

C1 14267

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 340

OK SRM 10/18/02

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-94-3512

OWNER CHARLES DORSEY STREET OR RFD 14840 BUSHY PARK ROAD TOWN WOODBINE

WELL LOG table with columns for DESCRIPTION, FEET (FROM, TO), and check if water bearing. Includes handwritten entries for Sand and Conary Mica Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (8), NO. OF POUNDS (732), GALLONS OF WATER (48), DEPTH OF GROUT SEAL (20).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (21).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

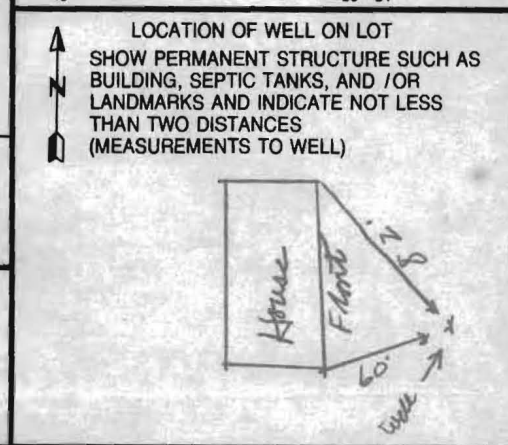
DEPTH (nearest ft.) table with handwritten entries: 20, 340

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

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (3.5), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (56 ft. before, 260 ft. when), TYPE OF PUMP USED (A, P, T, C, R, O, J, S)

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A (well abandoned), E (electric log), P (test well converted)

DRILLERS LIC. NO. MSD024

DRILLERS SIGNATURE (Must match signature on application)

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

B 1 7952

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
517942 please type

STATE PERMIT NUMBER

HO-94-3512

fill in this form completely

Date Received (APA)

10/08/02
8 MM DD YY 13

OWNER INFORMATION

Dorsey A. Charles
15 Last Name Owner First Name 34

14840 Bushy Park Rd
36 Street or RFD 55

Woodhine md 21797
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Joseph L. Mayne M S D 24
Driller's Name License No. 81

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd Mt Airy md 21771
Address

Joseph L. Mayne 10/1/02
Signature Date

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

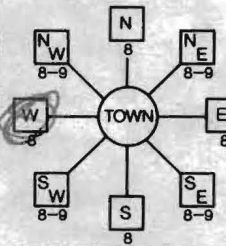
SECTION 44 LOT 48
44 46 48 50

Cooksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 1/2 M I
73 76 77 78

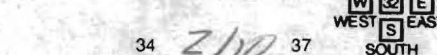
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14840 Bushy Park Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



210
34 DISTANCE FROM ROAD 37

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 22 PARCEL 86

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

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
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 10 2 02 Steven R. King 10 3 02

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 540 000 EAST GRID 780 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEMED 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 _____ G _____
PERMIT No. HO-94-3512
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

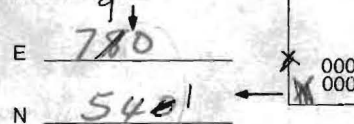
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

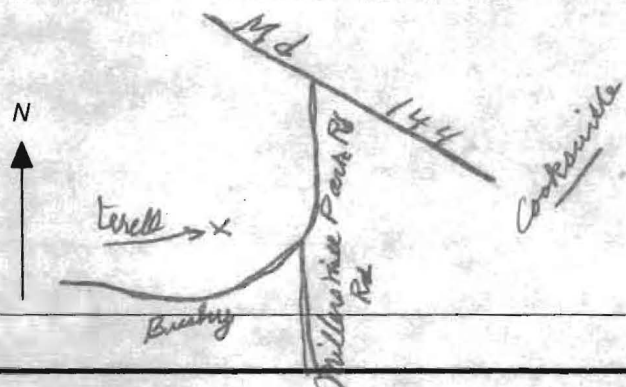
SOURCES OF DRILLING WATER

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



SITE INSPECTION SHEET

OWNER: CHARLES DORSEY

DATE REQUESTED: 10-20-02 10 am

ADDRESS: 14840 BUSHY PARK RD
410-489-4723

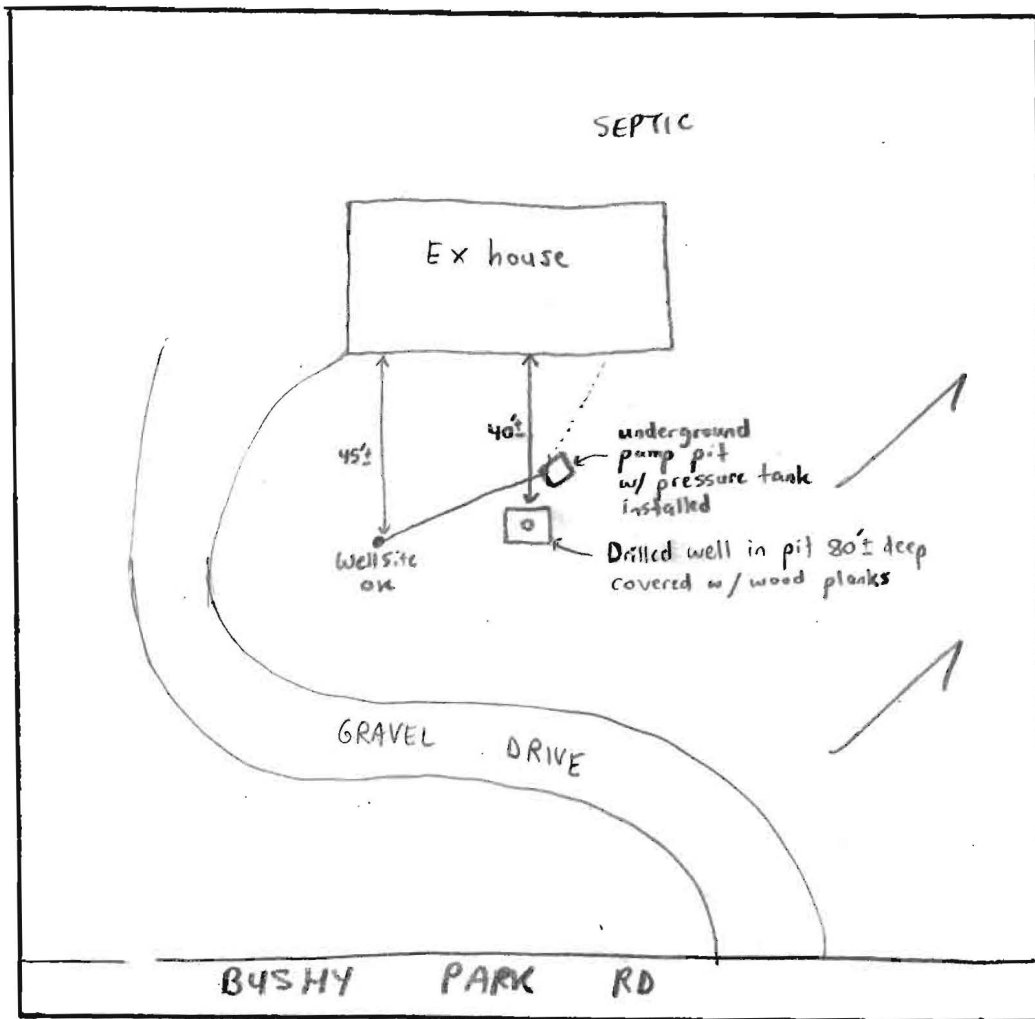
DRILLER: JOSEPH MAYNE

WELL TAG # HO-94-3512

COUNTY # A13648

PROPOSAL: REPLACE MENT WELL - OUT OF WATER

LOCATION DIAGRAM



COMMENTS: Existing Drilled Well in pit going dry, to be kept as standby.
New well site OK (SRK)

DATE: 10/2/02

INSPECTOR: Steven R. Kaieg

**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: _____ Telephone #: _____
Address: _____

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

***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: Charles Dorsey Telephone #: 410-489-4723
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3512 ✓
Site Address: 14840 BUSBY PARK ROAD

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (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 _____ date _____

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

Date Insp. Requested: 10/21/02 2-3pm Date Insp. Approved: 10/21/02 (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 _____ N/A
Adequate grout observed below pitless adapter _____ ✓

HD-215 (Rev. 8/00) *hooked up to existing line*

To insp: 10/18/02

Mr. Dorsey elected to
install well line himself.

OK to do this, but
have him give as much
info about well line
form as possible.

(ie: fill out well line form)

SRK



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

10/18/2002

Charles Dorsey
14840 Bushy Park Road
Woodbine, MD 21797-8320

RE: **Replacement Well Issues**
14840 Bushy Park Road
Well Permit #: HO-94-3512

Dear Mr. Dorsey:

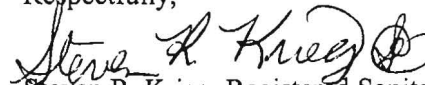
This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The 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). **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 these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,


Steven R. Krieg, Registered Sanitarian
Water and Sewerage Program

Enclosure

cc: Community Environmental Health Program
File