

C1 . 1143

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 13 P 57562

(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 22 500 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho- 95-0220

OWNER BRYANT EVA STREET OR RFD 11202 OLD HOPKINS RD TOWN FULTON

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray mica Rock, 2 dry wells bank sealed, 500-40 drilling material, 40-0 cement, 400-40 drilling material, 40-0 cement.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC. NO. OF BAGS 16, NO. OF POUNDS 7504. GALLONS OF WATER 96. DEPTH OF GROUT SEAL 0 to 55 ft.

CASING RECORD. MAIN CASING TYPE ST (STEEL). Nominal diameter top (main) casing 6 inches. Total depth of main casing 57 feet.

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

SCREEN RECORD. screen type or open hole ST (STEEL). DEPTH (nearest ft.) 55.

NUMBER OF UNSUCCESSFUL WELLS: 2. WELL HYDROFRACTURED: YES (Y).

CIRCLE APPROPRIATE LETTER: A (Abandoned and sealed), E (Electric log obtained), P (Test well converted to production well).

DRILLERS LIC. NO. 1 M SD 024. DRILLERS SIGNATURE: [Signature]

LIC. NO. 1 D.

SITE SUPERVISOR responsible for sitework if different from permittee.

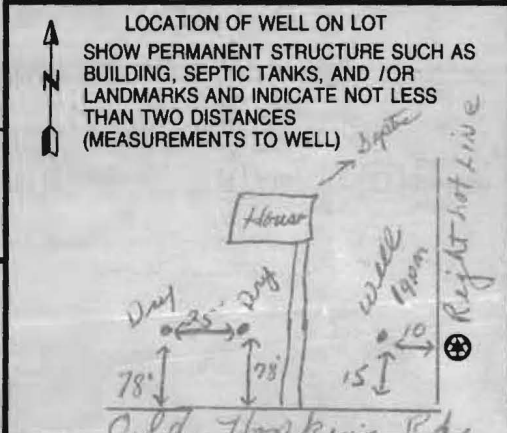
DEPTH (nearest ft.) table with columns: 1, 2, 3. Includes handwritten entries: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED 6. PUMPING RATE 1 gal. per min. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL BEFORE PUMPING 55 ft. WHEN PUMPING 320 ft. TYPE OF PUMP USED: A (air).

PUMP INSTALLED. DRILLER INSTALLED PUMP YES (NO). TYPE OF PUMP INSTALLED PLACE: C (centrifugal). CAPACITY: 31-35 gallons per minute. PUMP HORSE POWER: 37-41. PUMP COLUMN LENGTH: 43-47. CASING HEIGHT: + (above) 49, - (below) 2 (nearest foot).



B 1 1497

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0220 fill in this form completely

please type

Date Received (APA) 1/18/06

OWNER INFORMATION

8 MM DD YY 13 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

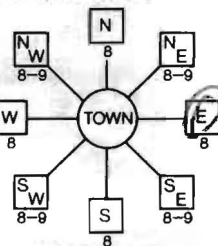
B 3 LOCATION OF WELL

8 COUNTY 21 23 SUBDIVISION 42 52 NEAREST TOWN 71 53 MILES FROM TOWN (enter 0 if in town) 4 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name License No. Firm Name Address Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11202 Old Hopkins Rd NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 34 78 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 41 BLK: 16 PARCEL 189

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME 13 COUNTY NO. P57562 STATE SIGNATURE DATE ISSUED 1/18/2006 CO SIGNATURE EXP. DATE 1/19/07 NORTH GRID 480 000 EAST GRID 820 000

APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

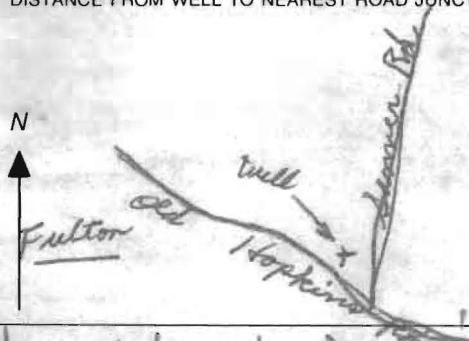
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 480

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



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

APPROX. PERMIT NUMBER G PERMIT No. HO - 95 - 0220

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

* Existing Well must be abandoned & sealed

**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: Zepp Plumbing + Htg. Inc Telephone #: 410-531-6712
Address: 12447 Rte. 108
Clarksville, Md. 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Edgar W. Zepp, IV License# 7021 MD ST

***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: EVA BRYANT Telephone #: H 301-498-1427
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0220
Site Address: 11202 Old Hopkins Rd.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULD</u>	Make: <u>Campbell</u>	Two piece watertight cap: _____ ✓
Model #: <u>5SB 1HP (ONE) H.P.</u>	Model#: <u>10 BK-1</u>	Screened, vented well cap: _____ ✓
Pump Capacity <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: _____ ✓
Well Yield: <u>1</u> GPM	NSF approved: _____ ✓	Conduit min 18" B.G.: _____ ✓
Depth of well encountered at time of pump installation: <u>500</u> (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 or <u>Cable guards</u> 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>1" polyethylene</u>	PVC sleeved to undisturbed soil at wall penetration: _____ ✓
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>36"</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.

Edgar W. Zepp, IV 2/1/06
Signature of company representative responsible for installation date

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

Date Insp. Requested: 2/3/06 Date Insp. Approved: 2/6/06 **BB** Cap O.K.
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____ ✓
Two piece cap installed and attached to casing securely _____ ✓ *→ cap not installed*
Elec. conduit extends at least 18" below grade/attached to cap properly _____ ✓ *must reinspect.*
Safety rope installed inside of well casing _____ ✓ *2/3/06*
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 _____ ✓

 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

DATE WELL ABANDONED: 2-22-06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL 40-95-0220

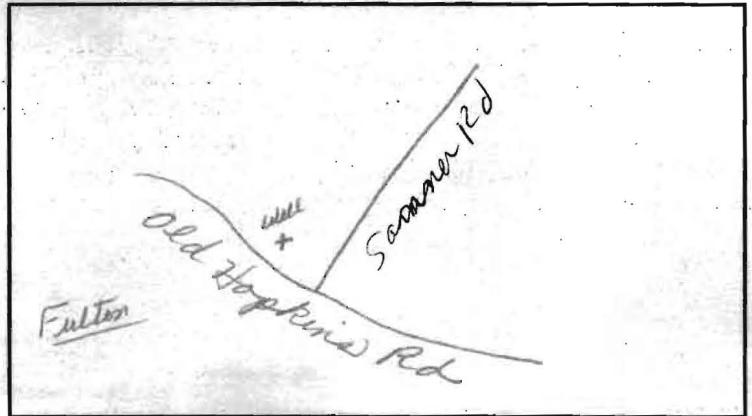
* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: 024
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Era Bryant

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 41 BLOCK 16 PARCEL 189
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11202 Old Hopkins Rd



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

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

* DEPTH OF WELL: 50 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>50</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne LICENSE # MSA024 CIRCLE ONE MWD/MSD/MGD DATE 2-23-06



CATOCTIN LABS, INC.
2000 ZEPHURUS COURT, SUITE 100
CLARKSVILLE, MARYLAND 21029
TEL: 301-271-9060
FAX: 301-271-9061

FIELD RECORD

Customer: Zepp Plumbing & Heating/Bryants
12447 Route 108
Clarksville, MD 21029

Date: June 23, 2006
Time: 08:59

County: Howard
Source: Lavatory Faucet
Well No:
Bottle No: 17 PA
Reason For Sample:
Treatment: Raw
Collector: Owner

Residual Cl: 0.0
Iced: Yes
pH: 0.0
EPA acceptable range for pH is 6.5 - 8.5

State Certification No: N/A

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 21:25 6/23/2006 Examined: 21:25 06/23, 06/24

PARAMETER	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	Absent	Absent
P/A E. Coli	Absent	Negative

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst Bernie Davis Date: June 24, 2006

Maryland State Certification Number 135
Pennsylvania DER Certification Number 68-459
Delaware State Certified

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T