

C 1 3893

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 P516449

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 12 23 04

Depth of Well 22 300' 28 2/15/05 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-94-4095

OWNER: Ch. Han Wallace; STREET OR RFD: Rosemary Ln; TOWN: W. Friendship; SUBDIVISION: Rosemary Est; SECTION: 22/4/251; LOT: 7-A

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-59) and Gray Micaceous Rock (59-300).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY); NO. OF BAGS (18); NO. OF POUNDS (76.92); GALLONS OF WATER (108); DEPTH OF GROUT SEAL (0-59 ft.)

CASING RECORD

MAIN CASING TYPE (ST); Nominal diameter top (main) casing (6); Total depth of main casing (63); OTHER CASING (if used)

SCREEN RECORD

screen type or open hole (ST); insert appropriate code below; SCREEN RECORD (ST, BR, HO, PL, OT)

Table with columns: C 2, DEPTH (nearest ft.), A C H S R E N. Includes depth values: 61, 300.

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.) 10; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft., WHEN PUMPING 169 ft.; TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); 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 (nearest foot) 2

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)



NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO.: M SD 24; DRILLERS SIGNATURE; LIC. NO.: D

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

B 1 **9873**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
521628 please type

STATE PERMIT NUMBER
HO-94-4095
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 mm dd yy 13
Chaillon Wallace
15 Last Name Owner First Name 34
3442 Rosemary Lane
36 Street or RFD 55
West Friendship Md 21794
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

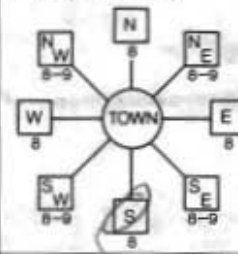
8 COUNTY **Howard** 21
Rosemary Est
23 SUBDIVISION 42
SECTION **7A**
44 46 48 50
West Friendship
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** M I J
73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MS DO24
Driller's Name 75 License No 81
Joseph L. Mayne Well Drilling
Firm Name
5512 Ridgely Rd Mt Airy Md 21771
Address
Joseph L. Mayne 12/20/04
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3442 Rosemary Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST SOUTH EAST
34 **425** 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **22** BLK: **4** PARCEL **291**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **4**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. **P516449**
STATE SIGNATURE INSERT S
DATE ISSUED **12/23/04** CO SIGNATURE **Steve Ostr** EXP DATE **12/23/05**
43 MM DD YY 48
NORTH GRID **525** 000 EAST GRID **811** 000
50 55 57 63

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
- GEO-THERMAL

APPROXIMATE DEPTH OF WELL **300** FEET
24 28
APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 ~~AIR-ROTARY~~ AIR-PERCUSION 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
 - 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 _____ 52

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 **811**
N **526**

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)

APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO-94-4095**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 Water Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Freezer Co. Inc Telephone #: 410-781-4655
Address: 6301 PARNELL AVE.
SYRACUSE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Robert L. Freezer License# 2102

*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 & Mrs Wally Ch. 160 Telephone: 410-531-2277
Subdivision: _____ Lot #: _____ Well Tag #: HO-97-4095
Site Address: 3472 ROSEMARY LAKE
WEST FRIENDSHIP, MD 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: GP 4060S Make: Campbell Two piece watertight cap:
Model #: 155QE10C-250 Model #: PT 800 Screened, vented well cap:
Pump Capacity 8 GPM Depth: 48" (36" min) Cap secured to casing:
Well Yield: 10 GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: 300 (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 or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house House Connection
Type: Poly PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 5'
Depth of supply line: 48" (36" min) 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: Robert L. Freezer date: 2/15/05

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

Date Insp. Requested: _____ Date Insp. Approved: 2/15/05 (RB)

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 grove observed below pitless adapter

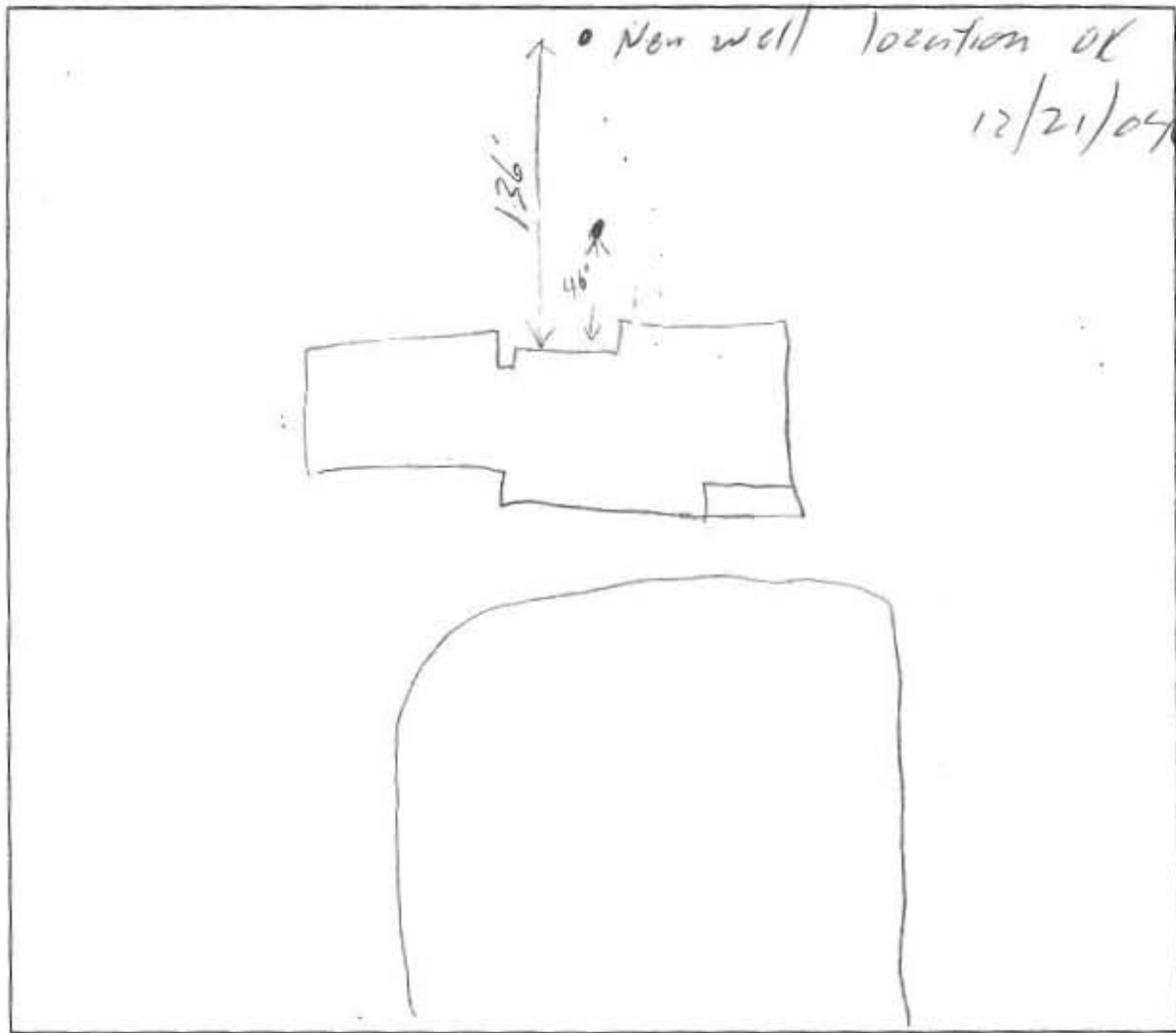
Not Finished
Gave O.K.
to Cover

Sleeved
From Well
to House

SITE INSPECTION SHEET

OWNER: Wallace Chaddon PHONE #: 410-531-2277
ADDRESS: 3442 Rosemary Lane CONTRACTOR: J Mayne
WELL TAG #: _____
SUBDIVISION: Rosemary Est. LOT: 7-A COUNTY #: 516449
PROPOSAL: Out of water

LOCATION DIAGRAM



COMMENTS: _____

DATE: 12/21/04 INSPECTOR: SC



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

Maura J. Rossman, M.D., Health Officer

August 5, 2015

Homeowner
3442 Rosemary Lane
West Friendship, MD 21794

RE: **Replacement Well Sampling**
3442 Rosemary Lane
#HO-94-4095

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. 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. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File