

C1 1149

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.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY 10 12 11

DATE WELL COMPLETED MM DD YY 8 28 2011 Depth of Well 22 860 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2193

OWNER chopra Rajesh STREET OR RFD 13300 Clarksville Pike TOWN Highland md SUBDIVISION SECTION LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-58) and Mica Rock (58-860).

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 18 NO. OF POUNDS 7092

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 63

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

DEPTH (nearest ft.) 61 860

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

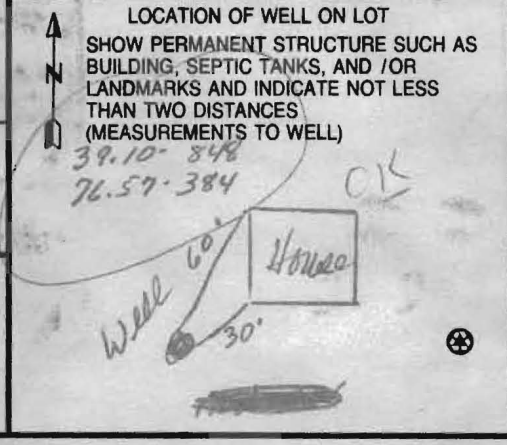
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 5.5 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 17 20 ft. WHEN PUMPING 310 22 25 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

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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 - below LAND SURFACE 2 (nearest foot)



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.

DRILLERS LIC. NO. MS D Q 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 3421

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

please type

STATE PERMIT NUMBER

40-95-2193 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Chopra, Rasech, 10308 Castlefield St., Elliott City Md 21042-5865

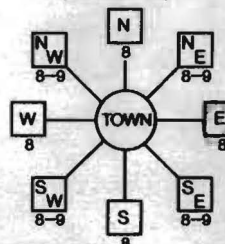
B 3 LOCATION OF WELL

Howard, 21, Highland, 44, 46, 48, 50, 52 NEAREST TOWN, 0 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Murphy, MS D024, Joseph L. Murphy Well Drilling, 5572 Ridge Rd, 8/22/11

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



13306 Clarksville Rd, 11 NEAR WHAT ROAD, 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 34 44 37, DISTANCE FROM ROAD, ENTER FT OR MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

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, 15, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 8/23/11, CO SIGNATURE, EXP. DATE 8/23/12, NORTH GRID 50, EAST GRID 57

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-ROTary, DRive-POINT

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 DEEPEM AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

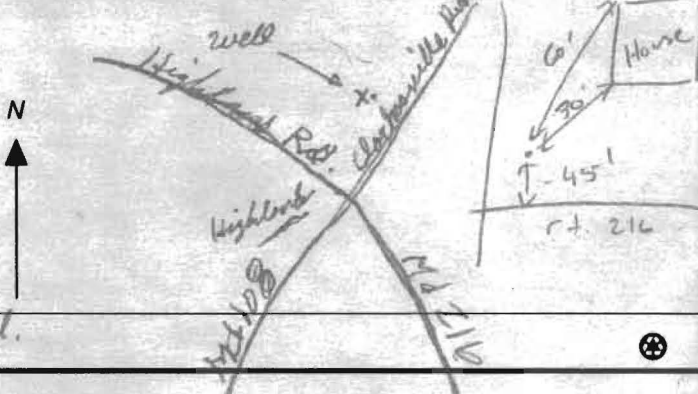
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well, 2., 3., WRITE THE BOX NUMBER FROM THE MAP HERE

E 810, N 490, 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER, PERMIT No. 40-95-2193

SPECIAL CONDITIONS Ex. Well must 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 2193
Site Address: 13806 Rt. 215, 108

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (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 or Cable guards are required – Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

(Rep. well)

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	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: 9/1/11

Inspection Data: Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-2-2011 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 73 - 4101

* PERMIT NUMBER OF REPLACEMENT WELL

Ho - 95 - 2193

* PERSON ABANDONING WELL: Joseph L. Mayne

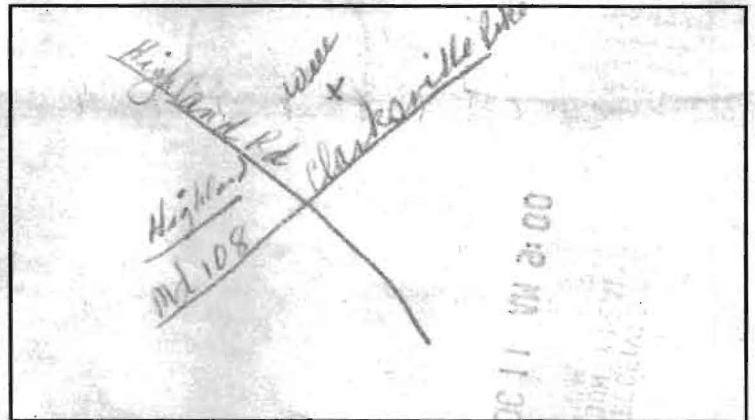
WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Rajesh Chopra

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Highland
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 13306 Clarksville Lake



* TYPE OF WELL BEING ABANDONED:

DRILLED JETTED
 BORED/AUGERED HAND DUG
 OTHER (specify) _____

* USE CODE:

DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

STEEL PLASTIC
 CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 215 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel mixed</u>	<u>0</u>	<u>215</u>
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE #: MSD024 CIRCLE ONE: MWD/MSD/MGD DATE: 10-7-2011

EMERGENCY/TEMP NO IF ANY

40-73-4101

B 1 7354 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

40-73-4101

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

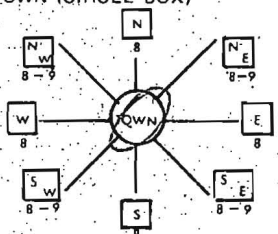
please print or type

fill in this form completely

DATE RECEIVED 1/12/82
 8. (WRA USE ONLY) 13
 OWNER INFORMATION
 LAST NAME Jarvis OWNER FIRST NAME Raymond
 15 34
13306 Rt 108
 36 STREET OR RFD 55
Highland Md.
 TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL
 COUNTY Howard 21
 SUBDIVISION _____ 42
 SECTION _____ LOT _____ 50
 NEAREST TOWN Highland 52
 MILES FROM TOWN (enter 0 if in town) _____ 73 MI 76 77 78

B 1 CONTINUED DRILLER INFORMATION
 DRILLER'S NAME Joseph L. Wayne 238
 77 LICENSE NO. 80
 SIGNATURE Joseph L. Wayne DATE 1/12/82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD Md 108 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
 34 DISTANCE FROM ROAD 110 37
 (CIRCLE APPROPRIATE BOX) 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 12

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

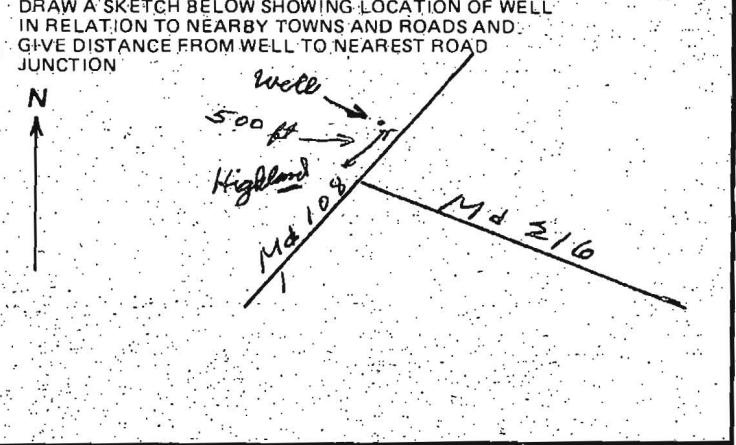
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX
58' casing 1/2" dia gred
50' open
21 bags cement
 WRITE THE BOX NUMBER FROM THE MAP HERE

E	810	2
N	490	1

 Location ok
 000 x SK 1/18/82

APPROXIMATE DEPTH OF WELL 160 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
 BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT ROTARY
 other _____



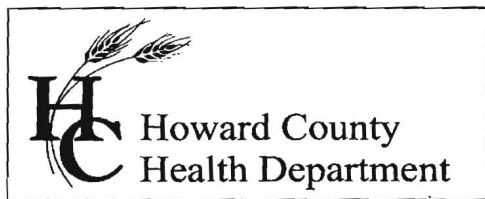
REPLACEMENT OR DEEPEINED WELLS (Circle Appropriate Box)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. P27494

Not to be filled in by driller (WRA USE ONLY)
 APPROX PERMIT NUMBER GAP
 FORCE INITIALS FS CONDITIONS 40-73-4101
 WRITE INITIALS IN BOX A E N S G W Q C L U

EHA SIGNATURE Frank Shinn STATE HEALTH CIRCLE BOX 5
 MO DAY YR 01 11 82 CO SIGNATURE _____ DATE 1/12/82
 NORTH GRID 491 EAST GRID 0912 ELEV. (FT.) _____

B 5 SPECIAL CONDITIONS: _____ (WRA USE ONLY)



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

December 12, 2011

Rahesh Chopra
10308 Castlefield Street
Ellicott City, MD 21042

RE: **Replacement Well**
13306 Clarksville Pike
Well Permit # HO-95-2193

Dear Mr. Chopra:

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. Your existing well (HO-73-4101) has been sealed and documentation submitted to this office.

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 Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

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

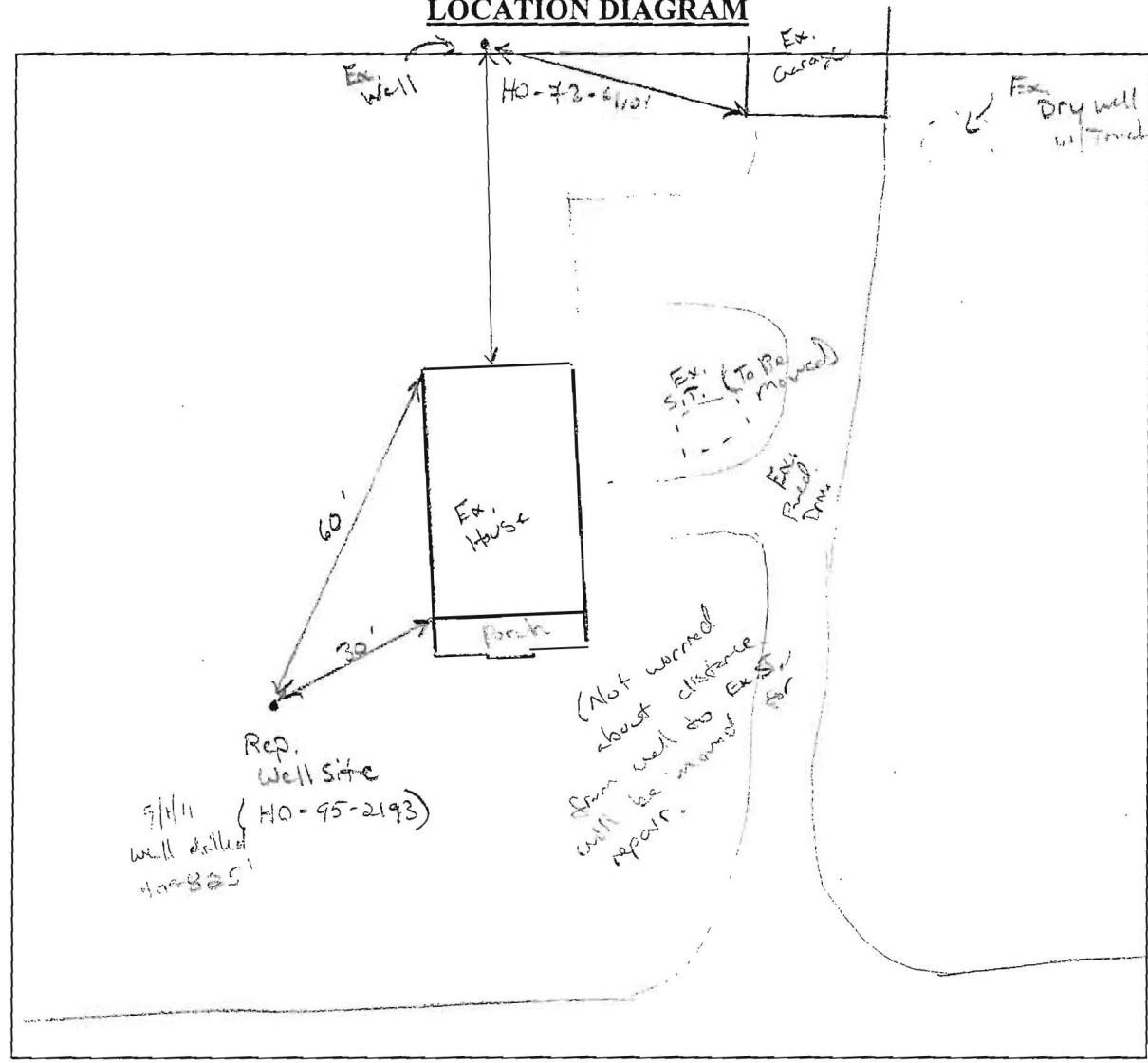
Cc: Community Hygiene Program
File

11000

SITE INSPECTION SHEET

OWNER: Bayesh Copra PHONE #: _____
 ADDRESS: 13320 Clarksville Pike CONTRACTOR: J. Moore
 WELL TAG #: 73-4101
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____
 PROPOSAL: No water

LOCATION DIAGRAM



COMMENTS: 8/23/11 Rep side chosen as shown. The ^{siphon} system drilling
 homeowner was aware and expected great interest. Pore testing already performed
 w/ no approval was in 2008. 8/25/11 Driller down 400' at 1st well
 continue for homeowner expense. Explained to homeowner he need to keep
 all systems proposed out and have a contractor get a separate repair permit

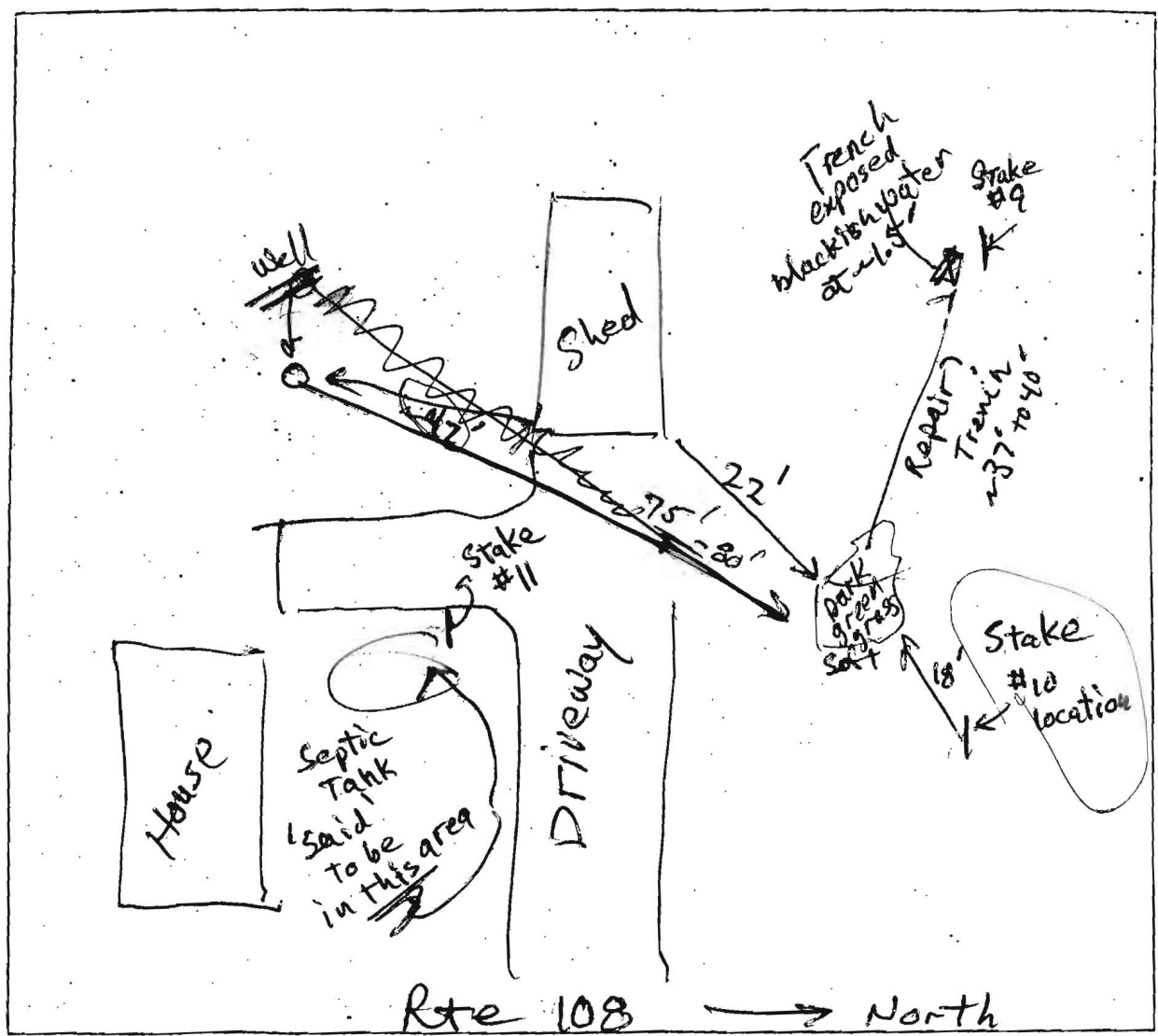
DATE: 8/23/11 INSPECTOR: (Signature)

as soon as possible. 9/1/11 WPI inspected site. must seal ex. well.
 Rep. Plumbing to perform siphon repair per recommendation

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: _____ CONTRACTOR: _____
_____ WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Failing Dry Well and Trench.
No wastewater observed on earth surface