

B 1 9882 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO - 94 - 3979
 1 2 3 6 70 US2072 please type 79 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 7/9/04
 8 MM DD YY 13
 15 Last Name Risner Owner Vicky First Name 34
 36 Street or RFD 11425 Barley Field Way 55
 57 Town Marriottsville Md 70 State 72 Zip 76

B 3 Howard LOCATION OF WELL
 8 COUNTY Woodford Grant 2 21
 23 SUBDIVISION 42
 SECTION 6 LOT 6
 44 46 48 50
Marriottsville
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1.710 M I
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Joseph L. Mayne MS DO 24 License No. 81
 Firm Name Joseph L. Mayne Well Drilling
 Address 5512 Ridge Rd. Mt Airy Md 21771
 Signature Joseph L. Mayne Date 7/9/04

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD 11425 Barley Fieldway 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 700 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 0 BLK: 16 PARCEL 30

B 2 **WELL INFORMATION**
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 4
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 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

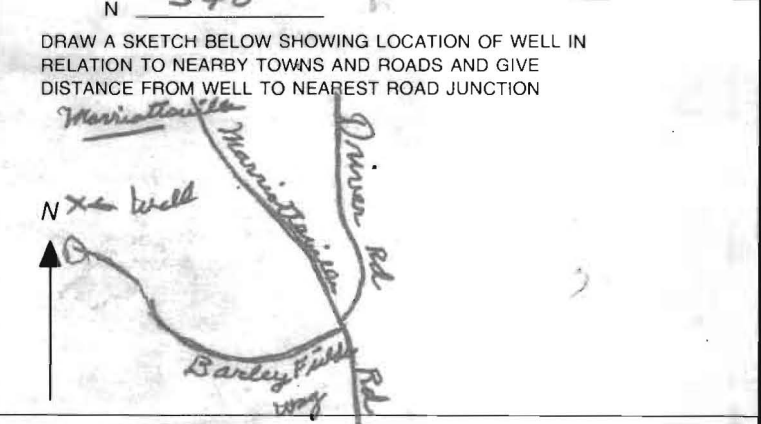
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME A57555E COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 7/9/04 Steve Oster 7/9/05 41
 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE
 NORTH GRID 543 0 0 0 EAST GRID 827 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 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 820
 N 540
 000
 000

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)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. HO - 94 - 3979
 70 71 72 73 74 75 76 77 78 79

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

C1 3747 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A57555-E

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 7 30 04 Depth of Well 22 500' 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3979 28 29 30 31 32 33 34 35 36 37

OWNER Risher Vicky J. STREET OR RFD 11425 BARLEY FIELD WAY TOWN Marriottsville SUBDIVISION Woodfords Grant SECTION II LOT 6

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray Mica Rock, 0-123, 123-500.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 43 NO. OF POUNDS 4042 GALLONS OF WATER 258 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 120 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 127

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

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 19 ft. WHEN PUMPING 410 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A 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.

DEPTH (nearest ft.)

1 2 125 500 E 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

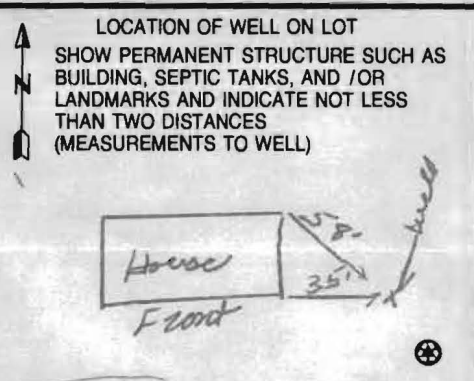
PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot) 2 50 51

DRILLERS LIC. NO.: M S D 0 2 4 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.: D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76



SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA

7/21/04
AM

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: Woodfords Grant Lot #: 6 Well Tag #: HO - 94 - 3979
Site Address: 11425 Barley Field Way

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

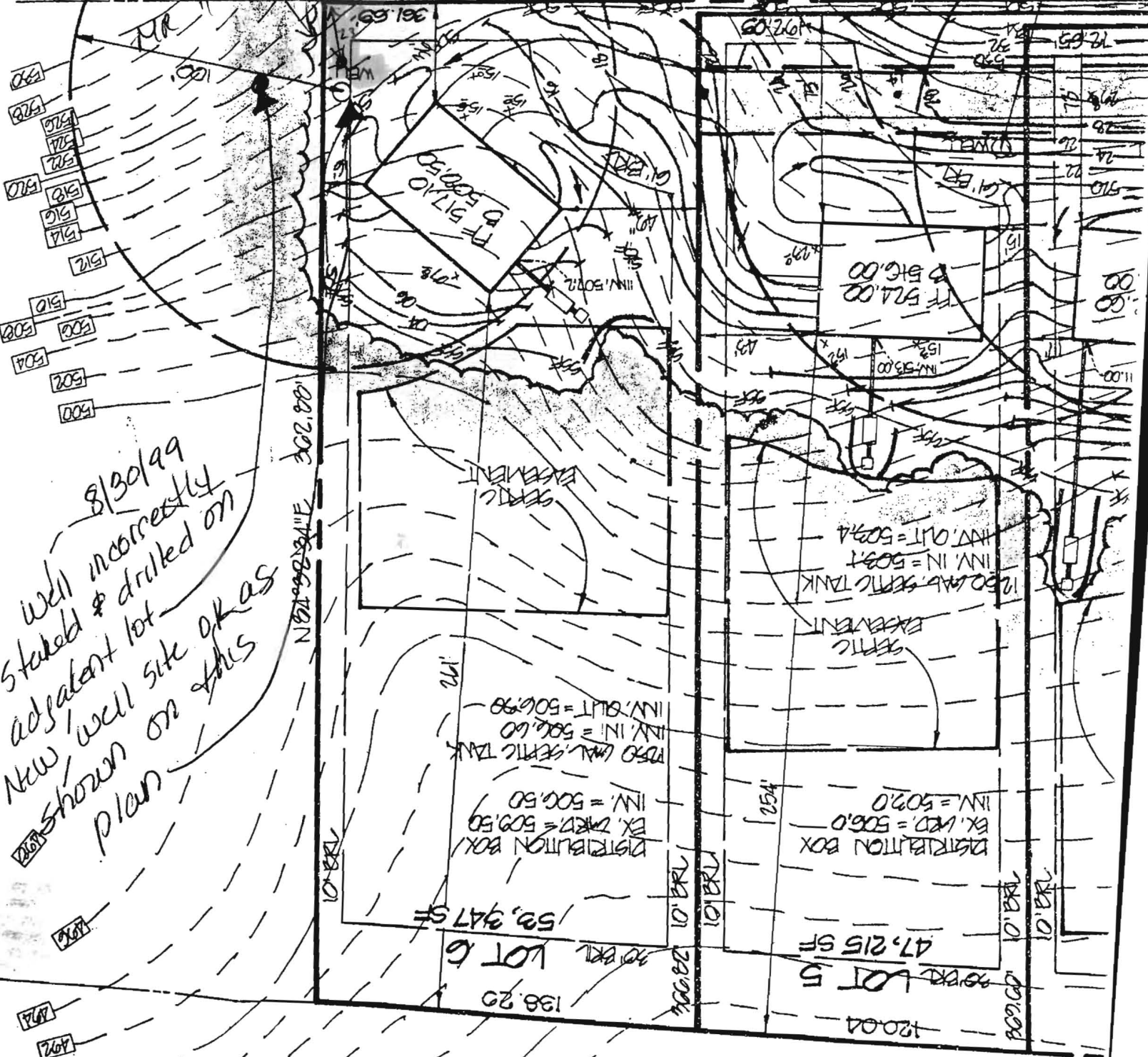
Date Insp. Requested: _____ Date Insp. Approved: 7/21/04 Inspector: BB
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not 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

Connected to
Existing
Line

LOT 10 VINCENT J. VECELA L755 E102 P275

7/29/99
lumber tried
to install pump
1/4 get pump well - could
180 collapsed or blocked
driller wants to re-drill 5'
away - OK - will be 30' off house

Well site OK 9/25/98



8/30/99
well incorrectly
adjacent & drilled on
New well site OK as
shown on this plan

207
208
209
210

211
212
213
214
215
216
217
218
219
220

N. 02° 13' 34" E 387.10'

12.65'
8.8'
24'
22'
51.0'
88'
11.00'

11.00'

12.50' GAB. SEPTIC TANK
INV. IN = 503.1
INV. OUT = 503.4

SEPTIC EXHAUST

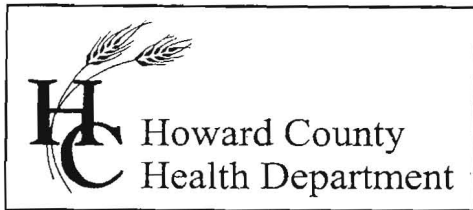
DISTRIBUTION BOX
EX. W.D. = 506.0
INV. = 507.0

120.04
10' BRL
10' BRL
10' BRL
10' BRL

105'

138.20
LOT 6
59.347 SF

LOT 5
47.215 SF



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

August 6, 2004

Vicky J. Risner
11425 Barley Field Way
Marriottsville, MD 21104

RE: **Replacement Well Issues**
11425 Barley Field Way
Well Permit # HO-94-3979

Dear Ms. Risner:

This office is 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). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary 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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

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

Sincerely,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

cc: BB/mlb
Community Services Program
File