

C1 0509

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 P17042

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Moore John STREET OR RFD 12714 Route 216 TOWN Highland

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 handwritten entries: Sand (0-56), Gray Micaceous Rock (56-160).

GROUTING RECORD WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC NO. OF BAGS 38 NO. OF POUNDS 3572 GALLONS OF WATER 228 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

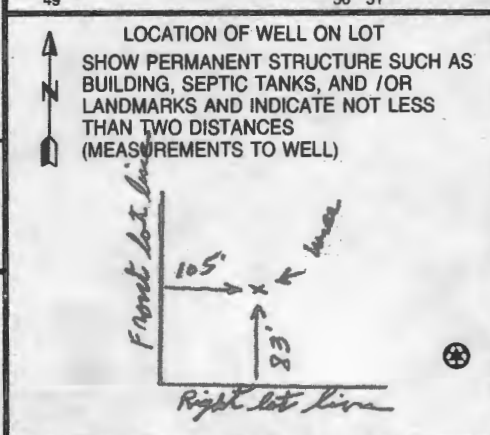
DEPTH (nearest ft.) 58 160 A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 95 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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 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 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes Y no 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. 1 M 50024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

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

B 1 8422

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3245

W516051 please print or type

Date Received (APA) 9/28/01

OWNER INFORMATION

Moore R. John
12714 Rt 216 Seagoville Rd
Highland Md 20997

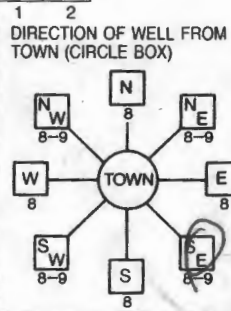
LOCATION OF WELL

Howard
8 COUNTY 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

DRILLER INFORMATION

Joseph C. Wagner MSD 24
Joseph C. Wagner Well Drilling
5512 Ridge Rd. Mt Airy Md. 21771
Joseph C. Wagner 9/28/2001

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12714 Seagoville Rd
NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W
EAST E
SOUTH S
34 100 37
DISTANCE FROM ROAD FT 38 39
ENTER FT OR MI
TAX MAP: 40 BLK: 5 PARCEL 366

WELL INFORMATION
APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P17042
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 9/28/2001 Brian Baker 9/28/2002
CO SIGNATURE EXP. DATE
NORTH GRID 489 000 EAST GRID 813 000
50 55 57 63

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

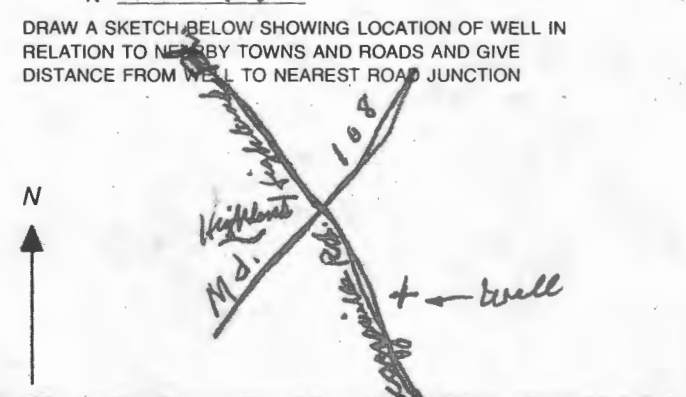
APPROXIMATE DEPTH OF WELL 260 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 Old Well 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER G
PERMIT No. HO-94-3245

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
10/2/01 Grant 9:10 AM
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8143
N 4849



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

November 15, 2001

John Moore  
12714 Scaggsville Road  
Highland, MD 20777

RE: **Replacement Well Sampling**  
12714 Scaggsville Road  
Well Permit #: HO-94-3245

Dear Mr. Moore:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

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.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.**

The sampling is free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

cc: Community Environmental Health Program  
File

**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: ZEPPE PLUMBING + Heating INC. Telephone #: 410-531-6712  
Address: 12445 ROUTE 108  
CLARKSVILLE, MD 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): EDGAR W. ZEPPE III License# 1782

\*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: JOHN ROBERT MOORE Telephone #: 301-854-2886  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO 94-3245  
Site Address: 12714 ROUTE 216  
Highland, MD 20777

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>GOULDS</u>	Make: <u>ARRISTON</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7SB</u>	Model #: <u>10BX</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>10</u> GPM	NSF approved: <input checked="" type="checkbox"/>	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 or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <input checked="" type="checkbox"/>		

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>1"</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>2'</u>
Depth of supply line: <u>42"</u> (36" min)	Sleeve caulked and sealed properly: <u>gaskets</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: Edgar W. Zeppe III date: 10/15/01

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

Date Insp. Requested: 10/5/01 Date Insp. Approved: 10/5/01 (50) SRK

Inspection Data: Pitless adapter and 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 installed inside of well 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"/>

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EDGAR W. ZEPP III

(410) 531-6712  
Fax (410) 531-5812

**Zepp** Plumbing & Heating, Inc.

REG. MASTER PLUMBER  
LIC. #1782

12447 ROUTE 108  
CLARKSVILLE, MD 21029

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61:511-1111

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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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: DEC 18-07 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

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

\* PERSON ABANDONING WELL: RONALD KYKER

WELL DRILLERS LICENSE NUMBER: 296

CIRCLE MWD MSD/MGD

\* OWNER'S NAME: DAREL COUTTS

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: HIGHLAND  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 12714 SCAGGSVILLE RD

X WELL	
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 810  
 BOX NUMBER 480  
 N \_\_\_\_\_

\* TYPE OF WELL BEING ABANDONED:

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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
CEMENT	0	52

*OK RW*

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION

\* TYPE OF CASING:

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

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 52 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 Ronald Kyker

LICENSE # 296

CIRCLE ONE MWD MSD/MGD

DATE Dec-18-07

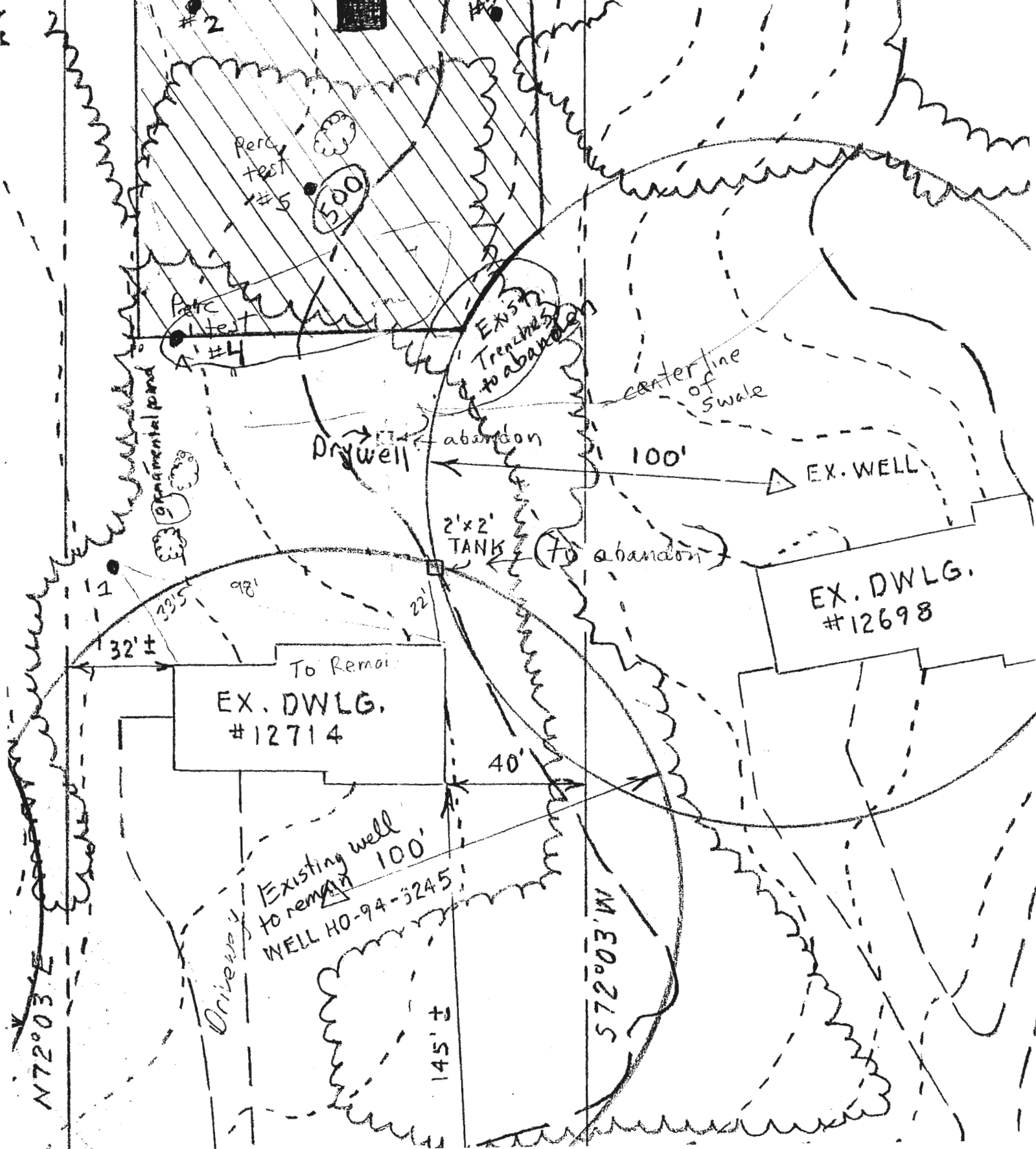
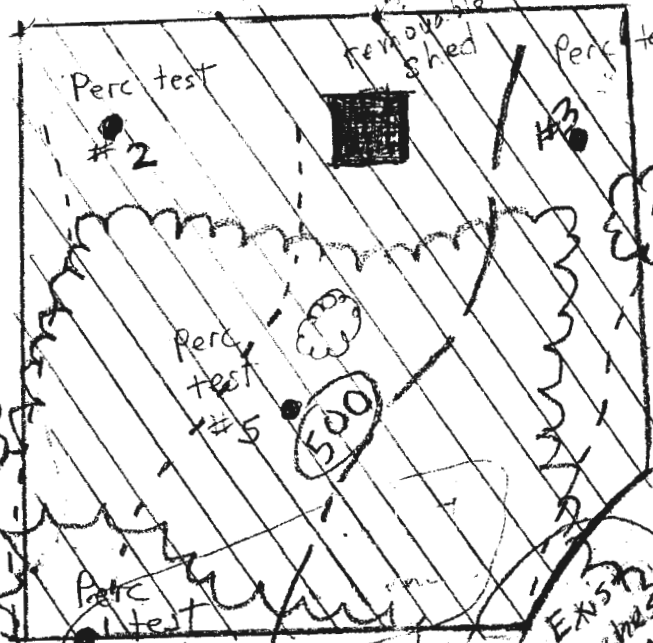
463.80'

Wapso

9388 / 571

# 355915

463.80



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

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

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- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: DEC 18-07 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

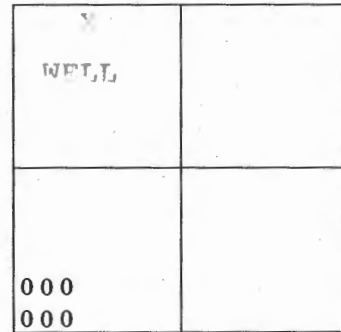
\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: RONALD KYKER

WELL DRILLERS LICENSE NUMBER: 296  
 CIRCLE MWD MSD/MGD

\* OWNER'S NAME: DAREL COUTTS

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: HIGHLAND  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 12714 SCAGGSVILLE RD



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 810  
 N 480

\* TYPE OF WELL BEING ABANDONED:

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

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
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\* TYPE OF CASING:

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

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 52 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
CEMENT	0	52

SIGNATURE - Ronald Kyker LICENSE # 296 CIRCLE ONE MWD MSD/MGD DATE Dec 18-07

520°35'E

150.00'

200.00'

IRON PIPE

IRON PIPE

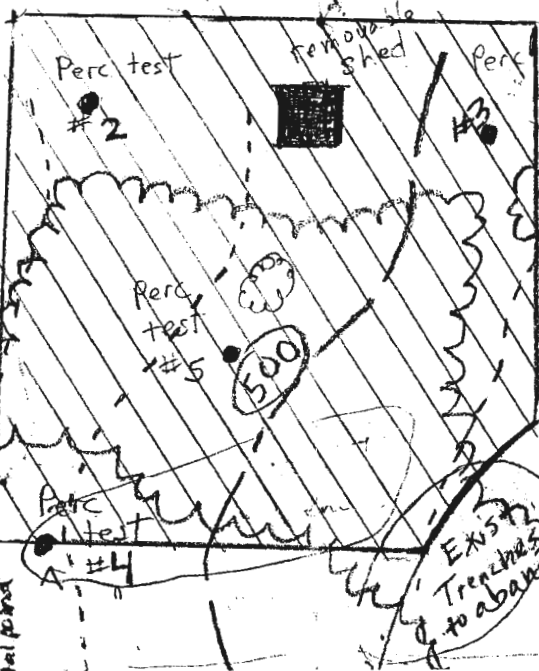
IRON

Garden Area

SAI MAY SHIH &  
SHAN K. CHIEN  
9388 / 571  
# 355915

463.80'

463.80'



YY

1/2 pond

Existing Trenches to be abandoned

center line of swale