

C1 8793

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

A 525/54

(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 MM DD YY 7 19 2007

Depth of Well 22 280' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 0620

OWNER Dell Army & David STREET OR RFD 301 Sykesville Rd. TOWN Sykesville SUBDIVISION SECTION LOT 2

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

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Rows include Brown Shale (0-36) and Blue Rock (36-280).

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 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft. (enter 0 if from surface)

CASING RECORD

Case types insert appropriate code below. Codes: 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): 40.

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

SCREEN RECORD

screen type or open hole. Codes: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.)

DEPTH (nearest ft.) 40 38 280. E A C H S R E E N SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60 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

C 3

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 40 ft.

WHEN PUMPING 94 ft.

TYPE OF PUMP USED (for test)

Codes: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), 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

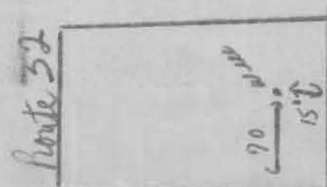
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

Codes: + (above), - (below). LAND SURFACE 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...

DRILLERS LIC. NO. 1 M S D 024

DRILLERS SIGNATURE Joseph L. Mayne

LIC. NO. 1 D

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

B 1 1025

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0620 fill in this form completely

Date Received (APA)

12/22/2006

OWNER INFORMATION

Pell Amy + David

7434 Springfield Ave.

Sykesville md 21784

B 3

LOCATION OF WELL

Howard

23 SUBDIVISION

SECTION 44 46 LOT 48 50

Sykesville

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Joseph L Mayne M SD 024

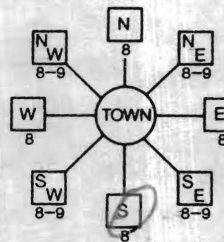
Joseph L Mayne Well Drilling

5512 Ridge Rd Mt. Airy Md 21771

Joseph L Mayne 12-21-2006

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



481 Sykesville Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 325 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 4 BLK: 16 PARCEL 41

B 2

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, Industrial, Commercial, Dewatering, Public Water Supply Well, Test, Observation, Monitoring, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A 525-154

STATE SIGNATURE INSERT S

DATE ISSUED 12/28/06

CO SIGNATURE CO EXP. DATE

NORTH GRID 555 000 EAST GRID 0809 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Driven, Air-Rotary, Air-PerCussion, Rotary (Hydraulic Rotary), Cable, Reverse-Rotary, Drive-Point

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 deepen 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)

APPROX. PERMIT NUMBER

PERMIT No. 40-95-0620

SPECIAL CONDITIONS

Must Seal and Abandon ex. well

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

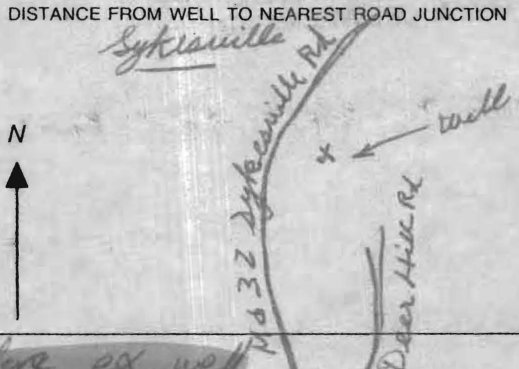
SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8089 N 5585

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





COPY

**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: R & G WATER SYSTEMS INC. Telephone #: 410-239-0700  
Address: 4322 OPPS CHASE DR  
MAX HESTER, MD 21107

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): LUKEY L. KOOS, SR. License # 72133

\*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: AMY DELL Telephone #: \_\_\_\_\_  
Subdivision: N/A Lot #: 7 Well Tag #: HO-95-0620  
Site Address: 487 ROUTE 32 410-641-5656  
SPRINGVILLE, MD 21154

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: CONLEY      Make: WELLMARK      Two piece watertight cap:   
Model #: 75807422      Model #: 17800      Screened, vented well cap:   
Pump Capacity: 7 GPM      Depth: 42" (36" min)      Cap secured to casing:   
Well Yield: 10 GPM      NSF approved: \_\_\_\_\_      Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 200 (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 or Cable glands are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt:

**Piping to house**      **House Connection**  
Type: POLYETHYLENE      PVC sleeved to undisturbed soil at wall penetration: YES  
PSI: 165 (160 psi min)      Approximate length of sleeve: 10'  
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.

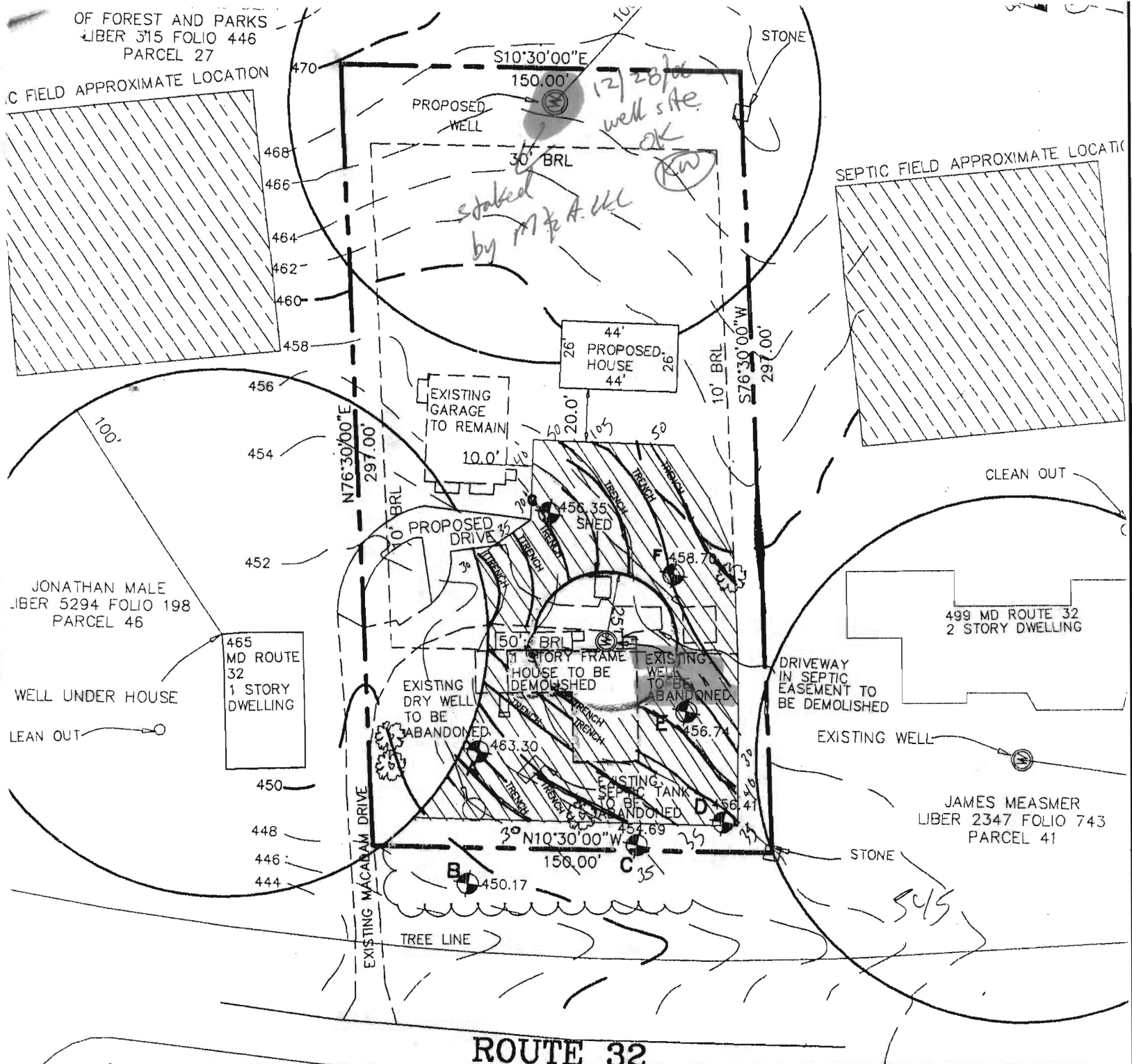
Signature of company representative responsible for installation: Lukey L. Koos, Sr.      date: 9/26/07

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

Date Insp. Requested: 9/27/07      Date Insp. Approved: 9/28/07 (BDS)  
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 3" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

OF FOREST AND PARKS  
LIBER 315 FOLIO 448  
PARCEL 27

C FIELD APPROXIMATE LOCATION



**ROUTE 32**

FOR PRIVATE  
AND PRIVATE WATER  
IN CONFORMANCE WITH  
GENERAL PLAN OF HOWARD

**MARKS & ASSOCIATES L.L.C.**

SURVEYING-ENGINEERING-LAND PLANNING  
4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND  
TELEPHONE (410)747-8738 FAX (410)747-8547

**PERCOLATION  
CERTIFICATION PLAT  
481 ROUTE 32**

TAX MAP #4 PARCEL 41  
SCALE: 1" = 50'  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

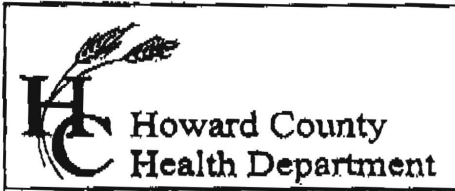
I CERTIFY THAT THE INFORMATION  
HEREON IS BASED ON FIELD WORK  
PERFORMED BY ME OR UNDER MY  
SUPERVISION, AND IS CORRECT, TO  
THE BEST OF MY KNOWLEDGE AND BELIEF



*E.C. Marks*  
DATE

DATE: 10/10/2006 A# 525154

ERIK C. MARKS R.P.L.S



7178 Columbia Gateway Drive, Columbia, MD 21046  
 (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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

481 Sykesville Rd  
 Subdivision/Property Name      Lot#      Road Name

The well site has been staked by Mark & Associates Inc  
 (professional land surveyor or company employing professional land surveyors)  
 on 12-22-2006 (date) and does not require a site inspection.

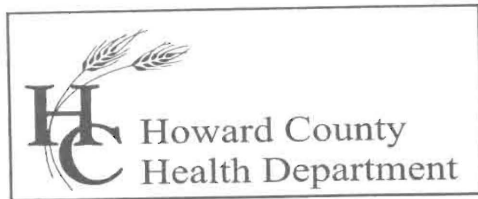
The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

*Kevin*  
*This is for David & Amy Dill*

*Betty Mayne*




Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Penny E. Borenstein, M.D., M.P.H., Health Officer  
December 14, 2006

**MEMORANDUM**

TO: Mike Johnson  
Associated Excavators Contractors  
16657 Frederick Road  
Mt. Airy, Maryland 21771  
Faxed to 410-442-0100

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 481 Route 32  
Lot 2 – 1.0 Ac.  
Sykesville – Dell Property  
Map 4, Grid 15, Parcel 41  
(Demolition of Existing House)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The well and septic systems, which previously served the existing dwelling, have been properly disconnected and abandoned/sealed and documentation provided. If any other wells or septic systems are found during site work, please notify this office immediately.

C: File

**ASSOCIATED EXCAVATORS CONTRACTORS  
16657 FREDERICK ROAD  
MT. AIRY, MD 21771  
(410) 442-1886 FAX (410) 442-0100**

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**December 12, 2006**

VIA FACSIMILE  
Howard County Health Department  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046  
Attn: Stewart Oster

To Whom It May Concern:

This letter is to inform you that my company performed the abandonment of the well and drywell located at 481 Rt.32 Sykesville, Maryland.

Also, with this letter I am requesting a letter for demolition.

Please see the attached sketch.

If you have any questions please call me at (410) 977.2216.

Thank you,

  
Mike Johnson

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 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: Dec 11 2006 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) W/A

\* PERMIT NUMBER OF REPLACEMENT WELL W/A well not drilled yet

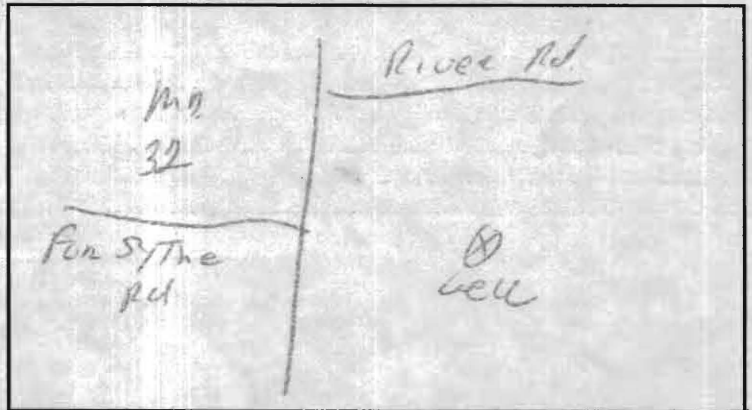
\* PERSON ABANDONING WELL: Ralph E. MAYNE

WELL DRILLERS LICENSE NUMBER: 117  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: DAVID & Amy DELL

\* WELL LOCATION: 481 Rt. 32  
 COUNTY: Howard  
 NEAREST TOWN: SYKESVILLE  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: W/A  
 SECTION: W/A LOT: \_\_\_\_\_  
 NEAREST ROAD: Rt. 32

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: 65 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
<u>Cement</u>	<u>65</u>	<u>4</u>
<u>Top Soil</u>	<u>4</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>1-YARD</u>		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Ralph E. Mayne

LICENSE # 117

CIRCLE ONE MWD/MSD/MGD DATE Dec 11 2006