

C 1 08003 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 03 14 12

MM DD YY 2 15 2012

22 280 26 10/4/2012

Ho-95-2259

OWNER Selby last name Stephanie first name WELL SITE ADDRESS 14620 Philadelphia Rd TOWN Hensley, Md 21739 SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

Sand 0 59 Mica Rock 59 280 Water 240'

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 14 NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC 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

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) HO 61 280

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 SD 027

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MS D 027

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 9

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45 ft.

WHEN PUMPING 195 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 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)

LAND SURFACE 2 (nearest) foot

LATITUDE 39.16.499

LONGITUDE 76.83.227

(DEFAULT COORD. WGS 84)

NOTES: Back House well 63' 105'

B 1 0711  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please type

STATE PERMIT NUMBER  
H0-95-2259  
 70 fill in this form completely 79

Date Received (APA)  
 8 MM DD YY 13  
**OWNER INFORMATION**  
 15 Last Name Selby Owner First Name Stephanie 34  
 36 Street or RFD 14620 Triadelphia Rd 55  
 57 Town Glennelg 70 State md 72 Zip 21737 76

B 3 **LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION \_\_\_\_\_ 42  
 SECTION 44 46 LOT 48 50  
 52 NEAREST TOWN Glennelg 71

**DRILLER INFORMATION**  
 Driller's Name Joseph L. Mayne M S D O 34 76 License No. 81  
 Firm Name Joseph L. Mayne Well Drilling  
 Address 5512 Ridge Rd Mt. Airy Md 21774  
 Signature Joseph L. Mayne Date 2-13-2013

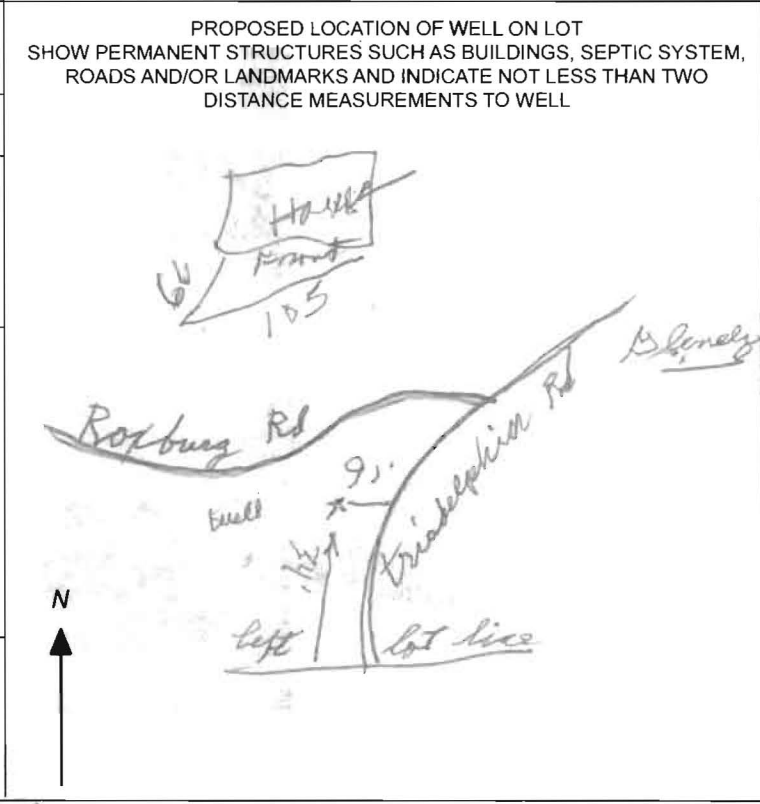
B 4 **SOURCES OF DRILLING WATER**  
 1. well  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 11 STREET ADDRESS 14620 Triadelphia Rd 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 91 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 21 BLK: 22 PARCEL 33

B 2 **WELL INFORMATION**  
 1 2 APPROX. PUMPING RATE 4  
 (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  
 OPEN LOOP GEOTHERMAL  
 CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME Howard COUNTY NO. (13)  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 2/13/13  
 43 MM DD YY 48 CO SIGNATURE Joseph L. Mayne EXP. DATE 2/13/13

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



**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 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 H0-81-2505

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER - - - - - G - - - - -  
 PERMIT No. H0-95-2259  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Ex. Well to be sealed.  
 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 - 95-3259  
Site Address: 14620 Trivedi Rd.

<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 \_\_\_\_\_

<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: 2/17/12      Date Insp. Approved: RA 2/17/12

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	_____	✓ (line ground wire directly to house)
Adequate grout observed below pitless adapter	_____	✓

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: 2-15-2012 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

*note* HO - 81 - 2505  
HO - 95 - 2259

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Joseph L Mayone

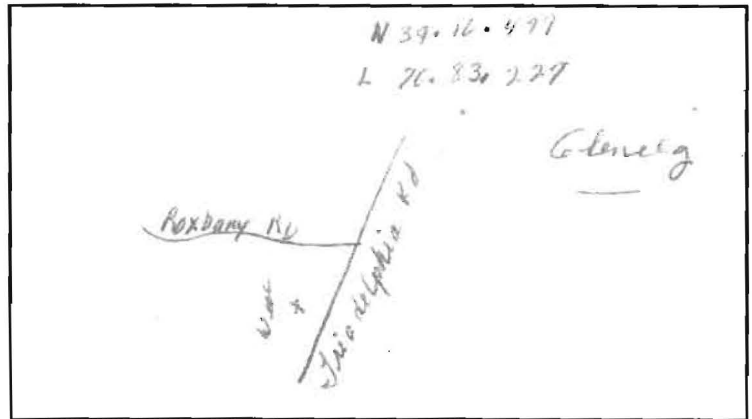
WELL DRILLERS LICENSE NUMBER: MSD-024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Stephanie Selby

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Glennville  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 14620 Tridolphia Rd



\* TYPE OF WELL BEING ABANDONED:

DRILLED \_\_\_\_\_ JETTED  
 \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG  
 \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>80</u>
VOLUME OF MATERIAL USED		

\* 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: 80 FEET DEEP

\* WAS ANY CASING REMOVED?  YES \_\_\_\_\_ NO  
 if yes, length removed, in feet: 3

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES  NO

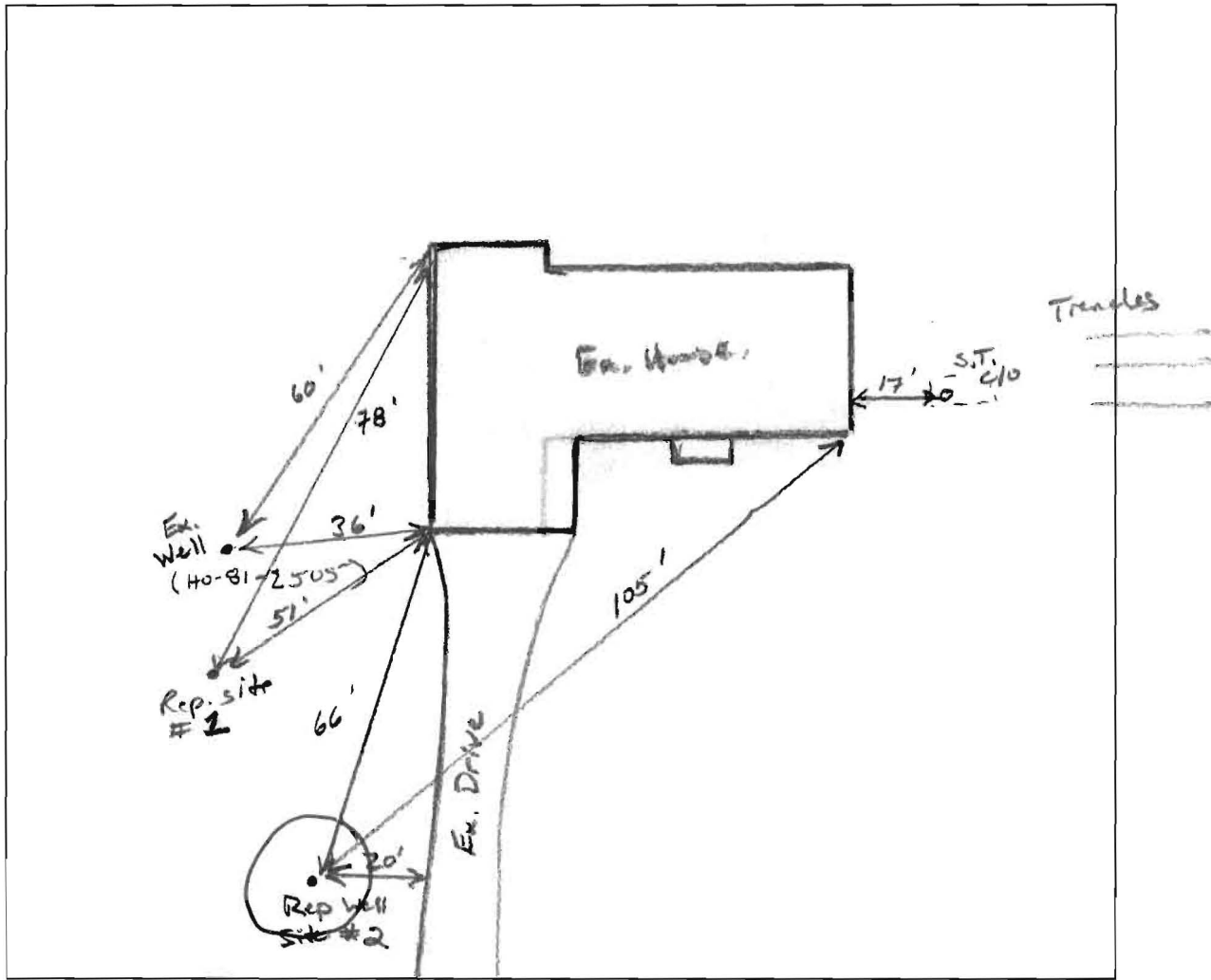
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L Mayone LICENSE # MSD-024

MWD/MSD/MGD 3-12-2012  
 CIRCLE ONE DATE

SITE INSPECTION SHEET

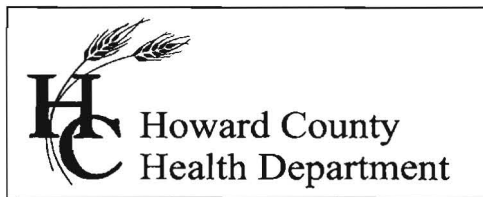
OWNER: Stephanie Sulby PHONE #: 717 372 9581  
ADDRESS: 14620 Triadelphia Rd. CONTRACTOR: J. Mayne  
WELL TAG #: H0-95-2259  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: (13)  
PROPOSAL: out of H2O

LOCATION DIAGRAM



COMMENTS: 2/13/12 gave driller 2 rep. sites both approved locations.

DATE: 2/13/12 INSPECTOR: K. Volz



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

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

March 9<sup>th</sup>, 2012

Stephanie Selby  
14620 Triadelphia Road  
Glenelg, MD 21737

RE: **Replacement Well**  
14620 Triadelphia Rd  
Well Permit # HO-95-2259


Dear Ms. Selby:

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-81-2505) 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



# HOWARD COUNTY HEALTH DEPARTMENT

36732

DATE  
2 / 13 / 2012

Received From

Stephanie Selby

PHONE # 717-372-9581

14620 Triadelphia Rd - Glenelg, MD 21737

(410-458-0384)

For

Well Permit - 14620 Triadelphia Rd -

driller - (Joseph Mayne - 443-538-1040) - waiting on application

CASH

CHECK

NO.

117

One hundred and sixty dollars

Dollars

\$

160 | 00

Received By

*(Signature)*