

C1 3763

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A520068

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 8/27/04

Depth of Well 22 300 26 10/7/04

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-2995

OWNER: Vilardo last name 2340 Daniel St. first name Phillip TOWN: Ellicott City SUBDIVISION: SECTION: 18/7/4 LOT: 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray Limestone, White, and Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 12, NO. OF POUNDS 1128, GALLONS OF WATER 72, DEPTH OF GROUT SEAL 0 to 33 ft.

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (0.6), Total depth (40), OTHER CASING (if used).

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

DEPTH (nearest ft.) table with rows 1-3 and columns 8-11, 15-17, 21-23, 26-28, 30-32, 36-38, 41-43, 45-47, 51-53.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"...

DRILLERS LIC. NO. 1 M SD 009 1, DRILLERS SIGNATURE, LIC. NO. 1 D 1

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 TELESCOPE CASING, 72 LOG INDICATOR, 74 75 76 OTHER DATA

PUMPING TEST: HOURS PUMPED (01), PUMPING RATE (3), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (distance from land surface) BEFORE PUMPING (17-20), WHEN PUMPING (22-25), TYPE OF PUMP USED (A, P, T, C, R, O, J, S).

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (48-49), LAND SURFACE (61), below (50-51).

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)

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



B 1 2737

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER HO-94-3995

W520788 please type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 1/20/04, Owner Vilardo, Philip, Address 2340 Daniels Rd, Ellicott City, Md 21043

LOCATION OF WELL: COUNTY Howard, SUBDIVISION, SECTION 44, LOT 2, NEAREST TOWN Ellicott City, MILES FROM TOWN 5

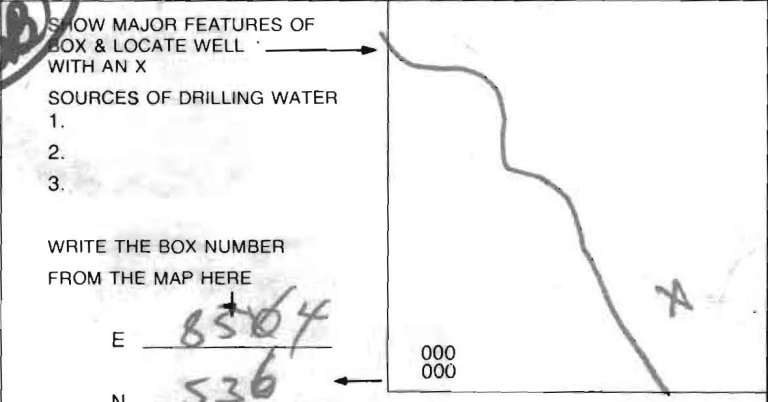
DRILLER INFORMATION: Driller's Name Allen Compton, License No. MS D 009, Firm Name Fogles Wells Drilling, Address 580 Obrecht Rd, Signature, Date 7-20-04

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY, DIRECTION OF WELL FROM TOWN (CIRCLE BOX) S, NEAR WHAT ROAD 2340 Daniels Rd, ON WHICH SIDE OF ROAD NORTH, DISTANCE FROM ROAD 110 FT, TAX MAP: 1B, BLK: 7, PARCEL 4

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. A520068, STATE SIGNATURE, DATE ISSUED 8/10/04, CO SIGNATURE, EXP. DATE 8/10/05, NORTH GRID 536 000, EAST GRID 854 000

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN Ellicott City



METHOD OF DRILLING (circle one): BORED (or Augered), JETTED, 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 DEEPEAN AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER, PERMIT No. HO-94-3995

SPECIAL CONDITIONS: Old Well to Be Sealed



# MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore, Maryland 21230

410-537-3000 • 1-800-633-6101

• <http://www.mde.state.md.us>

## INCOMPLETE CHECKLIST: COMPLETION REPORT

### WASTEWATER PERMITS PROGRAM

Phone: (410) 537-3784

Fax: (410) 537-3163

DRILLER: Allen Compton

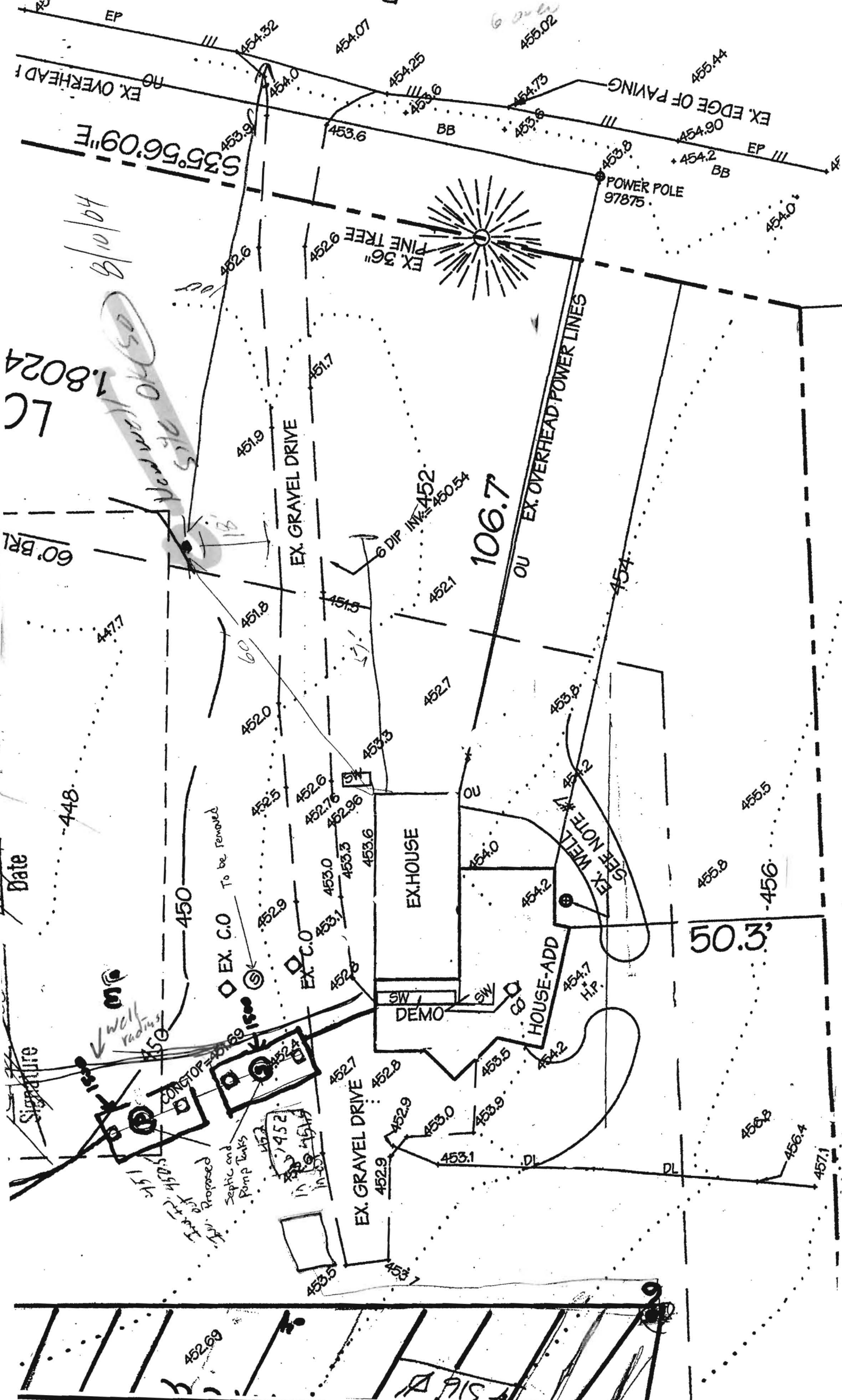
DATE: 11-4-04

Your Completion Report for Phillip Velardo

(HO-94-3995) has been found to be incomplete. Please complete as indicated below and return to Groundwater Permits Program.

<input type="checkbox"/> Date Well Completed	<input type="checkbox"/> Number of Bags	<input type="checkbox"/> Pumping Rate
<input type="checkbox"/> Depth of Well	<input type="checkbox"/> Number of Pounds	<input type="checkbox"/> Method Used to Measure Pump
<input type="checkbox"/> Permit Number	<input type="checkbox"/> Gallons of Water	<input checked="" type="checkbox"/> Water Level Before Pumping
<input type="checkbox"/> Owner	<input type="checkbox"/> Depth of Grout <sup>Seal</sup> Level	<input checked="" type="checkbox"/> Water Level When Pumping
<input type="checkbox"/> Street	<input type="checkbox"/> Casing Record	<input type="checkbox"/> Type of Pump Used
<input type="checkbox"/> Town	<input type="checkbox"/> Main Casing Type-Insert Code	<input type="checkbox"/> Pump Installed
<input type="checkbox"/> Sub-Division	<input type="checkbox"/> Casing Diameter	<input checked="" type="checkbox"/> Gallons Per Minute
<input type="checkbox"/> Section	<input type="checkbox"/> Casing Depth	<input checked="" type="checkbox"/> Pump Horse Power
<input type="checkbox"/> Lot	<input type="checkbox"/> Screen Record Or Open Hole	<input checked="" type="checkbox"/> Pump Column Length
<input type="checkbox"/> Well Log (when given on separate sheet <u>send for state, survey &amp; WRA</u> )	<input type="checkbox"/> Screen Type-Insert Code	<input type="checkbox"/> Casing Height
<input type="checkbox"/> Driller's Signature - (must agree with permit unless transferred)	<input type="checkbox"/> Screen Depth	<input type="checkbox"/> Height Above Land Surface
<input type="checkbox"/> Driller's Number	<input type="checkbox"/> Slot Size	<input type="checkbox"/> Location of Well On Lot
<input type="checkbox"/> Type of Driller (MWD, MSD, MGD)	<input type="checkbox"/> Diameter of Screen (Given in No.)	<input type="checkbox"/> Sketch
<input type="checkbox"/> Has Well Been Grouted (Circle Only One)	<input type="checkbox"/> Gravel Pack	<input type="checkbox"/> All Numbers Start At Far Left Box
<input type="checkbox"/> Type of grout	<input type="checkbox"/> Pumping Test	<input type="checkbox"/> Don't Staple report (s) Together (As We Have To Unstaple Taking Up Valuable Time)
	<input type="checkbox"/> Hours Pumped	

RECEIVED  
 HANOVER COUNTY HEALTH & ENVIRONMENTAL HEALTH  
 2004 NOV 24 11 47 55



8/10/04  
New well OK  
1.8024  
LC

Date  
Signature

CONVERTOR  
Septic and Pump Tanks  
Proposed

EX. WELLS

EX. C.O. To be removed

EX. TREE

EX. EDGE OF PAVING

POWER POLE 97875

EX. OVERHEAD POWER LINES

EX. GRAVEL DRIVE

HOUSE-ADD

EX HOUSE

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**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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94-3995  
Site Address: 2340 Daniels Road

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
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**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
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: \_\_\_\_\_ Date Insp. Approved: 9/7/04 Inspector: BB  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade   
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



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

September 23, 2004

Mr. Philip Vilardo  
2340 Daniels Road  
Ellicott City, MD 21043

**RE: REPLACEMENT WELL**  
2340 Daniels Road  
Well Permit #HO-94-3995

Dear Mr. Vilardo:

This office is requesting that you contact our office at (410) 313-1773 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04.09) for the above referenced replacement well.

It is preferred that the sample be collected from an indoor tap. However, though less reliable, water samples from an outside tap can be taken in order to complete your required sampling obligation.

Failure to confirm the potability of this well water supply by completing water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04.09).

Thank you in advance for your prompt attention to this important matter.

Sincerely,

**Brian Baker**  
Registered Sanitarian  
Well & Septic Program