

C1 09419

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER OxSRX 2/27/01
Howard 13

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
11 26 97

Depth of Well
22 280 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1339

OWNER Cooper Mark
STREET OR RFD 17780 Old Frederick TOWN Marrattsville
SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
Not required for driven wells

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
 Y N
44 44

C 3
1 2
PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 3
8 9

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>50</u>	
<u>Gray Micaceous Rock</u>	<u>50</u>	<u>280</u>	<input checked="" type="checkbox"/>

NO. OF BAGS 19 NO. OF POUNDS 1786
GALLONS OF WATER 114
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

PUMPING RATE (gal. per min.) 4
11 15

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

METHOD USED TO MEASURE PUMPING RATE Air

MAIN CASING TYPE
ST Nominal diameter top (main) casing (nearest inch!) 6 Total depth of main casing (nearest foot) 54
60 61 63 64 66 70

WATER LEVEL (distance from land surface)
BEFORE PUMPING 51 ft.
17 20

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

WHEN PUMPING 190 ft.
22 25

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

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)
1 2
HO 52 280

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or 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
29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47

WELL HYDROFRACTURED Y N

A C H 2 23 24 26 30 32 36
S C 3 38 39 41 45 47 51
R E E N
SLOT SIZE 1 _____ 2 _____ 3 _____

PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)
49 50 51

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

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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)
House
DRIVE WAY
RT 99

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.

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

DRILLERS LIC. NO. 1 MSD024
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

LIC. NO. 1 MSD027
Larry Mayne

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

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

B-1 8068
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
OK SRK 2/27/01
110-94-1339
70 79
fill in this form completely

Date Received (APA) 11/25/97
8 MM DD YY 13
OWNER INFORMATION
15 Cooper Mark
Last Name Owner First Name 34
36 Rt 99 11480
Street or RFD 55
57 Marriottsville md 21104
Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 Howard
COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 Marriottsville
NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2
73 M I 76 77 78

DRILLER INFORMATION
Driller's Name Joseph L. Mayne M S D 024
76 License No. 81
Firm Name Joseph L. Mayne Well Drilling
Address 5512 Ridge Rd. Mt. Airy 21111
Signature Joseph L. Mayne Date 11/24/97

B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E W E S E S
8 8 8 8 8 8
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 37
DISTANCE FROM ROAD 4/16 mi
ENTER FT OR MI 38 39
TAX MAP: 10 BLK: 21 PARCEL 152

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

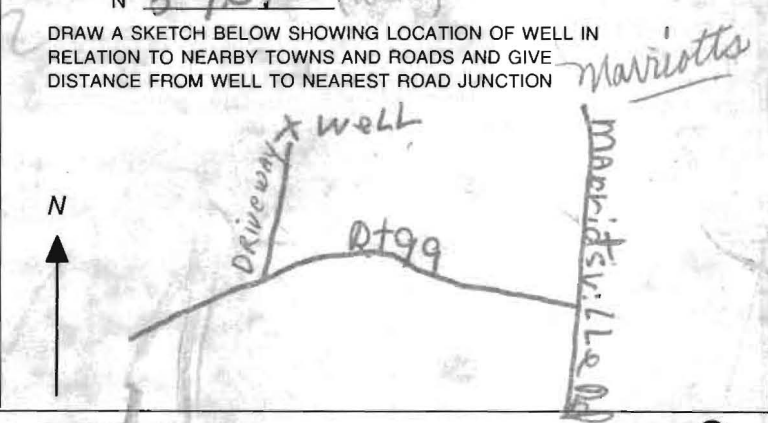
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME 13
COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED 11/25/97 Kim Maisto 11/25/98
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 544 000 EAST GRID 826 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250
24 28 FEET
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

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 826
N 540
11/24/97 8:30
280' deep
54' casing
50' open
4gpm
18 bags Portland
Grant
000
000

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 54 G A P 63
FORCE KM WRITE INITIALS IN BOX PERMIT No. 110-94-1339
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

410-442-1063

March 3, 2001

Mark Cooper
11480 Route 99
Marriottsville, MD 21104

RE: **Replacement Well Issues**
11480 Route 99
Well Permit #: HO-94-1339


Dear Mr. Cooper:

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.** 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.

In addition, the original water supply that served this house was reported to be a hand dug well that was supposed to be sealed as indicated on the well permit application. Proper disconnection and sealing must occur in order to comply with Code of Maryland Regulations 26.04.04. This sealing process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. **If this well has yet to be sealed, it is strongly recommended that it is disconnected and sealed by an appropriate individual licensed by the Maryland State Board of Well Drillers. These individuals must submit the appropriate documentation to this agency.**

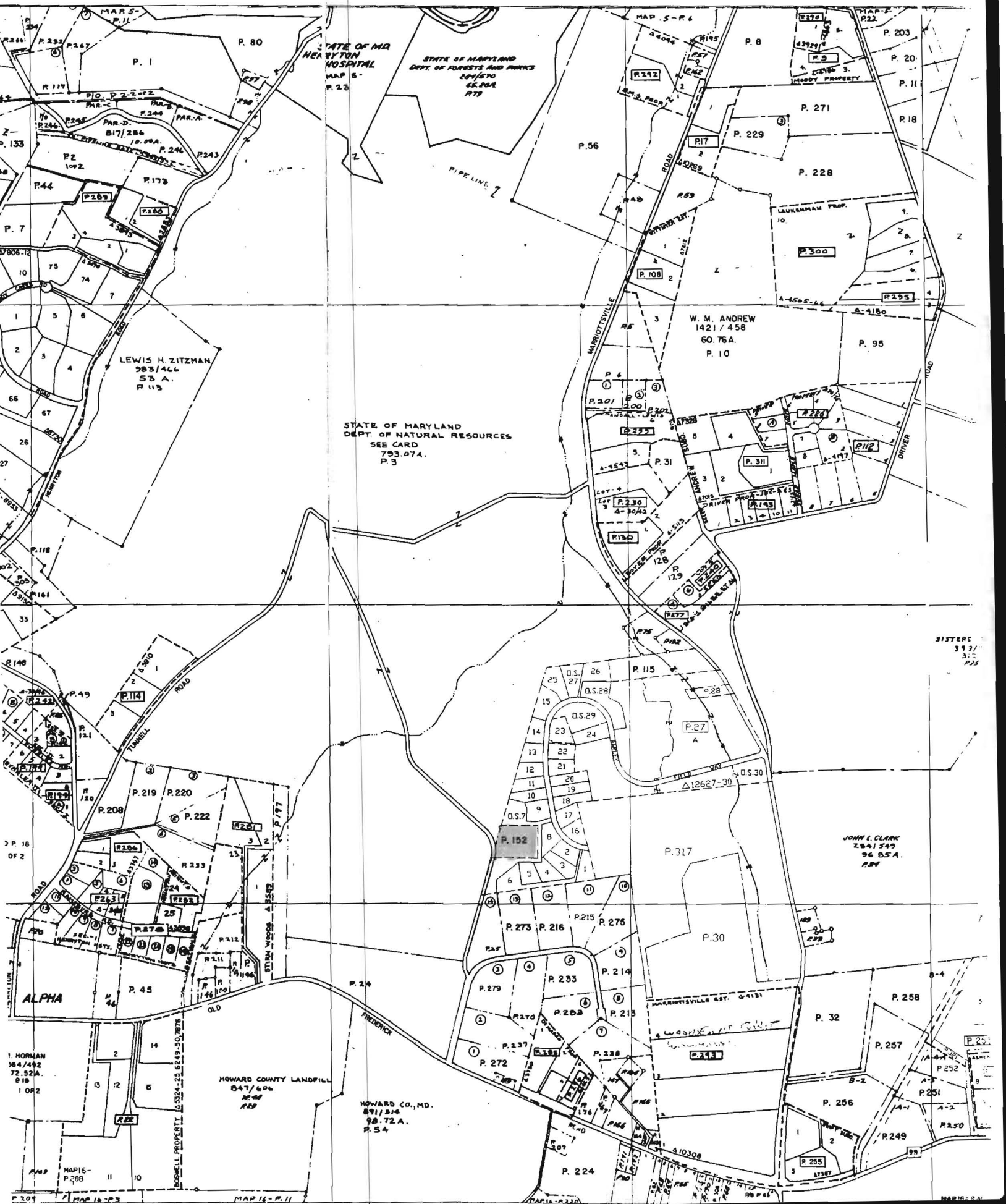
If this can not be accomplished, a Health Department Sanitarian must be present to observe the sealing procedure. Please be advised that the well must be sealed according to COMAR 26.04.04. Verification of compliance will be done by Health Department Sanitarians during the sealing procedure. **It is extremely important that an adequate amount of sealing material is provided along with an efficient mechanism for sealing so that the procedure can be accomplished correctly and efficiently.**

Please contact me directly at (410) 313-2669 in order to discuss compliance. Thank you for your attention to these important matters.

Respectfully,
Steven R. Krieg, Sanitarian 
Water and Sewerage Program

cc: Community Environmental Health Program
File ✓

Bureau of Environmental Health
3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH



STATE OF MARYLAND
DEPT. OF PARKS AND PARKS
MAP 5-P. 23

STATE OF MARYLAND
DEPT. OF NATURAL RESOURCES
SEE CARD
793.074.
P. 3

W. M. ANDREW
1421 / 458
60.76 A.
P. 10

LEWIS H. ZITZMAN
283/466
53 A.
P. 113

JOHN L. CLARK
284/549
96.85 A.
P. 89

HOWARD COUNTY LANDFILL
847/606
P. 89

HOWARD CO., MD.
891/314
98.72 A.
P. 54

SISTERS
313/312
P. 25

1. HORNAN
364/492
72.52 A.
P. 18
1 OF 2

MAP 16-P. 208
MAP 16-P. 11

MAP 16-P. 11

SITE INSPECTION SHEET

2:00

517962-F

OWNER: Mark + Vicki Cooper

DATE REQUESTED: 11/24/97

ADDRESS: 11480 Old Frederick Rd.
Marriottsville 442-1063(home)

DRILLER: Joseph Mayne

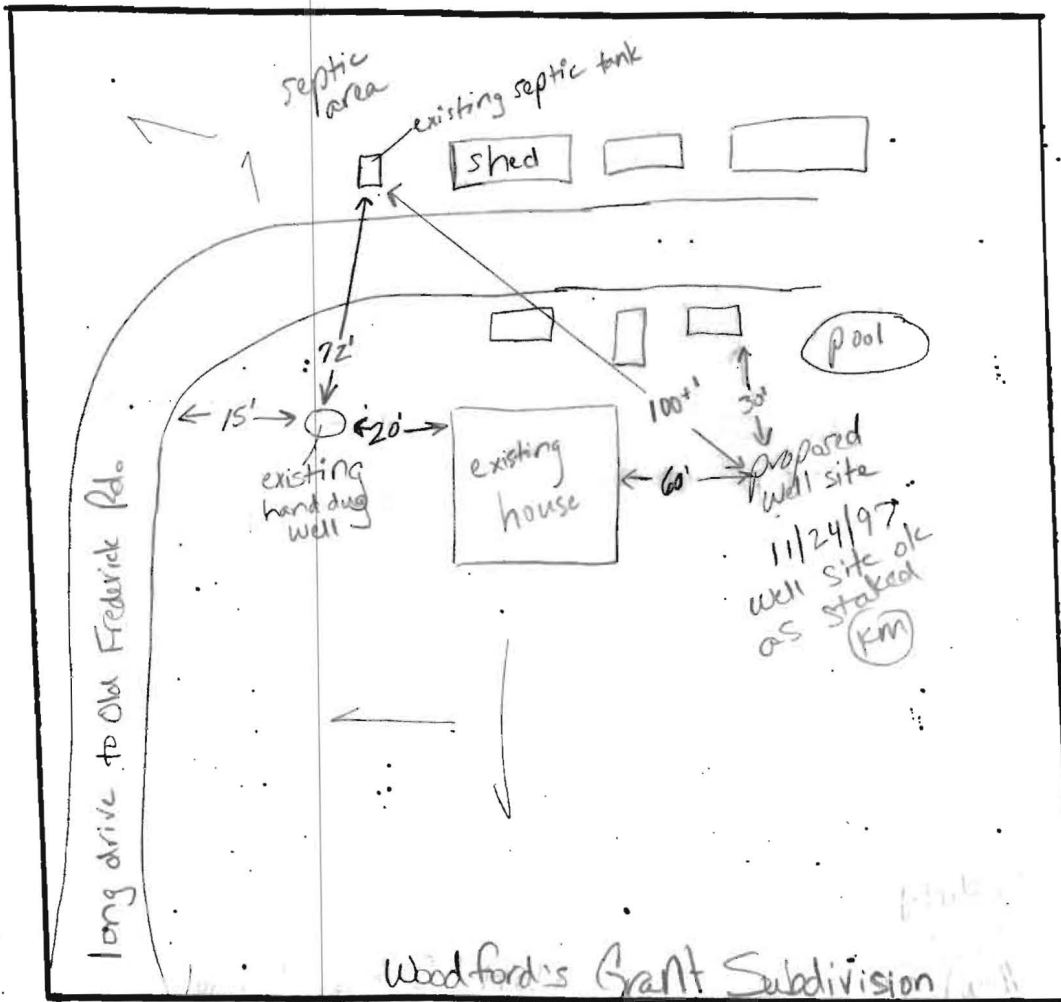
Work-Mark (410) 719-233

WELL TAG # _____

COUNTY # _____

PROPOSAL: Replacement well site inspection

LOCATION DIAGRAM



COMMENTS: 11/24/97 Proposed well site ok as staked, existing hand dug will be abandoned per driller (km)

12/1/97 Attempted WPI inspection - not able to inspect (dog loose on property). JS

DATE: _____

INSPECTOR: _____