

C 1 09457

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. OK

COUNTY NUMBER W 59268 SRN 2/16/01

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 12 19 97

Depth of Well 22 380 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 1356

OWNER RICEY, ALAN last name first name STREET OR RFD 13479 route 108 TOWN HIGHLAND SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Sand (0-26), Gray Mica Rock (26-380).

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 8 NO. OF POUNDS 752 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 27 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 31

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

C 2 DEPTH (nearest ft.)

Table with columns: E A C H S R E E N, 1 2 3, 8 9 11 15 17 21, 23 24 26 30 32 36, 38 39 41 45 47 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 6/8 9/3 PUMPING RATE (gal. per min.) 1.4 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 290 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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 [ - ] 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 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 SD 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

B 1 2 3 4 5 6  
9455  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

40-94-1356  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
Riley ALAN  
15 Last Name Owner First Name 34  
13979 Rt 108  
36 Street or RFD 55  
Highland Md. 20777  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

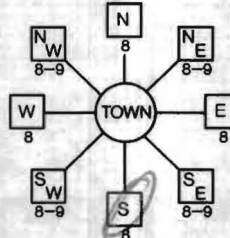
8 COUNTY Howard 21  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
Highland  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 3 MI  
73 76 77 78

DRILLER INFORMATION

Joseph L. Magne M S D 24  
Driller's Name 76 License No. 81  
Joseph L. Magne Well Drilling  
Firm Name  
5512 Ridge Rd. Mt. Airy, Md. 21771  
Address  
Joseph L. Magne 12/16/97  
Signature Date

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
11 13979 Rt 108 30  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W 32 EAST E  
SOUTH S  
34 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: BLK: PARCEL



B 2 WELL INFORMATION

1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard W 59268  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 12 17 97 Co. Will 12/16/98  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 484 000 EAST GRID 0810 000  
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

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

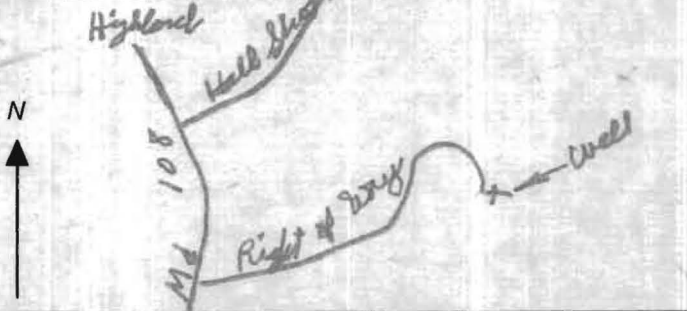
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 G A P 63  
FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-94-1356  
67 68 70 71 72 73 74 75 76 77 78 79

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  
E 910  
N 480  
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



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-N Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

1998 JAN 17 P. 12-15  
HOWARD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Zepp Plumbing & Heating Inc

Telephone 410-531-6712

License Number 1782

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber XX

Name of Property Owner Alan Riley

Telephone 301-854-0320

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Well Tag # HO-94-1356

Site Address 13979 Route 108

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible XX

Motor

- Horsepower 1
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Martison
- Model # 10B
- Depth 4'

- Make Goulds
- Model # 8SB1012
- Capacity 8 GPM

- Pump exceeds well capacity Yes \_\_\_\_\_ No  *low water pres sw. installed*
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Tank

- Capacity 82
- Pressure relief valve? yes

Piping

- Type 160 lb
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 4'

Well data

- Depth 332 ft.
- Yield 2 GPM
- Static water level 30 ft.
- Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: *Alan Riley*

Date: 1/7/98

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

February 16, 2001

Alan Riley  
13979 Route 108  
Highland, MD 20777

RE: **Replacement Well Sampling**  
13979 Highland Road  
Well Permit #: HO-94-1356

Dear Mr. Riley:

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule 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.

If you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2669. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg, Sanitarian  
Water and Sewerage Program

cc: Community Environmental Health Program  
File

SITE INSPECTION SHEET

OWNER: Allen Riley

DATE REQUESTED: 12/16/97 11am

ADDRESS: 13979 Route 108

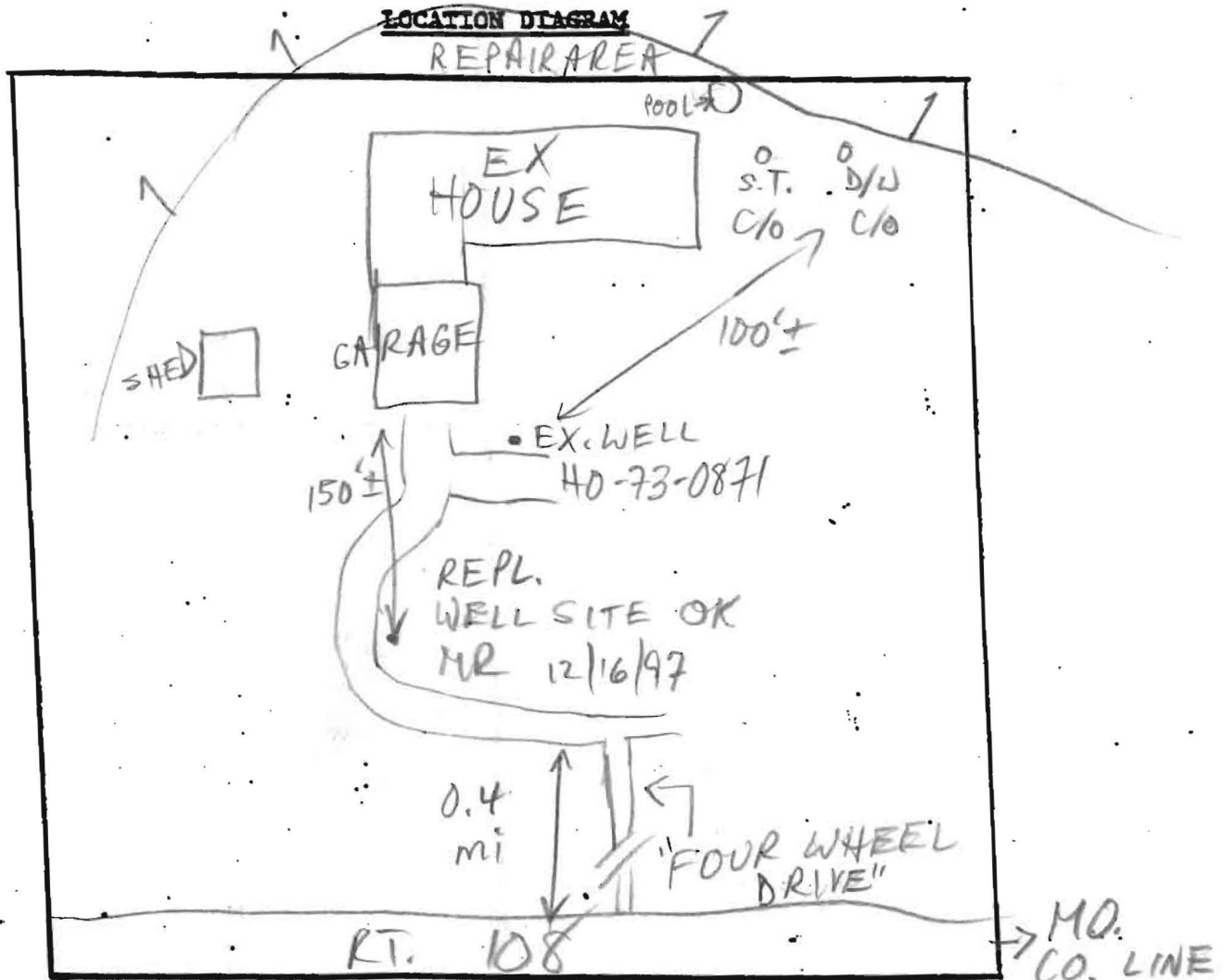
DRILLER: Joseph Mayne

Highland, Maryland

WELL TAG # \_\_\_\_\_

COUNTY # Howard County - 13

PROPOSAL: Replacement Well (existing well is dry)



COMMENTS: 12/16/97 MET J MAYNE, OWNER @ SITE; REPL. WELL SITE OK; DRILLER/OWNER TO VERIFY SUITABILITY REGARDING UTILITY LINES MR/GS

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_