

C1 9726

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 9 30 08

Depth of Well 300 (TO NEAREST FOOT) 11/7/09

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1655

OWNER Hebron Joan STREET OR RFD 13238 Highland rd. TOWN Highland SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown mica Shale and Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (06) Total depth of main casing (55)

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

SCREEN RECORD

screen type or open hole (ST, BR, HO) insert appropriate code below

DEPTH (nearest ft.) HO 55 300

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD 0091 DRILLERS SIGNATURE

LIC. NO. D

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

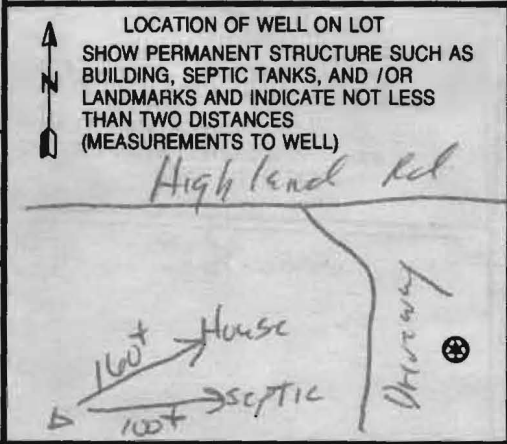
C3

PUMPING TEST

HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE 1 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 280 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) 5 PUMP HORSE POWER 3/4 PUMP COLUMN LENGTH (nearest ft.) 280 CASING HEIGHT (circle appropriate box and enter casing height) above/below LAND SURFACE 02 (nearest foot)



B 1 5319

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529586 please type

STATE PERMIT NUMBER

HO-95-1655 fill in this form completely

Date Received (APA)

OWNER INFORMATION

Hebron Joan 13238 Highland Rd Clarksville MD 21029

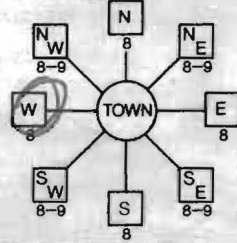
B 3 LOCATION OF WELL

Howard Howard 21 42 44 46 48 50 Clarksville 5 5

DRILLER INFORMATION

Allen Compton's D 009 Eagles Well Drilling 6003 Woodbine rd. Allen Compton 8-1-08

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Highland Rd. 300 34 37 38 39 34 21 119

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 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

Howard 13 P57386A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 8/6/2008 Brian Baker 8/6/2009 CO SIGNATURE EXP. DATE NORTH GRID 495 000 EAST GRID 808 000

APPROXIMATE DEPTH OF WELL 300 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

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 DEEPEAN 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. HO-95-1655

SPECIAL CONDITIONS

Need Radium Sample, Seal Old Well

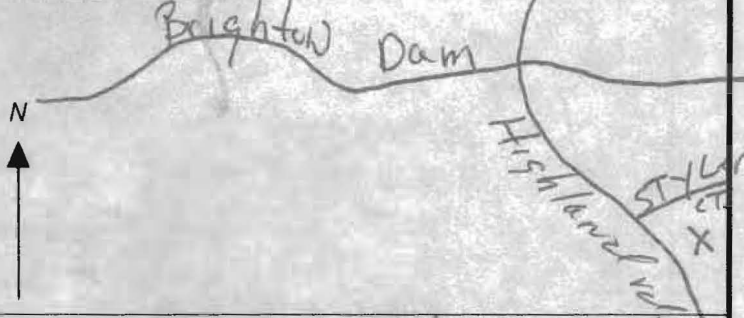
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 808 N 4905

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





**Bureau of Environmental Health**  
 7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

**TO ALL INTERESTED PARTIES**

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

\_\_\_\_\_ 13238 Highland rd.  
**Subdivision/Property Name      Lot#      Road Name**

- The well site has been staked by Fogles,  
 (professional land surveyor or company employing professional land surveyors)  
 on 8-1-08 (date) and does not require a site inspection.
  
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

**Revised 3/11/05**

**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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: 13238 Highland Road

(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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1655  
Site Address: \_\_\_\_\_

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (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 \_\_\_\_\_ date \_\_\_\_\_

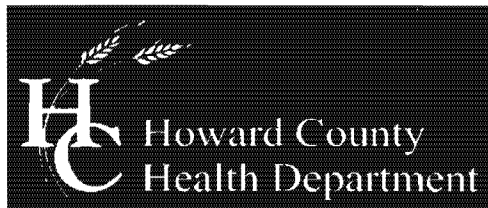
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 8/12/08 Date Insp. Approved: 8/19/08 *BB*

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

*Waterline < 3' In Some Areas -- Fogles Said They Will Fix.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Connected to Existing Line*

*8/19/08 -> Fogles Reconfirmed That Well Line at Least 3'*



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website: www.hchealth.org

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

September 22, 2008

Joan Hebron  
13238 Highland Road  
Highland, MD 20777

RE: **Replacement Well Issues**  
13238 Highland Road  
Highland, MD 20777  
Well Permit # HO-95-1655

Dear Ms. Hebron:

This office is requesting that you contact the Community Services Program at (410) 313-1792 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The well should be tested for bacteria, nitrates and radium. The sampling is free of charge and it is to your advantage to have the testing done.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the possibility for testing positive for bacteria increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. Sealing of the well protects the groundwater in your area from contamination and is required per COMAR 26.04.04. The well sealing process must be performed by a licensed well driller. The driller sends an abandonment/sealing report to our office and to the Maryland Department of the Environment upon completion.

If you have any questions about water sampling, please call (410) 313-1792. If you have questions about the well sealing process my number is (410) 313-1771.

Sincerely,

A handwritten signature in cursive script that reads 'Brian Baker'.

Brian Baker, R. S.  
Well and Septic Program

cc: Community Services Program  
File

SITE INSPECTION SHEET

OWNER: Earlene + Joan Hebron PHONE #: \_\_\_\_\_

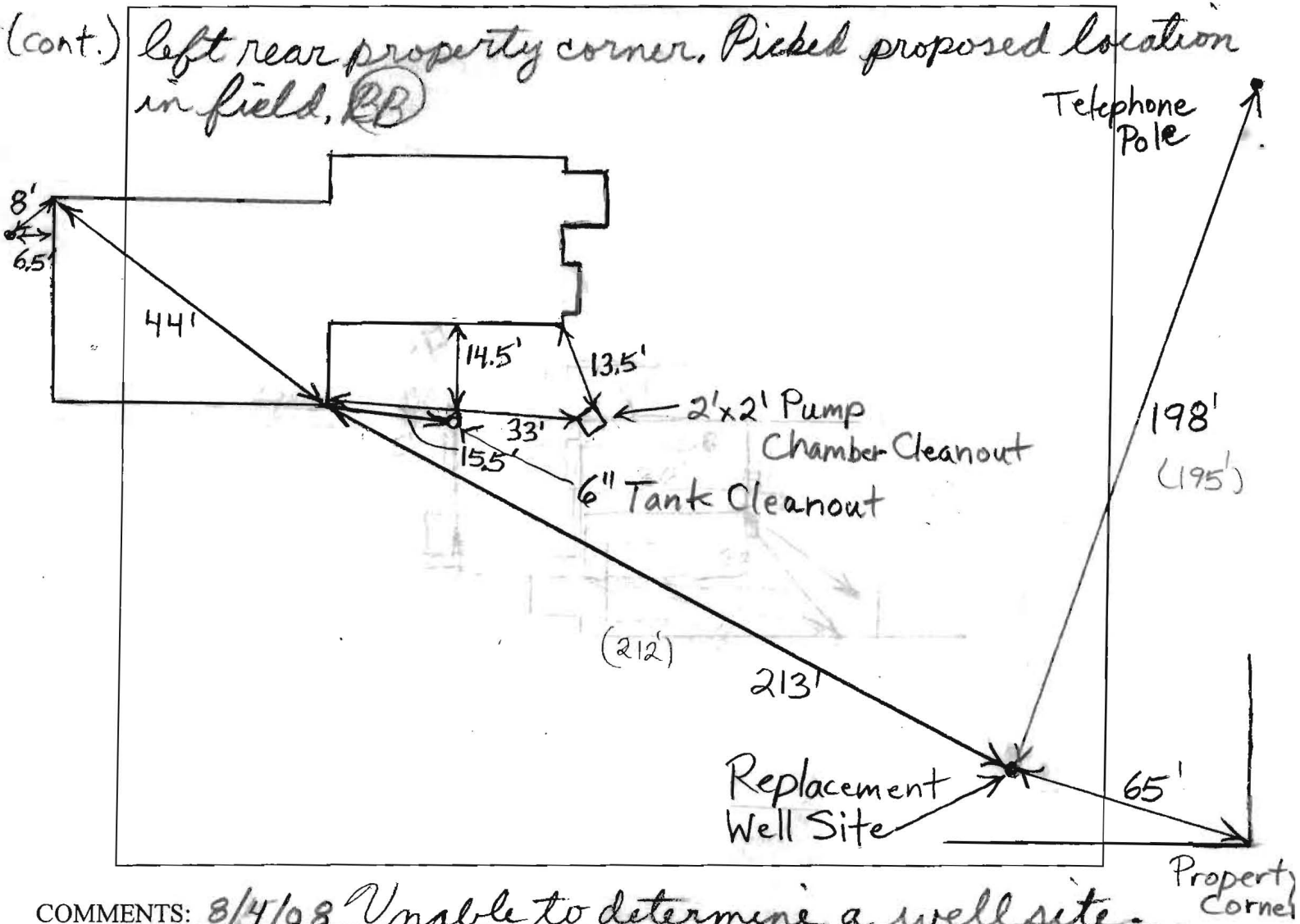
ADDRESS: 13238 Highland Road CONTRACTOR: Fogles

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Well Yield Very Low - Need Replacement Well

LOCATION DIAGRAM



COMMENTS: 8/4/08 Unable to determine a well site. No information on surrounding subdivisions. (BB)  
8/5/08 Pulled plats and found 2 possible locations that maybe O.K. Best location is near left rear property

DATE: corner, (BB) INSPECTOR: \_\_\_\_\_

8/6/08 Cannot confirm locations of surrounding easements - no property markers found and lot lines seem different than what is on Plat. Only unquestionable area is near -