

C1 40789

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 XIII

ST/CO USE ONLY DATE RECEIVED MM 05 DD 14 YY 18

DATE WELL COMPLETED MM 05 DD 07 YY 18

Depth of Well 22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 17 - 0237

OWNER Heritage Realty WELL SITE ADDRESS 1626 Daisy Road TOWN Woodbine SUBDIVISION Charles Knoll Prop SECTION LOT

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Soil, Brown Shale, med Gray Rock, Soft Gray Rock, med Gray Rock.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 600

OTHER CASING (if used) diameter depth (feet) PL 4 1/2 55 95

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y 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 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. M D 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WR 0113 D

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

DEPTH (nearest ft.)

1 HO 60 300 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOTTED 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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.0 METHOD USED TO MEASURE PUMPING RATE watch/bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 42 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) 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 LAND SURFACE - below (nearest foot)

LATITUDE 3 9.321607 LONGITUDE 7 7.06306 (DEFAULT COORD. WGS 84)

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B 1	SEQUENCE NO. (MDE USE ONLY) 55255	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 562310	STATE PERMIT NUMBER HO-17-0237 <small>70 fill in this form completely 79</small>
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Date Received (APA) 10/23/17
8 MM DD YY 13

OWNER INFORMATION

15 Last Name Heritage Realty Owner First Name Do 34

36 Street or RFD Box 482 55

57 Town Lisbon 70 State MD 72 Zip 21765 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Proof Charles Knill 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Woodbine 71

DRILLER INFORMATION

Driller's Name Michael Barlow M WD 355 76 License No. 81

Firm Name Barlow Well Drilling

Address 522 Underwood Lane 21014

Signature [Signature] Date 10/19/17

B 4 SOURCES OF DRILLING WATER

1. Well

11 STREET ADDRESS 1626 Daisy Road 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 300 37 DISTANCE FROM ROAD

ENTER FT OR MI F+ 38 39

TAX MAP: 7 BLK: 18 PARCEL 203

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 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

COUNTY NAME Howard COUNTY NO. 21

STATE SIGNATURE _____ INSERT S _____ 41

DATE ISSUED 02/14/18 43 MM DD YY 48 CO SIGNATURE [Signature] EXP. DATE 02/14/19

5/3/2018 @ DOG: 5/4/18 (50) DOY: 5/14/18 (50)

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH 24 28

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

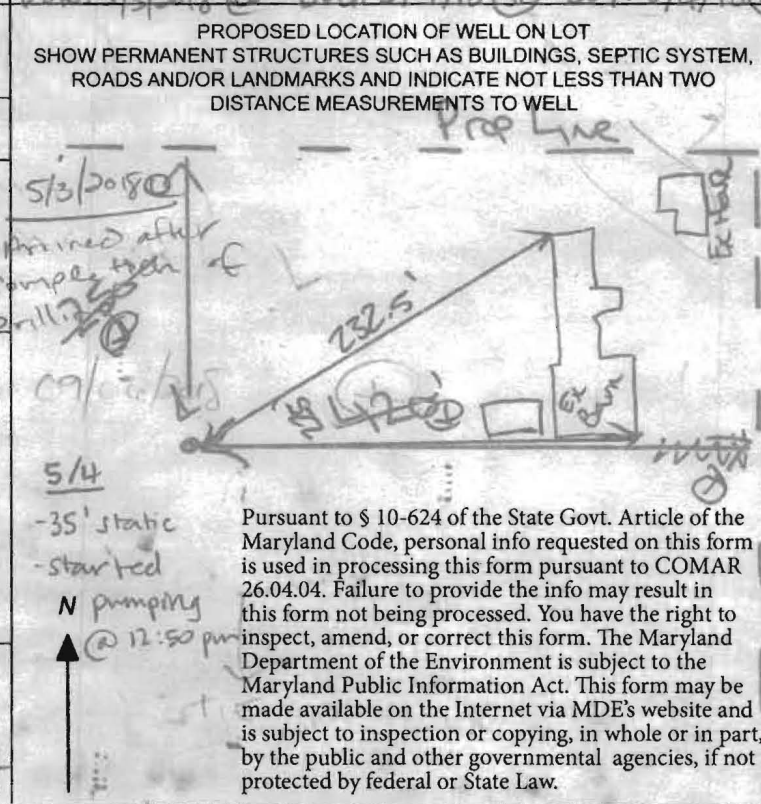
THIS WELL WILL DEEPEAN AN EXISTING WELL

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)

APPROX. PERMIT NUMBER _____ G _____

PERMIT No. HO-17-0237
70 71 72 73 74 75 76 77 78 79



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SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Existing Well Must Be Abandoned + 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: Heritage Land Telephone #: 410-489-7900
Subdivision: Charles Knoll Prop Lot #: _____ Well Tag #: HO-17-0237
Site Address: 1626 DAISSY ROAD
WOODBINE

09/06/2008
(+)

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GRANDS</u>	Make: <u>B11</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7CS10422</u>	Model#: <u>P100</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>15</u> GPM	NSF/WSC approved: <u>yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>300</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 <u>inside of well casing</u>		

Piping to house	House Connection
Type: <u>1" PCH</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: _____

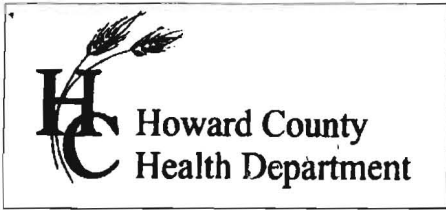
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date 9/4/08

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

Date Insp. Requested: 09/08 Date Insp. Approved: 09/06/2008 Inspector: (+)
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade 38" 09/06/2008 (+)
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly 25" 09/06/2008 (+)
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade 22" 09/06/2008 (+)
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

09/06/2008 (+)
TIE IN TO EX WATER LINE. SEE WATER LINE AS BUILT.



7178 Columbia Gateway Dr., Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Bielson, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

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

Well Site Location:

Property of Charles Knill	1626	Daisy
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by _____ ,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (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.
 02/13/2018 11:45 AM Tim F
 Owner (Peter Knill)

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

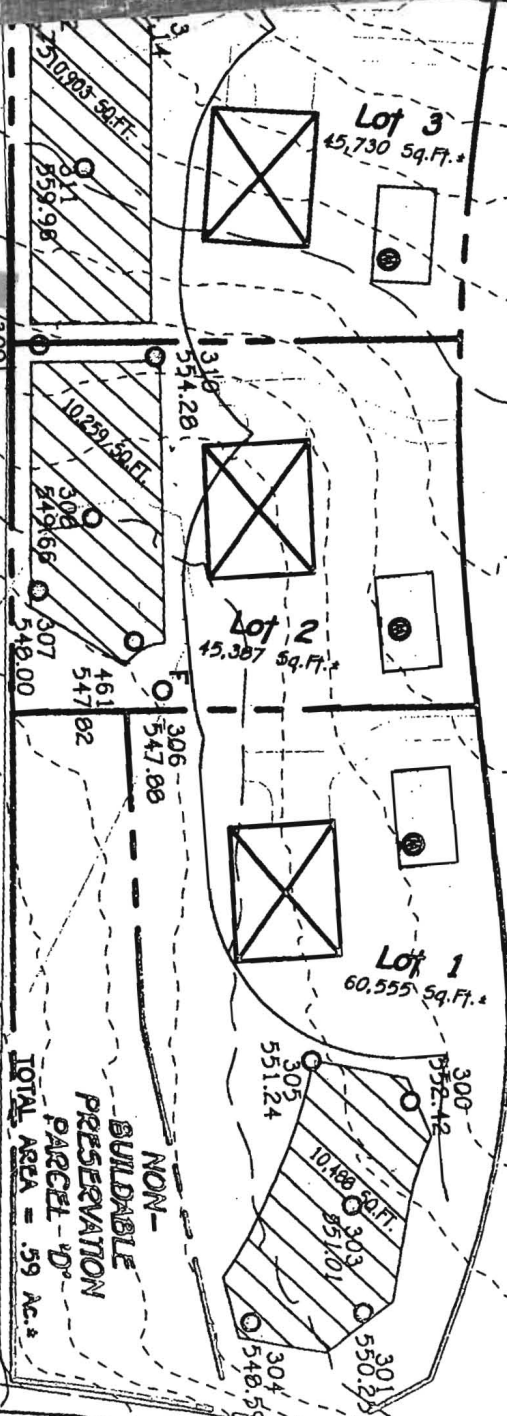
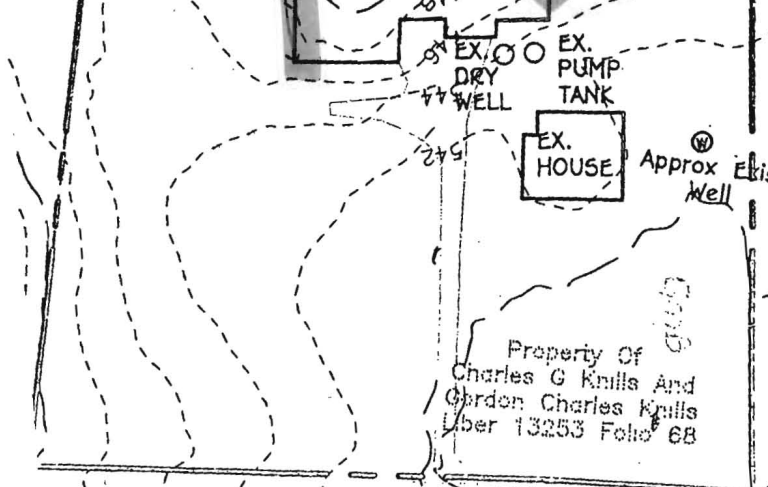
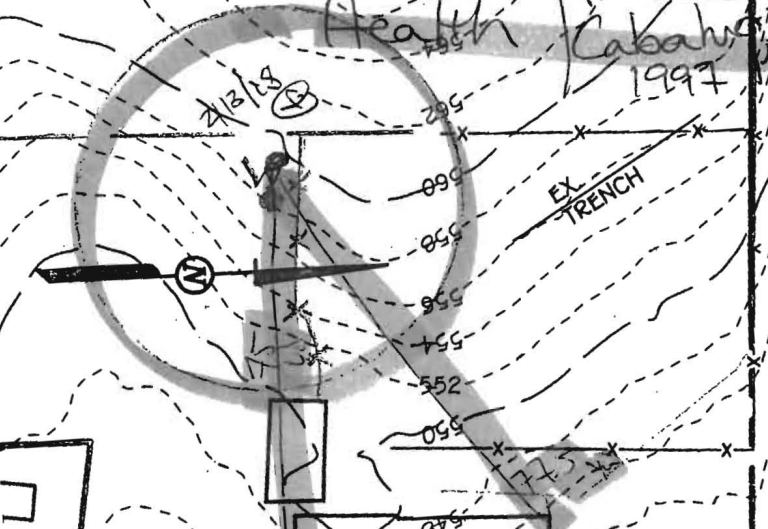
Revised 3/11/07

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-17-0237

INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

1626 Daisy Road
HO-17-0237
Approved 2/14/18
Stated by builder FEAGA
Owner Pete
Health Cabanis
1997



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

September 12, 2018

Homeowner
1521 Saint Michaels Road
Woodbine, MD 21797

RE: **Replacement Well Sampling**
1626 Daisy Road
#HO-17-0237

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.

The existing well on the property 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 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*

Wolf, Kevin

From: Wolf, Kevin
Sent: Thursday, November 02, 2017 11:39 AM
To: 'Tim Feaga'
Subject: RE: Daisy Road Well

Thanks Tim, that will work. Just let me know when its done. Also, Inform the owner that a representative from the Health Department will be onsite to verify the well site.

Kevin

From: Tim Feaga [<mailto:tim@heritagemaryland.com>]
Sent: Thursday, November 02, 2017 10:35 AM
To: Wolf, Kevin
Subject: Daisy Road Well

Kevin, Mike asked me to call you about the well installation on Daisy. I need to effectively paint the well location because horses are in the paddock area where the well will be installed. I need to first coordinate with the owner and the tenant for a time I can stake that out and then I will call you. Probably Monday at the earliest.

Tim Feaga

Timothy W. Feaga
Heritage Realty and Heritage Land Development
P.O. Box 482
15950 North Avenue
Lisbon, MD 21765
Phone: 410-489-7900
Fax: 410-489-4754
Email: Tim@HeritageMaryland.com

EQUAL HOUSING OPPORTUNITY

Heritage Realty and Heritage Land Development are tradenames of Land Marketing Consultants, Inc.

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

DATE WELL ABANDONED: 09/07/2018 (month/day/year)

OK
09/25/2018
@

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

HO-17-0237

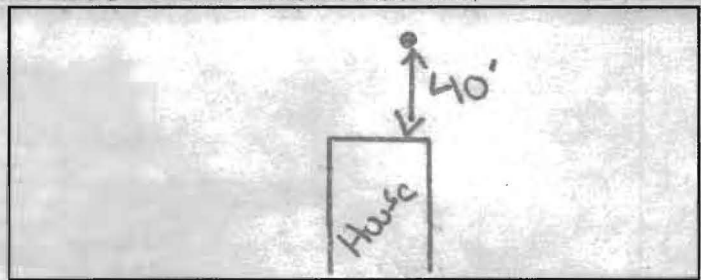
* PERSON ABANDONING WELL: Michael Barlow WELL DRILLER'S LICENSE NUMBER: 355

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Heritage Land / Charles Krill

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: HOWARD
NEAREST TOWN: WOOD BINE
TAX MAP 7 BLOCK 18 PARCEL 203
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 1626 DAVIS ROAD



LATITUDE 3 9.32674

LONGITUDE 7 7.06197

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	90	0

* 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) _____

VOLUME OF MATERIAL USED

1880 lbs cement

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 90 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

355

MWD / MSD / MGS

CIRCLE ONE

9/11/18

DATE

COUNTY



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HOWARD COUNTY HEALTH DEPARTMENT

62310

DATE 10/25/17

WS

Received From

Kimberly Heritage

PHONE #

6

For

Well Permit 1626 Daisy Rd.

CASH

CHECK

NO.

1062

One hundred sixty

Dollars

\$

100 RW

Received By

J King