

C1-1157

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)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY 3 21 2011

22 280 26 10/14/2011 Ho - 95 - 2060

28 29 30 31 32 33 34 35 36 37

OWNER Kelly last name Alison first name Old Frederick Rd TOWN Woodbine md 21771

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Clay (0-12), Brown shale (12-30), Gray Granite (30-280), Water 60', Water 115'.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 78 ft.

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

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

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. 1 MS D0 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

DEPTH (nearest ft.) Ho 78 280

DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

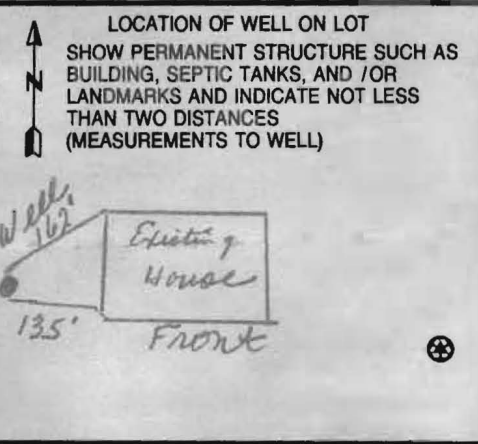
C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 70 ft. WHEN PUMPING 240 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) 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 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 - below LAND SURFACE 2 (nearest foot)



B 1 3450

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-95-2060 fill in this form completely

Date Received (APA) 3/17/2011

OWNER INFORMATION

Owner: Alison Kelly, 14830 Old Frederick Rd, Woodbine Md 21797

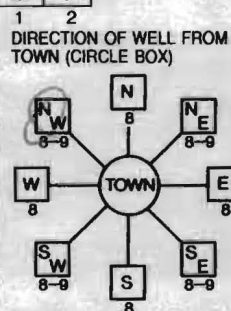
LOCATION OF WELL

Howard County, 23 Subdivision, 52 Nearest Town: Cooksville, 1 mile from town

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne MS D 024, Firm Name: Joseph L. Mayne Well Drilling, Address: 5512 Ridge Rd Mt. Airy Md 21771, Signature: Joseph L. Mayne, Date: 3-17-2011

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14830 Old Frederick Rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD: 7/110, TAX MAP: 8 BLK: 10 PARCEL: 27

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.): 4, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), 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) P46997, COUNTY NAME, STATE SIGNATURE: Brian Baker 3/17/2011, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID: 547 000, EAST GRID: 793 000

APPROXIMATE DEPTH OF WELL: 300 FEET, APPROXIMATE DIAMETER OF WELL: 8 INCH, NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), JETTED, Drive-POINT, Jetted & DRIVEN

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: G, PERMIT No. 40-95-2060

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Seal Off Any Upper Water Bearing Areas

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

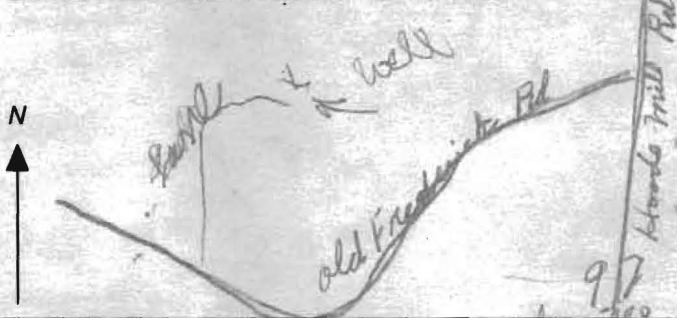
SOURCES OF DRILLING WATER

- 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78293, N 5487

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



**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 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

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

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2060
Site Address: 14830 Old Frederick Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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: _____

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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

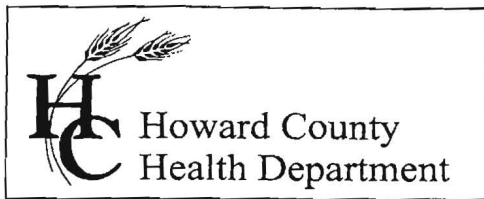
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 3/23/2011 (BIB)
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 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, MD.,M.P.H., Health Officer

March 23, 2011

Alison Lally
14830 Old Frederick Road
Woodbine, MD 21797

RE: **Replacement Well**
14830 Old Frederick Road
Well Permit # HO-95-2060

Dear Ms. Lally:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at (410) 313-1773 to arrange for water sampling for the referenced replacement well as required by Maryland code. The charge for the water sample is included in the permit fee and it is to your benefit to have your water 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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, if not already done, the old well must be sealed so that it is not a conduit for groundwater contamination. If you have any further questions you can call me at (410) 313-2643. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

Brian Baker, R.S.
Well and Septic Program

cc: Community Health Program
File

Maryland Department of Assessments and Taxation
 Real Property Data Search (vw3.1A)
 HOWARD COUNTY

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[Registration](#)

Account Identifier: District - 04 Account Number - 325362

Owner Information

Owner Name: LALLY NICHOLAS J
 LALLY ALISON L T/E
Use: AGRICULTURAL
Principal Residence: YES
Mailing Address: 14830 OLD FREDERICK RD
 WOODBINE MD 21797-8616
Deed Reference: 1)/12498/ 00022
 2)

Location & Structure Information

Premises Address
 14830 OLD FREDERICK RD
 WOODBINE 21797-0000
Legal Description
 16.5282 A
 14830 OLD FREDERICK RD
 WOODBINE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
0008	0010	0027		0000				2	

Special Tax Areas
Town NONE
Ad Valorem Tax Class 100

Primary Structure Built 1800
Enclosed Area 3,796 SF
Property Land Area 16.5200 AC
County Use

Stories 2.000000
Basement NO
Type STANDARD UNIT BRICK
Exterior

Value Information

	Base Value	Value	Phase-in Assessments		
		As Of	As Of	As Of	PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
Land	282,760	207,700	01/01/2011	07/01/2010	
Improvements:	259,160	211,300			
Total:	541,920	419,000		541,920	419,000
Preferential Land:	7,760				7,700

Transfer Information

Seller: BRODSKY MARTHA J TR
Type: ARMS LENGTH IMPROVED
Date: 06/08/2010
Deed1: /12498/ 00022
Price: \$800,000
Deed2:
Seller: PERILLA FRANK R AND WF
Type: NON-ARMS LENGTH OTHER
Date: 03/17/2009
Deed1: /11589/ 00271
Price: \$0
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:

Exemption Information

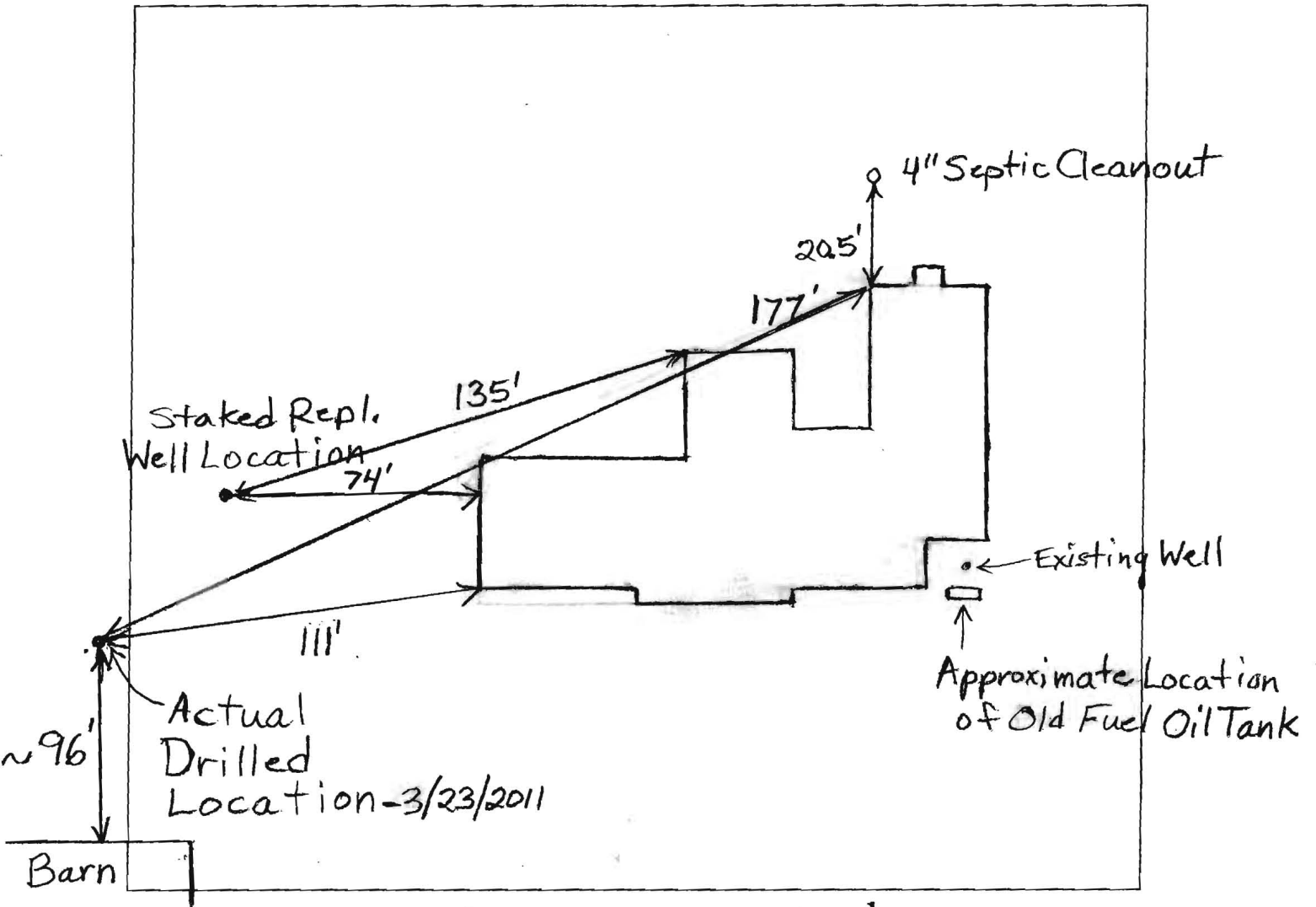
Partial Exempt Assessments
County
State
Municipal
Class 07/01/2011 07/01/2012
 0.00
 0.00
 0.00

Tax Exempt:
Exempt Class:
Special Tax Recapture:
 AGRICULTURAL TRANSFER TAX

SITE INSPECTION SHEET

OWNER: Alison Lally PHONE #: _____
ADDRESS: 14830 Rt. 99 CONTRACTOR: Joe Mayne
WELL TAG #: HO-95-2060
SUBDIVISION: _____ LOT: _____ COUNTY #: P46997
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Existing hand dug or pit well that is right next to abandoned fuel oil tank is contaminated with fuel oil and must be sealed. Replacement well to be drilled.

DATE: 3/17/2011 INSPECTOR: B. Baber