

C1 6569

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A20677

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-0004

OWNER: Bruce Gourd, 13225 Highland Rd, Highland, MD 21113

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, opening, and Gray Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 23, NO. OF POUNDS: 2300, GALLONS OF WATER: 138, DEPTH OF GROUT SEAL: 63 ft.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter top (main) casing: 6 inch, Total depth of main casing: 70 feet.

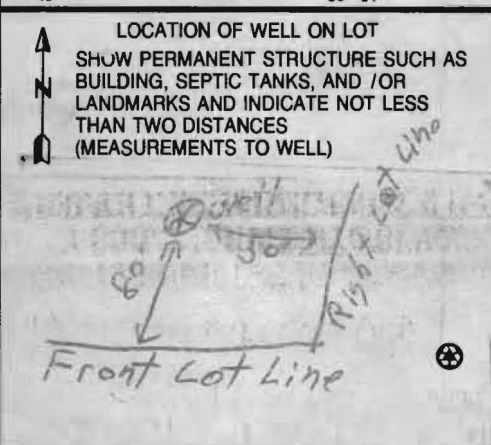
OTHER CASING (if used): diameter inch, depth (feet) from to.

SCREEN RECORD: screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes slot size and diameter of screen information.

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 3 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 50 ft. before, 1000 ft. when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES, TYPE OF PUMP INSTALLED: A (air), CAPACITY: 31-35 gallons per minute, PUMP HORSE POWER: 37-41, PUMP COLUMN LENGTH: 43-47 feet.



NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A (Well was abandoned and sealed), 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 LIC. NO.: MWD 040, DRILLERS SIGNATURE: Bruce Gourd, LIC. NO.: JS D 038

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

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

B 1 1469

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-95-0004 fill in this form completely

522500 please type

Date Received (APA)

OWNER INFORMATION 9984

8 MM DD YY 13

ROSE GERALD

15 Last Name Owner First Name 34

13225 HIGHLAND ROAD

36 Street or RFD 55

HIGHLAND, MD 20777

57 Town 70 State 72 Zip 76

B 3

Howard

LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Highland

52 NEAREST TOWN 71

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

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

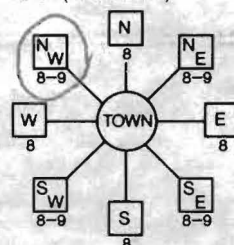
Address

George F. Easterday 5/28/05

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13225 Highland Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD FL. ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 15 PARCEL 343

B 2

WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 20678 COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 5/31/05 CO SIGNATURE EXP. DATE 5/31/06
NORTH GRID 494 000 EAST GRID 907 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

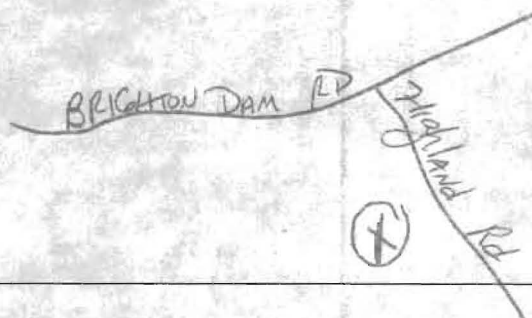
- SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

800 7
498 4

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

N



REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM 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. 40-95-0004

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

TO BE INSPECTED  
7/22/05  
P.m.

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: ROBERT L FEEZER CO INC Telephone #: 410-781-4655  
Address: 10301 BARNETT AVENUE  
SHARPSVILLE, MD 21794

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

Name (Print): ROBERT L FEEZER CO INC License# 2122

\*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: GUARD ROSE Telephone #: 301-954-3558  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0004  
Site Address: 13225 HIGHLAND ROAD  
HIGHLAND, MD 20777

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: CRAWFORD Make: CAMPBELL Two piece watertight cap:   
Model #: 1550B15C-290 Model #: PA300 Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 42 (36" min) Cap secured to casing:   
Well Yield: 3 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 600 (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 wrenches~~ or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house  
Type: POLY  
PSI: 200 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection  
PVC sleeved 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: Robert L. Feezer date: 7/22/05

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

Date Insp. Requested: 7/22/05 Date Insp. Approved: \_\_\_\_\_  
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 \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

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WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

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Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: 13225 \_\_\_\_\_

(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 95 - 0004  
Site Address: 13225 Highland 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: 7/21/05 Date Insp. Approved: \_\_\_\_\_ Inspector: SF  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely NO 1/2"  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not seen outside of well cap/casing NO 1/2"  
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 ✓

*for replacement well  
not necessary*

*Had id to  
existing pipe  
a 1" wires into  
house.*

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Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: 13225 \_\_\_\_\_

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Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 95 - 0004  
Site Address: 13225 Highland Road

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
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/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**

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: _____	PVC sleeve 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.**

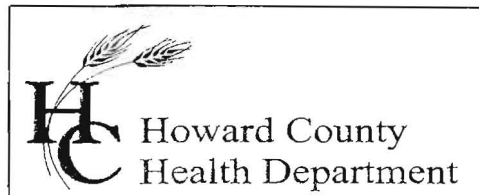
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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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

*for replacement well not necessary*

*had it to existing pipe and wires into house.*



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(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

December 16, 2005

Gerald Rose  
13225 Highland Rd.  
Highland, MD 20777

RE: **Water Sampling/  
Well Abandonment**  
13225 Highland Rd.  
Highland, MD 20777  
Well Permit #: HO-95-0004

Dear Sir or Madam:

If you have not already done so in the past, this office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

Our records indicate that the replacement well #HO-95-0004 has replaced a previously existing well #HO-73-0942 on the above referenced property as of 7/21/05, and the latter well is no longer in use. State and local regulations require that wells no longer in use be sealed in an appropriate manner. Sealing of wells should be performed by a licensed well driller and proper abandonment/sealing documentation should be submitted to Howard County Health Department, Bureau of Environmental Health. **Failure to properly seal an abandoned well may result in fines and/or criminal prosecution.**

If the well #HO-73-0942 is being used is still in use for any reason please contact me to discuss how the well is being used.

If you have any questions, or would like to discuss these matters further, please call me directly at (410) 313-2775. Thank you for your attention to this important issue.

Respectfully,

Gabriel A. Creighton  
Sanitarian, Well & Septic Program

gac  
cc: Well & Septic Program file  
Community Hygiene Program

SITE INSPECTION SHEET

OWNER:

Rose

PHONE #:

ADDRESS:

13225 Highland Rd

CONTRACTOR:

Easterday

WELL TAG #:

SUBDIVISION:

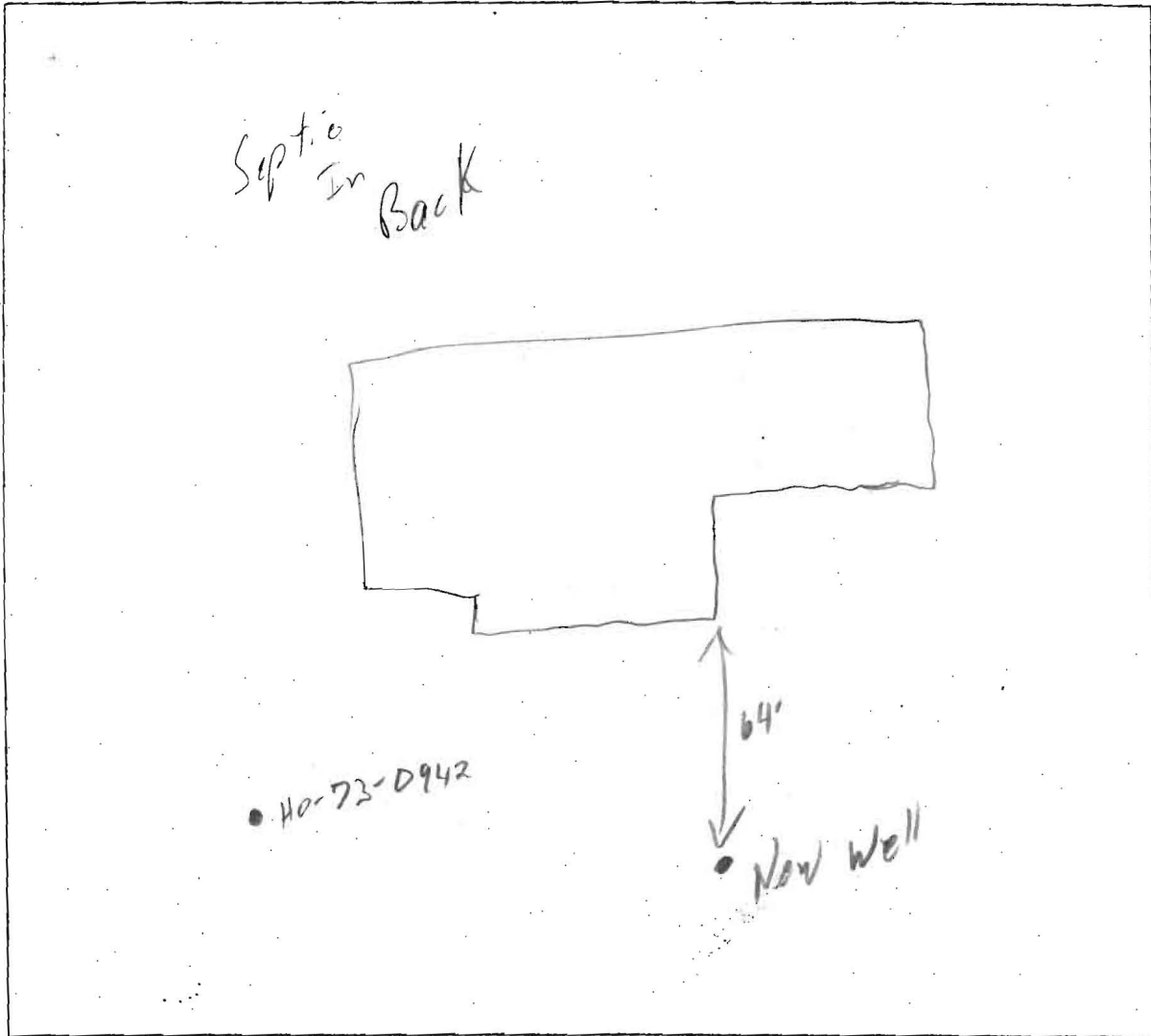
LOT:

COUNTY #:

PROPOSAL:

New Well - old well has been closed

LOCATION DIAGRAM



COMMENTS:

DATE:

5/26/05

INSPECTOR:

[Signature]