

C1 7199

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, TOWN, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD form including: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form including: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) form including: diameter, depth (feet).

SCREEN RECORD form including: screen type or open hole, insert appropriate code below, SCREEN RECORD options.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Y

CIRCLE APPROPRIATE LETTER: A, E, P

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 112, DRILLERS SIGNATURE

LIC. NO. 1 D

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

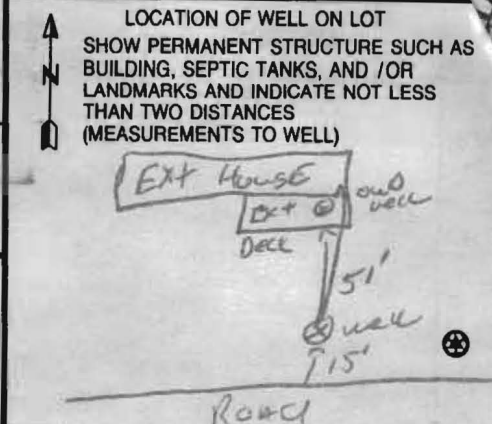
C2 DEPTH (nearest ft.) table with columns 1-11 and 15-17, 21-23, 26-28, 30-32, 36-38, 39-41, 45-47, 51-53. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN.

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

C3 PUMPING TEST form including: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form including: DRILLER INSTALLED PUMP, IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



B 1 0863  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
530996 please type

STATE PERMIT NUMBER  
H0-95-1761  
fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Owner First Name 34  
2331 MILLERS MILL Rd  
36 Street or RFD 55  
57 Town 70 State 72 Zip 76  
Cooksville MD. 21723

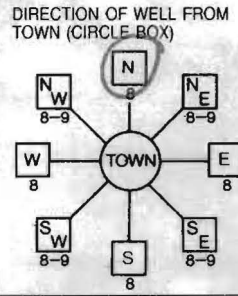
B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION H.A. 2331 MILLERS MILL Rd. 42  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN RLEWOOD 71  
MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

76 License No. 81  
76 M SD 117  
Ralph E. MAYNE INC  
Firm Name  
17024 Handy Rd Mt. Airy MD. 21771  
Address  
Ralph E. Mayne 5/11/09  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30  
MILLERS MILL Rd  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 35 37  
DISTANCE FROM ROAD 44  
ENTER FT OR MI 38 39  
TAX MAP: 141 BLK: 4 PARCEL 96

B 2 WELL INFORMATION  
1 2 APPROX. PUMPING RATE 5  
(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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S 41  
DATE ISSUED 5/15/09  
53 43 MM DD YY 48 CO SIGNATURE EXP. DATE 5/15/19  
NORTH GRID 537 000 EAST GRID 0792 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 6" FEET  
24 28

APPROXIMATE DIAMETER OF WELL 150 NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN  
37 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 DEEPEAN AN EXISTING WELL
- PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

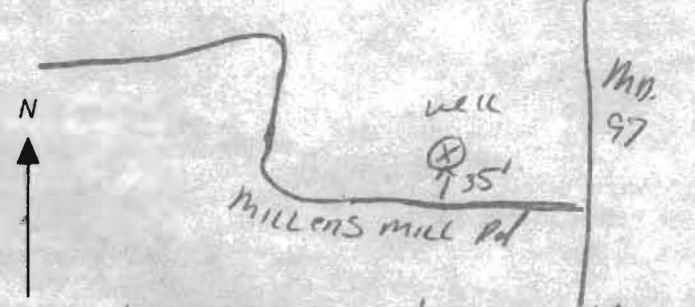
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 793  
N 538  
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)

APPROX. PERMIT NUMBER G  
PERMIT No. H0-95-1761  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS PH 443-422-0949 \* well staked in field.

SITE INSPECTION SHEET

443-605-7588

OWNER: Brent & Claire Thurman

PHONE #: 443-715-8074

ADDRESS: 2331 Miller's Mill Rd.

CONTRACTOR: R. Mayne

WELL TAG #: pit well

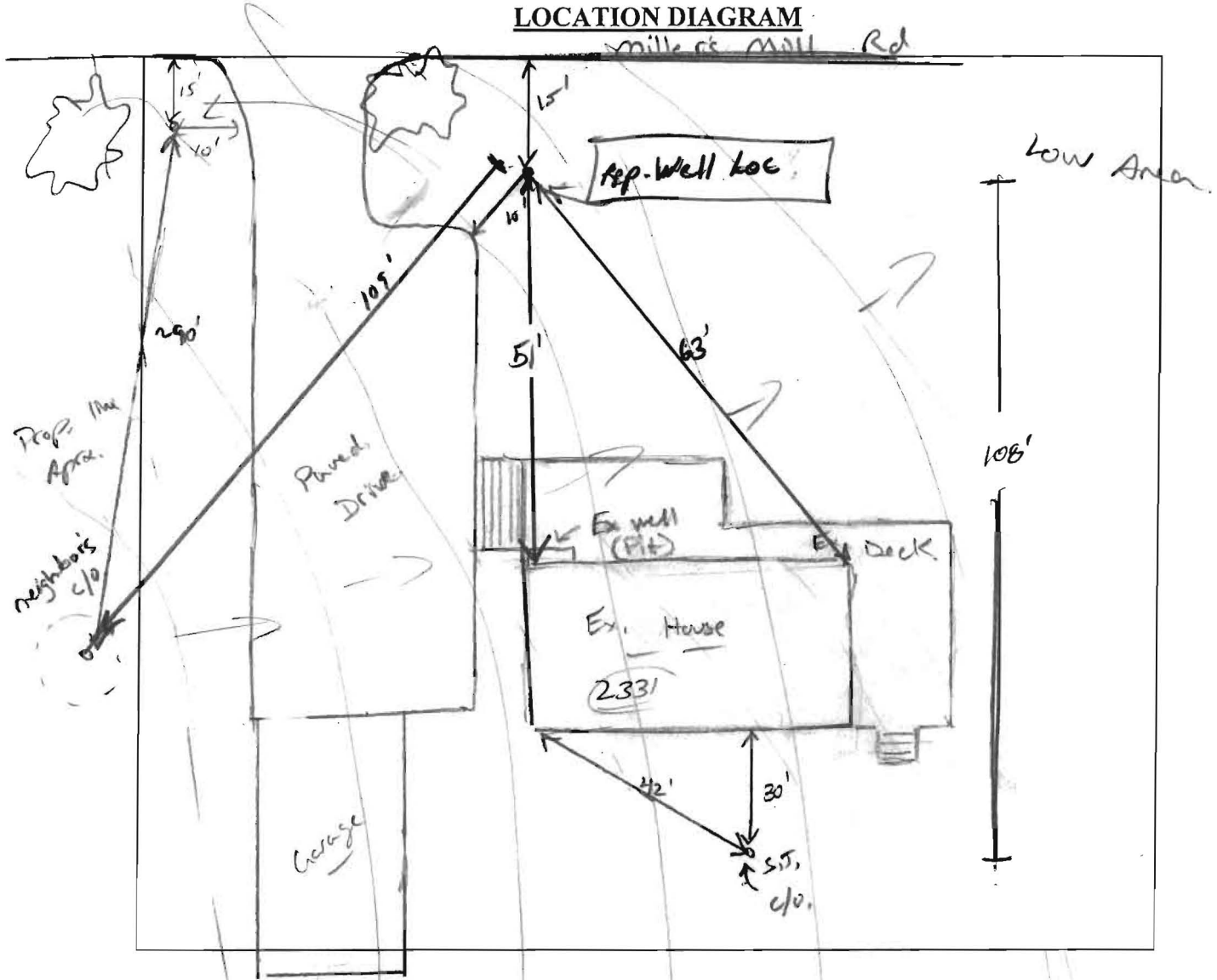
SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_

COUNTY #: 13

PROPOSAL: Pit well pulling slab of sidewalk

LOCATION DIAGRAM



COMMENTS: 5/

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

**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-95-1461  
Site Address: 2231 Millers Mill Rd

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
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 \_\_\_\_\_

*REPT  
well*

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
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: _____

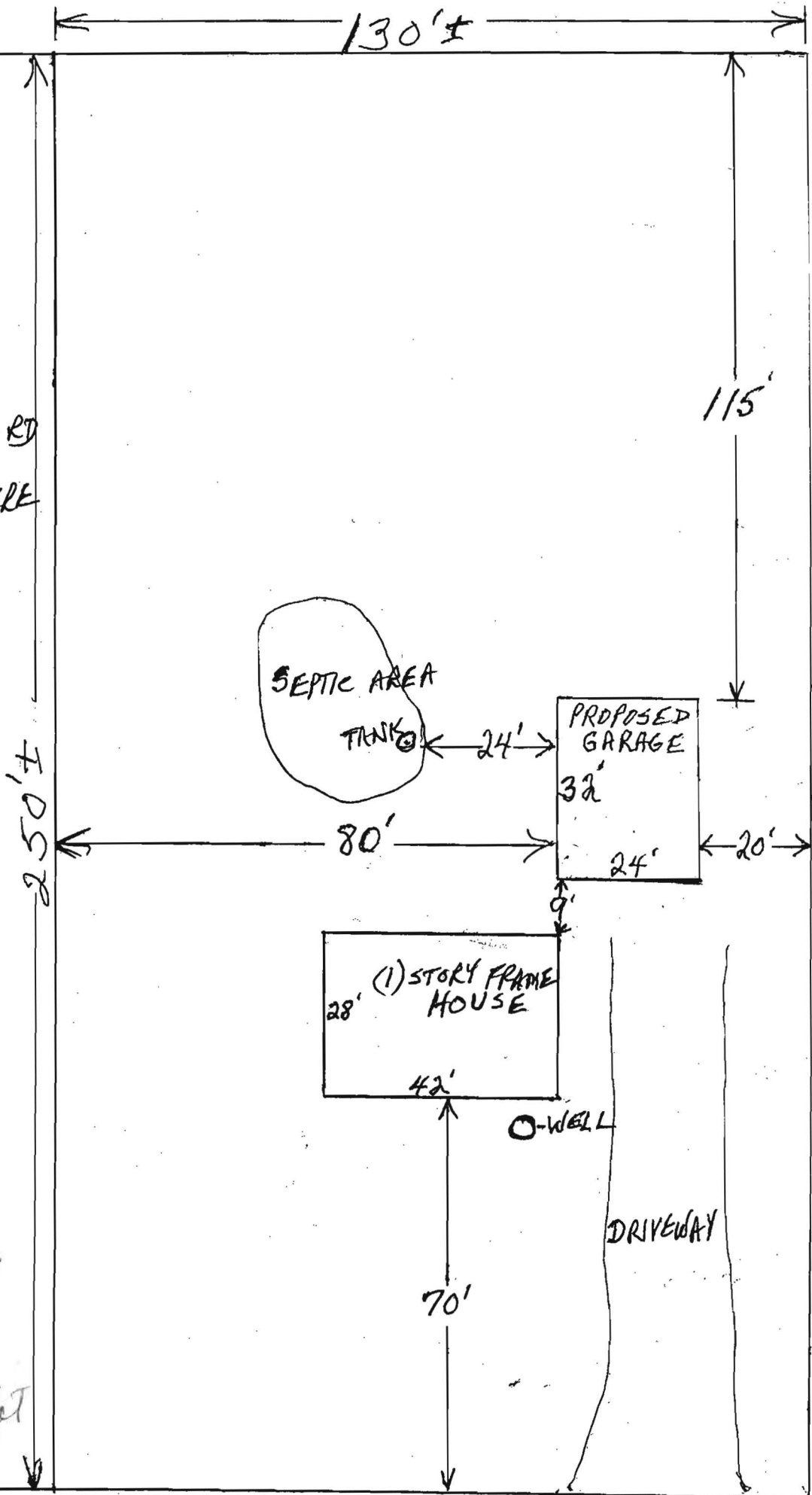
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

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: OK ZP  
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 \_\_\_\_\_ ✓

2331 MILLERSMILL RD  
APPROXIMATELY 3/4 ACRE  
SCALE 1" = 25'



B00157639

REVISED

Date: 1-12-06

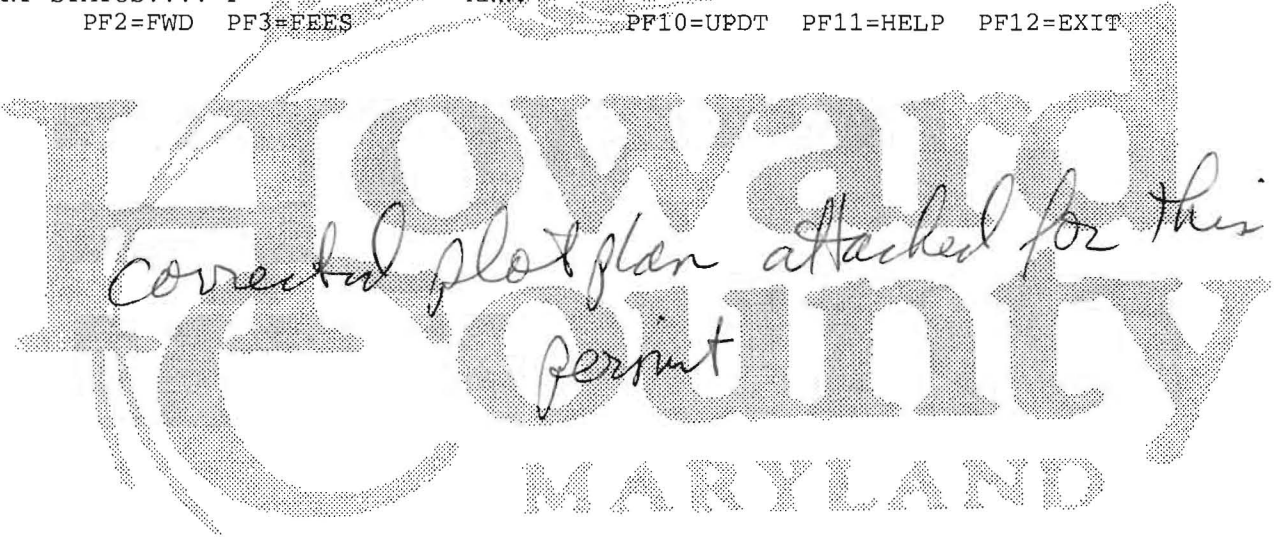
Comments: correct plot  
plan per Pt 2

INP111C CHANGE PERMIT INFORMATION (ALL TYPES) BUILDING OFFICE A  
NBR B00157639

=====PROPERTY===== CONTRACTOR=====  
00002331 MILLERS MILL RD LICENSEE:  
COOKESVILLE , MD 21723 HOMEOWNER  
PROPERTY ID 0000 - 0005 - 3733  
SUBDIVISION  
TAX MAP 14 ACREAGE 0.00 PHONE - LIC # HMO - 00000  
BLK(ST) LOT BLK =====OWNER=====  
PARCEL 96 SECT. ZONE RCDE0 DEHAENE, BERNARD  
AREA CTRACT 604002 2331 MILLERS MILL RD  
SDP: FILE: COOKESVILLE , MD 21723  
MAP COORDINATES: 9B2 WORK - HOME 301 829 - 1369  
SUITE/APT: APPLIC BERNARD DEHAENE

=====

TYPE OF IMPROVEMENT: ADD USE: SFD  
EXISTING USE.....: SINGLE FAMILY HOME  
PROPOSED USE.....: SAME WITH 1 STORY POLE BUILDING  
PROPOSED WORK.....:  
PERMIT DATES.....: APP: 01/10/06 ISS: CMP: EXP:  
CURRENT STATUS....: P RNW:  
PF2=FWD PF3=FEES PF10=UPDT PF11=HELP PF12=EXIT



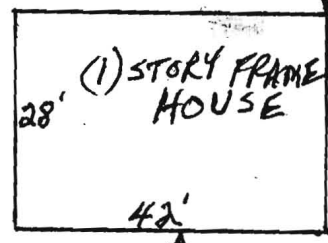
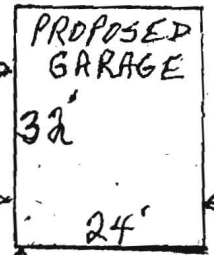
130'±

2331 MILLERSMILL RD  
APPROXIMATELY 3/4 ACRE  
SCALE 1" = 25'

1-24-06  
① Repair area must  
be established prior  
to BP Signature.  
(KTB)

115'

250'±



O-WELL

DRIVEWAY

70'

80'

24'

20'

9'

B157639  
REVISED

Date: 1-12-06

Comments: correct plot  
Plan per P+Z

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Monday, November 10, 2014 9:00 AM  
**To:** 'sayit1@me.com'  
**Subject:** Well Information and A Site Inspection Sheet  
**Attachments:** Replacement Well Information\_2331 Millers Mill Road.pdf; Site Inspection Sheet\_2331 Millers Mill Road.pdf; Perc Test and Plan Requirements.pdf; Septic Permit\_Septic Tank and Drywell.pdf

Mrs. Thurman:

Attached, you will find information about the well on your property and a site inspection sheet showing the septic tank cleanout location on the back side of the property. Also attached is a copy of the percolation test and plan requirements for developed lots. A septic permit from 1965 was in the file but I'm not sure if it's correct (I've attached it for your review).

Regards,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well and Septic Program  
(410) 313 - 1786