

C1 4661 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER A30943

Date Received (WRA use only) Oct 29, 1980
DATE WELL COMPLETED

Depth of Well 205
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-73-2625

OWNER BENZE last name DAVID first name
STREET OR RFD 7355 BROWN BRIDGE RD TOWN FOULTON MD
SUBDIVISION 3 ACRES SECTION none LOT none

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	
Top Soil	0	2	
Sandy	2	71	✓
Sand Stone	71	85	
Micka	85	90	
Sand Stone	90	95	✓
Micka	95	205	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES NO
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS 20 NO. OF POUNDS 2000
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to some as usual ft.

CASING RECORD
insert appropriate code below

STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST Nominal diameter top(main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 84

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

SCREEN RECORD
screen type or open hole
insert appropriate code below

STEEL BRASS, BRONZE OPEN HOLE
PLASTIC OTHER
DEPTH (nearest ft.) 40 81 205
SLOT SIZE 1 _____ 2 _____ 3 _____

CIRCLE APPROPRIATE BOX
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 273
Bald Mynre
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

DIAMETER OF SCREEN (NEAREST INCH) _____ from _____ to _____
GRAVEL PACK _____
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
TELESCOPE CASING LOG INDICATOR OTHER DATA

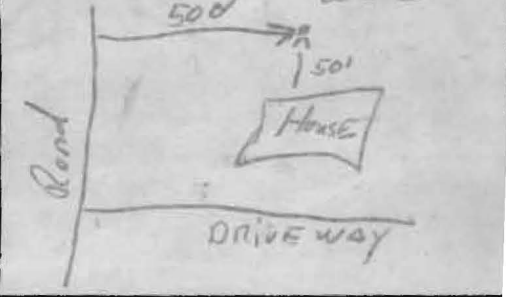
PUMPING TEST

HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 20
WHEN PUMPING 205
TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (nearest ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } _____ (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)



B 1 **5037** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 H-73-3695

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 2nd
 9-9-80
 10/29/80 9:30 AM

OWNER BENZIE David COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 3305 Brown Bridge Rd COL 36 COL. 55

POST OFFICE Fulton Md COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE Sept 18, 1980 **LICENSE NUMBER** 273

Paul Marvin FIRST NAME DRILLER LAST NAME

SIGNATURE _____

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 3 Avenues 23 42

SECTION 44 46 **LOT** 48 50

NEAREST TOWN Fulton 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

B 2 **WELL INFORMATION**

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 4 **DIRECTION FROM TOWN** (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH **E** EAST **NE** NORTHEAST **SE** SOUTHEAST

S SOUTH **W** WEST **NW** NORTHWEST **SW** SOUTHWEST

NEAR WHAT ROAD Brown Bridge Rd 11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **N** **S** **E** **W** 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 50 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

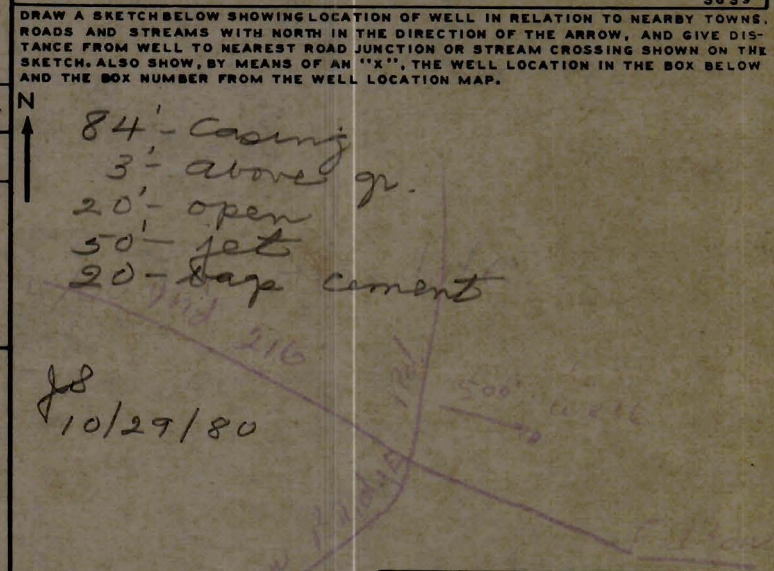
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) **JETTED** **DRIVEN**

30-37 **AIR-ROTARY** **AIR-PERCUSSION** **ROTARY** (HYDRAULIC ROTARY)

CABLE **REVERSE-ROTARY** **DRIVE-POINT**

OTHER (DESCRIBE) _____



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE 67 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 810 420

NORTH COORDINATE 486000 50 51 52 53 54 55

EAST COORDINATE 000000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

S STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 23

DATE 10/29/80 MO. DAY YR. APPROVED BY _____

B 5 SPECIAL CONDITIONS 6-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

ATTN MARK RIFKIN

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: EXISTING WELL 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 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: DAVID BENZE Telephone #: 301-854-2113
Subdivision: NONE Lot #: _____ Well Tag #: HO-733695
Site Address: 7355 BROWN BRIDGE RD
FALTON MD 20759

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: EXISTING Make: EXISTING Two piece watertight cap:
Model #: _____ Model#: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: _____ (36" min) Cap secured to casing:
Well Yield: _____ GPM NSF/WSC 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, 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

Piping to house House Connection
Type: 1" Polyethylene PVC sleeve to undisturbed soil at wall penetration:
PSI: 200 (160 psi min) Approximate length of sleeve: 3'
Depth of supply line 38" (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.

David Benze 3/19/04
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/20/04 Date Insp. Approved: 1/20/04 Inspector: MR
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade Ex. pitless
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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter Existing

Proposed New

Septic Reserve

5 Test Holes

Connolly

Kula

50 FT ACCESS RD
415 FT to Browns Br. Rd

Browns Br. Rd

OPEN

505

504

503

502

501

500

499

setback lines

exist shed
To remain
exist shed

80 FT X 250 FT
NEW SEPTIC AREA

North Approx

well

EX. HAND DUG
NOT IN SERVICE

garage
New House
4 Bedroom

FF=504
BE=494

Existing House
4 Bedroom
to be removed

EX. SEPTIC

bar

50

501

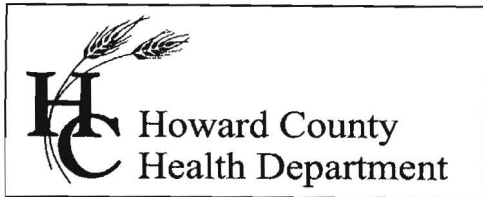
500

499

496.6

scale 1 in is 50 ft

DAVID & HOLLY BENZE
7355 BROWN BRIDGE RD
FULTON MD 20759



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

May 7, 2004

David & Holly Benze
7355 Browns Bridge Road
Fulton, MD 20759

SENT VIA FACSIMILE 301-854-9916

RE: 7355 Browns Bridge Road
BP # B00138442
Well Permit # HO-73-3695

Dear Mr. & Mrs. Benze:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on **04/27/2004**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-73-3695. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

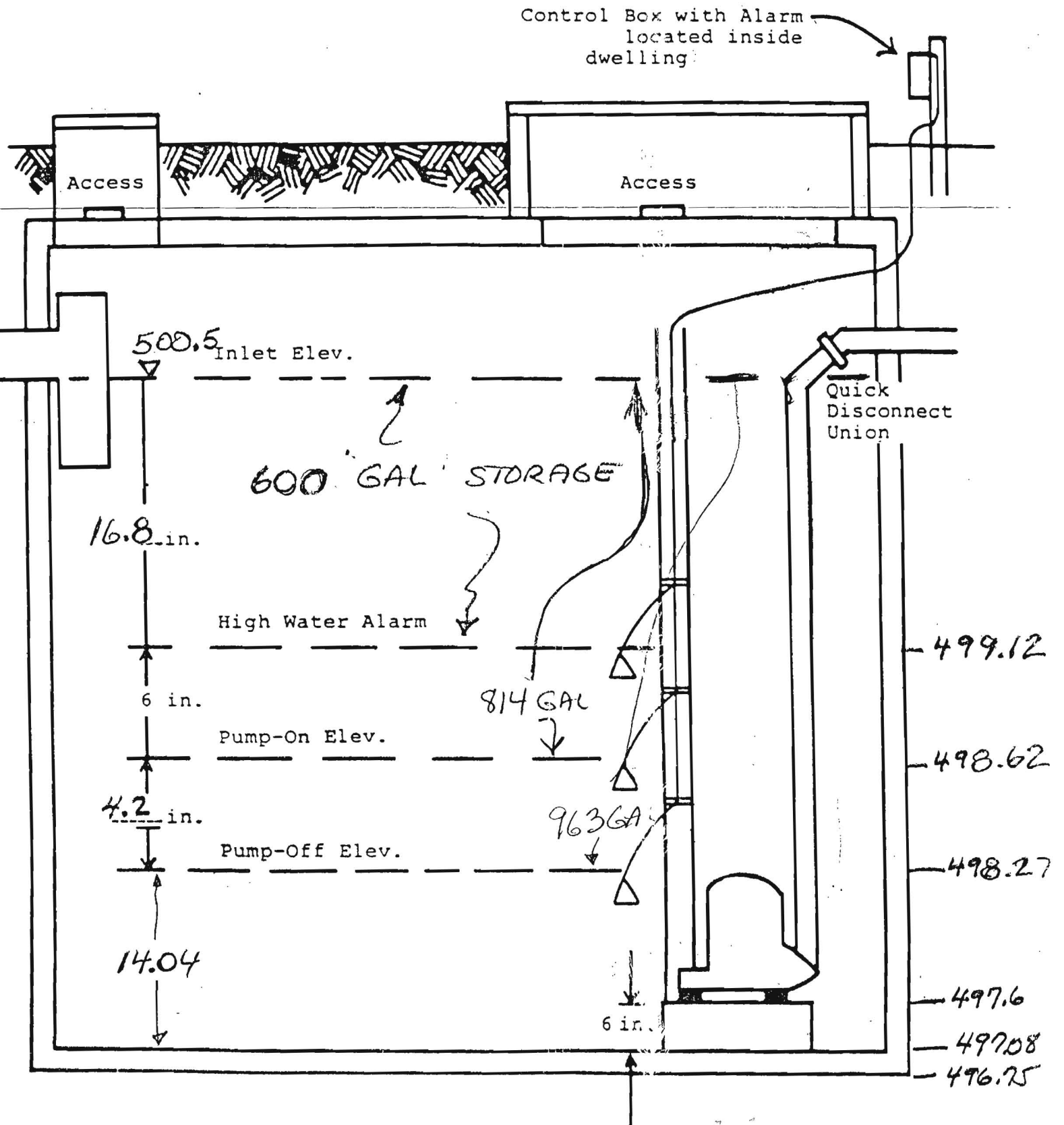
Date of Water Samples: 04/20 & 4/22/2004 & two on each of the following dates
4/26, 4/30, 5/4 & 5/5/2004
Date of Well Completion: 10/29/1980

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

TYPICAL PUMP CHAMBER DETAIL





3525 H Ellicott Mills Drive, Ellicott City, MD 21043
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TDD (410) 313-2323 Toll Free 1-866-313-6300
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Penny E. Borenstein, M.D., M.P.H., Health Officer

Piping Distribution Design

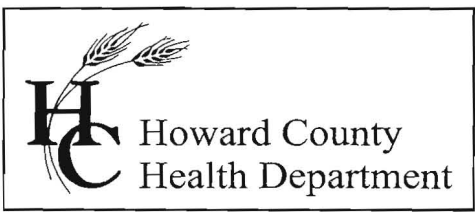
The following pipe distribution design must be represented in a plan view format to assist the contractor during the installation. The applicants engineer must also show all associated pipe runs, inverts, and an accurate pump curve on the plan as well. The piping network should be displayed as follows:

DIAMETER OF FORCE MAIN:	3"
BED LENGTH AND WIDTH:	30' X 20'
DEPTH OF SAND BED IN BOTTOM:	6" FROM 3'-2.5' BELOW SURFACE
DEPTH OF GRAVEL BED:	2.5-1.5' BELOW SURFACE
DEPTH OF PIPING NETWORK:	1.5' BELOW SURFACE
TYPE OF LATERAL FEED:	END
TOTAL NUMBER OF LATERALS:	7
LATERAL DIAMETER:	1.25"
LENGTH OF LATERALS:	29.2'
LATERAL SEPERATION:	3.57' or 42"
1 ST HOLE FROM MANIFOLD:	1.92' or 23"
NUMBER OF HOLES PER LATERAL:	8
DIAMETER OF HOLES PER LATERAL:	5/16"
SEPERATION BETWEEN HOLES:	3.75' or 45"
DISTAL END TURN UP:	1.79' or 21" from the end of bed

Pump chosen must be able to pump at least 2' of head at distal end.

If additional clarification is required please consult an engineer with experience designing sand mounds. Although this is a below grade system, the design specification are similar to an above grade mound.

faxed




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

July 14, 2004

MEMORANDUM

TO: Dave Benze
7355 Brown's Bridge Road
Fulton, MD 20759

FROM: Mark Rifkin, R.S. 
Well and Septic Program
Bureau of Environmental Health

RE: Demolition of Existing House
7355 Brown's Bridge Road
TM 40, Parcel 105

This is to advise that the Howard County Health Department recommends issuance of the requested demolition permit for the original house at the referenced property.

You have advised that the well on the property will be properly disconnected from the original house and will be maintained for use with the replacement dwelling. You have also advised that the existing septic tank will be properly abandoned during the demolition process as appropriate.

MR
cc: File