

C1 6610 SEQUENCE NO. (DENV. 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 A 4342

ST/CO USE ONLY DATE Received-

DATE WELL COMPLETED 10/30/99

Depth of Well 325 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 16-92-0203

OWNER Trall Development last name first name TOWN Lisbon SUBDIVISION Cabin Branch Farm SECTION LOT 47

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown Shale 0-38, Blue Rock 38-325.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 8 NO. OF POUNDS 252 GALLONS OF WATER 13 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 36 ft.

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 54 6 42

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 STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) H0 40 325

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE Joseph P. Manigault

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

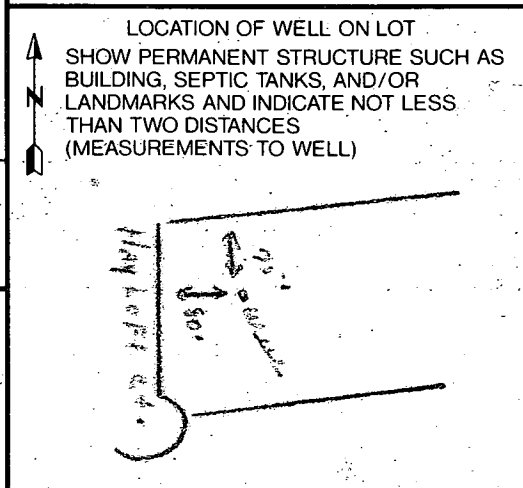
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP 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

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 47 WHEN PUMPING 276 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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



B 1 **03911**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (DP. USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-92-0203
fill in this form completely

Date Received (APA) **090392**
FRALL DEVELOPERS
OWNER INFORMATION
Last Name: **FRALL** Owner: **DEVELOPERS**
Street or RFD: **BOX A 59**
Town: **MT AIRY** State: **MD** Zip: **21771**

B 3 LOCATION OF WELL
COUNTY: **HOWARD**
SUBDIVISION: **CARIM BRANCH FARM**
SECTION: **44** LOT: **47**
NEAREST TOWN: **LISBON**
MILES FROM TOWN: **4** MI

DRILLER INFORMATION
Driller's Name: **Joseph L. Mayne** License No. **238**
Firm Name: **Joseph L. Mayne Well Drilling**
Address: **5512 RIDGE RD. MT. AIRY 21771**
Signature: **Joseph L. Mayne** Date: **9/13/92**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: **Haystack Ct.**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **EAST**
DISTANCE FROM ROAD: **45** FT
ENTER FT or MI: **45**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: **Howard** COUNTY NO.: **A 43428**
STATE SIGNATURE: **Mark E. Kilbin** DATE ISSUED: **4/16/92**
NORTH GRID: **530000** EAST GRID: **0765000**

APPROXIMATE DEPTH OF WELL: **260** FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. Well
WRITE THE BOX NUMBER FROM THE MAP HERE:
7685
530

REPLACEMENT OR DEEPENED 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
 THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.
Sketch showing **MD 94**, **Haystack Ct.**, **Starting Gate Ct.**, and **Lisbon**. Well location marked with an X.

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER: **GAP 25 SEP -3**
FORCE **RP** PERMIT No. **HD-92-0203**

SPECIAL CONDITIONS
COUNTY

8/10/94
Anytime

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

Handwritten note with initials and a checkmark, possibly indicating approval or status.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date _____
Name of Installer Plumbing, Heating & Supplies Telephone 410-276-2622
License Number 5165
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Trill Developers Telephone _____
Subdivision Chimney Farm Lot # 47 Well Tag # 92-12-03
Site Address 3321 Flayoff Court

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
3. Model # 75607922
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make Campbell
2. Model # B-300-X
3. Depth 4'

Tank
1. Capacity 1
2. Pressure relief valve? yes

Piping
1. Type Plastic
2. Size 1
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line 4

Well data
1. Depth 225 ft.
2. Yield 2 GPM
3. Static water level 47 ft.
4. Will water supply be disinfected by installer? no

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: Edgar E. Perry

Date: 8-9-94

GREEN (stamp)

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



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 26, 1994

Masonry Contractors, Inc.
4219 Hanover Road
Manchester, MD 21102

RE: Cabin Branch Farm, Lot #47
3221 Hayloft Court,
Well Tag #HO-92-0203

Dear Sir:

This to advise you that the septic system was installed, inspected and approved on August 5, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

The nitrate sample result was previously documented to be 14.2 parts per million. A nitrate device has not been installed to treat the excessive nitrate contamination.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a temporary deviation to that section of the regulation on condition that the nitrate removal system is installed within a period of 30 days and the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence. you must supply this department with a copy of that contract.
2. It is recommended that a yearly nitrate analysis be performed

Date Well Approved: October 30, 1992

Date of Water Sample: September 19, 1994 , September 21, 1994

Approving Authority

Charles B. Streaker /aw

Charles B. Streaker R.S.
Sanitarian
Water and Sewerage Program

CBS:adt

Enclosure

cc: Building Inspector
file

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9958
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

September 27, 1994

Masonry Contractors, Inc.
4219 Hanover Road
Manchester, MD 21102

RE: Cabin Branch Farm Lot 47
3221 Hayloft Court
Well Tag # HO-92-0203

Dear Sir

This is to advise you that the septic system was installed, inspected and approved on August 5, 1994

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

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 permit(s) HO- 92-0203. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

9-26-94

Date Well Approved

September 27, 1994

Charles B. Streaker R.S./A.W.

Approving Authority
Charles B. Streaker, Sanitarian
Water and Sewerage Program

**Plumbing,
Heating &
Supplies, INC.**

40 JOHN STREET WESTMINSTER, MARYLAND 21157
(410) 848-5300 FAX #(410) 876-6766 (410) 876-2622

September 28, 1994

To: James and Karen Cummings
3221 Hayloft Court
Lisbon, MD 21797

Re: Reverse Osmosis

Dear Mr. and Mrs. Cummings:

Plumbing, Heating & Supplies, Inc. will service and replace the cartridges in your reverse osmosis filter, model #LPROA2725055 for a period of one year from the above date.

If you have any questions, please contact me at this office.

Very truly yours,

Edgar E. Parry
Edgar E. Parry
Contract Manager

License #5165

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 SEP 30 PM 3:06