

C1 40778

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Collins E.J. WELL SITE ADDRESS 3106 Evergreen Way TOWN Elkott City SUBDIVISION Evergreen Park - EXT SECTION LOT 6

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min.) 5.0 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 200 ft. TYPE OF PUMP USED (for test) Air piston turbine centrifugal rotary other (describe below) jet submersible

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: Soil (0-5), Brown Shale (5-22), Hard Gray Rock (22-300), 186, 2100.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 70 Total depth of main casing (nearest foot) 25

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

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

DEPTH (nearest ft.) Ho 25 300 E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 355 DRILLERS SIGNATURE LIC. NO. WRD 113

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 68

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

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) 5 PUMP HORSE POWER 1/2 PUMP COLUMN LENGTH (nearest ft.) 280 CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 1 (nearest foot)

LATITUDE 39 28 59.3 LONGITUDE 76 92 22.1 (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. 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.

B 1
51922

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type
562901

STATE PERMIT NUMBER
HO-17-0243
fill in this form completely

Date Received (APA)
8 MW DO YY 13
Collins E. J.
3106 Evergreen Way
Ellicott City MD 21043

OWNER INFORMATION

B 3
Howard
Evergreen Valley Estates
Ellicott City

LOCATION OF WELL

DRILLER INFORMATION
Michael Bartow M W D 355
Bartow Well Drilling
522 Underwood Lane 2104
2-21-18

B 4
3106 Evergreen Way
Well
ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: 16 BLK: 19 PARCEL 241

SOURCES OF DRILLING WATER

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

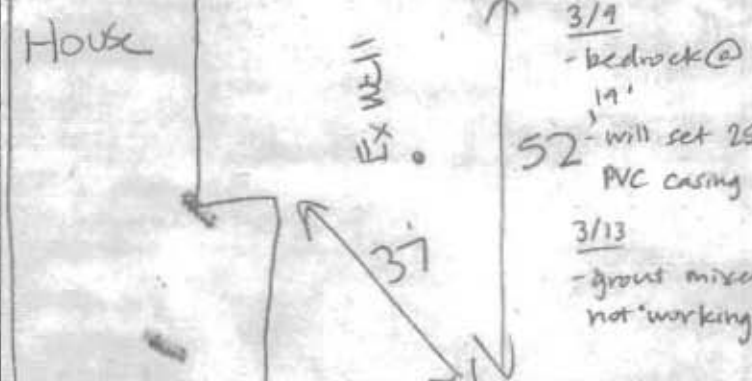
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED
CO SIGNATURE EXP. DATE

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
O OPEN LOOP GEOTHERMAL
C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL INCH

PROPOSED LOCATION OF WELL ON LOT

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 DEEPEENED 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 DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) HO-17-0243

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Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER
PERMIT No. HO-17-0243

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
Radium sample req'd. Existing well must be sealed

**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: Barlow Well Drilling Telephone #: 410.838.6910
Address: 522 Underwood Lane
Bel Air, MD 21014

(Must circle one) Licensed Plumber (Licensed Well Driller) Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Michael Barlow License# MWD355

*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: EJ Collins Telephone #: 410-531-2344
Subdivision: EverGreen Valley Est Lot #: 6 Well Tag #: HO-17-0243
Site Address: 3106 EverGreen Way
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>N/A-Will Reuse</u>	Make: <u>Boshart</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>Existing Pump</u>	Model#: <u>P-100-55</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF/WSC approved: _____	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

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

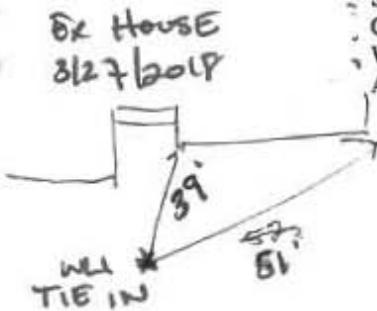
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: _____ date: 3/15/18

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

Date Insp. Requested: 03/27/2018 Date Insp. Approved: 03/27/2018 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	40"	<u>03/27/2018</u>	<u>[Signature]</u>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	24"	<u>03/27/2018</u>	<u>[Signature]</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	25"	<u>03/27/2018</u>	<u>[Signature]</u>
Safety rope not 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"/>			



3/27/2018 [Signature]
New Well line tied into
Ex. well line
(shown left)

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
4/27/18 SC

DATE WELL ABANDONED: 3-31-18 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

Ho - 67 - W1160

* PERMIT NUMBER OF REPLACEMENT WELL:

Ho - 17 - 0243

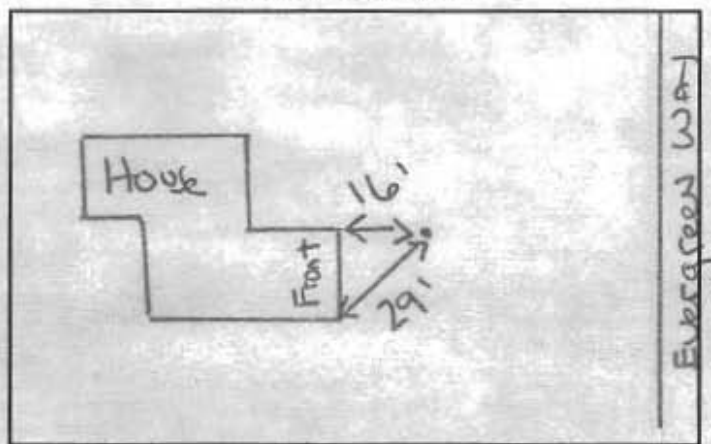
* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: MWD MSD / MGD

* OWNER'S NAME: E. J. COLLINS

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP 16 BLOCK 19 PARCEL 241
SUBDIVISION: Evergreen Valley Est
SECTION: _____ LOT: 6
STREET ADDRESS: 3106 Evergreen Way

SITE LOCATION MAP



LATITUDE 3 9.28599

LONGITUDE 7 6.92726

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	2.14	5
Soil	5	0
VOLUME OF MATERIAL USED		
3290 lbs cement		

* 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: 214 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE: [Signature] LICENSE# 355

CIRCLE ONE MWD MSD / MGS DATE 4/3/18

COUNTY

SITE INSPECTION SHEET

OWNER: E.L. Collins PHONE #: _____

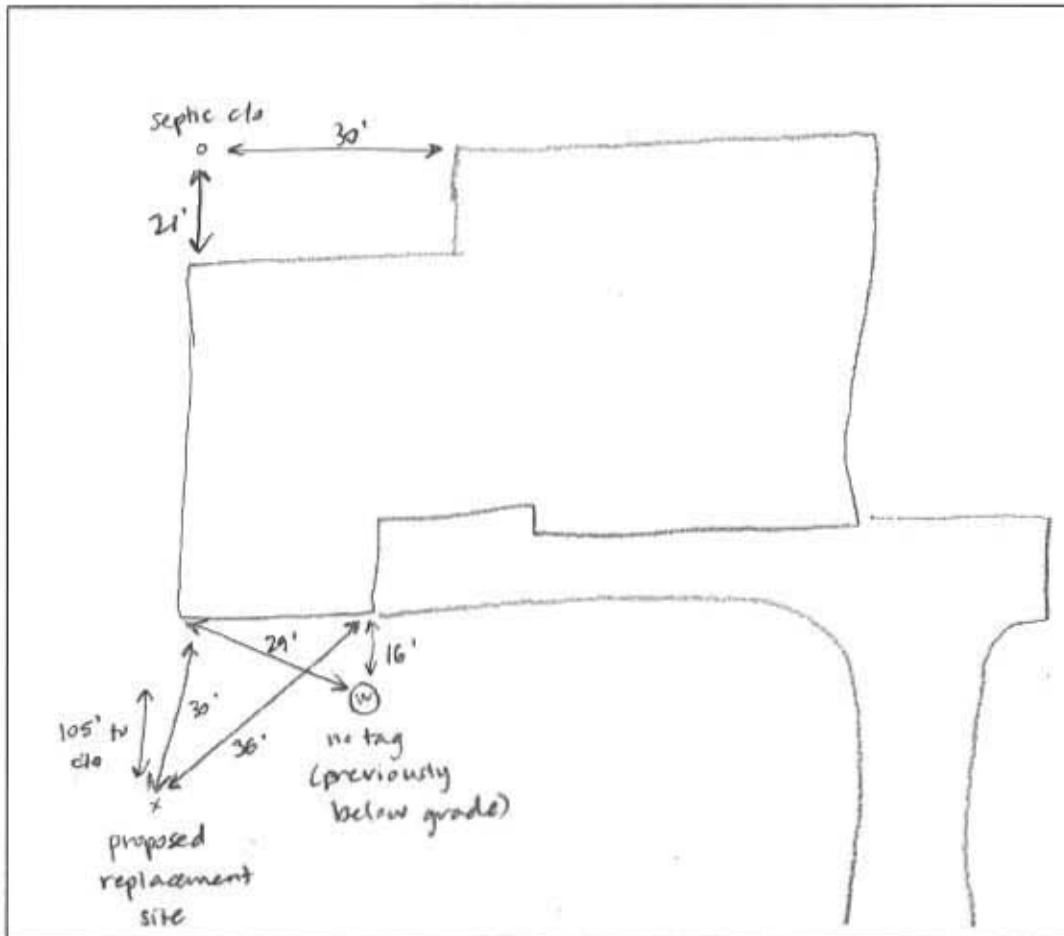
ADDRESS: 3106 Evergreen Way CONTRACTOR: Barlow

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Drill a replacement well - existing well is low on water.

LOCATION DIAGRAM



COMMENTS: Met Mike Isom with Barlow + homeowners on site.

Approved a replacement well location.

DATE: 2/21/18 INSPECTOR: Sarah Collins

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

April 3, 2018

Homeowner
3106 Evergreen Way
Ellicott City, MD 21042

RE: **Replacement Well Sampling**
3106 Evergreen Way
#HO-17-0243

Dear Homeowner,

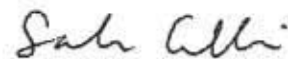
According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. In addition, based on the geology in the area, the Health Department needs to collect a radium sample. 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.

The existing well in the house must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department.

Feel free to contact me with any questions.

Sincerely,



Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: *Community Hygiene Program*
File



HOWARD COUNTY HEALTH DEPARTMENT

62901

DATE
2/2/15

WS

Received From

Michael Barlow

PHONE #

410-38-16910

Well Milling Service

For

Well Permit - 3/06

every year May

- CASH
- CHECK

NO.

3095

One hundred sixty

Dollars

\$ 100.00

Received By

King