

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3847 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 W519600

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY 22 280 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3813

8 13 15 20 20 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER Doubling Michael Morgan Station Rd TOWN Woodbine, MD

STREET OR RFD 1234 Morgan Station Rd SECTION 10 LOT 10

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	
Dirt	0	1	
Soft Br. Schist	1	47	
Hard Br. Schist	47	51	
Soft/Hard Br. Schist	51	73	
Hard Blue Schist	73	77	
Soft Br. Mica Schist	77	79	X
Soft Br. Schist	79	86	
Hard Br. Schist	86	87	
Soft Br. Schist	87	91	X
Hard Br./Blue Schist	91	96	
Br. Schist	96	97	X
Hard Blue/Br. Schist	97	104	
Hard Blue Schist	104	110	
Hard Br./Blue Schist	110	119	
Hard Blue Schist	119	141	
Hard Blue Schist	141	145	
Hard Blue Schist	145	280	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS 32 NO. OF POUNDS 3000

GALLONS OF WATER 192

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 92 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST 6 94

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet)	
		from	to
PL	4	0	130
PL	4	140	180
PL	4	190	260
PL	4	270	280

SCREEN RECORD

screen type or open hole

STEEL BRASS OPEN HOLE

PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

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

C2 DEPTH (nearest ft.)

EACH CASING	DEPTH (nearest ft.)											
	1	2	3	4	5	6	7	8	9	10	11	12
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

SLOT SIZE 1 .010 2 .010 3 .010

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. MWD 296

Ronald Kyker

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 334

Don Kyker

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 33 280

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.

WHEN PUMPING 233 ft.

TYPE OF PUMP USED (for test)

air piston turbine

centrifugal rotary other (describe below)

jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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

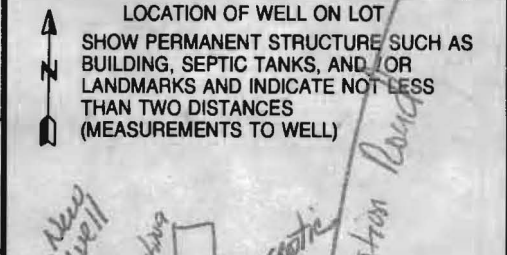
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

above 49 LAND SURFACE

below 2 (nearest foot)



DRILLERS LIC. NO. MWD 296 Ronald Kyker

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JWD 334 Don Kyker

SITE SUPERVISOR (sign. of driller or journeyman)

70 72 74 75 76

B 1 5730

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3813

W5F1600

please type

fill in this form completely

Date Received (APA)

10 4 03

OWNER INFORMATION

DOWLING MICHAEL
15 Last Name Owner First Name 34
1234 MORGAN STATION RD.
36 Street or RFD 55
WOODBINE MARYLAND 21797
57 Town 70 State 72 Zip 76

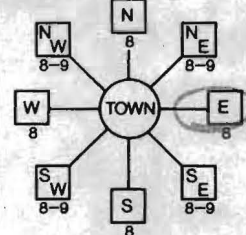
LOCATION OF WELL

B 3 HOWARD
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
LISBON
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 12 M I
73 76 77 78

DRILLER INFORMATION

RONALD KYKER M W D 296
Driller's Name 76 License No. 81
WESTMINSTER WELL DRILL INC
Firm Name
P.O. BOX 861 WESTMINSTER MD. 21157
Address
Signature Date
OCT 2 03

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MORGAN STATION RD.
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST 32 EAST
SOUTH
34 150 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: B BLK: 8 PARCEL 10

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 500 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P13621
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 10/07/03 10/07/04
CO SIGNATURE EXP. DATE
NORTH GRID 547 000 EAST GRID 786 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
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

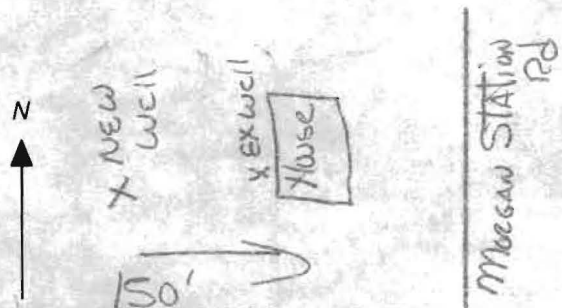
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM 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. CITY
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 786 6
N 547 7

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. HO - 94 - 3813
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
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 26.04.06 (All Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: R&G WATER SYSTEMS INC. Telephone #: 410-239-0700
Address: 4322 OPALS CHOICE DR
MARLBOROUGH, MD 21702

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Rickey L. Roos, SR. License # PI0141

*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: MR. FRED BLANK DOWLING Telephone #: 410-489-5062
Subdivision: N/A Lot #: N/A Well Tag #: EO-94-3813 ✓
Site Address: 1234 MARKET STATION RD.
WOODBINE TWP. 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GOLLIGS</u>	Make: <u>HANM</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>7LS07422</u>	Model #: <u>PT800</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>8</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>286</u> (feet)		Conduit secured to well cap: <u>YES</u>

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 YES

Piping to house	House Connection
Type: <u>POLYETHYLENE</u>	PVC sleeved to undisturbed soil at wall penetration: <u>2"</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>8'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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: Rickey L. Roos, SR. date: 10/20/03

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

Date Insp. Requested: 10/21/03 3pm Date Insp. Approved: 10/21/03 (SR)
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 3" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate ground observed below pitless adapter _____

KD-215 (Rev. 8/00)



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Michael Dowling
1234 Morgan Station Road
Woodbine, Maryland 21797

October 27, 2003

RE: **Replacement Well Issues**
1234 Morgan Station Road
Well Permit # HO-94-3813

Dear Mr. Dowling:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

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.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in enforcement action.

We have also noted in your file that your old hand dug well, will not be abandoned & sealed, as you will be using it as a standby. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Stuart F. Oster'.

Stuart F. Oster
Registered Environmental Sanitarian
Well and Septic Program

cc: Community Services Program
File