

C1 14382 SEQUENCE NO. (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 13

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

ST/CD USE ONLY
DATE Received
03 10 03
8 13

DATE WELL COMPLETED
15 20 03

Depth of Well
22 300 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3561
28 29 30 31 32 33 34 35 36 37

OWNER ANDERSON RAY
STREET OR RFD Old Frederick Rd
SUBDIVISION HBL PROP. SECTION LOT

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	
Brown Shale	0	36	
Gray Limestone	36	75	
White	75	77	✓
Gray Limestone	77	260	
White	260	261	✓
Gray Limestone	261	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 13 NO. OF POUNDS 1222
GALLONS OF WATER 78
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 37 ft.
(enter 0 if from surface)

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

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

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC 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 28.04.04 "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 M SD 009
Allen Compton
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)

C2 DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

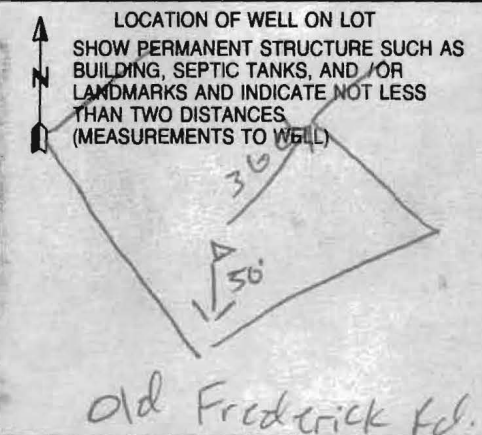
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min.) 20
METHOD USED TO MEASURE PUMPING RATE 190L
WATER LEVEL (distance from land surface)
BEFORE PUMPING 60 ft.
WHEN PUMPING 60 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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 LAND SURFACE
- below 01 (nearest foot)



B 1 7387

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W517983 please type

STATE PERMIT NUMBER

HO-94-3561 fill in this form completely

Date Received (APA) 11 06 02

8 MM DD YY 13

OWNER INFORMATION

ANDERSON KAY & NON Last Name Owner First Name

17813 CADDY DRIVE Street or RFD

DERWOOD MARYLAND 20855 Town State Zip

DRILLER INFORMATION

RONALD KYKER M W D 296 Driller's Name License No.

WESTMINSTER WELL DRILL INC Firm Name

P.O. BOX 861 WESTMINSTER MD. 21157 Address

Ronald Kyker OCT 25 02 Signature Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

B 3

LOCATION OF WELL

HOWARD COUNTY 21

HBL PROP. SUBDIVISION 42

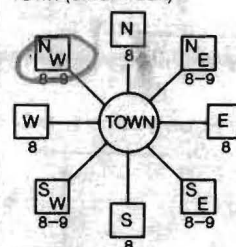
SECTION 44 46 LOT 2 48 50

COOKSVILLE NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



OLD FREDERICK RD. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH

DISTANCE FROM ROAD 75 FT

TAX MAP: 8 BLK: PARCEL

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 COUNTY NAME COUNTY NO. A 517919

STATE SIGNATURE INSERT S

DATE ISSUED 11/08/02

CO SIGNATURE KAREN THOMAS 11/08/03 EXP. DATE

NORTH GRID 548 000 EAST GRID 794 000

APPROXIMATE DEPTH OF WELL 400 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)

- 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 DEEPEMED 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-94-3561

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

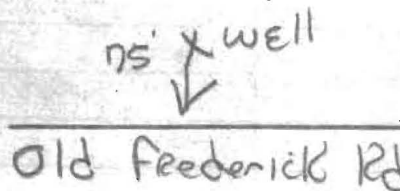
- SOURCES OF DRILLING WATER
1. CITY
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 798 4
N 548 8

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

N



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

Company Name: J&J Plumbing Telephone #: (301) 797-2171
Address: 21820 Black Rock Lane
Hagerstown, MD. 21740

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): John Savin License# MPL 12208

***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: Ronald & Kay Anderson Telephone #: (301) 717-0667
Subdivision: HBL Prop. Inc. Lot #: 2 Well Tag #: HO-94-3561 ✓
Site Address: 14640 Old Frederick Rd.
Woodbine, MD. 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Jacuzzi</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>7345-18</u>	Model#: <u>B-700X</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>22</u> GPM	NSF/WSC approved: <u> </u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u> </u>

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

Piping to house
Type: 1 Poly
PSI: 200 (160 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 10
Sleeve caulked and sealed properly: ✓

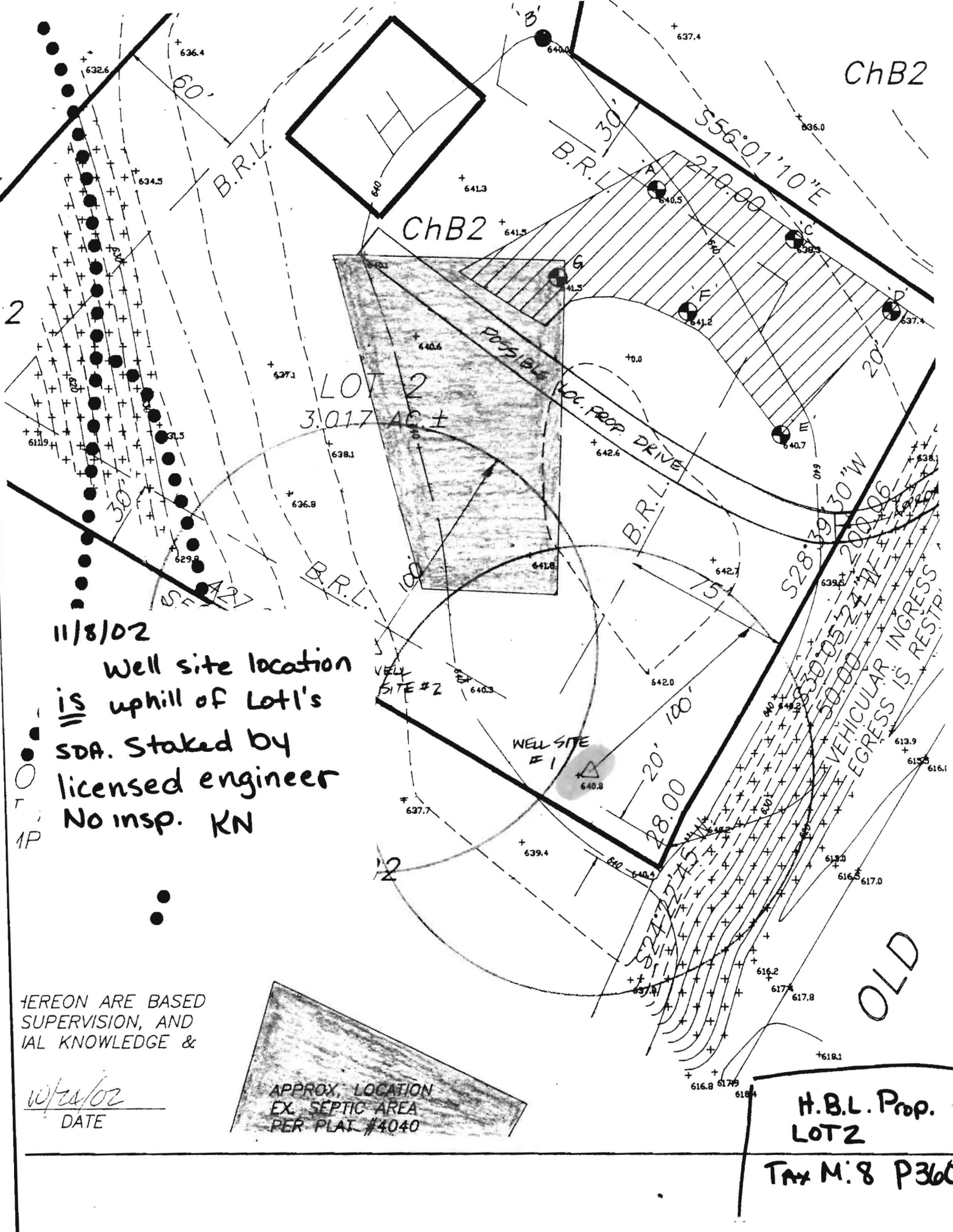
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: John Savin date: 1/22/04

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

Date Insp. Requested: 1/22/04 Date Insp. Approved: 1/23/04 Inspector: (SD)
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 seen 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 ✓

ChB2



2

1P

11/8/02

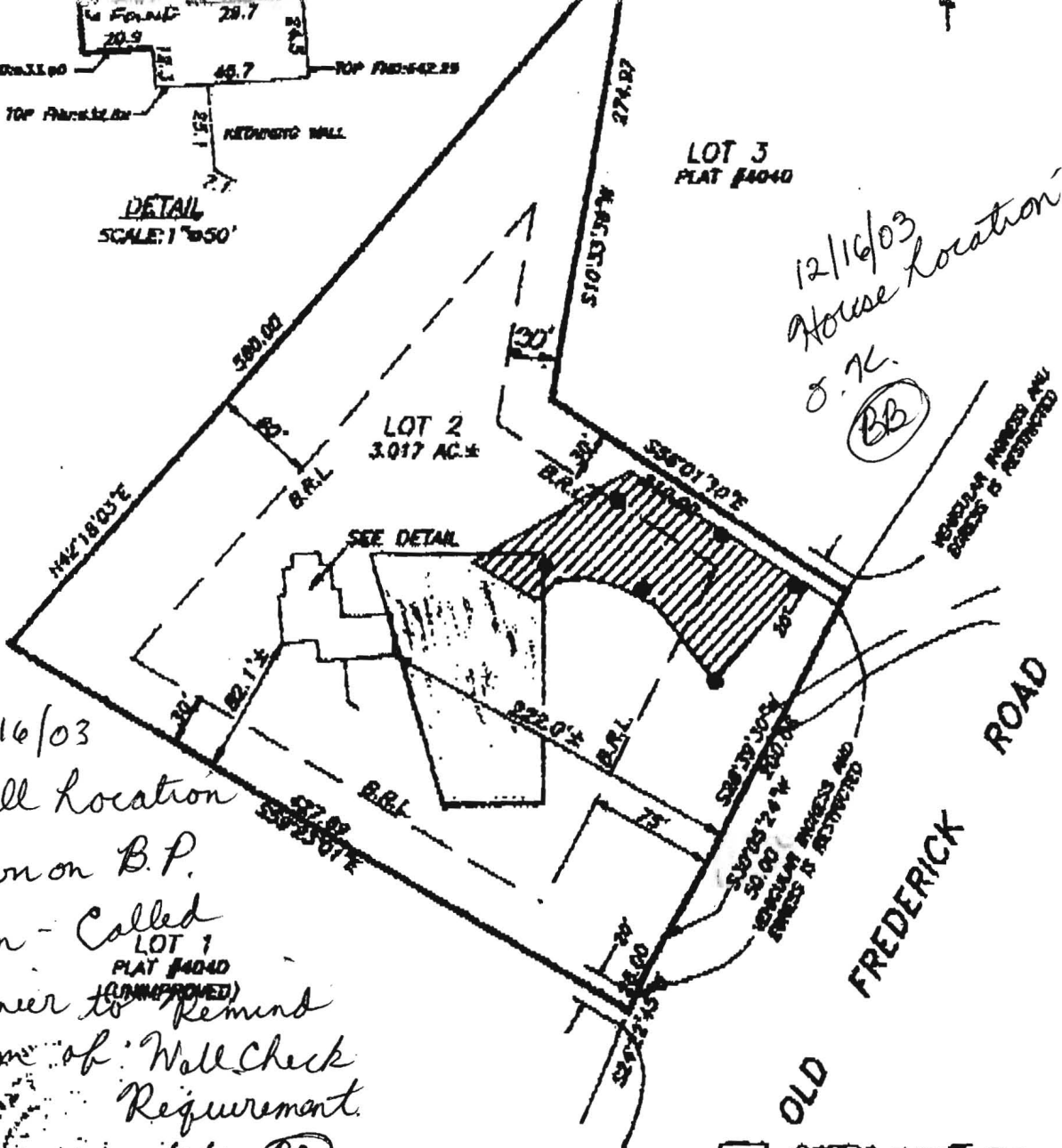
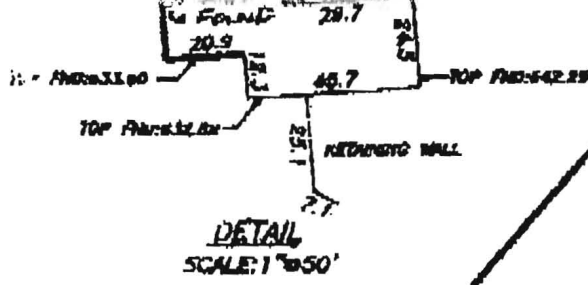
Well site location
 is uphill of Lot 1's
 SDA. Staked by
 licensed engineer
 No insp. KN

HEREON ARE BASED
 SUPERVISION, AND
 IAL KNOWLEDGE &



W/ra/oz
 DATE

APPROX. LOCATION
 EX. SEPTIC AREA
 PER PLAT #4040

H.B.L. Prop.
 LOT 2
 Tax M: 8 P360



12/16/03
Well Location
Shown on B.P.
Plan - Called
LOT 1
PLAT #4040
(UNIMPROVED)
Engineer to Remind
Them of Well Check
Requirement.
9/10/03 BB

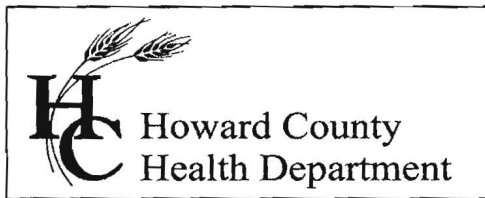
-  SEPTIC ESMT PER PLAT # 4040
-  SEPTIC ESMT PER SITE PLAN

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Shanabarger & Lane 9/10/03

SHANABERGER & LANE
6723 TOWN AND COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
(410)481-9383 FAX: 481-6883

FOUNDATION LOCATION DRAWING
LOT 2
H.B.L. PROPERTIES, INC.
PROPERTY
(PLAT #4040)
ELECTION DISTRICT: 4TH
DEED REFERENCE: 7004/192
COUNTY: HOWARD
SCALE: 1"=100'
DATE: 9/10/03
DATE OF LATEST FIELD WORK: 9/5/03



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

April 7, 2004

Ronald L. & Kay C Anderson
17813 Caddy Drive
Rockville, MD 20855

SENT VIA FACSIMILE 301-869-0333

RE: 14640 Old Frederick Road
HBL Properties Inc, Lot 2
BP # B00142228
Well Permit # HO-94-3561

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/16/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3561. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department, as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 04/1/2004
Date of Well Completion: 1/23/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File