

C1 44932

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Porterfield Patsy + Jacqueline; WELL SITE ADDRESS: 7617 Brown Bridge Rd; TOWN: Highland MD; SUBDIVISION: Shore Acres; SECTION: ; LOT: 21

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 like Bin Soil, Whit Bin Clay, Bin weathered Rock, Bed Rock, Med Grey Rock, Broken Green Rock, Med Grey Rock, Broken Rock layer, Grey Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y); TYPE OF GROUTING MATERIAL (CM); CEMENT; BENTONITE CLAY (BC); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL); Nominal diameter top (main) casing (nearest inch) 6; Total depth of main casing (nearest foot) 32

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

SCREEN RECORD

screen type or open hole (HO); insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 1 M S D 106

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 W R D 097

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

DEPTH (nearest ft.)

Table with columns: A C H S C R E E N; rows for casing and screen depths.

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 2; PUMPING RATE (gal. per min.) 88; METHOD USED TO MEASURE PUMPING RATE: Timer/Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft; WHEN PUMPING 260 ft; TYPE OF PUMP USED (for test): C centrifugal, S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or NO) YES; 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: C; CAPACITY: GALLONS PER MINUTE (to nearest gallon) 110; PUMP HORSE POWER 1HP; PUMP COLUMN LENGTH (nearest ft.) 265; CASING HEIGHT (circle appropriate box and enter casing height) above 1 (nearest foot)

LATITUDE 39.1578503; LONGITUDE 76.947875 (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.



**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: Allied Well Drilling Telephone #: 301-776-8370  
Address: PO Box 129  
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber  Licensed Well Driller  Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Marshall Arnette License# MSD-106  
**\*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: Pat Porter Field Telephone #: 301-596-9664  
Subdivision: Highland Acres Lot #: \_\_\_\_\_ Well Tag #: HO-17-0501  
Site Address: 767 Brown Bridge Rd  
Highland MD 20777

OK  
06/25/2018  
(e)

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Gould</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>10H5104225</u>	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>10</u> GPM	Depth: <u>36+</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>8</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>160</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**

<b>Piping to house</b>	<b>House Connection - EXISTING</b> <input checked="" type="checkbox"/>
Type: <u>Roll Pipe</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: <u>36+</u> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

OK  
06/25/2018  
(e)

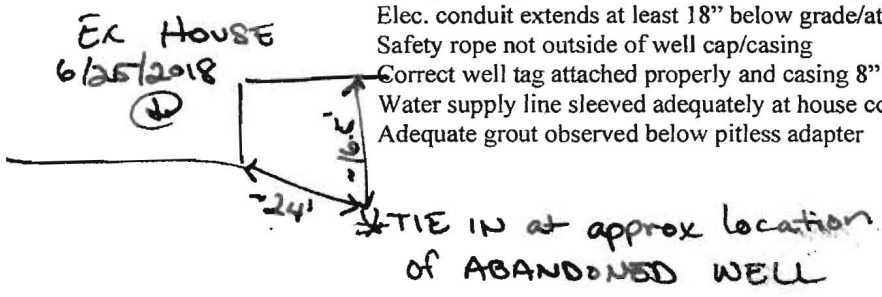
**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation**

Signature of company representative responsible for installation: Marshall Arnette date: 6-25-18

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

Date Insp. Requested: 06/25/2018 Date Insp. Approved: 06/25/2018 Inspector: (e)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	44" 06/25/2018 (e)
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"/>	29" 06/25/2018 (e)
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"/>	20" 06/25/2018 (e)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	TIE IN TO EXISTING
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	06/25/2018 (e)



\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
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**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: 7/12/18 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) NO TAG

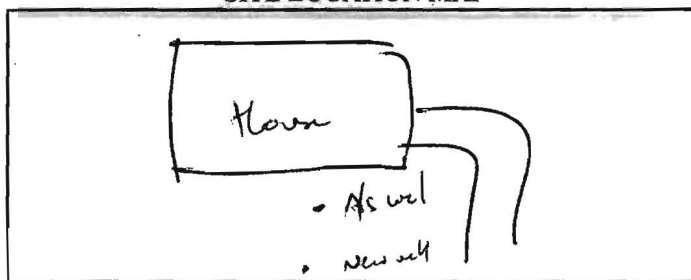
\* PERMIT NUMBER OF REPLACEMENT WELL: H/O - 17 - 0301

\* PERSON ABANDONING WELL: William Guizzardi WELL DRILLER'S LICENSE NUMBER: 233

CIRCLE: MWD / ~~MSD~~ / MGD

\* OWNER'S NAME: Porterfield

**SITE LOCATION MAP**



\* WELL LOCATION:  
COUNTY: Howard  
NEAREST TOWN: Highland  
TAX MAP 0040 BLOCK 5 PARCEL 0232  
SUBDIVISION: 0000  
SECTION: \_\_\_\_\_ LOT: 21  
STREET ADDRESS: 7617 Brown Bridge Rd

LATITUDE 39.1598 - -

LONGITUDE 76.9478 - -

**LOG OF SEALING MATERIAL**

MATERIAL	FEET	
	FROM	TO
Bentonite	83	6
Cement	6	3
Grout	3	0

**VOLUME OF MATERIAL USED**

Bentonite (22 Bags) Portland (1 BAG)

\* 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) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 83' FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet: 3'

WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE William Guizzardi LICENSE# 233

MWD / ~~MSD~~ / MGS 07/15/18  
CIRCLE ONE DATE

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SITE INSPECTION SHEET

OWNER: Porterfield PHONE #: \_\_\_\_\_

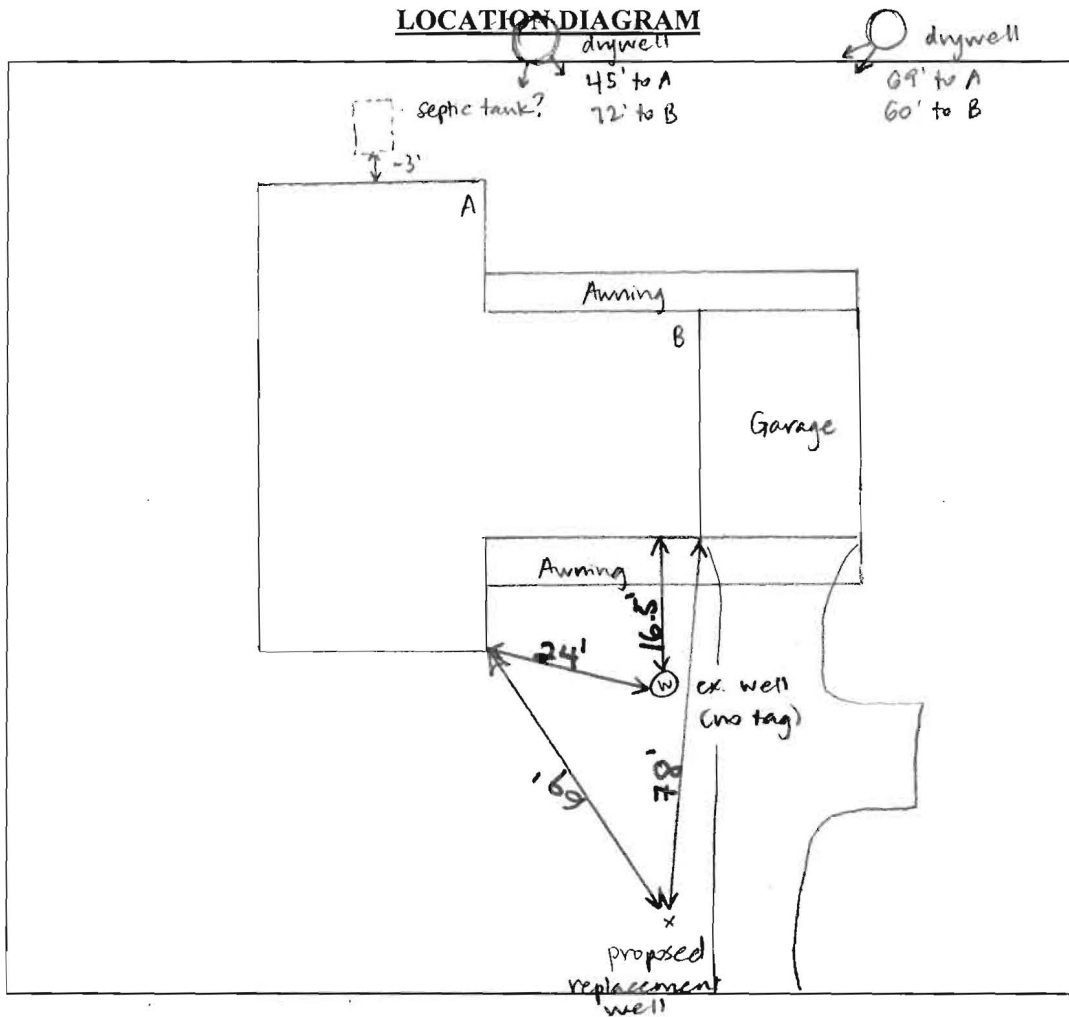
ADDRESS: 7617 Browns Bridge Rd. CONTRACTOR: Aligned

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: Homeowners are out of water - drill a new well

LOCATION DIAGRAM



COMMENTS: Septic tank has no tank access - location per homeowner.  
Drywells have no clo's, location evident by flat, circular area in yard +  
homeowner's info.

DATE: 6/19/18 INSPECTOR: Sarah Collins

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

*MEMORANDUM*

**TO:** Marshal Arnette (MSD 106)

**FROM:** Sarah Collins, L.E.H.S. SEC  
Howard County Health Department  
Well and Septic Program

**DATE:** September 17, 2018

**RE:** **Well abandonment report for 7617 Browns Bridge Road**

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The well abandonment report for the old well at 7617 Browns Bridge Road has incorrect GPS coordinates. The Maryland Department of the Environment will not accept documents with incorrect information. Please revise the form and return to our office.

Feel free to contact me at 410-313-6287 or [SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov) with any questions.

*Cc: File*



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

June 25<sup>th</sup>, 2018

Home Owner  
7617 Browns Bridge Road  
Highland, MD 20777

RE: **Replacement Well Sampling**  
7617 Browns Bridge Road  
Highland, MD 20777  
Well Permit # HO-17-0301

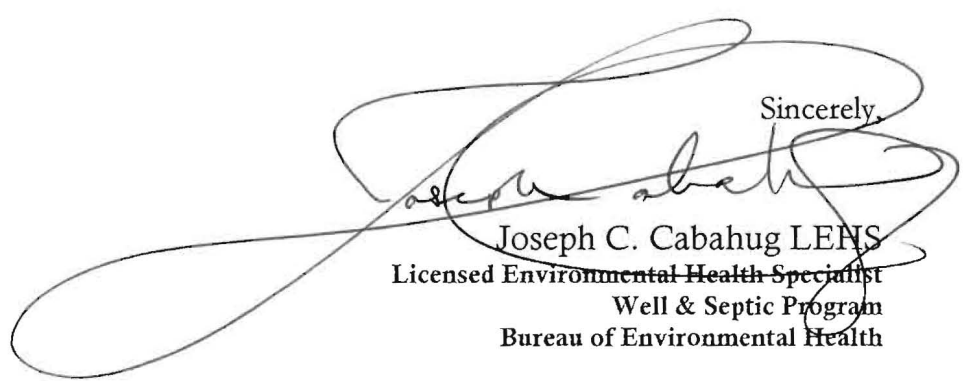
Dear Homeowner:

According to our records, your replacement well is proposed to be 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 also additional testing for radium, sodium, chloride, and total dissolved solids. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

It is preferred that the sample 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 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



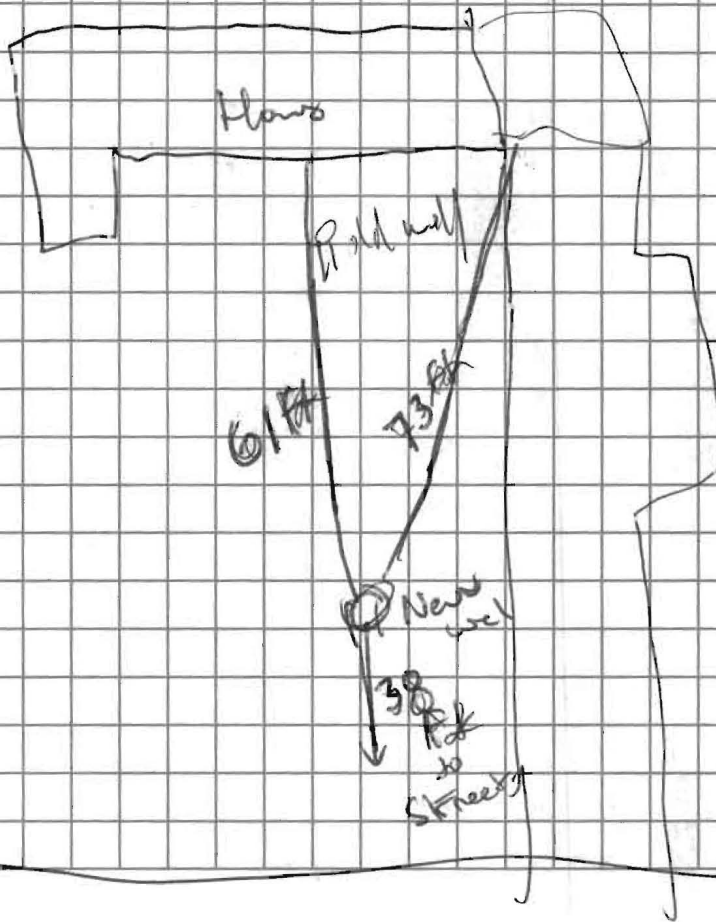
Joseph C. Cabahug LENS  
Licensed Environmental Health Specialist  
Well & Septic Program  
Bureau of Environmental Health

Cc: Community Hygiene Program  
File



# SITE PLAN

Septic



Sediment Control Protocol: \_\_\_\_\_

Distance From House: 73 ft  
 From Septic: 800 ft  
 From Sewer: \_\_\_\_\_  
 From Property Line: 50 ft  
 From Street: 38

Trees Nearby: Yes  
 Utility Issues: light post  
 Mats Needed: Yes for driveway  
 Access For H/U: well to well  
 Neighboring Tags: \_\_\_\_\_

Comments: - Look out for light post electric on hook-up

Person Completing Form: \_\_\_\_\_

**Allied Well Drilling**

P.O. Box 129  
Annapolis Junction, MD 20701  
Office #: 301-776-8370  
Fax #: 301-776-8374

Abandon & Seal Authorization

I Pat Portersfield Agree to have my Well at 7617 Browns Bridge Rd  
Highland MD abandoned & sealed at the time my new well is completed.

I am aware that the existing well at the address of 7617 Browns Bridge Rd must be abandoned and sealed by a licensed well driller, unless the well is hand dug. If I elect to abandon and seal my hand dug well, the County Health Department must be notified so that they may oversee the process.

I also agree to allow the County Health Department Representative access to the water supply on my property for the purposes of water sampling, well inspection and chlorination as necessary.

Tax Identification # : \_\_\_\_\_

Signature: Pat M. Portersfield

Printed Name: Pat Portersfield

Address: 7617 Browns Bridge Rd Highland MD

Primary Phone #:

Date: \_\_\_\_/\_\_\_\_/2018



# HOWARD COUNTY HEALTH DEPARTMENT

63029

DATE 6/19/18

105

Received From

Allied Environment Services

PHONE #

301 718-8370

For

well permit 7017 Bear bridge

CASH

CHECK

NO.

13929

Two hundred twenty Dollars

\$

160 | 00

Received By

J. Kemp