

C1 27623

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 527876

ST/CO USE ONLY DATE RECEIVED MM 03 DD 04 YY 15

DATE WELL COMPLETED MM 2 DD 19 YY 2015

Depth of Well 22 220 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK 4/29/1550 HO-14-0175

OWNER Coon last name WELL SITE ADDRESS 13800 Howard Rd first name TOWN Dayton Md 21036 SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica Rock, and Water.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (12), NO. OF POUNDS (1128), GALLONS OF WATER (72), DEPTH OF GROUT SEAL (0 to 41 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (43).

OTHER CASING (if used) form with columns for diameter inch and depth (feet) from to.

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

WELL HYDROFRACTURED form with YES/NO options (Y, N).

CIRCLE APPROPRIATE LETTER form with options 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...

DRILLERS LIC. NO. M S D 024, DRILLERS SIGNATURE, LIC. NO. D

DEPTH (nearest ft.) table with columns 1-21 and rows A-C, S-R, E-N.

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

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (32 ft), WHEN PUMPING (180 ft), TYPE OF PUMP USED (A air).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below), LAND SURFACE (1 nearest foot).

LATITUDE 39.24185, LONGITUDE 76.99204 (DEFAULT COORD. WGS 84)

NOTES: 12 bags = 2.92 bags/10', 4.1

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) TELESCOPE CASING LOG INDICATOR OTHER DATA

**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: AVS Plumbing + Heating Telephone #: 410-442-2221  
Address: P.O. Box 127  
near Friendsville, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Carole Koptina License# 7080

\*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: Nancy Lee Telephone #: 410-531-2061  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - \_\_\_\_\_  
Site Address: 13800 Howard Rd  
Dyers, MD 21036

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Grundfos</u>	Make: <u>Boschert</u>	Two piece watertight cap: _____
Model #: <u>56305417</u>	Model#: <u>P100 55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: _____
Well Yield: <u>6</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	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, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>2" 160 (243L)2</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve 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: [Signature] date: 3-30-15

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

Date Insp. Requested: 3/21/15 Date Insp. Approved: 3/31/15 Inspector: RR

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

<b>B 1</b>	<b>29538</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> <i>5553207</i> please type	STATE PERMIT NUMBER <b>HO-14-0175</b> <small>70 fill in this form completely 79</small>
------------	--------------	--------------------------------	--	---

**OWNER INFORMATION**

Date Received (APA) 12/12/14  
8 MM DD YY 13

Coon Last Name 15      Nancy Owner First Name 34

13800 Howard Rd Street or RFD 36      55

Dayton Town 57      Md State 70      72                           Zip 76

**LOCATION OF WELL**

Howard COUNTY 8      21

23 SUBDIVISION      42

SECTION                      44 46      LOT                      48 50

Dayton NEAREST TOWN 52      71

**DRILLER INFORMATION**

Joseph L Mayne Driller's Name 76      M S D 024 License No. 81

Joseph L. Mayne Well Drilling Firm Name

5512 Ridge Rd Mt Airy 21771 Address

Joseph L Mayne Signature      12-12-2014 Date

**SOURCES OF DRILLING WATER**

1. well

2.      3.

13800 Howard Rd STREET ADDRESS 11      30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
W 32 E
WEST S EAST
SOUTH

34 33 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 7 PARCEL 136

**WELL INFORMATION**

APPROX. PUMPING RATE 4 (GAL. PER MIN.) 8      12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14      20

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME      (13) 527876 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 12/12/14                      12/14/15  
43 MM DD YY 49      CO SIGNATURE      EXP. DATE

**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

APPROXIMATE DEPTH OF WELL 260 FEET 24      28

APPROXIMATE DIAMETER OF WELL 6 INCH      NEAREST

**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

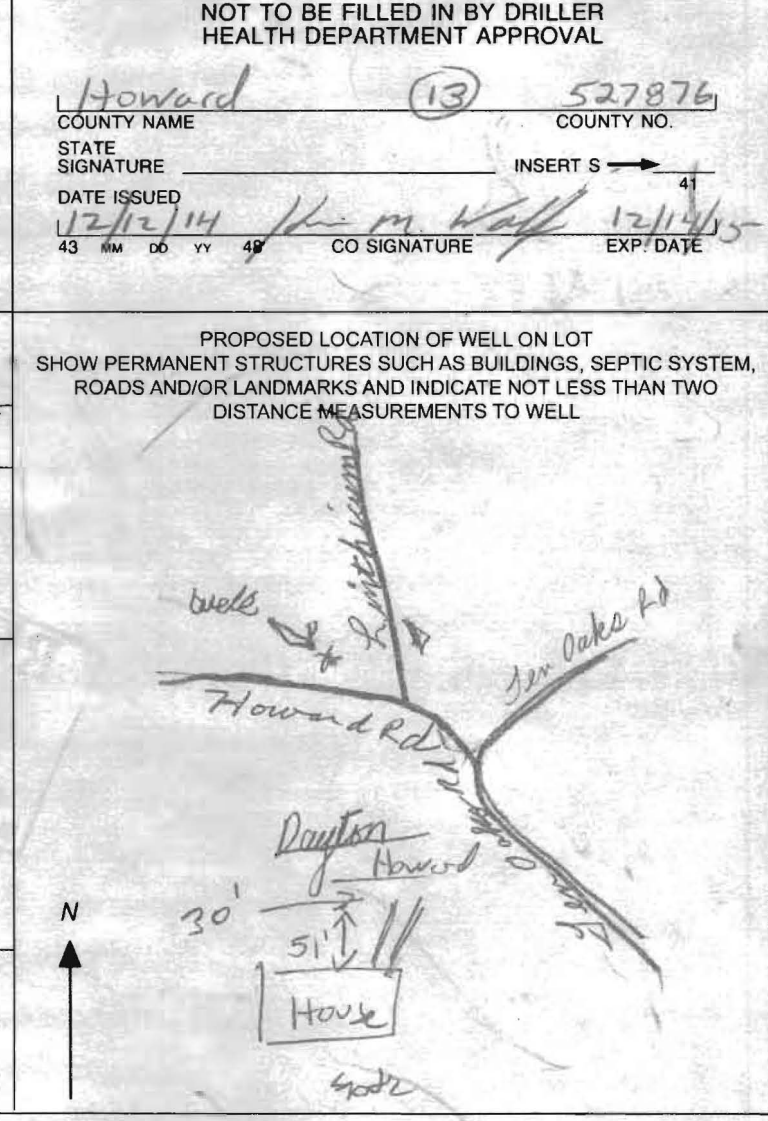
THIS WELL WILL DEEPEM AN EXISTING WELL

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)**

APPROX. PERMIT NUMBER      G

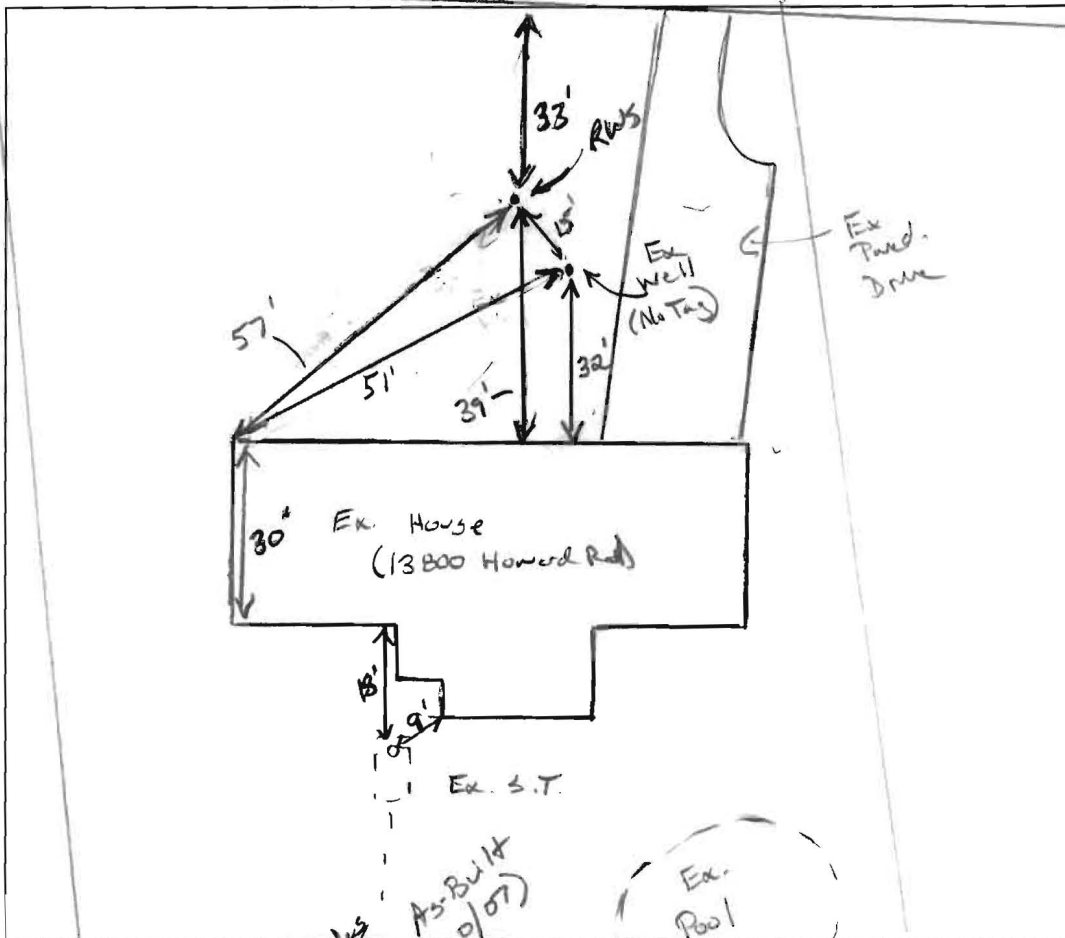
PERMIT No. HO-14-0175  
70 71 72 73 74 75 76 77 78 79



SITE INSPECTION SHEET

OWNER: Nancy Coon PHONE #: \_\_\_\_\_  
ADDRESS: 13800 Howard Rd. CONTRACTOR: J. Mayne  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: (B)  
PROPOSAL: Out of water

Howard Rd. LOCATION DIAGRAM



Brown's Chapel  
United Methodist Church

COMMENTS: \_\_\_\_\_

RWS selected. Ex. well to be sealed. Owner and abutter notified  
Well line must be inspected once new well is completed.

DATE: 12/12/14 INSPECTOR: [Signature]



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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

---

April 29, 2015

Homeowner  
13800 Howard Rd.  
Dayton, MD 21036

RE: **Replacement Well Sampling**  
13800 Howard Rd.  
#HO-14-0175

Dear Homeowner,

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.

The existing well must be sealed as per *COMAR 26.04.04.11*. Documentation should be submitted by the driller to all appointed authorities that this task has been completed.

Sampling of the new well should 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 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

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

Sarah Collins  
Environmental Health Specialist  
Howard County Health Department  
Well and Septic Program

Cc: Community Hygiene Program  
File



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](http://www.hchealth.org)

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

---

June 3, 2016

Nancy Coon  
13800 Howard Road  
Dayton, MD 21036

RE: **Old well abandonment**  
13800 Howard Road

Dear Ms. Coon,

According to our records, Joseph Mayne drilled a replacement well at 13800 Howard Road in February of 2015. The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. The Health Department never received documentation that the old well was sealed.

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 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](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: File