

C1 3180 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 A P 516894

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 3 30 2008

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95 - 1567

OWNER Mc Bride Donald H STREET OR RFD 7025 Brooke Rd TOWN Highland Md 20777 SUBDIVISION Highland SECTION LOT 5

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 type (CM, BC), bags, pounds, gallons, and depth of seal.

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

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

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES

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

DRILLERS LIC. NO. 1 M S D 024

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

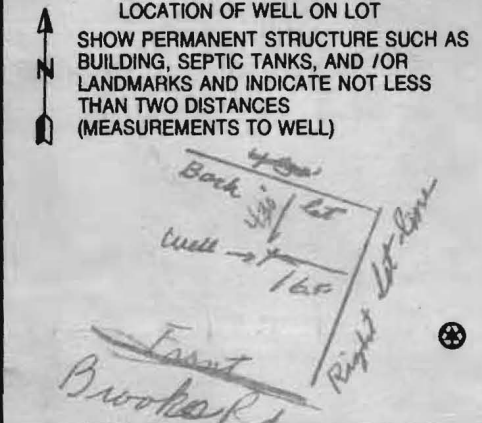
LIC. NO. 1 D

DEPTH (nearest ft.) table with rows for casing and screen diameters.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q.

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



B 1 9804  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

40-95-1567  
70 fill in this form completely 79

Date Received (APA)  
3/4/08  
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Mc Bride Owner Donald First Name 34  
36 7025 Brooks Rd Street or RFD 55  
57 Highland Md 20779 Town 70 State 72 Zip 76

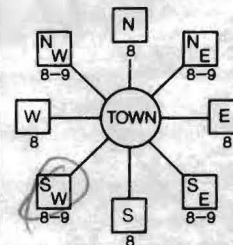
B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION Highland 42  
SECTION 44 46 LOT 5 48 50  
52 NEAREST TOWN Highland 71  
MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L Mayne License No. M S D 024 76 81  
Firm Name Joseph L Mayne Well Drilling  
Address 5512 Ridge Rd Mt. Airy Md 21771  
Signature Joseph L Mayne Date 3-4-2008

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 7025 Brooks Rd NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  WEST  EAST  SOUTH   
34 500 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 40 BLK: 10 PARCEL 254

B 2 WELL INFORMATION  
APPROX. PUMPING RATE 4 GAL. PER MIN. 8 12  
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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 13 AP516894  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
DATE ISSUED 3/4/2008 Brian Baker 3/4/2009  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 488 0 0 0 EAST GRID 810 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

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 \_\_\_\_\_

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 DEEPEMED 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)

APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. 40-95-1567  
70 71 72 73 74 75 76 77 78 79

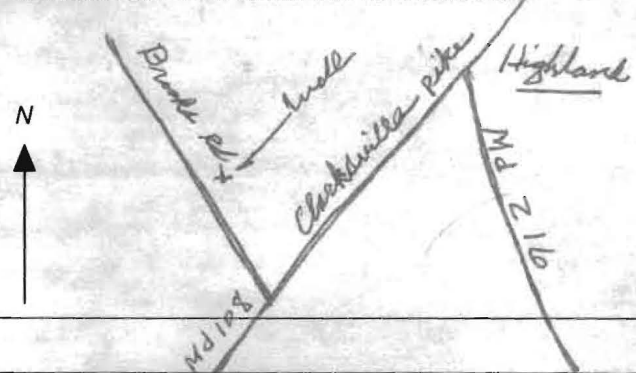
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. well  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810  
N 488  
000  
000

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

we should be ready around noon TODAY yes 3-25

B

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: AUS Plumbing + Heating Telephone #: 410-442-2221  
Address: 12630 Frederick Rd  
West Friendship MD 21794

(Must circle one) Licensed Plumber ~~Licensed Well Driller~~ ~~Licensed Well Pump Installer~~  
License # and name of individual responsible for the field installation:  
Name (Print): Craig Kastner License# 7080

\*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: Dan McBride Telephone #: 301-854-0179  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1567  
Site Address: 7075 Brooks Rd  
Highland

Submersible Pump Data

Make: Goulds  
Model #: 1B6515  
Pump Capacity: 10 GPM  
Well Yield: 9 GPM

Pitless Adapter

Make: BJI  
Model #: P-100-55  
Depth: 36 (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: 400 (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: casing  
PSI: 250 (160 psi min)  
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 40"  
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: 3-25-08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/25/08 (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

Not Finished -  
D.K. to Backfill

Handwritten marks and signatures at the bottom of the page.



*copy*

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](http://www.hchealth.org)

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

April 7, 2008

Donald McBride  
7025 Brooks Road  
Highland, MD 20777

RE: **Replacement Well**  
7025 Brooks Road  
Permit #: HO-95-1567

Dear Mr. McBride:

Maryland Regulations (COMAR 26.04.04) require that all new wells that are drilled for potable water use be sampled twice as a form of protection for Maryland residents. Please call the Community Health Program at **(410) 313-1792** to schedule the collection of the initial water sample. **Currently there is no charge for the sampling.**

It is preferred that the sample be collected from an indoor faucet. If this is not possible, the sample may be taken from an outside hose bib. However, the potential for the collection of a failing water sample increases when samples are taken from sources exposed to the outside environment.

Respectfully,

*Brian Baker*

Brian Baker, R.S.  
Well & Septic Program

cc: Community Services Program  
File

SITE INSPECTION SHEET

OWNER: Donchel McBride PHONE #: \_\_\_\_\_

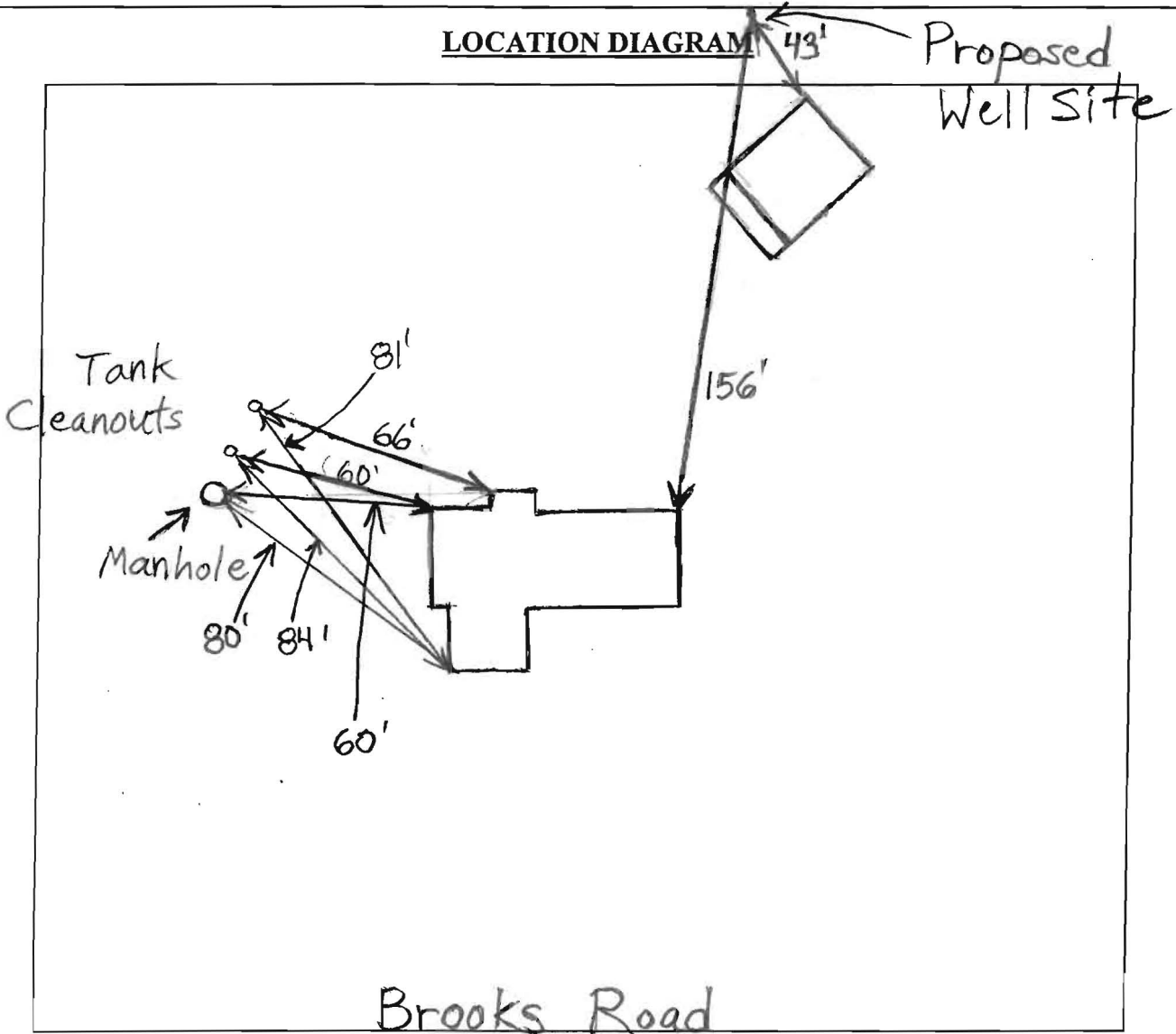
ADDRESS: 7025 Brooks Rd. CONTRACTOR: J. Myne

WELL TAG #: 95-1567

SUBDIVISION: Highland LOT: 5 COUNTY #: \_\_\_\_\_

PROPOSAL: Drill Well to Replace Spring

LOCATION DIAGRAM



COMMENTS: Site Above Chosen

DATE: 3/4/08 INSPECTOR: B. Baker