

C1 08045

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 DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD: screen type or open hole, insert appropriate code below, DEPTH (nearest ft.)

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED

PUMP INSTALLED: DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

NUMBER OF UNSUCCESSFUL WELLS, WELL HYDROFRACTURED, CIRCLE APPROPRIATE LETTER

DEPTH (nearest ft.) table with columns 1-21

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

DRILLERS LIC. NO., DRILLERS SIGNATURE, LIC. NO.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL, MDE USE ONLY

SITE SUPERVISOR (sign) of driller or journeyman responsible for sitework

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

LATITUDE 39.16377, LONGITUDE 76.91122, NOTES:

B 1 12159

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2516 fill in this form completely

please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Bilmanis John 15 Last Name Owner First Name 34 36 7524 Flamewood Dr. 55 Street or RFD 57 Clarksville Md 21029 70 Town 72 State 76 Zip

B 3 LOCATION OF WELL

8 COUNTY Howard 21 23 SUBDIVISION Flamewood 42 SECTION D 44 46 LOT 6 48 50 52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Joseph T. Maupre MSD024 76 License No. 81 Firm Name Joseph T. Maupre Well Drilling Address 5512 Ridge Rd Mt. Airy Md 20885 Signature Joseph T. Maupre Date 5-6-2013

B 4 SOURCES OF DRILLING WATER

11 well 11 30 STREET ADDRESS 7524 Flamewood Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 34 320 37 ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE 4 8 12 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 14 500 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 O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 5/6/13 5/6/14 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 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

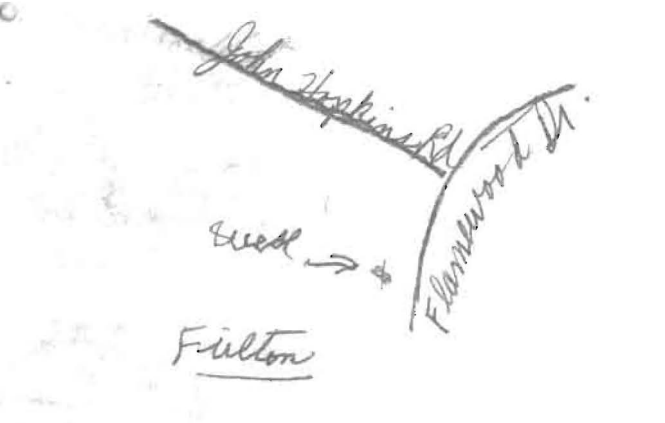
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEM 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-95-2516 70 71 72 73 74 75 76 77 78 79

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 Ex. Well to be kept as standby pending yield of new well

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: Zepp Plumbing & Heating Telephone #: 410-531-6712
Address: P.O. Box 512
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): Eddy Zepp License #: 7021 (Md State Lic)
*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: John Balmanis Telephone #: 301-490-7606
Subdivision: Lot #: Well Tag #: HO
Site Address: 7524 Flamingwood Drive
Clarksville MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap:
Model #: SBOA12C Model #: B10X Screened, vented well cap:
Pump Capacity 5 GPM Depth: 40" (36" min) Cap secured to casing:
Well Yield: 2.5 GPM NSF/WSC approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 340 (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, 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

Piping to house House Connection (in yard)
Type: 1" IPS 160 psi poly PVC sleeve to undisturbed soil at wall penetration: N/A
PSI: 160 (160 psi min) Length of sleeve (5' minimum from foundation): N/A
Depth of supply line: 40" (36" min) Sleeve 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: Eddy W. Zepp date: 5-15-13

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

Date Insp. Requested: Date Insp. Approved: 5/15/2013 Inspector: RB
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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
Connected to Existing Line



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

May 15, 2013

John Bilmanis
7524 Flamewood Drive
Clarksville, MD 21029

RE: **Replacement Well**
7524 Flamewood Drive
Well Permit # HO-95-2516

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

A handwritten signature in black ink that reads 'Kevin M. Wolf, R.S., R.E.H.S.'.

Kevin M. Wolf, R.S., R.E.H.S.
Howard County Health Dept.
Groundwater Mgmt. Sec.

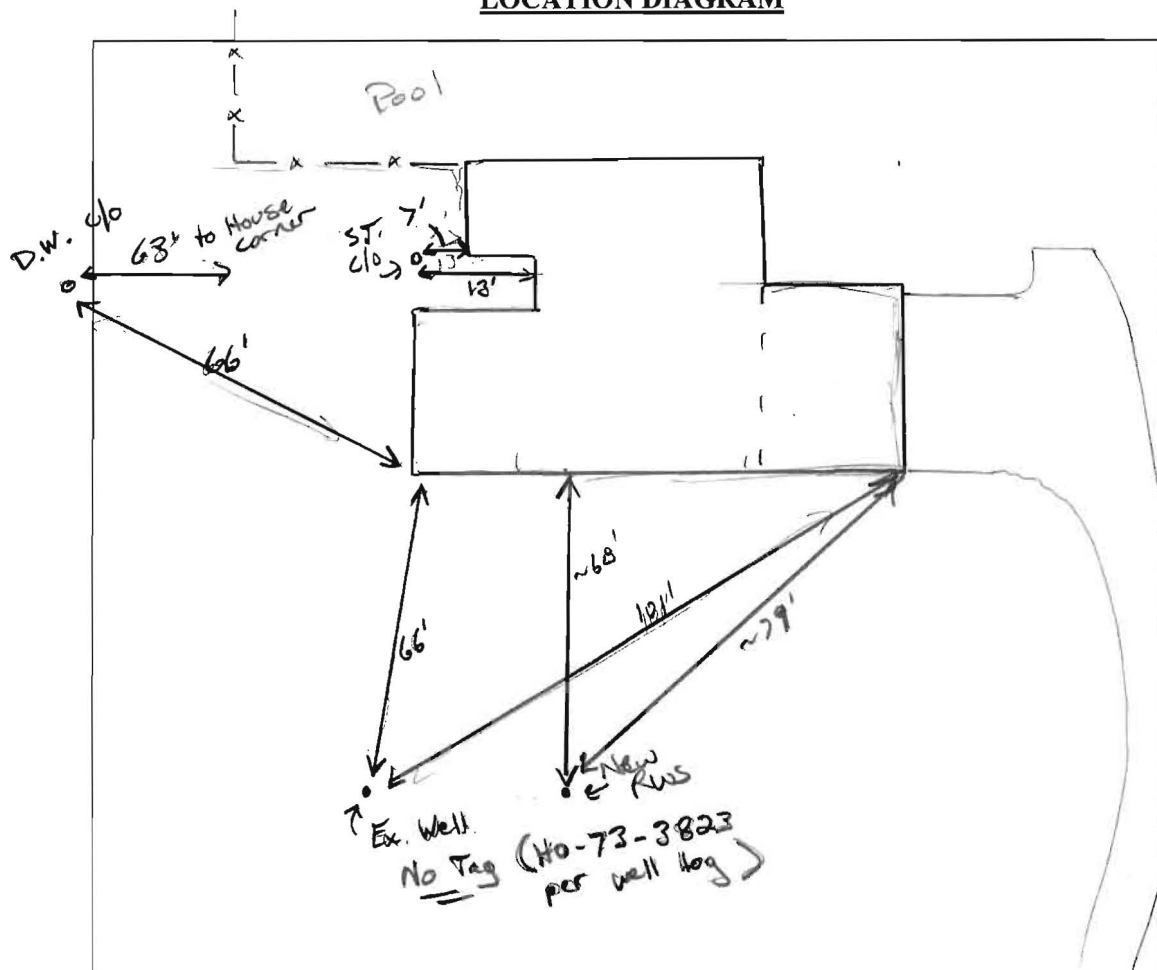
Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Bilmeris PHONE #: _____
ADDRESS: 7524 Flamewood Dr. CONTRACTOR: J. Mayne
WELL TAG #: 73-3823
SUBDIVISION: _____ LOT: _____ COUNTY #: 13
PROPOSAL: out of H₂O

3.04 Ac.

LOCATION DIAGRAM



COMMENTS: Sediment filling up in well. Owner had well pump pulled several times for maintenance, etc... New well loc selected. Homeowner may want to keep ex. well depending on yield of new well (KW)

DATE: 5/6/13 INSPECTOR: K. Way