

C1 08061 (MDE USE ONLY)

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

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

COUNTY NUMBER P46474

DATE RECEIVED 9 23 2013

DATE WELL COMPLETED 9 23 2013

DEPTH OF WELL 180 (TO NEAREST FOOT)

PERMIT NO. HO 95-2589

OWNER Drifts TOWN West Friendship 21794

WELL SITE ADDRESS 12905 Rt 194 SECTION LOT

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown shale 0-44, Mica node 44-180, Water at 160.

GROUTING RECORD YES NO (Y) (N)

TYPE OF GROUTING MATERIAL (C) M (B) C BENTONITE CLAY (B) C

CASING RECORD (S) T (C) O (P) L (O) T

MAIN CASING TYPE (P) L Nominal diameter 6 1/2 Total depth 48

OTHER CASING (if used) diameter depth

SCREEN RECORD (S) T (B) R (H) O (P) L (O) T

PUMPING TEST

HOURS PUMPED 2 PUMPING RATE 7 METHOD USED TO MEASURE BUCKET

PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) CAPACITY: 31 GALLONS PER MINUTE

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED (Y) (N)

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

DRILLERS LIC. NO. M SD 024 DRILLERS SIGNATURE

LIC. NO. D

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

DEPTH (nearest ft.) No 46 180

SCREEN SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 58 80

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.F.O.S.) W O

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.30377 LONGITUDE 76.96306 (DEFAULT COORD. WGS 84)

NOTES

B 1 12127
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

HO-95-2589
70 fill in this form completely 79

Date Received (APA)

9/19/2013
8 MM DD YY 13

OWNER INFORMATION

15 Parker Last Name Owner Jason First Name 34

36 12925 Rt144 Frederick Rd Street or RFD 55

57 West Friendship Md 21794 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN West Friendship 71

DRILLER INFORMATION

Driller's Name Joseph T Mayne M 5 D 024 License No. 81

Firm Name Joseph T Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21771

Signature Joseph T Mayne 9-18-13 Date

B 4

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

12925 Rt144
11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)



34 400+37 DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI

TAX MAP: 15 BLK: 16 PARCEL 17

B 2

WELL INFORMATION

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

Howard (13) P46474
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 9/19/2013
43 MM DD YY 48 CO SIGNATURE Brian Baker 9/19/2013 EXP. DATE

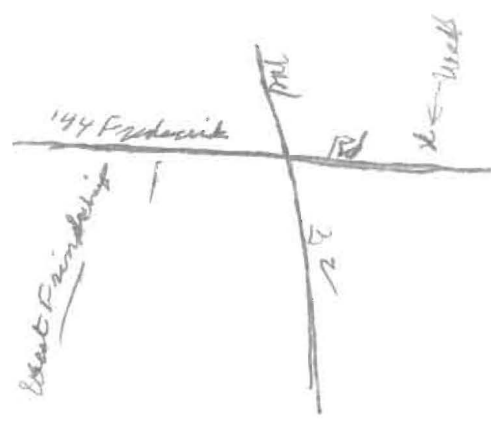
APPROXIMATE DEPTH OF WELL 260 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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

PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
DISTANCE MEASUREMENTS TO WELL



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
- 39 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

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-95-2589
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Soil/Fill Hand Dug Well
@ COUNTY



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

October 6, 2016

Homeowner
12925 Frederick Road
West Friendship, MD 21794

RE: **Old well abandonment**
12925 ~~Howard Lodge Drive~~
~~Frederick Rd.~~

Dear Homeowner,

According to our records, Joseph L. Mayne drilled a replacement well at 12925 Frederick Road in September of 2013. The Health Department never received documentation that the old well was sealed.

The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department showing the well has been abandoned and sealed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: File

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Drain Relief Inc Telephone #: 410-984-2107
Address: PO Box 277
HISBON MD 21765

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JOSEPH DIMARTINO License# 3969

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: JASON PARKER Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-75-2589
Site Address: 17925 A FREDERICK Rd
West Friendship Md

Submersible Pump Data

Make: Meyer
Model #: _____

Pump Capacity: 8 gal GPM
Well Yield: 10 g GPM

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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: ✓
Model#: _____

Depth: _____ (36" min)

NSF/WSC 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: _____

Piping to house

Type: Poly
PSI: ✓ (100 psi min)

Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____

Sleeve 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: [Signature] date: 9/25/13

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

Date Insp. Requested: _____ Date Insp. Approved: 9/27/2013 Inspector: [Signature]

- Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

Connected to Existing Line

Old hand dug well not abandoned by a licensed well driller. -12/6/16 SC

NORINO CONSTRUCTION & DRAIN RELIEF, INC

8100 Harford Road Baltimore, MD 21234

Phone (410) 663-9013 → cell 410-984 2127

If Payment is not received within 30 days,
2% Service Charge will be added each month

CUSTOMER'S ORDER NO.		PHONE		DATE		
				Oct 24/16		
NAME						
Health Dept TO whom						
ADDRESS						
this might concern						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
QTY.	DESCRIPTION				PRICE	AMOUNT
	1 Job of maintenance master plumber installed pump in New Well and back filled old Hand dug well with Stone provided by Owner. Tanton Load of stone was on site, everything was inspected 12925 Rt 44 West Friendship was address of Job & Jason Parler was Owner 410-442-8323 Joe DiMartino					
RECEIVED BY					TAX #3969	
					TOTAL	

C PRODUCT 610

All claims and returned goods must be accompanied by this bill.

16058

Thank You