

C1 47002

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Harbin Steven; WELL SITE ADDRESS: 1181 Morgan Station Rd; TOWN: Woodbine; SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Overburden, Brown/Gray Shale, Brown/Gray Schist, Gray Schist.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS (39), NO. OF POUNDS (365), GALLONS OF WATER (234), DEPTH OF GROUT SEAL (83 ft).

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (83 feet).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

DRILLERS LIC. NO.: MWD 548; DRILLERS SIGNATURE; LIC. NO.: D

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

C2 DEPTH (nearest ft.): 1-21, 2-36, 3-51; SLOT SIZE 1-3; DIAMETER OF SCREEN (NEAREST INCH): 56-60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 66

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (E.R.O.S.), W Q; TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C3 PUMPING TEST: HOURS PUMPED (5), PUMPING RATE (4 gal/min), MEASURE PUMPING RATE (watch/bucket), WATER LEVEL (53 ft before, 358 ft when pumping), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (7), PUMP HORSE POWER (1), PUMP COLUMN LENGTH (400), CASING HEIGHT (1 foot below land surface)

LATITUDE 39.33834N, LONGITUDE 77.04832W (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed...

B 1	<b>26567</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <b>HO-17-0185</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 09/25/17  
8 mm 00 yy 13

Harbin Steven  
15 Last Name Owner First Name 34

1181 Morgan Station Rd  
36 Street or RFD 55

Woodbine MD 21797  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Woodbine  
52 NEAREST TOWN 71

**DRILLER INFORMATION**

William W. Reichart II MWD 548  
Driller's Name 76 License No. 81

Wm. W. Reichart, Inc  
Firm Name

1772 Baltimore Pike, Hanover, PA 17331  
Address

[Signature] 9/25/17  
Signature Date

**SOURCES OF DRILLING WATER**

1 Approved well

11 1181 Morgan Station Rd STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
 WEST  EAST  
 SOUTH

34 300 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 8 PARCEL 9

**WELL INFORMATION**

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)**

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

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

Howard (13) COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 9/27/17 Seth Gelli 9/27/10  
43 mm dd yy 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ 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 \_\_\_\_\_

**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

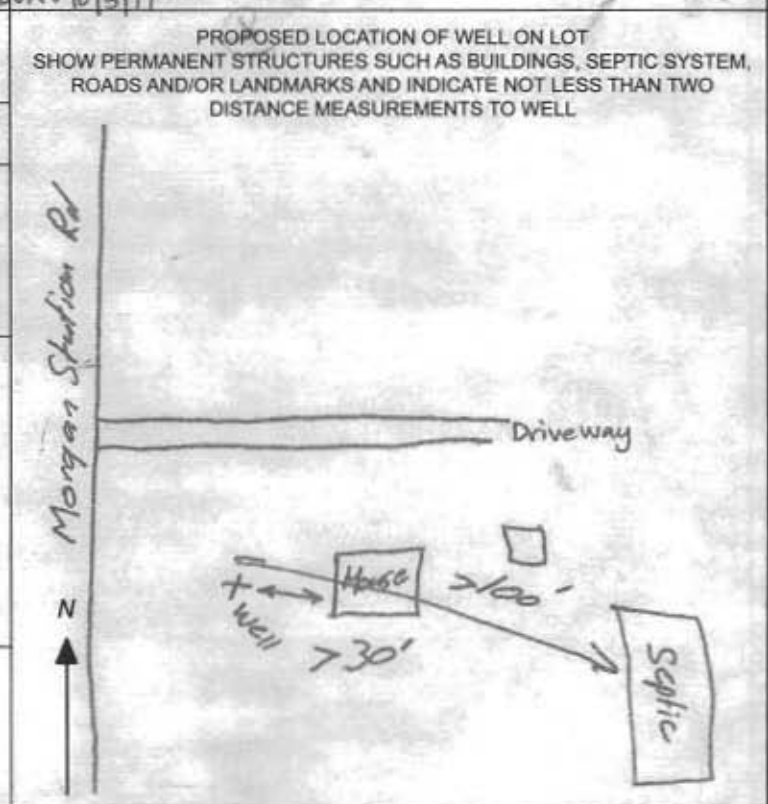
THIS WELL WILL DEEPEM AN EXISTING WELL

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 \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-17-0185  
70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Use 50' steel casing or 10' into competent bedrock which is deeper. Existing well must be sealed. Sodium, chloride, TDS, + VOCs samples req'd.

\_\_\_\_\_ COUNTY

**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: Wm. W. Reichart, Inc Telephone #: 717-632-2249  
Address: 1772 Baltimore Pike  
Hanover, PA 17331

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): William W. Reichart II License# MWD 548

\*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: Steven Harbin Telephone #: 410-935-0940  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-17-0185  
Site Address: 1181 Morgan Station Rd  
Woodbine, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Grundfos</u>	Make: <u>Boshart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7510-19</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>7</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSF/WSC approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Polyethylene</u>	PVC sleeve to undisturbed soil at wall penetration: _____ <u>N/A</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): _____ <u>N/A</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve sealed properly: _____ <u>N/A</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 \_\_\_\_\_

11/02/17  
date

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_  
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 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 \_\_\_\_\_

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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 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 17 - ~~2100~~  
Site Address: \_\_\_\_\_

0185 (D) 10/25/2017 (D)

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSP/WSC approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
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 inside of well casing

Piping to house

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

House Connection

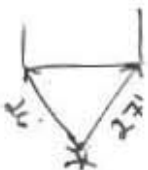
PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve (5" minimum from foundation): \_\_\_\_\_  
Sleeve sealed properly: \_\_\_\_\_

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: 10/25/2017 Date Insp. Approved: 10/25/2017 Inspector: (D)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade  48" 10/25/2017 (D)  
Two piece cap installed and attached to casing securely   
Elec. conduit extends at least 18" below grade/attached to cap properly  46" 10/25/2017 (D)  
Safety rope not outside of well cap/casing   
Correct well tag attached properly and casing 8" above finished grade  16" 10/25/2017 (D)  
Water supply line sleeved adequately at house connection   
Adequate grout observed below pitless adapter



10/25/2017 (D)

Tie into existing well line @ Back of house

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK  
2/18/13 SC

DATE WELL ABANDONED: 11/02/17 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

HO - 17 - 0185

\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: W W Reichart II

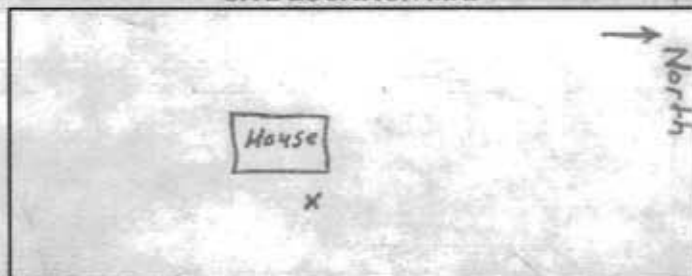
WELL DRILLER'S LICENSE NUMBER: 548

\* OWNER'S NAME: Steven Harbin

CIRCLE  MWD /  MSD /  MGD

SITE LOCATION MAP

\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Woodbine  
TAX MAP 8 BLOCK 8 PARCEL 9  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
STREET ADDRESS: 1181 Morgan Station Rd.



LATITUDE 3 9 . 3 3 8 0 6 N  
LONGITUDE 7 7 . 0 4 7 5 3 W

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite Clay</u>	<u>0</u>	<u>110</u>
VOLUME OF MATERIAL USED		
<u>23 Ft<sup>3</sup></u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_  
 BORED \_\_\_\_\_ HAND DUG \_\_\_\_\_  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_  
 IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_  
 TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

\* TYPE OF CASING:  
 STEEL \_\_\_\_\_ PLASTIC \_\_\_\_\_  
 CONCRETE \_\_\_\_\_  OTHER (specify) FERRA COTA

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 110 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED?  YES  NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# \_\_\_\_\_

MWD /  MSD /  MGS 548 11/02/17

CIRCLE ONE DATE

COUNTY



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

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October 26, 2017

Homeowner  
1181 Morgan Station Road  
Woodbine, MD 21797

RE: **Replacement Well Sampling**  
1181 Morgan Station Road  
#HO-17-0185

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. In addition, based on the well's proximity to the road, we would like to collect samples for sodium, chloride, and total dissolved solids (TDS). There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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.

The old well on the property must be sealed by a licensed well driller. Documentation should be submitted to the Health Department.

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

Cc: *Community Hygiene Program*  
*File*



