

C1 9727 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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name STREET OR RFD 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

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Entry: Brown sand-mud shale, 0 to 72, 72 to 280.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from TOP ft. to BOTTOM ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

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

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

Table with columns: DEPTH (nearest ft.), E A C H S R E E N, SLOT SIZE 1 2 3, DIAMETER OF SCREEN

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 (CIRCLE) (YES or 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 01 (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 NO

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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M SD 009 DRILLERS SIGNATURE

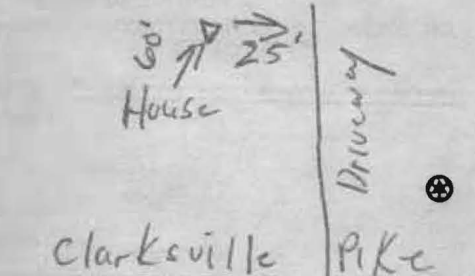
LIC. NO. 1 D

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



B 1 5321

SEQUENCE NO. (MDE USE ONLY)

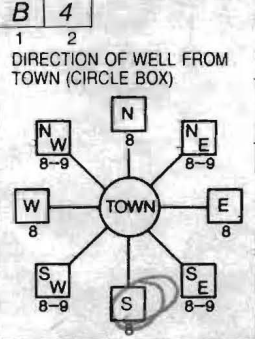
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 529527 please type

STATE PERMIT NUMBER HO-95-1658 fill in this form completely 79

OWNER INFORMATION: Date Received (APA) 8 MM DD YY 13; Last Name: Adolfe; Owner: Rehms; Street or RFD: 13010 Clarksville Pike; Town: Clarksville; State: MD; Zip: 21029

LOCATION OF WELL: COUNTY: Howard; SUBDIVISION: Gaithers Property; SECTION: 44 46; LOT: Parcel 1; NEAREST TOWN: Clarksville; MILES FROM TOWN: 2

DRILLER INFORMATION: Driller's Name: Allen Compton; License No.: M 5 D 009; Firm Name: Eagles Well Drilling; Address: 6003 Woodbine rd; Signature: Allen Compton; Date: 8-11-08



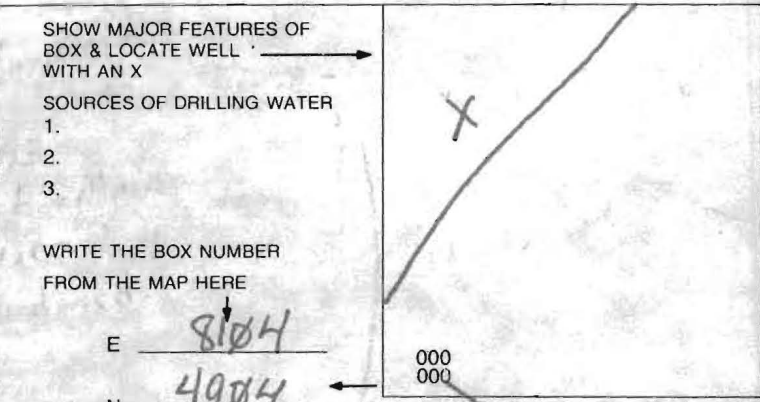
NEAR WHAT ROAD: Clarksville Pike; ON WHICH SIDE OF ROAD: 800; DISTANCE FROM ROAD: 800; TAX MAP: 34 BLK: 23 PARCEL: 319

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 5; AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME: Howard; COUNTY NO.: 13; STATE SIGNATURE: Brian Baker; DATE ISSUED: 8/13/08; CO SIGNATURE: 814; EXP. DATE: 8/13/2009; NORTH GRID: 494 000; EAST GRID: 814 000

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

APPROXIMATE DEPTH OF WELL: 300 FEET; APPROXIMATE DIAMETER OF WELL: 6 INCH



METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary; JETTED AIR-PERcussion; Jetted & DRIVEN ROTARY (Hydraulic 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 DEEPEMED AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER: G; PERMIT No.: HO-95-1658

SPECIAL CONDITIONS: Well in Radium Area, 2 Wells Need to Be Sealed

**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: _____

(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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 951658
Site Address: 13010 Route 108

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM
Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC 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: _____

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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve 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: _____ Date Insp. Approved: _____ Inspector: _____

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 seen 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

8/19/08 (RB)
Need Tag
Hooked to Existing
Line



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

September 2, 2008

Mr. and Mrs. Rehm
13010 Clarksville Pike
Clarksville, MD 21029

RE: **Replacement Well Issues**
13010 Clarksville Pike
Well Permit # HO-95-1658

Dear Mr. and Mrs. Rehm:

According to our knowledge, your replacement well has been connected to the dwelling and is in use. We request that you contact the Community Hygiene Program at (410) 313-1792 to schedule water sampling for the referenced replacement well. Sampling is required by the Maryland Well Construction Regulations (COMAR 26.04.04). Your well should be sampled for the presence of bacteria, nitrate levels and for radium content. Currently there is no charge for the sampling and it is to your benefit to have your water 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. However, the potential for the presence of bacteria increases when samples are collected from taps exposed to the outside environment.

In addition to the water samples there are two wells on your property that appear to be abandoned. They have metal tag numbers:

HO-73-0693 Drilled in 1974 and Recently Abandoned
HO-81-1893 Drilled in 1987 and Covered by Ornament

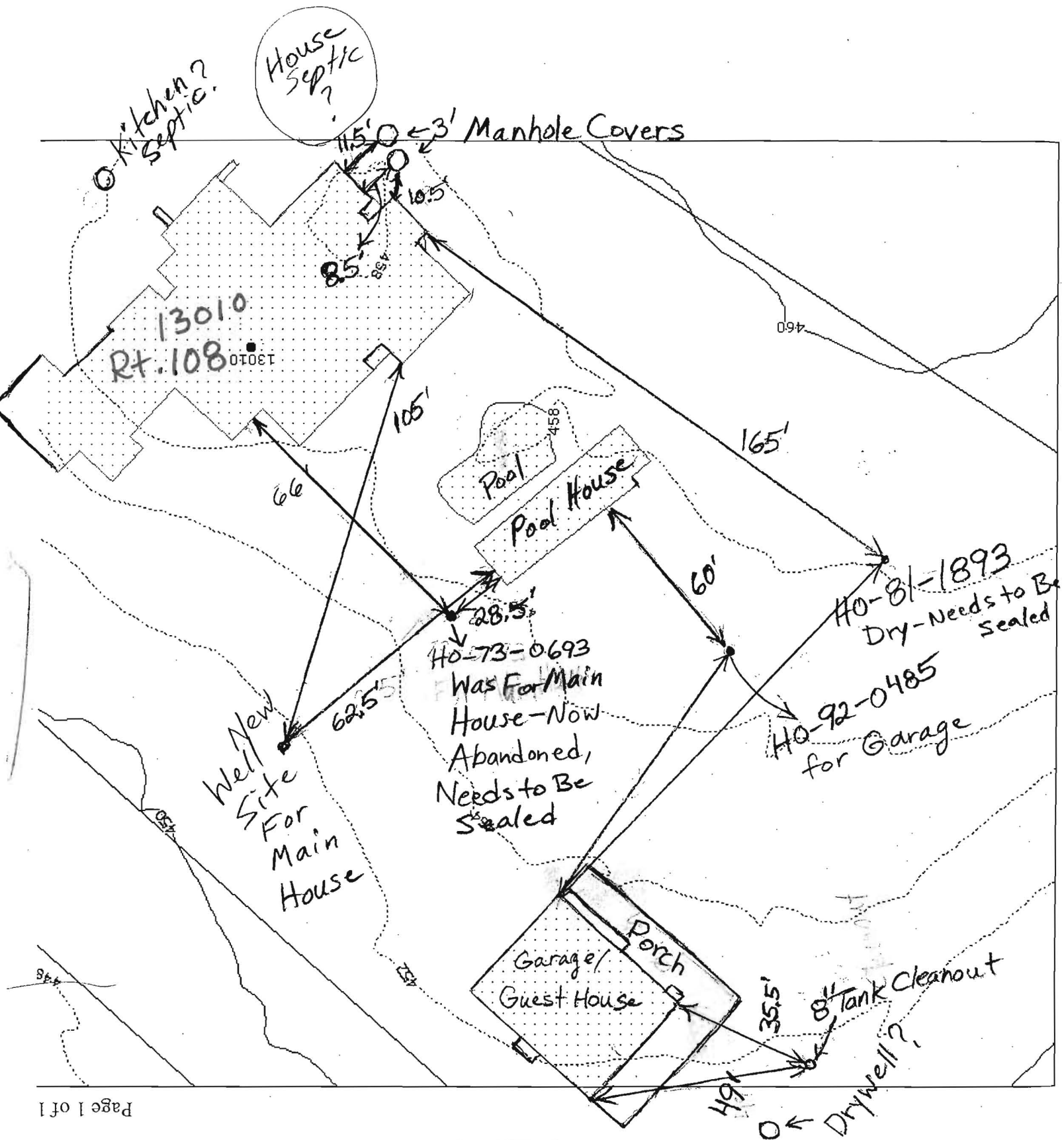
If any of the above referenced wells are not in service (Not connected to plumbing and not being used for any purpose and/or are dry) they are considered abandoned and need to be properly sealed by a licensed well driller as required by COMAR 26.04.04 (Code of Maryland Well Construction Standards). Unused wells are an open source of pollution to the underground drinking water. The well driller sends us a report when wells are sealed.

If you have any additional questions you can reach me at (410)313-2643, otherwise call the number in the first paragraph for water samples. Thank you for your attention to these important matters.

Respectfully,

Brian Baker
Brian Baker, R.S.
Well and Septic Program

cc: Community Hygiene Program
File
Attachment



Keep With File

8/13/08 BB

SITE INSPECTION SHEET

OWNER: Adolph Rehm

DATE REQUESTED: 1/18/93

PHONE #: (301) 854-3600

CONTRACTOR: J. Payne

ADDRESS: 13810 Clarksville Pike

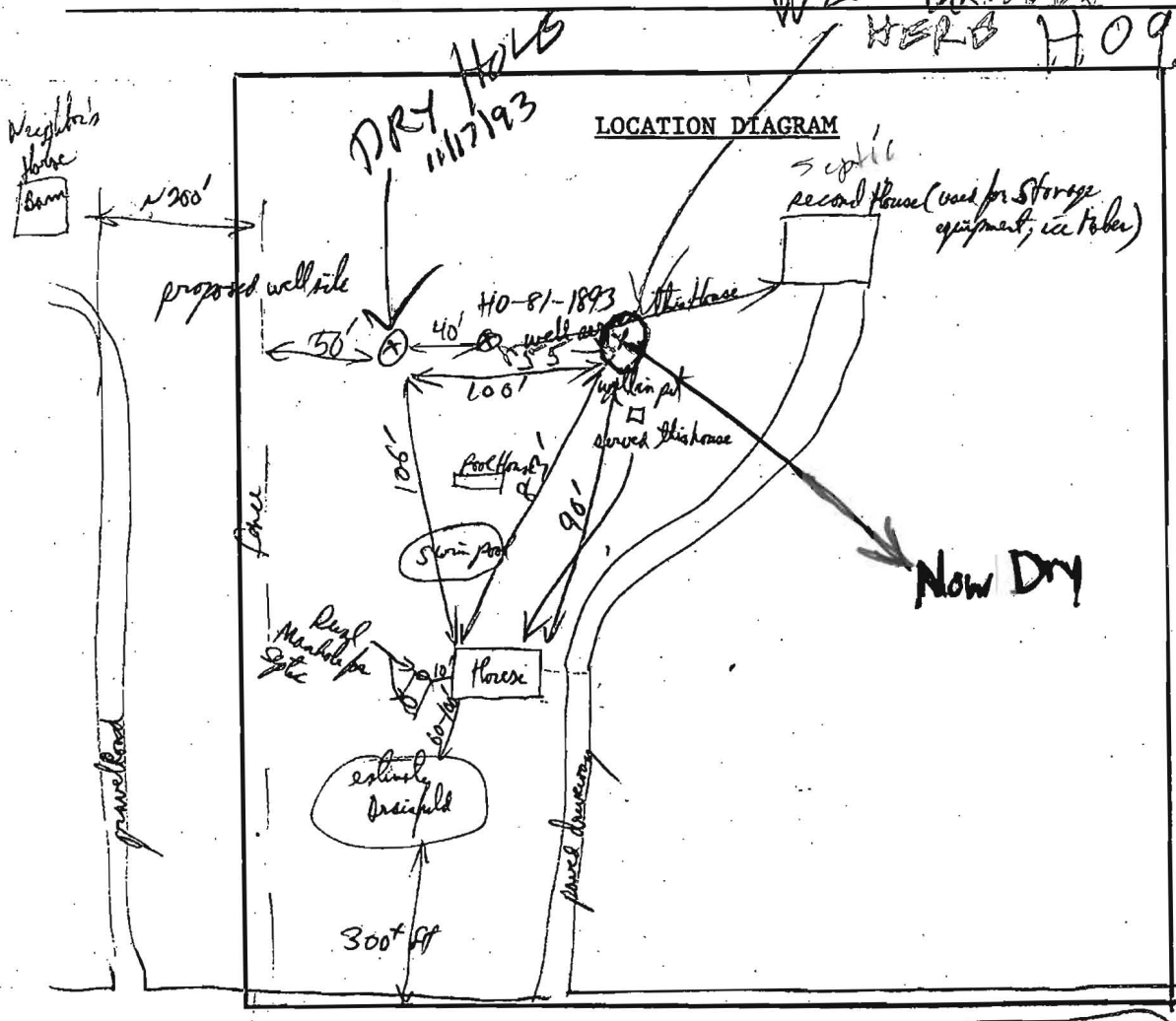
WELL TAG #: Replacement Well HO 92-0485
old HO-81-1893

21029

COUNTY #: W 49742

PROPOSAL: Replacement well - Primary well takes 6 hrs to recharge - to be used as standby
House is 20 yrs - Replacement well to serve ice near house for ice maker, also used in business.

WELL DRILLED
HERB HO 92 0485



COMMENTS:

House has Rehm's Caterers Business - Inspected semi annually by Health Dept.

DATE: 1/19/93

INSPECTOR: R. [Signature]

