

C1 14522 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 60 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER P516035-6

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DAN O'LEARY STREET OR RFD 12032 HIGHLAND ROAD TOWN HIGHLAND

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)

Table with columns: FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-50, Gray Mica Rock 50-300.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 19 NO. OF POUNDS 1986

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 54

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

screen type or open hole (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.)

Table for depth with columns: 1-11, 15-17, 21-23, 26-30, 32-36, 38-41, 45-47, 51-53, 56-60, 64-68. Includes handwritten entry: 52, 300.

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE 31 35

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)

See Attached location

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. M 5 D 0 2 4 DRILLERS SIGNATURE

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

B 1 7759

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3410 fill in this form completely

Date Received (APA) 03-27-02

OWNER INFORMATION

O'Reary Dan 12832 Highland Rd Highland Md 20977

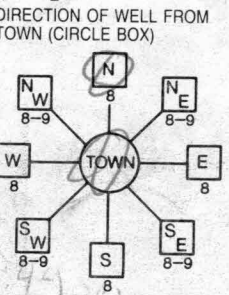
LOCATION OF WELL

Howard County Highland Md 20977

DRILLER INFORMATION

Joseph L. Mayne MSDZY Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt Airy Md 21771 3/26/2002

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12832 Highland Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH

200 FT DISTANCE FROM ROAD

TAX MAP: 40 BLK: 4.5 PARCEL 81

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) FARMING... INDUSTRIAL... PUBLIC WATER SUPPLY WELL... TEST... GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME P5160256 COUNTY NO. STATE SIGNATURE DATE ISSUED 050902 Mark Kiffin 5/9/03 CO SIGNATURE EXP DATE NORTH GRID 491 000 EAST GRID 0812 000

APPROXIMATE DEPTH OF WELL 300 FEET

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

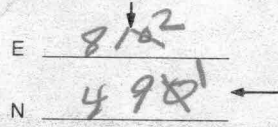
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled) 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

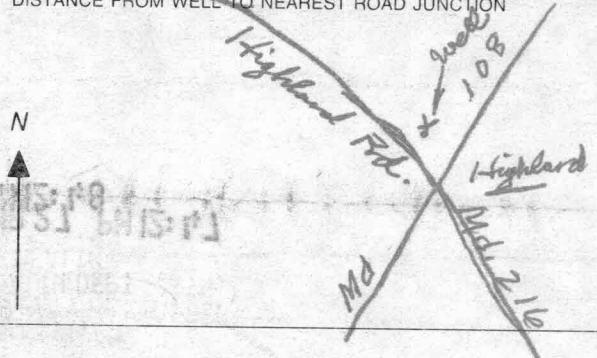
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



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

APPROP. PERMIT NUMBER HO-94-3410 PERMIT No. 70 71 72 73 74 75 76 77 78 79

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD 009

*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: Dan O'Leary Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 94-3910
Site Address: 1232 Highland Pk.

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: 8SB10 Make: Campbell Two piece watertight cap: YES
Model #: Capilds Model #: 214 Screened, vented well cap: YES
Pump Capacity: 8 GPM Depth: 42" (36" min) Cap secured to casing: YES
Well Yield: 10 GPM NSF/WSC approved: NO Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YES
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 N/A

Piping to house House Connection
Type: 1" PVC sleeve to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: YES
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.

Allen Compton
Signature of company representative responsible for installation Date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/5/02 Inspector: BB
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 _____

stepped
under
septic
line



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

June 4, 2002

Dan O'Leary
12832 Highland Road
Highland, MD 20777

RE: **Replacement Well Issues**
12832 Highland Road
Well Permit #: HO-94-3410

Dear Mr. O'Leary:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well driller, Registered Plumber, or Pump Installer) who will be 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 neatly and submit it to this office via fax or mail after the pump has been 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.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office requests that you contact our Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (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.

Additionally, a condition of the well drilling permit application was proper abandonment and sealing of the original well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification or any future requests for permit approval for this property.



HOWARD COUNTY HEALTH DEPARTMENT

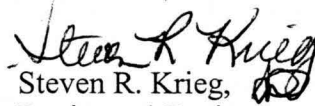
Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

This well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office

If you have any questions, or would like to discuss these matters further, please call me directly 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 Environmental Health Program
File

 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

DATE WELL ABANDONED: 10-28-02 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) no tag _____

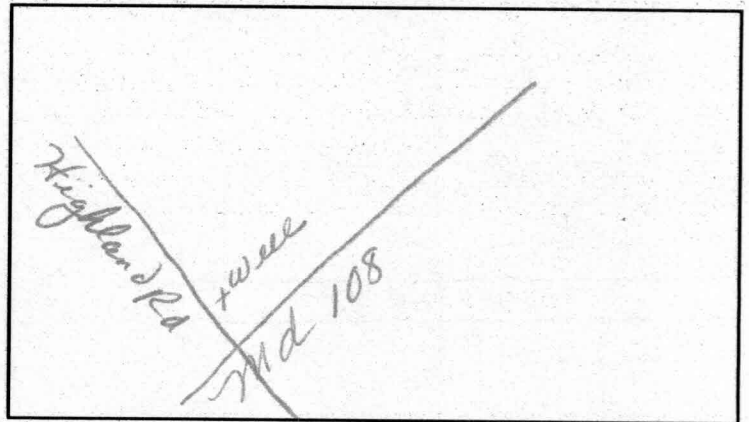
* PERMIT NUMBER OF REPLACEMENT WELL 710 - 94 - 3410

* PERSON ABANDONING WELL: Joseph L. Mayne WELL DRILLERS LICENSE NUMBER: 024

* OWNER'S NAME: Dan O'Leary CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 12832 Highland Rd

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: 24 INCHES IN DIAMETER

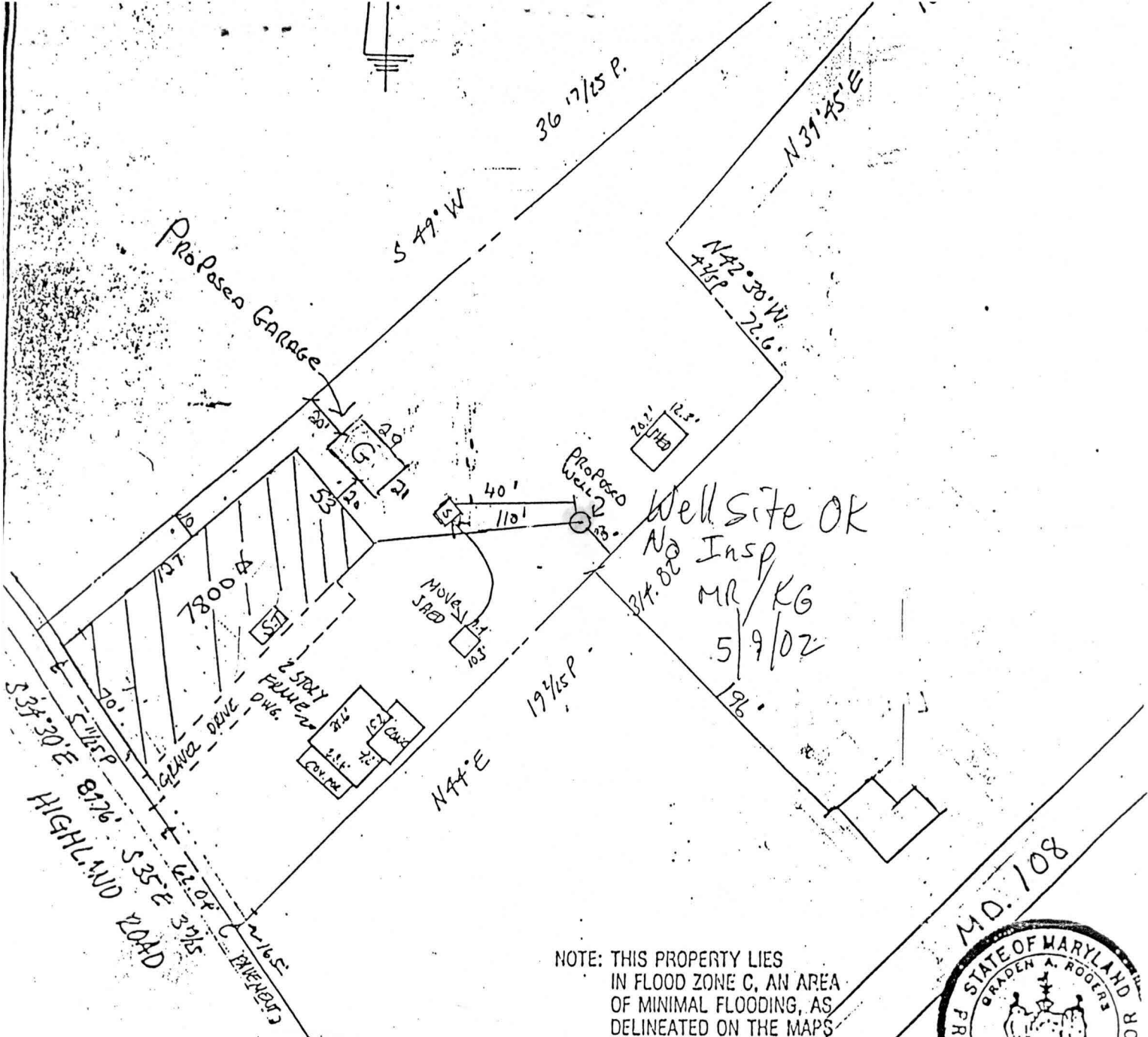
* DEPTH OF WELL: 45 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	6
Gravel	6	45
VOLUME OF MATERIAL USED		



Well site OK
 No Insp
 MR/KG
 5/9/02

NOTE: THIS PROPERTY LIES IN FLOOD ZONE C, AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM



NOTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used for the erection of fences or any other improvements.

Braden A. Rogers
 BRADEN A. ROGERS - PROF. L.S. MD. LIC. NO. 119

LIBER 923 FOLIO 650
 LOT _____ BLOCK _____ SECT. _____ PLAT _____
 PLAT ENTITLED _____
 RECORDED IN HOWARD COUNTY MD.
 PLAT BOOK _____ FOLIO _____

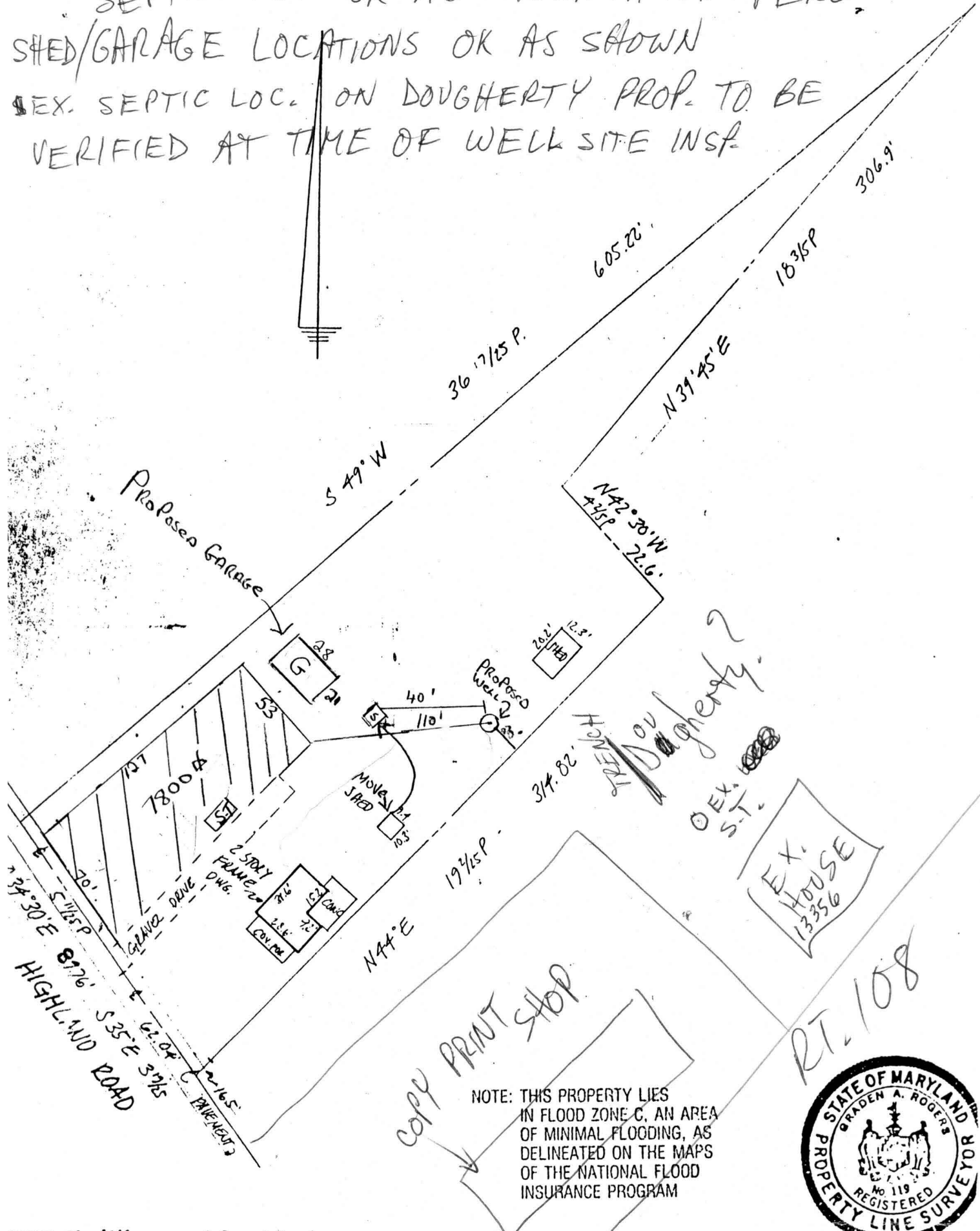
Garage
 12832 Highland Rd.
 Page: _____

SCALE 1" = 60' CASE NO. 93377
 DATE 9-11, 13 JOB NO. MJC13031

10/1/07 MD

12832 HIGHWAY N.W. SUITE 70
GLEN BURNIE, MARYLAND 21061
(301) 768-2121

SEPTIC AREA OK AS SHOWN AFTER PERC.
SHED/GARAGE LOCATIONS OK AS SHOWN
EX. SEPTIC LOC. ON DOUGHERTY PROP. TO BE
VERIFIED AT TIME OF WELL SITE INST.



NOTE: THIS PROPERTY LIES
IN FLOOD ZONE C, AN AREA
OF MINIMAL FLOODING, AS
DELINEATED ON THE MAPS
OF THE NATIONAL FLOOD
INSURANCE PROGRAM



NOTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements
indicated hereon are located as shown. This is not a property
line survey and should not be used for the erection of fences
or any other improvements.

Braden A. Rogers
BRADEN A. ROGERS - PROP. L.S. MD. LIC. NO. 119

LIBER 929 FOLIO 650

LOT _____ BLOCK _____ SECT. _____ FLAT _____

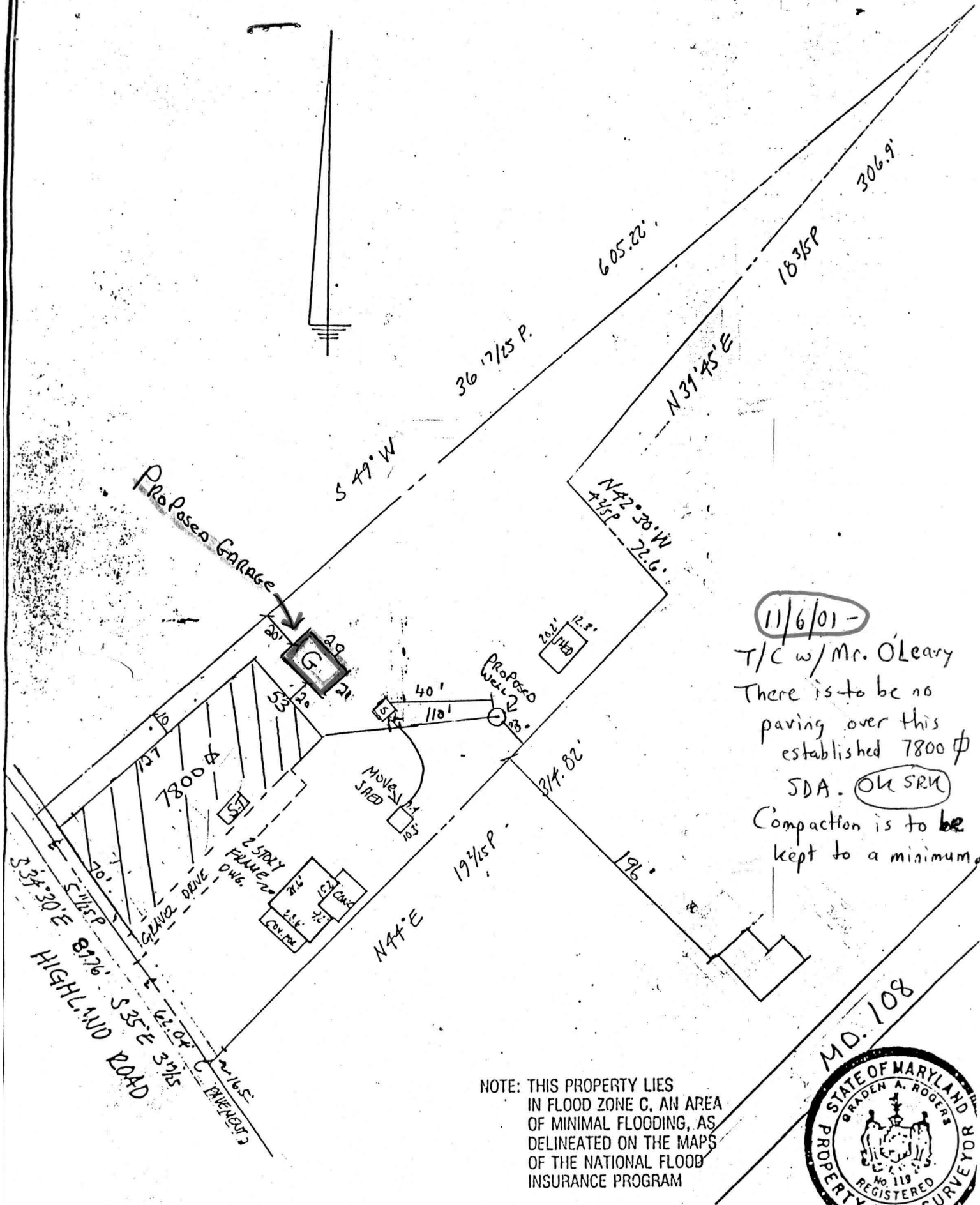
TITLE ENTITLED _____

RECORDED IN HOWARD COUNTY MD.

PLAT BOOK _____ FOLIO _____

12832 HIGHLAND ROAD

SCALE 1" = 60' CASE NO. 93377
DATE 9-11, 19 93 JOB NO. MJC13831



11/6/01 -
 T/C w/ Mr. O'Leary
 There is to be no
 paving over this
 established 7800 sq
 ft SDA. OK SRM
 Compaction is to be
 kept to a minimum.

NOTE: THIS PROPERTY LIES
 IN FLOOD ZONE C, AN AREA
 OF MINIMAL FLOODING, AS
 DELINEATED ON THE MAPS
 OF THE NATIONAL FLOOD
 INSURANCE PROGRAM



NOTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used for the erection of fences or any other improvements.

Graden A. Rogers
 BRADEN A. ROGERS - PLAT. L.S. MD. LIC. NO. 119

LIBER 929 FOLIO 650
 LOT _____ BLOCK _____ SECT. _____ PLAT _____
 PLAT ENTITLED _____
 RECORDED IN HOWARD COUNTY MD.
 PLAT BOOK _____ FOLIO _____

Garage
 12832 Highland Rd.
 Page: _____

SCALE 1" = 60' CASE NO. 93377
 DATE 9-11, 19 93 JOB NO. MJC13831