

C1 1156

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

ST/CO USE ONLY DATE RECEIVED MM 05 DD 25 YY 11

DATE WELL COMPLETED MM 05 DD 12 YY 2011

Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 95 - 2128

OWNER Paraskevooulas Elizabeth + Nicholas STREET OR RFD 15507 Bushy Tail Run TOWN Woodbine Md 21790 SUBDIVISION Foxport Plantation SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Rows: Clay (0-15), Sand (15-110), Gray Granite (110-260)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 110

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 115

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

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

Table with 2 columns: Depth (nearest ft.), Diameter of Screen (nearest inch). Rows for casing sections 1-3.

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

C 3

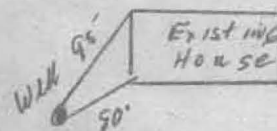
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft. WHEN PUMPING 330 ft. TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above, - below LAND SURFACE 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MS D0 24 DRILLERS SIGNATURE

LIC. NO. MS D0 27

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

B 1	3498	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2128</u> <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13

15 Last Name Paraskeropoulos Owner Elizabeth + Nicholas First Name _____ 34

36 15507 Bushy Tail Run Street or RFD _____ 55

57 Woodbine Town _____ 70 md State _____ 72 21997 Zip _____ 76

LOCATION OF WELL

B 3

8 COUNTY Howard _____ 21

23 SUBDIVISION Foxport Plantation _____ 42

SECTION _____ 44 _____ 46 LOT _____ 48 _____ 50

52 NEAREST TOWN Stenwood _____ 71

MILES FROM TOWN (enter 0 if in town) 3 1/2 M I _____ 73 _____ 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne _____ 76 License No. M 5 D 0 2 4 _____ 81

Firm Name Joseph L. Mayne Well Drilling _____

Address 5512 Ridge Rd Mt. Airy Md 21771 _____

Signature Joseph L. Mayne _____ Date 5-9-2011 _____

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 15507 Bushy Tail Run _____ 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N 32 E WEST S EAST SOUTH

34 40 37 DISTANCE FROM ROAD _____ FT

ENTER FT OR MI _____ 38 39

TAX MAP: 14 BLK: 3 PARCEL 233

WELL INFORMATION

APPROX. PUMPING RATE 4 _____ 8 _____ 12 (GAL. PER MIN.)

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

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

COUNTY NAME Howard _____ COUNTY NO. 13 _____

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 5/9/11 _____ 43 MM DD YY 48 CO SIGNATURE K. M. Wall _____ 57 EXP. DATE 5/9/12 _____ 63

NORTH GRID 539 _____ 50 _____ 55 EAST GRID 0786 _____ 57 _____ 63

APPROXIMATE DEPTH OF WELL 260 _____ 24 _____ 28 FEET

APPROXIMATE DIAMETER OF WELL 6 _____ INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 786 _____ 000

N 539 _____ 000

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 _____

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

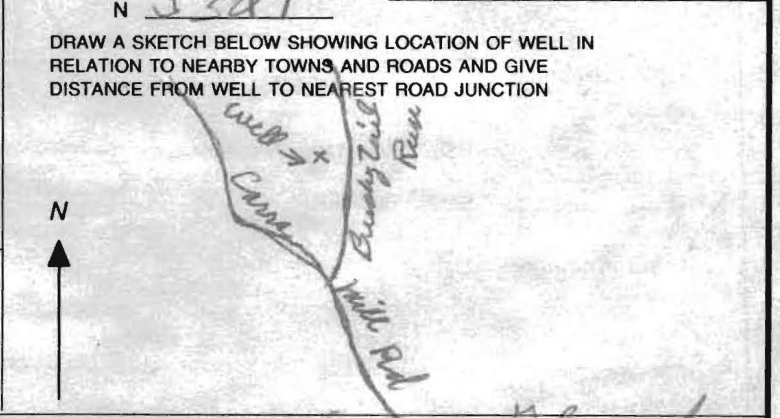
D THIS WELL WILL DEEPEN AN EXISTING WELL

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)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. 40-95-2128 _____ 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS Ex well must be sealed

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
Phone: 410-313-2640
Fax: 410-313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 5/13/11

Name of Installer Carroll Water Systems, Inc.

Telephone 410-876-5100

License Number PI-074

Certified Well Pump Installer

Well Driller _____

Registered Plumber _____

Name of Property Owner ELIZA BETH PARASKEVOPOULOS Telephone 410-489-5063
Subdivision: 0 Lot# _____ Well Tag# HO-95-2128
Site Address 15507 Busty Trail Rd
Woodbine MD 21797

Pump

1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible

2. Make Gould's Grundfos
3. Model # SOE 1510-250
4. Capacity 10 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 1/2
2. RPM 3450
3. Voltage
a. 110 _____
b. 220

Pitless Adapter

1. Make Campbell
2. Model # B-10X
3. Depth 48"

Tank

1. Capacity 2 GAL
Pressure relief valve:

Piping

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

Well data

1. Depth 260ft
2. Yield 10 GPM
3. Static water level
34 ft.
4. Will water supply be
disinfected by
installer? no YES

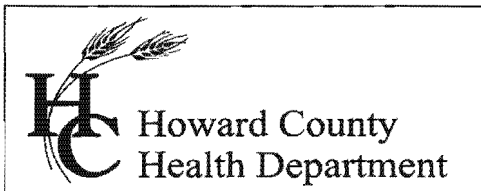
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 5/13/11

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



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

Peter L. Beilenson, MD.,M.P.H., Health Officer

May 17th, 2011

Elizabeth Paraskevopoulos
15507 Bushy Tail Run
Woodbine, MD 21797

RE: **Replacement Well**
15507 Bushy Tail Run, Lot 2
Well Permit # HO-95-2128


Dear Mrs. Paraskevopoulos:

According to our records your replacement well has been connected to the dwelling and this connection was inspected by our office. This office is also requesting that you contact the Community Health Program at (410) 313-1773 to arrange for water sampling for the referenced replacement well as required by Maryland code. The charge for the water sample is included in the permit fee and it is to your benefit to have your water tested. Please disregard this letter if you have already had your well water tested. We ask that you forward your water test results to us so that we can better serve you with respect to the corresponding wells.

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any further questions you can call me at (410) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,



Kevin M. Wolf, R.E.H.S./R.S.
Well and Septic Program

Cc: Community Hygiene Program
File

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 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: 5-19-2011 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 88 - 0474

* PERMIT NUMBER OF REPLACEMENT WELL HO - 95 - 2128

* PERSON ABANDONING WELL: Joseph & Mayra

WELL DRILLERS LICENSE NUMBER: MS0024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Nicholas & Elizabeth Paraskeopoulos

SITE LOCATION MAP



* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Cadenwood
 TAX MAP 14 BLOCK 3 PARCEL 233
 SUBDIVISION: Foxport Plantation
 SECTION: _____ LOT: _____
 NEAREST ROAD: 15507 Bushy Tail Run

* TYPE OF WELL BEING ABANDONED:

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

O/K

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 1

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement & gravel</u>	<u>0</u>	<u>160</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph & Mayra

LICENSE # MS0024

MWD/MSD/MGD CIRCLE ONE

DATE 5-19-2011







