

4421 SEQUENCE NO. (OEP USE ONLY)
 2 3 6
 (IS NUMBER IS TO BE PUNCHED
 COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER P15880

TE Received [] [] [] [] [] []
 DATE WELL COMPLETED 020708

Depth of Well 10/17/08
205 (TO NEAREST FOOT) O.K. PB

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-95-1373

OWNER Whitty Kotruck last name 1503 Old Annapolis Rd first name TOWN Woodbine Rd 21797
 DIVISION 1503 Annapolis Rd 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		Check if water bearing
	FROM	TO	
Top Soil	0	1	
Thin Shale	1	45	✓
Thin Slate	45	69	
Thin Slate	69	71	✓
Thin Slate	71	92	
Thin Slate	92	94	✓
Thin Slate	94	128	
Flint	128	129	✓
Thin Slate	129	160	
Thin Slate	160	205	
Flint with Flint			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 19 NO. OF POUNDS 1186
 GALLONS OF WATER 114
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 60 ft.
 (enter 0 if from surface)

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

MAIN CASING
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL 6 64
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO
 STEEL BRASS OPEN HOLE
PL OT
 PLASTIC OTHER

SCREEN C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>HO</u> <u>62</u>	<u>205</u>
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ

 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 8
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 205
 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 WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 7 (nearest foot)

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)

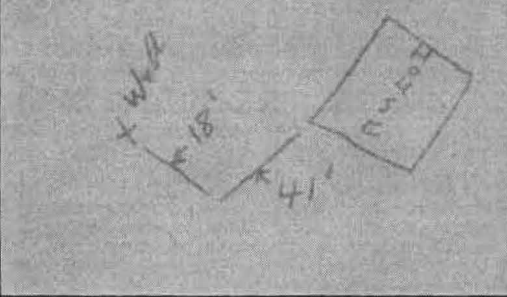
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 ELECTRIC LOG OBTAINED
 TEST WELL CONVERTED TO PRODUCTION WELL

DRILLER CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE PERMIT CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. MSP081

DRILLERS SIGNATURE [Signature]
 MUST MATCH SIGNATURE ON APPLICATION)

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



1 7797 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL HO-95-1373
 528474 please type fill in this form completely

Date Received (APA) 1/9/08
 8 MM DD YY 13
 OWNER INFORMATION
 Whitty Patrick First Name 34
 Owner
 1503 Old Annapolis Rd Street or RFD 55
 Woodbine Md 21797
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION 1503 Old Annapolis Rd 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN Woodbine 71
 MILES FROM TOWN (enter 0 if in town) 4 M I
 73 76 77 78

DRILLER INFORMATION
 Stanley Ballinger M 5 D 081
 Driller's Name 76 License No. 81
 Stair Well Drilling Firm Name
 PO Box 2035, Westminster Md 21157
 Address
 Signature Date 1/19/08

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 1 2
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11 Old Annapolis NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 34 300 37 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 7 BLK: 15 PARCEL 284

B 2 WELL INFORMATION
 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 P15880
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 1/9/2008 Brian Baker 1/9/2009
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 545 000 EAST GRID 770 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 30
 37 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 DEEPEM AN EXISTING WELL
 39
 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-95-1373
 70 71 72 73 74 75 76 77 78 79

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 740 760 770
 N 5405
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 Hardy Rd
 ST Michaels Rd
 Old Annapolis Rd
 + 300' →

8/12/08 P.M.

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. FREEZER CO. INC. Telephone #: 410-795-1405
Address: 6321 BARNETT AVENUE
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. FREEZER CO. 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: M/M PAT WITTM Telephone #: 410-489-5126
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1373
Site Address: 1503 OLD ANNAPOLIS ROAD
WOODBINE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GRUNDFOSS</u>	Make: <u>AMBARL</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>1550E07-BD</u>	Model #: <u>PA 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4.0</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>205</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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 guard 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: <u>POLY</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Freezer Date: 8/12/08

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/12/08 Date Insp. Approved: 8/12/08 (P)
Inspection Data: Pitless adapter and water supply line at least 16" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 1 1/2" 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 gout observed below pitless adapter

Samples Collected From New Well
By Community Health

SITE INSPECTION SHEET

OWNER: Stephen Witt PHONE #: _____

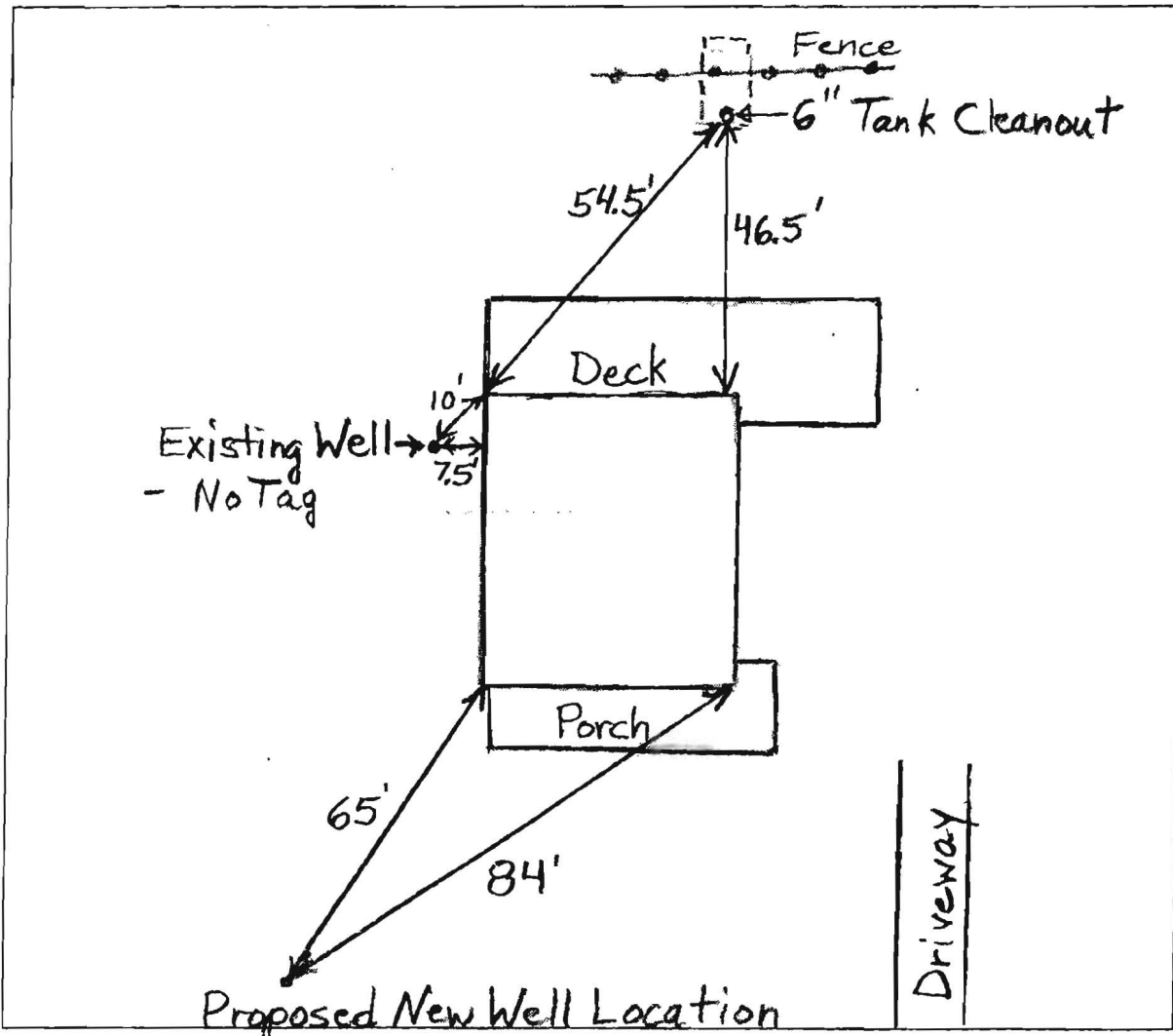
ADDRESS: 1503 Old Annapolis Rd. CONTRACTOR: Jones Well Drilling

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Existing Well Shallow and Homeowner's Experiencing Problems With Yield - Replacement Well Request

LOCATION DIAGRAM



COMMENTS: _____

DATE: 1/9/2008 INSPECTOR: B. Baker

October 20, 2008

Stephen Witty
1503 Old Annapolis Road
Woodbine, MD 21797


RE: **Replacement Well**
1503 Old Annapolis Road
Permit #: HO-95-1373

Dear Mr. Witty:

Maryland Regulations (COMAR 26.04.04) require that all new wells that are drilled for potable usage must be sampled twice as a form of protection for Maryland residents. Please call the Community Health Program at **(410) 313-1792** to schedule the collection of the initial water sample. **Currently there is no charge for the sampling.**

It is preferred that the sample be collected from an indoor faucet. If this is not possible, the sample may be taken from an outside hose bib. However, the potential for the collection of a failing water sample increases when samples are taken from sources exposed to the outside environment.

Respectfully,



Brian Baker, R.S.
Well & Septic Program

cc: Community Services Program
File