

C1 14430

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 13 W516455

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 3/23/02

Depth of Well 22 400 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3346

OWNER CLARK James (Jr.) STREET OR RFD 10300 Clarksville Pike TOWN Columbia (21042) Ellicott City

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, red rock, limestone, brown shale, Brown slate, tan slate, Gray slate, Gravel, Quartz, and Gray slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 29 NO. OF POUNDS 174

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) DEPTH (nearest ft.) 370 400

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 12400 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) 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 (nearest foot) 2

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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.

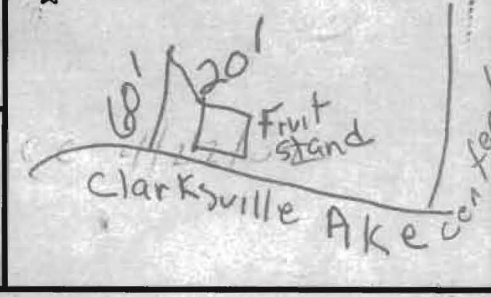
DRILLERS LIC. NO. 1 M D 227

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 0400

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 4829

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3346

516455 please print or type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8843

8 MM DD YY 13

CLARK, JR. JAMES

15 Last Name Owner First Name 34

10380 CLARKSVILLE PIKE

36 Street or RFD 55

ELLICOTT CITY, MD 21042

57 Town 70 State 72 Zip 76

B 3

Howard

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) 2 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday

MWD 040

76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

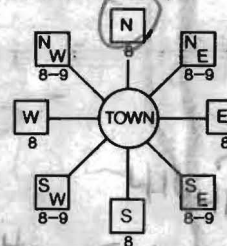
9265 Brown Church Rd., MT. Airy, Md. 21771

Address

Signature: George F. Easterday Date: 12/15/2001

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



10380 Clarksville Pike

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD FT. ENTER FT OR MI 38 39

TAX MAP: 293 BLK: 12 PARCEL 18

WELL INFORMATION

5

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (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 13 2122 WS16455 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 3/6/02 Karen Hoedley 3/6/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 511 000 EAST GRID 0836 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

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)

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 DEEPEMED 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-94-3346

SPECIAL CONDITIONS

WELL PROPOSED FOR AG. IRRIGATION AND PRODUCE WASHING

Columbia

**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: Robert L. Foezer Inc Telephone #: 410-781-4655
Address: 6321 BARNETT AVE
SYKESVILLE, MD 21784

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

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

Name (Print): Robert L. Foezer License# 2122

***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: James Clark Jr Telephone #: 410-730-8973

Subdivision: _____ Lot #: _____ Well Tag #: HO-64-3346

Site Address: 10380 Clarkville Pkwy FARM
E. C. MD 21042

Submersible Pump Data

Make: STARITE
Model #: JOP4FO2#L
Pump Capacity 10 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: _____
Model#: PA-800
Depth: 42" (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: 400 (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: 1/2" # Poly
PSI: (160 psi min)
Depth of supply line: (36" min)

House Connection

N/A → System for produce stands, will be winterized annually
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: 6/6/02 (SO)

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 N/A
Adequate grout observed below pitless adapter

Over =>

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: Robert L. Feezer Co., Inc. Telephone #: (410)781-4655
Address: 6321 Barnett Ave
Sykesville, Md. 21784

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

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

Name (Print): Robert L. Feezer License# 2122

*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: Mr. James Clark Telephone #: (410)730-8973
Subdivision: FARM Lot #: N/A Well Tag #: HO-94-3346
Site Address: 10380 Clarksville Pike (FARM)
Ellicott City, Md. 21042

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STARITE Make: Cam-Brew Two piece watertight cap:
Model #: JO P4F02#L Model#: PA-800 Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 12" (36" min) Cap secured to casing:
Well Yield: 15 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 400 (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

Tongue 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: 1/2" Poly
PSI: (160 psi min)
Depth of supply line: 36" min

House Connection N/A
FVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

SYSTEM 6
FOR PRODUCE
STAND
* Will Be
WATERIZED
ANNUALLY

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.

Robert L. Feezer (Signature)
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 _____

PM

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 - - -
Site Address: 10380 Rt. 108

Submersible Pump Data

Pitless Adapter

Well Cap and Electric Conduit

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 _____

Piping to house

House Connection

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: 12/4/07

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

BB

No Tag
Connected to Existing Line
Concrete Around Base
of Well

Cross Country Builders

4401 Cross Country Drive
Ellicott City, MD 21042
Phone 410-750-8079
Fax 410-750-6727
MHIC # 51395

November 8, 2007

Mr. Mike Davis
The Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mr. Davis,

This is a follow up letter to my previous letter dated November 5, 2007. In that letter I explained about the permit application that we are filing and some of the circumstances that I felt were pertinent to the application.

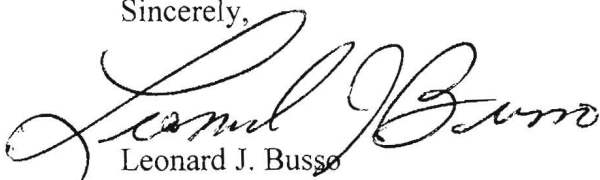
I would like to add that new construction requires a septic field of 10,000 square feet and perk tests to show the land can accommodate this field. The existing field is certainly more than the 10,000 square feet and the fact that it is in existence shows that the land can accommodate this arrangement. I am asking that the existing system be sufficient to meet the requirements of your department to sign off on our permit application. We are requesting a variance for the Perk certificate.

In the previous letter I requested a meeting to discuss and resolve this issue. Since we are all busy at our positions if this can be resolved via this letter and a quick phone call then that may be best. If you feel that we should meet to discuss this then we will make ourselves available. I just would not like to take up too much of your time on this matter.

If you have any questions, please feel free to call me via my cell number 410-960-6776.

Thank you for your consideration and cooperation. I will follow up with you or Gabe Creighton to complete this matter.

Sincerely,



Leonard J. Busso
President
C.C. Mr. Bert Nixon, Mr. Gabe Creighton



Ms. Martha Clark
Owner



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

May 31, 2002

James Clark, Jr.
10380 Clarksville Pike
Ellicott City, MD 21042

RE: **Replacement Well Issues**
10380 Clarksville Pike
Well Permit #: HO-94-3346

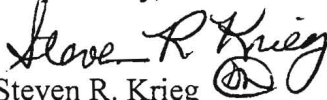
Dear Mr. Clark:

This office is requesting that you contact the Community Environmental Health 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 water from this well will be used for washing produce. There is no charge for this sampling.

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.

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.

Respectfully,


Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

JAMES CLARK, JR.
CLARKLAND FARMS
10380 ROUTE 108
ELLICOTT CITY, MARYLAND 21042

North ← → South
CENTENNIAL LANE

OVER
FOR LARGER
DWG.

410-
730-8973

BARN

HOME OF
JAMES CLARK, JR.

CORN
STAND

PROPOSED
Well

EAST
108 CLARKVILLE PIKE
WEST

RECEIVED

DEC 13 2001

L. FRANKLIN EASTERDAY INC.

02

ML/KG 3/6/02

PROP. WELL
SITE OK

CORN
STAND

130±

Swale

← WEST

RT. 108

130±

Crown's Pub

EX. SEPTIC

10435

10437

REPORTED
SEPTIC

2001 DE 18 PM 4:05

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH