

C 3340 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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 3/3/08

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1562

OWNER: NOH SARAH STREET OR RFD: 3282 Rosemary LN TOWN: West Friendship SUBDIVISION: ROSEMARY ESTATES SECTION: LOT: 3

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. Rows include Top Soil, Brown mica, Gray mica, Brown mica, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL 35 ft.

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (O) (T) Nominal diameter top (main) casing 6 Total depth of main casing 63

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

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) DEPTH (nearest ft.) 170 61 600

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.: MWD 040 DRILLERS SIGNATURE: George F. [Signature] (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: AWD 789

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 58

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

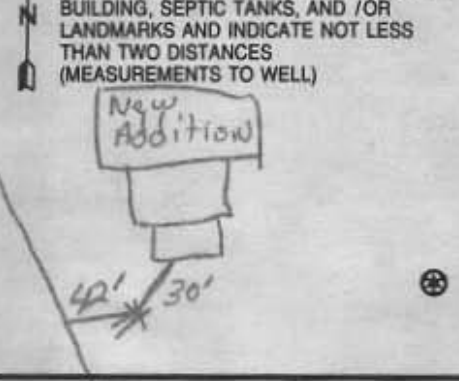
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 18 ft. WHEN PUMPING 153 ft. TYPE OF PUMP USED (for test) 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 (nearest foot) 2

LOCATION OF WELL ON LOT



B 1 1863

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 528504 please type

STATE PERMIT NUMBER 110-95-1562 fill in this form completely

Date Received (APA) 10770 OWNER INFORMATION NOH SARAH 3282 ROSEMARY LANE WEST FRIENDSHIP, MD 21794

B 3 LOCATION OF WELL Howard CO# 21 Rosemary Estates 3282 Rosemary Lane West Friendship

DRILLER INFORMATION George F. Easterday M VD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3282 Rosemary Lane NEAR WHAT ROAD TAX MAP: 22 BLK: 4 PARCEL 2B

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AS28436 COUNTY NAME COUNTY NO. DATE ISSUED 2/21/04 CO SIGNATURE EXP. DATE 2/21/09

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. wells 3. wells

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

WRITE THE BOX NUMBER FROM THE MAP HERE DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 1087 West Friendship Rosemary Lane

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. 110-95-1562

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Ex well Must be abandoned/sealed



**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: 9265 BROWN CHURCH RD Telephone #: \_\_\_\_\_  
 Address: MT. AIRY, MD 21771  
301-831-5170

(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: Sarah Noh Telephone #: 301-461-4744  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-1562  
 Site Address: 3282 Rosemary Lane  
West Friendship MD. 21794

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>106315</u>	Model#: <u>B-104</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>15</u> GPM	Depth: <u>3/4</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>59</u> (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>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5 ft.</u>
Depth of supply line: <u>3/4</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: Lester C. Simmons Jr.      date: 3/14/08

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: (KW)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not seen outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

**SEPTIC SPECIFICATIONS WORKSHEET**

Subdivision \_\_\_\_\_ A 528436  
 Street Name 3282 Rosemary Lane Lot Number \_\_\_\_\_  
 Average Percolation Rate(min./in.) 3.8 Application Rate (GPD/sq. ft.) 1.2  
 Number of Bedrooms 17 Design Flow (BRx150) 2,550  
 Square Footage (of House) > 6000 <sup>after addition</sup> Septic Tank Capacity (gal.) 2,000  
 Sidewall Credit / % Reduction 2162% Total Length of Trench (ft.) 440'

**\*All Septic/Pump tanks must be top seamed unless otherwise approved by this agency.**

**\*All Septic tanks must be compartmented unless otherwise approved by this agency.**

Baffle Filter Required? Yes No

$$\frac{2550}{1.2} = \frac{2125}{3} = 708 \times 0.62 = 440$$

TRENCH DIMENSIONS: Trench to 3 feet wide. Inlet at 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below the distribution pipe.

PUMP SYSTEM PROPOSED? YES NO

Pump system details: \_\_\_\_\_ gallon pump chamber

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

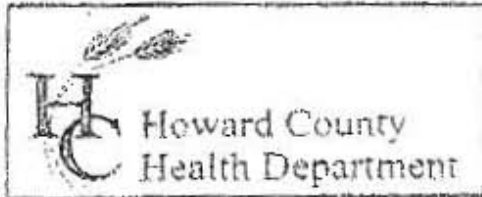
Note 2: Pump performance test required prior to Health Department approval of pumped septic system.

LOCATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL NOTES: Existing drywell to be abandoned and septic tank upgraded to 2,000 gal. layout inspection required prior to installation. Install as noted unless otherwise directed by HCHD.

Reviewed by: HS

Date: 2-20-08



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Easterday's,  
 (professional land surveyor or company employing professional land surveyors)  
 on 1-31-08 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

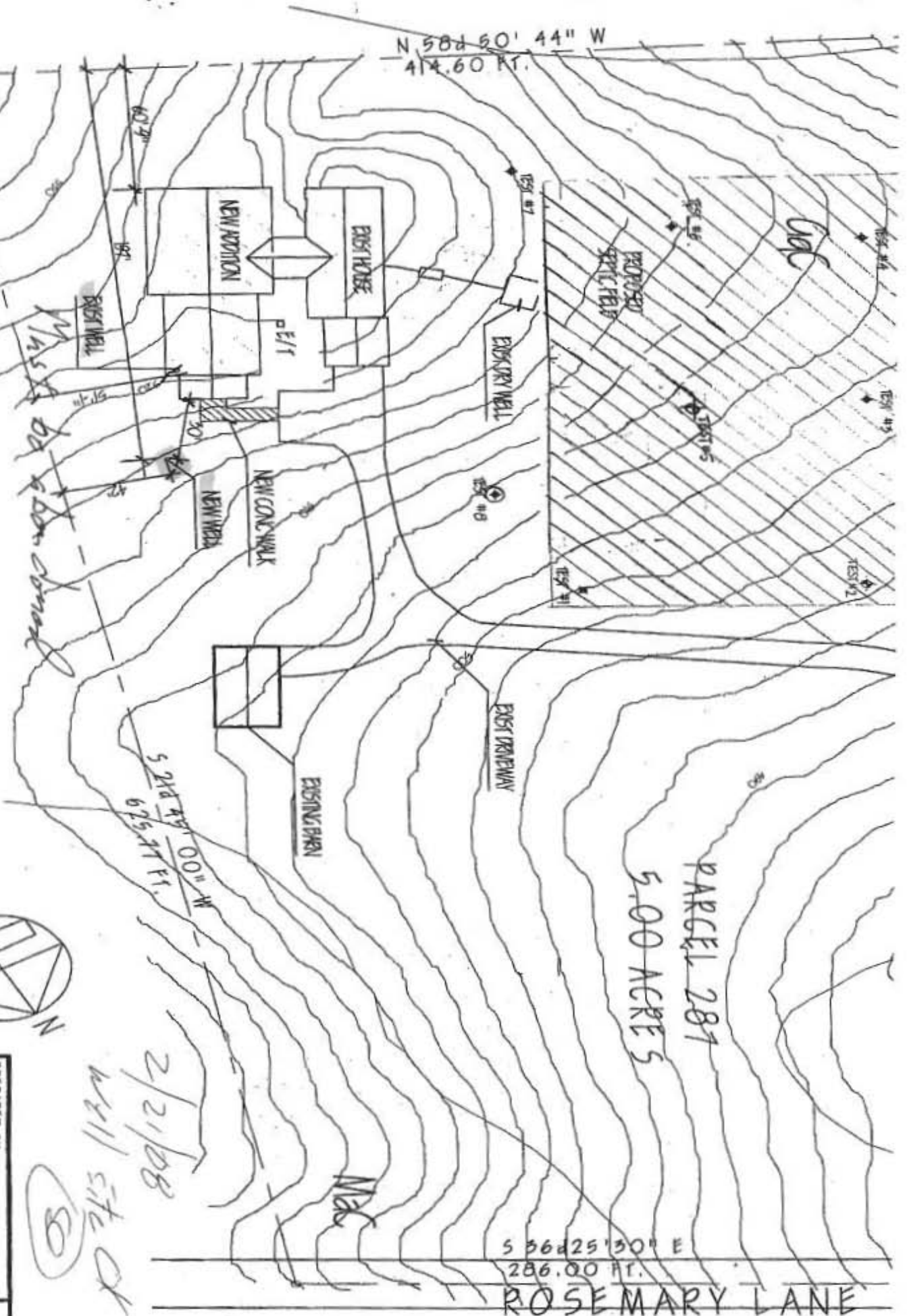
3282 Rosemary Lane

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

DESIGNED BY: *Arthur R. Nelson for Arthur R. Nelson & Associates*

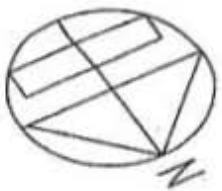
DATE: *2/14/2008*

3282 ROSEMARY LANE, WEST FRIENDSHIP, MD 21794



SITE PLAN

1" = 50'-0"



PREPARED BY:

**HAN LEE**

Han Lee Associates

5512 Lexington Rd.

ARCHITECTURAL

*2/21/08*

*WELL SITE*



S 36d 25' 30" E  
286.00 FT.

ROSEMARY LANE

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 3/21/08 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 73 - 2557

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

\* PERSON ABANDONING WELL: Richard A. Crummit

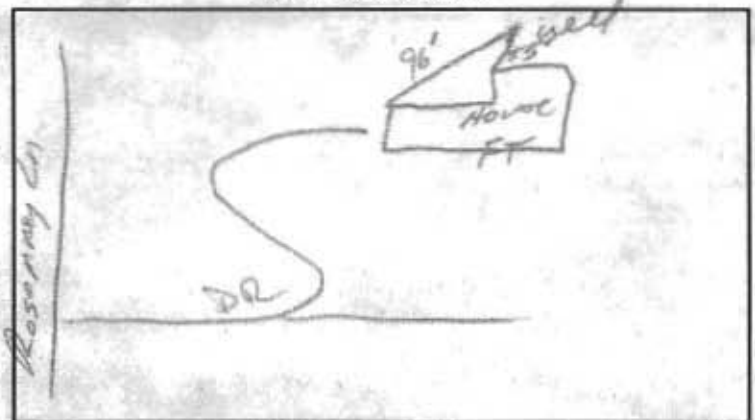
WELL DRILLERS LICENSE NUMBER: WRO-014

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Noh, SARAH

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: URST FRIENDSHIP  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: ROSEMARY ESTATES  
 SECTION: \_\_\_\_\_ LOT: 3  
 NEAREST ROAD: 3282 ROSEMARY LANE



\* TYPE OF WELL BEING ABANDONED:

DRILLED  JETTED  
 BORED/AUGERED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:

DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 300 FEET DEEP

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

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	300	0
VOLUME OF MATERIAL USED		
17 Bags of Bentonite		

George F. Besterling  
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

040  
 LICENSE #

MWD/MSD/MGD  
 CIRCLE ONE

3-25-08  
 DATE