

C1 08098

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM 09 DD 20 YY 13

DATE WELL COMPLETED MM 09 DD 20 YY 13

Depth of Well 22 180 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 4/30/15 SC HO-95-2538

OWNER Reiter Michael WELL SITE ADDRESS 12302 Carroll Mill Rd TOWN Ellicott City 21042 SUBDIVISION 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. Sand 0 75 Mica Rock 75 180 Water at 140 Drywell backed filled 500-40 Drilling materials 40-0 cement 18 bags 7.5 = 2.4 bags/10 ft.

GROUTING RECORD yes no WELLS HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 79

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

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

NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED Y 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. MSD 024 DRILLERS SIGNATURE Joseph E. Mayne LIC. NO. MSD 027

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

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 90 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 2 (nearest foot)

LATITUDE 39.28055 LONGITUDE 76.94001 (DEFAULT COORD. WGS 84)

NOTES: Dry well 500' Latitude 39.280293 Longitude 76.93976

B 1 12104

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 545062 please type

STATE PERMIT NUMBER Ho-95-2538 fill in this form completely

Date Received (APA) 06/10/13

OWNER INFORMATION

Owner: Reiter J. Michael, Address: 12302 Carroll Mill Rd, Ellicott City, MD 21042

B 3

LOCATION OF WELL

Howard COUNTY, West Friendship NEAREST TOWN

DRILLER INFORMATION

Driller's Name: Joseph L. Maize, License No. M SD 024, Firm Name: Joseph L. Maize Well Drilling, Address: 5512 Ridge Rd Mt. Airy Md 21771

B 4

SOURCES OF DRILLING WATER

1. well

12302 Carroll Mill Rd., ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 30, DISTANCE FROM ROAD ENTER FT OR MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, COMMERCIAL, DEWATERING, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, OPEN LOOP GEOTHERMAL, CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, STATE SIGNATURE, DATE ISSUED 6/10/13, CO SIGNATURE, EXP. DATE 6/10/14

APPROXIMATE DEPTH OF WELL 280 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY, JETTED, ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

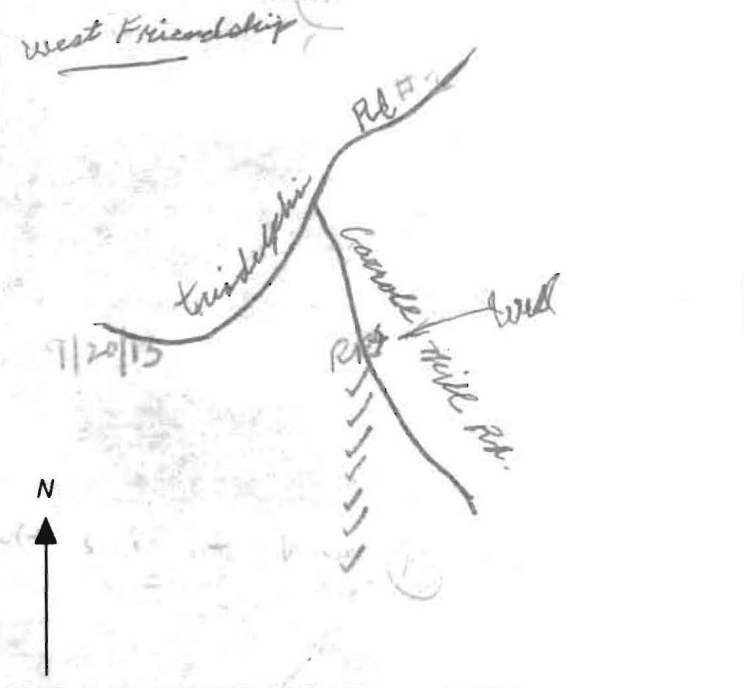
- THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER G, PERMIT No. Ho-95-2538

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Cornwell Plumbing Heating & Air Conditioning Inc Telephone #: 410-988-9221
Address: 12196 Tripodden Blvd
Ellicott City Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Tom Cornwell License# 9805

*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: Mike Reiter Telephone #: 410-988-9365
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2538
Site Address: 12302 Carrol Mill Rd
Ellicott City Md 21043

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Mylars</u>	Make: <u>W</u>	Two piece watertight cap: _____
Model #: <u>TS152-12</u>	Model #: <u>2</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>12</u> GPM	Depth: <u>1 1/2</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>12</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: <u>170</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, 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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1" Water Service # 93</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <input checked="" type="checkbox"/>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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

Signature of company representative responsible for installation: [Signature] date: 9/17/13

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

Date Insp. Requested: 9/19/13 Date Insp. Approved: 9/20/13 Inspector: PR

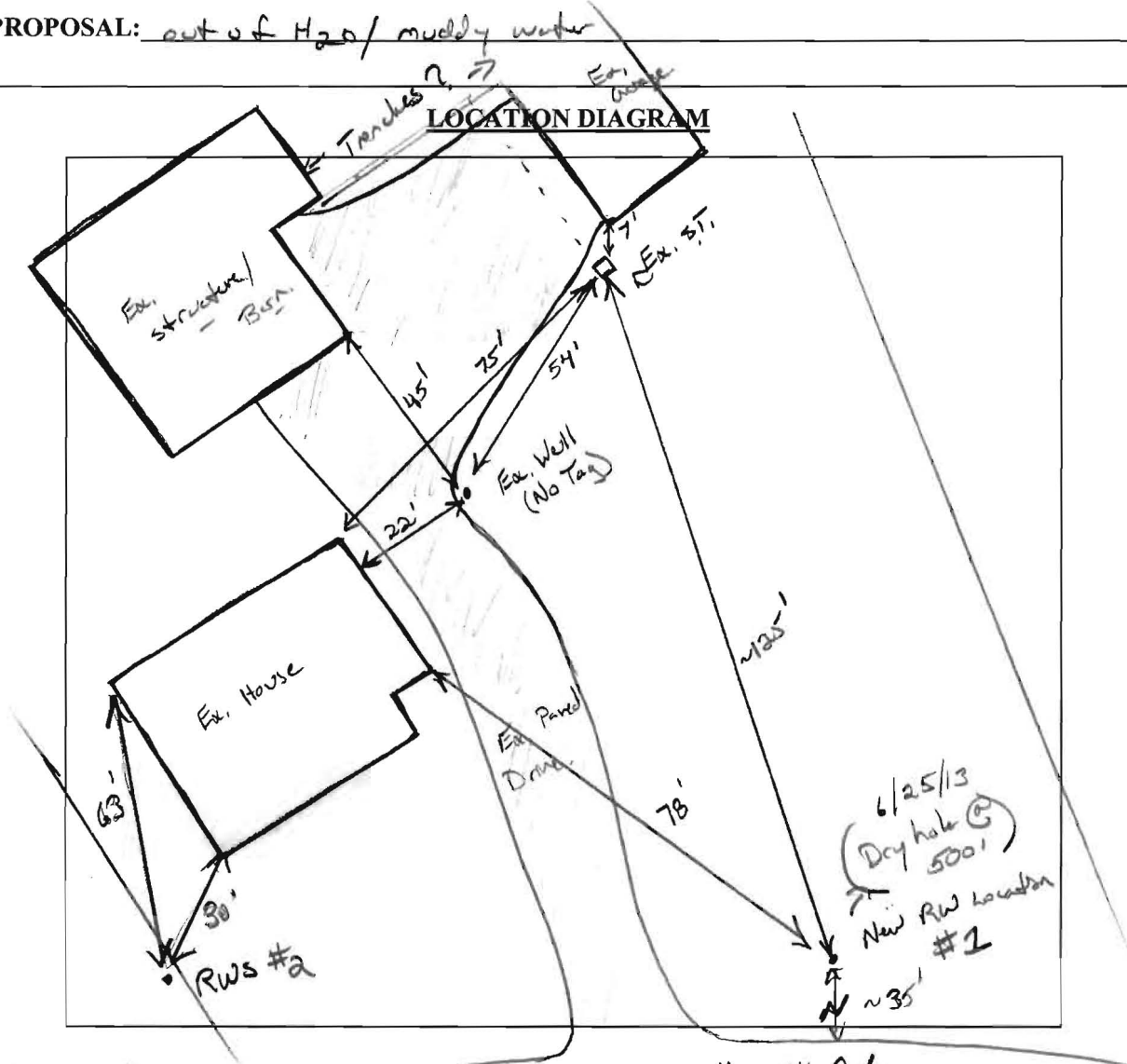
Inspection Date: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Well cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

RECEIVED
SEP 19 2013
HOWARD COUNTY HEALTH DEPT.

SITE INSPECTION SHEET

OWNER: Michael Reiter PHONE #: _____
 ADDRESS: 12302 Carroll Mill Rd. CONTRACTOR: J. Mayne
 WELL TAG #: Ho - 95 - 2538
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____
 PROPOSAL: out of H₂O / muddy water

LOCATION DIAGRAM



COMMENTS: _____ Carroll Mill Rd.

Homeowner complaining about cloudy water. No records found on well. Possibly pit well converted. House built 1925. New well location set closer to road. Will need radium testing.

DATE: 6/10/13 INSPECTOR: K. Volk
6/25/13 New location approved to left side of house. (KW)