

C1 3421 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 518551

ST/CO USE ONLY DATE RECEIVED 05 01 03

DATE WELL COMPLETED 04 27 03

Depth of Well 440' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 46-94-3255

OWNER Gosman, Frances STREET OR RFD 14134 Brighton Dam Rd TOWN Highland SUBDIVISION Gosman Property SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-56) and Gray Mica Rock (56-440).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (17), NO. OF POUNDS (1598), GALLONS OF WATER (102), DEPTH OF GROUT SEAL (0-55).

CASING RECORD: casing types insert appropriate code below (ST), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (60).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST), BRONZE (BR), PLASTIC (PL), OPEN HOLE (HO), OTHER (OT).

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

DRILLERS LIC. NO. 1 MSD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

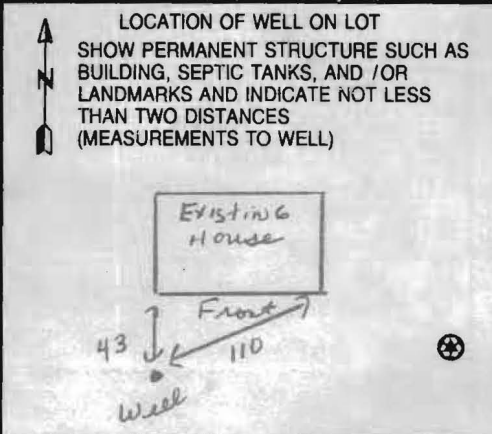
DEPTH (nearest ft.) table with columns: 1-2, 8-9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (56, 60).

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (59), WHEN PUMPING (310), 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), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH (nearest ft.) 43, CASING HEIGHT (circle appropriate box and enter casing height) (+) above, LAND SURFACE (circle appropriate box and enter casing height) (-) below, 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).



B 1 6213

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

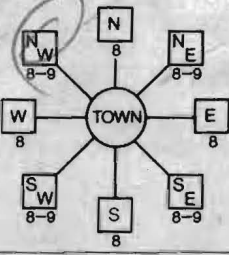
STATE PERMIT NUMBER HO-94-3255

Date Received (APA) 02 24 03
OWNER INFORMATION
8 MM DD YY 13
Gosman Owner Francesca First Name 34
15 Last Name
14134 Brighton Dam Rd Street or RFD 55
36 Clarksville Highland Md 21029 20227
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY Howard 21
23 SUBDIVISION Gosman Property 42
SECTION 44 46 LOT 2 50
52 NEAREST TOWN Highland Clarksville 71
MILES FROM TOWN (enter 0 if in town) 4 1/2 MI
73 76 77 78

DRILLER INFORMATION
Joseph L. Wayne M SD 24
Driller's Name 76 License No. 81
Joseph L. Wayne Well Drilling
Firm Name
5512 Ridge Rd. Mt Airy Md 21771
Address
Joseph L. Wayne 2/24/03
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD 14134 Brighton Dam Rd 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 W 37 E
DISTANCE FROM ROAD 1/10 MI
ENTER FT OR MI 38 39
TAX MAP: 33 BLK: 18 PARCEL 1



B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(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

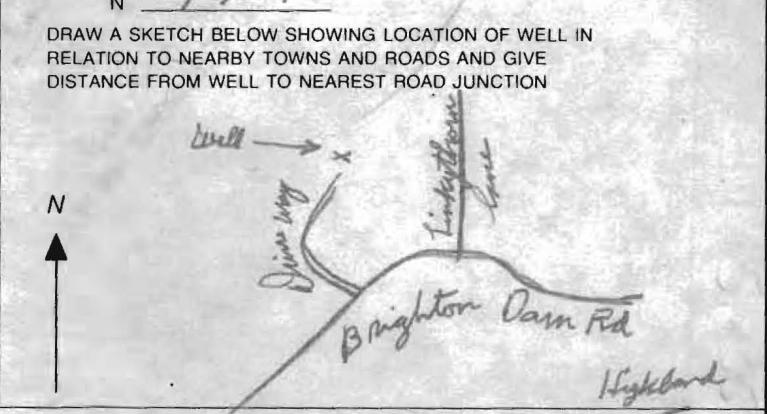
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 518551
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 02 25 03 Stuart Oster 02 25 04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 497 0 0 0 EAST GRID 799 0 0 0
50 55 57 63

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

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 7989
N 4907

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
39 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 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. HO-94-3255
70 71 72 73 74 75 76 77 78 79

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

**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: LAUREL PLUMBING + Htg. Telephone #: (301) 498-8084
Address: 132 WASHINGTON BLVD.
LAUREL, MD 20707

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): BERNARD B. BURKE License# 7537

*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: FRANCIS GOSMAN Telephone #: _____
Subdivision: FR. Gosman Property Lot #: 2 Well Tag #: HO-94-3255
Site Address: 14134 BRIGHTON DAM RD.
CLARKSVILLE, MD 21031

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>UMBEL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>56S10412</u>	Model #: <u>BK-10</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>45'</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <u>30'</u>
Depth of well encountered at time of pump installation: <u>440</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

For torque arrestors or cable guards are required - Must circle one - Both used

Safety rope, if used, attached to inside of well casing with eye bolt X

Piping to house	House Connection
Type: <u>PVC W/PI</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

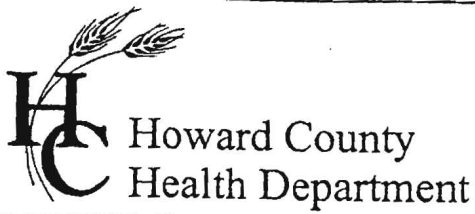
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Bernard B. Burke 06/04/03
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: _____
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	_____

HD-215 (Rev. 8/00)



3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 21, 2003

Francis Gosman
14134 Brighton Dam Road
Clarksville, MD 21029

RE: **Replacement Well Issues**
Gosman Property, Lot #2
14134 Brighton Dam Road
Well Permit #: HO-94-32551

Dear Ms. Gosman:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form and submit it to this office via fax or mail once the pump is placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

This office is also requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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 you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg
Registered Environmental Sanitarian
Well & Septic Program

Enclosure

cc:

Community Services Program
File