

C1 1186

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 511907A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM DD YY 6 29 05

Depth of Well 226' (TO NEAREST FOOT) 8/2/05 O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0065

OWNER Malaisrie Senthoran STREET OR RFD 12236 Mount Albert Rd TOWN Elliott City Md 21042 SUBDIVISION Woodmark SECTION 7 LOT 64

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

GROUTING RECORD form with fields for material (CM, BC), bags, pounds, gallons, and seal depth.

CASING RECORD form with fields for casing type (ST, CO, PL, OT), nominal diameter, and total depth.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST, BR, PL, HO) and depth.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed)

DRILLERS LIC. NO. 1 M SD 024 1 and DRILLERS SIGNATURE

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

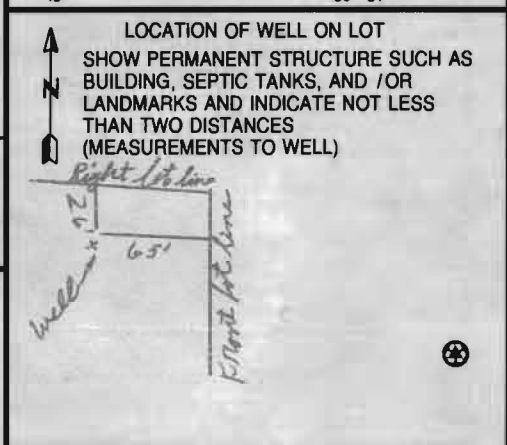
DEPTH (nearest ft.) table with columns 1-21 and values 53, 260

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 form with fields for hours pumped, rate, method, water level, and pump type.

PUMP INSTALLED form with fields for driller, pump type, capacity, and horse power.



1 2 3 6  
B 1 8180

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

70 HO-95-0065 79  
fill in this form completely

Date Received (APA)  
6/22/05  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name: Malaisrie  
Owner First Name: Sunthorn  
36 Street or RFD: 12236 Mount Albert Rd  
57 Town: Elliott City MD 21042  
70 State 72 Zip 76

B 3 LOCATION OF WELL

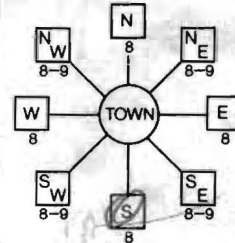
8 COUNTY: Howard  
23 SUBDIVISION: Woodmark  
SECTION 7 LOT 64  
52 NEAREST TOWN: West Friendship  
MILES FROM TOWN (enter 0 if in town) 5 MI  
73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne MS DOZY  
License No.: 76 81  
Firm Name: Joseph L. Mayne Well Drilling  
Address: 5512 Bridge Rd Mt Airy Md 21771  
Signature: Joseph L. Mayne Date: 6/22/05

B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 12236 Mount Albert Rd 30  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH N  
WEST W  
EAST E  
SOUTH S  
34 65 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 22 BLK: 18 PARCEL: 220

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 4  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 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 13 511907A  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 6/22/05 D. Crisp 6/22/06  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 52 2 0 0 0 EAST GRID 816 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVERSE-ROTARY Drive-POINT
- other

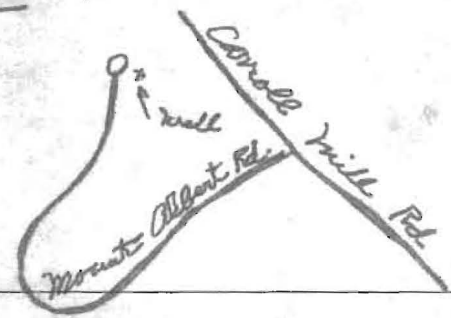
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 816  
N 52 2

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
- 39  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 REPLACE AN EXISTING WELL

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



PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 HO-73-0769 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G  
PERMIT No. HO-95-0065  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 FREEZER CO INC Telephone #: 410-781-4055  
Address: 6321 BALNETT AVENUE  
SHREVEVILLE, MD 21797

(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 FREEZER CO 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: SOUTHERN MALASRIE Telephone #: 410-531-3180  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 1236 MOUNT ALBERT ROAD  
ELICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>STARBUCK</u>	Make: <u>CAMPBELL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSP400HL</u>	Model #: <u>DABCO</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>260</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: _____

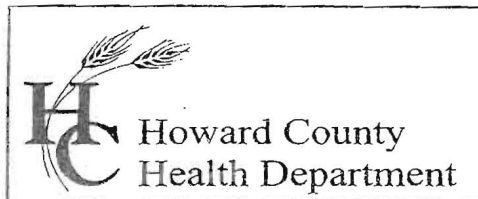
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Freezer Date: 7/26/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 7/26/05 **BB**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elen. 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

Connected to Existing Line



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

September 29, 2005

Sunthorn Malaisrie  
12236 Mount Albert Road  
Ellicott City, MD 21042

RE: **Replacement Well Sampling**  
12236 Mount Albert Road  
Well Permit #: HO-95-0065

Dear Mr. Malaisrie:

This office is 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 Regulations (COMAR 26.04.04).

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.

The sampling is currently free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

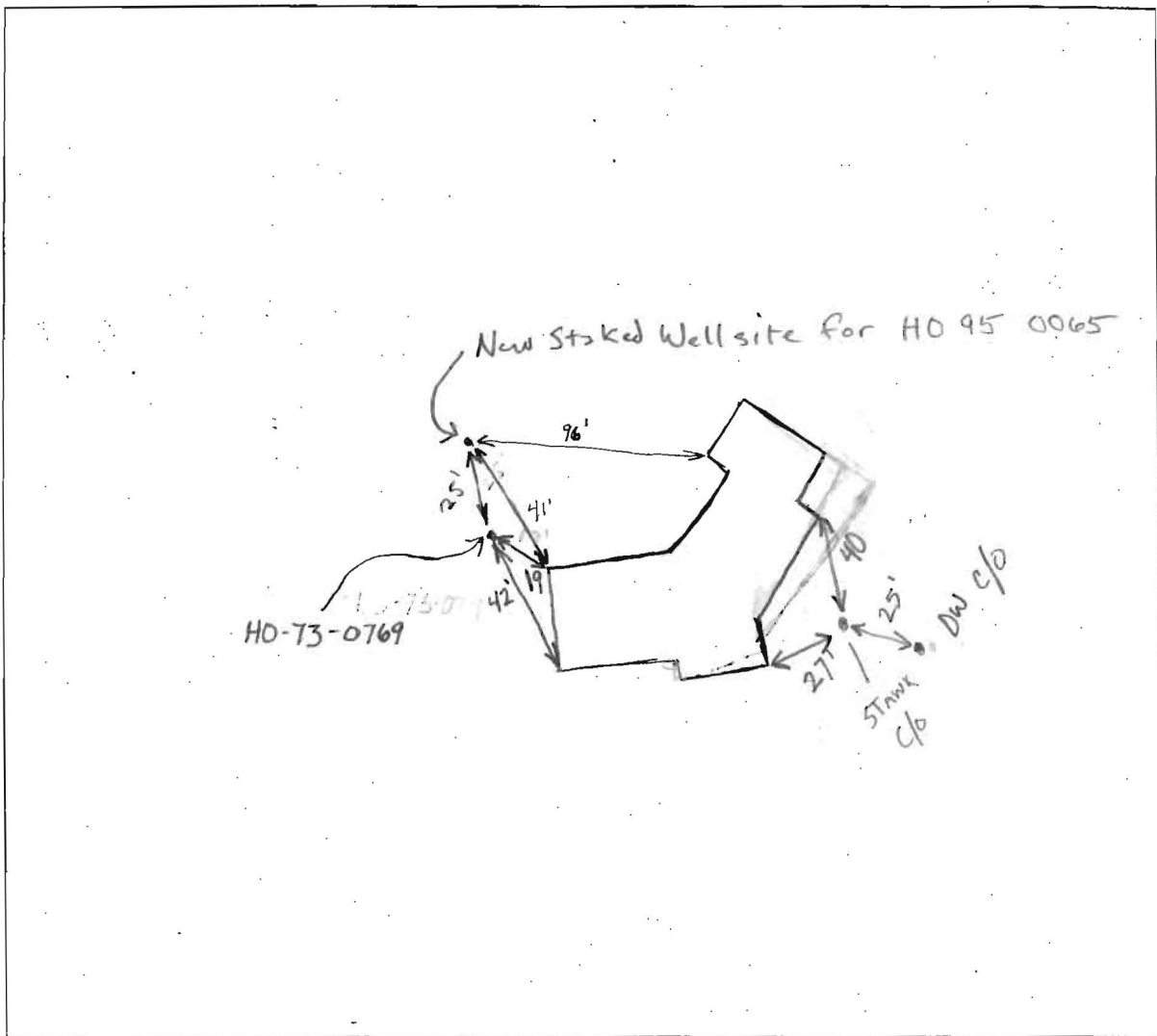
Brian Baker, R.S.  
Well and Septic Program

cc: Community Environmental Health Program  
File

SITE INSPECTION SHEET

OWNER: Sunthorn Malaisrie PHONE #: (H) 410 5<sup>3</sup> 3180 (C) 443 538 5578  
ADDRESS: 12236 ME. Albert Rd CONTRACTOR: J MAYNE  
E.C. 21042 WELL TAG #: HO-73-0769  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Out of Water. Find site for replacement Well

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 6/22/05 INSPECTOR: BB/DC

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

8/18/05  
 O.K. **BB**

DATE WELL ABANDONED: 8-1-05 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 73 - 0769

\* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 95 - 0065

\* PERSON ABANDONING WELL: Joseph L. Mayne

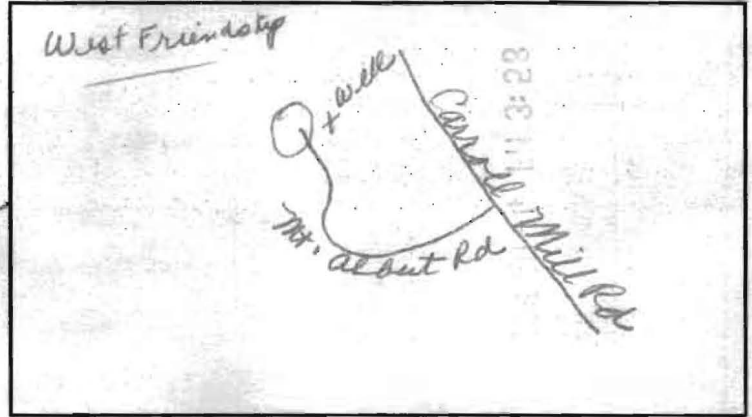
WELL DRILLERS LICENSE NUMBER: MSD 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Sunthorn Makisirie

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP 72 BLOCK 18 PARCEL 250  
 SUBDIVISION: Woodmark  
 SECTION: 7 LOT: 64  
 NEAREST ROAD: 12236 Mount Albion Rd



\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	80
VOLUME OF MATERIAL USED		

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 80 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 3 1/2 ft

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE #: MSD 024 MWD/MSD/MGD CIRCLE ONE DATE: 8-3-05  
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY