days before the camp operates, to the appropriate local environmental health department on page 2.		
If your camp operates at a school (public or private) or a government owned building or park that is used by the public more than 170 days per year, use the Building Safety form, instead of this form.		
CAMP OPERATOR NAME <i>Vanessa Armstrong</i>	PHONE <i>410-489-5883</i>	FAX <i>410-489-5889</i>
CAMP NAME <i>Hopkins Spring Stables</i>	DATES OF OPERATION <i>6/19/05 - 8/25/06</i>	CAMP OCCUPANCY <i>15-20/season</i>
MAILING ADDRESS <i>15307 Frederick Rd</i>	SITE ADDRESS <i>Same</i>	<i>C4-2 weeks 1-1 week</i>
CITY STATE ZIP <i>Woodbine MD 21797</i>	CITY STATE ZIP <i>Same</i>	
LOCAL HEALTH DEPARTMENT		
The operator is seeking a youth camp certificate or letter of compliance from the Department of Health and Mental Hygiene, Division of Community Services for the above referenced camp. The water supply and/or sewage disposal system is on-site and requires approval from your Office. Complete the information below, sign, and return the form to the camp operator listed above.		
WATER SUPPLY		
<input type="checkbox"/> Indicate type of on-site water supply. <input type="checkbox"/> Public transient noncommunity water supply system. <input checked="" type="checkbox"/> Individual water supply system. <input type="checkbox"/> Public nontransient noncommunity water supply system.		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action. <input checked="" type="checkbox"/> NOT APPLICABLE <i>not used as p/c of camp</i>		
Date of last sample(s) _____		
Remarks: <i>Replacement well installed 10/2002 (HO-24-3522)</i> <i>Yield test 2:00pm. Camp area uses bottled water only</i> <i>(used greenping last year) Bleaches set-up weekly to keep clean</i>		
SIGNATURE <i>Beet Nifon</i>	TITLE <i>Asst Director</i>	PHONE <i>(410) 313 1773</i>
SEWAGE DISPOSAL SYSTEM		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action. <input checked="" type="checkbox"/> NOT APPLICABLE		
System Capacity (# persons) <i>N/A</i> (<i>equated to 330 Campers max</i>)		
<input checked="" type="checkbox"/> YES # <i>1</i> <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		
If yes, is a maintenance agreement with an approved scavenger in place? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Please notify the Division of Community Services of the violation(s) and corrective action. <input type="checkbox"/> NOT APPLICABLE		
Remarks: <i>I spot a pot serviced weekly by Fogles. She stated that she has receipts. On site system for house only</i>		
SIGNATURE <i>Beet Nifon</i>	TITLE <i>Asst Director</i>	PHONE <i>(410) 313 1773</i>

DCS (1/05)

note - per Ms Armstrong, camp capacity is 15-20
she owns 15 horses that are used for camp operation