

C1 1103

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A531999

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 5 17 2010

Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1898

OWNER Silron Carol S. and D. Martin STREET OR RFD 108 20 Route 108 TOWN Clarksville Md SUBDIVISION Martin Silron Property SECTION LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-47) and Gray Mica Rock (47-260).

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (12), NO. OF POUNDS (1128), GALLONS OF WATER (72), DEPTH OF GROUT SEAL (0-48).

CASING RECORD Form: MAIN CASING TYPE (ST), Nominal diameter top (main) casing (4), Total depth of main casing (51).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD Form: screen type or open hole (ST), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

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

DRILLERS LIC. NO.: MSD024. DRILLERS SIGNATURE: [Signature]. LIC. NO.: MSD027.

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

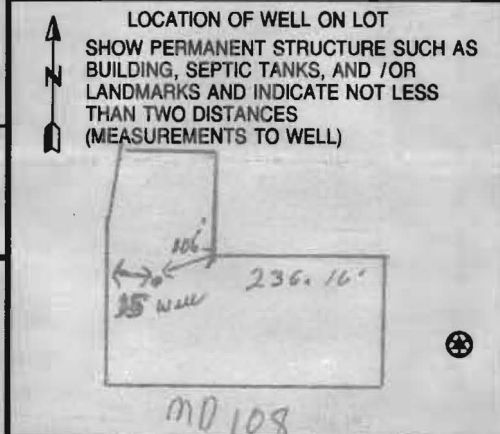
DEPTH (nearest ft.) Table with columns for casing heights (A, C, H, S, R, E, N) and slot sizes.

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

C3 PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (20), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (39 ft), WHEN PUMPING (163 ft).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).



B 1 6387
1 2 3 6
SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
533210 please type

STATE PERMIT NUMBER
HO-95-1898
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76
Silver Carol & Martin
8712 Endless Ocean Way
Columbia Md 21047

B 3 LOCATION OF WELL
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 1/2 M I
73 76 77 78
Howard
Martin Silver Property
Clarksville

DRILLER INFORMATION
Driller's Name 76 License No. 81
Firm Name
Address
Signature Date
Joseph E. Mayne M S DO 24
Joseph E. Mayne Well Drilling
5512 Ridg Rd Mt. Airy Md 21777
Joseph E. Mayne 4-21-2010

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: 29 BLK: 11 PARCEL 350
10820 Route 108
210
NORTH
WEST
EAST
SOUTH
N W N E
8-9 8-9
W TOWN E
8 8
S W S E
8-9 8-9
S 8

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 4
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

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

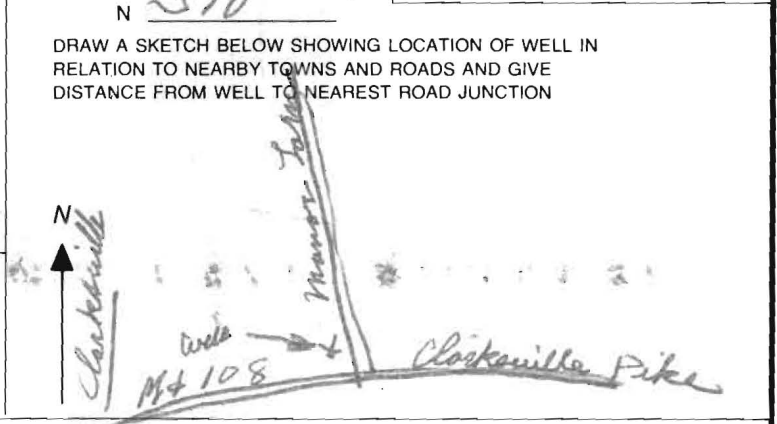
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard (13) A531999
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 5/5/2010
5/5/2010 Brian Baker 5/5/2011
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 510 000 EAST GRID 832 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 320 FEET
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 8392
N 510
X
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
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)
APPROX. PERMIT NUMBER G
PERMIT No. HO-95-1898
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: _____ 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 95-1898
Site Address: 10820 Route 108

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

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

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

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

House Connection

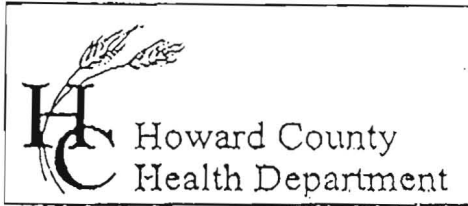
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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: 5/27/2010 BB
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



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

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

TO ALL INTERESTED PARTIES

- When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Martin Silver Property 10820 Route 108
 Subdivision/Property Name Lot# Road Name

The well site has been staked by Shanabarger Rand Surveyor
 (professional land surveyor or company employing professional land surveyors)
 on 3-16-2010 (date) and does not require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

410-290-0034

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: 5-17-2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 81 - 1675

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1898

* PERSON ABANDONING WELL: Joseph L. Mayne

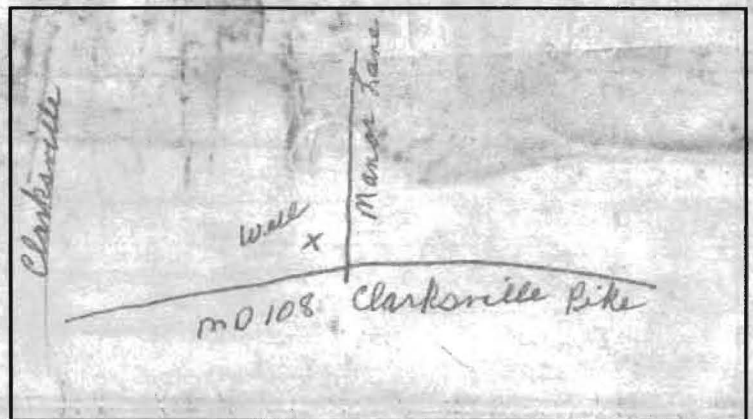
WELL DRILLERS LICENSE NUMBER: MSD024

* OWNER'S NAME: Martin + Carol Silber

CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 29 BLOCK 11 PARCEL 350
 SUBDIVISION: Martin Silber Property
 SECTION: _____ LOT: _____
 NEAREST ROAD: 10820 Route 108



* 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: 160 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement + gravel</u>	<u>0</u>	<u>160</u>
VOLUME OF MATERIAL USED		

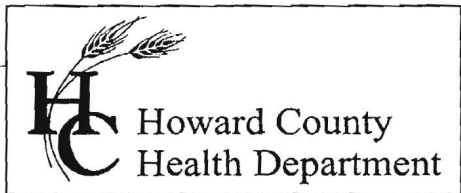
SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MSD024 MWD/MSD/MGD 5-17-2010

CIRCLE ONE

DATE



Bureau of Environmental Health
7178 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, M.D., M.P.H., Health Officer

Thomas Shoemaker
4950 Manor Lane
Ellicott City, MD 21042

Re: Well Water Testing

Dear Mr. Shoemaker,

This letter is in regard to your existing well and septic system. The Health Department recently approved a Percolation Certification Plan for a neighboring property in order to certify a sewage disposal area. As part of this plan review process all adjacent wells and septic systems within 200' of the subject property must be shown on the plan. Our records show that your existing well and septic system are within approximately 30 feet of each other. Due to this close proximity the Health Dept. strongly recommends that you have your well water tested for bacteria as a precaution.

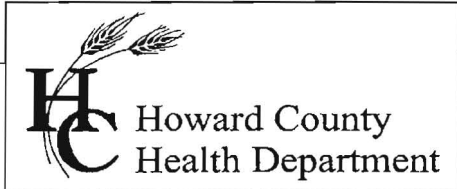
Generally, you should have your well water tested every 3 to 5 years or more frequently if you suspect there is an issue. To have your well water tested you may contact The Howard County Health Dept. at 410-313-1773 during business hours (8:00 am to 5:00 pm) Monday thru Friday to schedule an appointment. Or log onto [Http://dhmd.state.md.us/labs](http://dhmd.state.md.us/labs) (click on Drinking Water Certification Program for a list of water quality laboratories certified in Maryland).

If you have any questions regarding this letter or procedures for sampling your drinking water please do not hesitate to contact this office at (410) 313-1773.

Sincerely,

Heidi Scott
Development Coordination Section
Well & Septic Program

Cc:
File



Bureau of Environmental Health
7178 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, M.D., M.P.H., Health Officer

Kye & Young Kim
4946 Manor Lane
Ellicott City, MD 21042

Re: Well Water Testing

Dear Mr. & Ms. Kim,

This letter is in regard to your existing well and septic system. The Health Department recently approved a Percolation Certification Plan for a neighboring property in order to certify a sewage disposal area. As part of this plan review process all adjacent wells and septic systems within 200' of the subject property must be shown on the plan. Our records show that your existing well and septic system are within approximately 60 feet of each other. Due to this close proximity the Health Dept. strongly recommends that you have your well water tested for bacteria as a precaution.

Generally, you should have your well water tested every 3 to 5 years or more frequently if you suspect there is an issue. To have your well water tested you may contact The Howard County Health Dept. at 410-313-1773 during business hours (8:00 am to 5:00 pm) Monday thru Friday to schedule an appointment. Or log onto [Http://dhmd.state.md.us/labs](http://dhmd.state.md.us/labs) (click on Drinking Water Certification Program for a list of water quality laboratories certified in Maryland).

If you have any questions regarding this letter or procedures for sampling your drinking water please do not hesitate to contact this office at (410) 313-1773.

Sincerely,

Heidi Scott
Development Coordination Section
Well & Septic Program

Cc:
File