

SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  
 ST/CO USE ONLY  
 DATE Received  
 MM 03 DD 13 YY 02

**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 WS16528  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3341

DATE WELL COMPLETED MM 15 DD 27 YY 02  
 Depth of Well 22 200' 26 (TO NEAREST FOOT)  
 OWNER Goudy last name 16903 Frederick Rd first name Le-a  
 STREET OR RFD Lisbon TOWN  
 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		check if water bearing
	FROM	TO	
<u>Brown Shale</u>	<u>0</u>	<u>39</u>	
<u>Blue Rock</u>	<u>39</u>	<u>200</u>	

**GROUTING RECORD** (yes no) Y N  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT CM BENTONITE CLAY  
 NO. OF BAGS 45 NO. OF POUNDS 4510  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (to nearest foot) \_\_\_\_\_  
 from 0 ft. to 38 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER  
 MAIN CASING TYPE S Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40  
 60 61 63 64 66 70

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

**SCREEN RECORD**  
 screen type or open hole HO OPEN HOLE  
PL BRONZE PLASTIC OT OTHER  
 insert appropriate code below  
 C 2 DEPTH (nearest ft.)  
 1 2 39 200  
 E 8 9 11 15 17 21  
 A 23 24 26 30 32 36  
 C 3 38 39 41 45 47 51  
 R  
 E SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

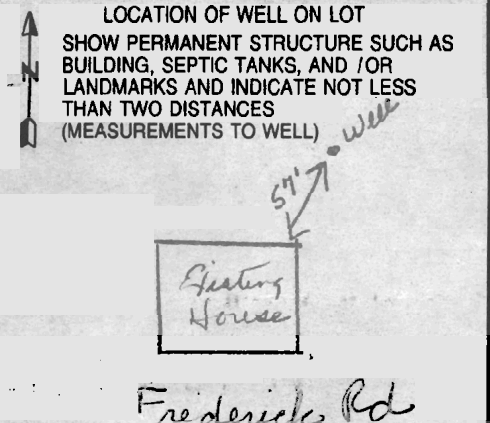
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
 from to

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  
 70 72 74 75 76  
 TELESCOPE LOG OTHER DATA  
 CASING INDICATOR

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 15  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 33 ft.  
 WHEN PUMPING 160 ft.  
 F PUMP USED (for test)  
P piston T turbine  
R rotary O other (describe below)  
J jet submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED 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 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) 49 } LAND SURFACE  
below (nearest foot) 1



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 28.04.04 "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. M SD 024  
 DRILLERS SIGNATURE Joseph E. Mays  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. D  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 7792

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3341

please print or 516528

fill in this form completely

Date Received (APA) 02 22 02

OWNER INFORMATION

15 Goudy R. Owner Last Name 34
16903 Frederick Rd Street or RFD 55
70 Mt. Airy Md State 72 21771 Zip 76

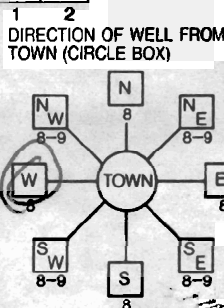
LOCATION OF WELL

Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LO
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M 1 73 76 77 78

DRILLER INFORMATION

Joseph P. Mayne M SD024
Driller's Name 76 License No. 81
Joseph P. Mayne Well Drilling
Firm Name
5512 Ridge Rd Mt. Airy 21711
Address
Signature Date 2/21/02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



16903 Frederick Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH SOUTH WEST EAST

34 110 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 3 PARCEL 55

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
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

Howard 516528
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02 25 02
CO SIGNATURE EXP. DATE 02 25 03
NORTH GRID 550 0 0 0 EAST GRID 770 0 0 0

APPROXIMATE DEPTH OF WELL 260 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

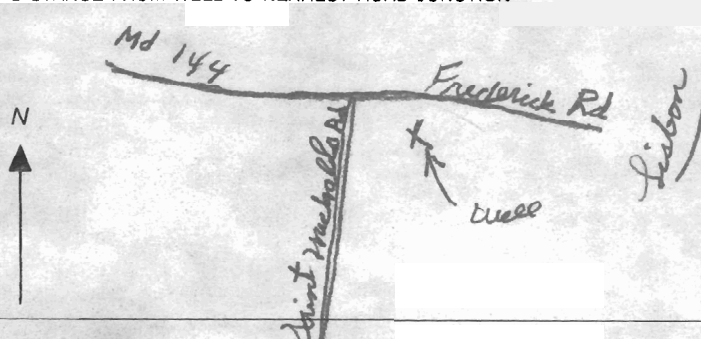
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. Well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE

E 770
N 550

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



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 G
PERMIT No. HO-94-3341

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: BEED & SON Plumbing Telephone #: 301-891-0231  
Address: 1434 Long Corners Rd  
Mt. Airy Md 21221

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): MARY J. REED License# 5304

**\*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: LETT Bowdy Telephone #: 410-489-4633  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-3341  
Site Address: 16903 Fredericks Rd  
Mt. Airy, Md 21221

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>SIA RITE</u>	Make: <u>Gandy</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>25P-CNAL-4</u>	Model #: <u>1"</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>200</u> (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 guards are required – Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

<u>Piping to house</u>	<u>House Connection</u> <u>old connection</u>
Type: <u>PLASTIC</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>42</u> (36" min)	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.

Signature of company representative responsible for installation: Mary J Reed date: 3-28-02

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

Date Insp. Requested: 3/25/02 Date Insp. Approved: 3/25/02 (50) SRK  
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 hooked to ex.   
Adequate grout observed below pitless adapter



## 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

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

March 12, 2002

Leta R. Goudy  
16903 Frederick Road  
Mt. Airy, Maryland 21771

RE: **Replacement Well Issues**  
16903 Frederick Road  
Well Permit # HO-94-3341

Dear Ms. Goudy:

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 is also requesting that you contact the 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 Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

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.

**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.**



## 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

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

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R.S.  
Well and Septic Program

Enclosure

cc: Community Environmental Health Program  
File