

C1 1074 SEQUENCE NO. (DENV 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 A22 CARDS)

COUNTY NUMBER A-37517

ST/CO USE ONLY. DATE Received

DATE WELL COMPLETED 11/07/89

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0939

OWNER JIM JAC last name first name TOWN CHARLESVILLE SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for SAND Stone and GRAY Mica # rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE-CLAY NO. OF BAGS 8 NO. OF POUNDS 750

CASING RECORD casing types insert appropriate code below ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

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

DEPTH (nearest ft.) HO 41 205

CIRCLE APPROPRIATE LETTER. A 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"

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE

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

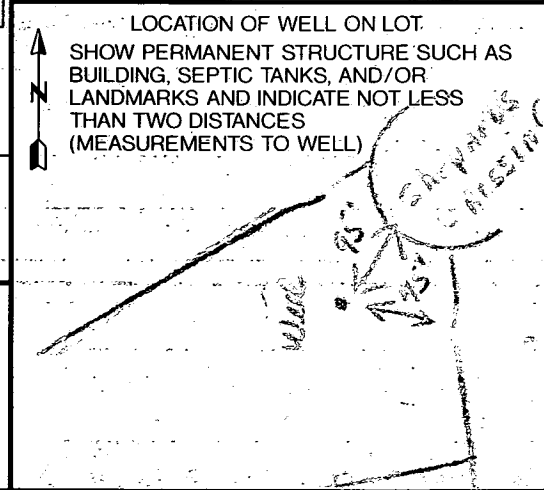
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 7 1/2 METHOD USED TO MEASURE PUMPING RATE bucket

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible



B 1 **8720** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

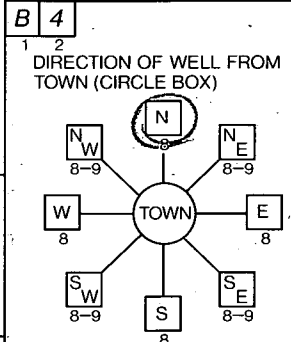
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0939
 70 fill in this form completely 79

Date Received (APA) **061689**
 OWNER INFORMATION
J. J. M INC
 Last Name Owner First Name
5570-205 STE RETT PL
 Street or RFD
COLUMBIA MD 21044
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
CHAPEL WOODS II SUBDIVISION
 SECTION **21** LOT
CHARKSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Joseph L. Mayne License No. **238**
Joseph L. Mayne Well Drilling
 Firm Name
5512 Riller RD. Mt. Airy 21771
 Address
Joseph L. Mayne **6/14/89**
 Signature Date



SHEPARD'S CROSSING NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **100** FT
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

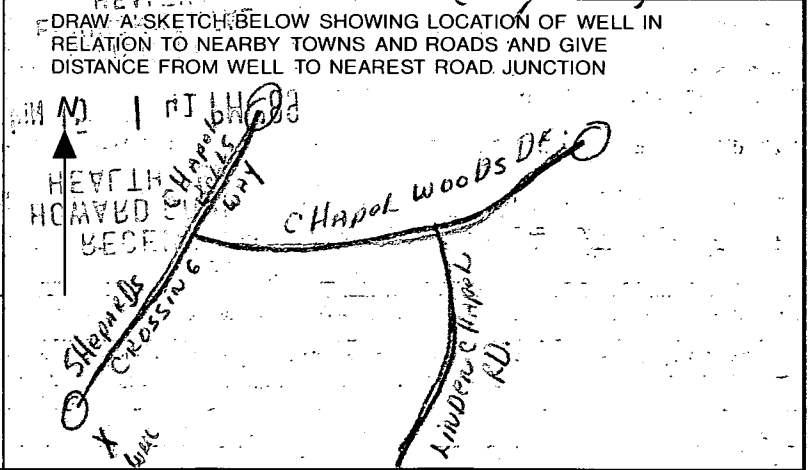
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 37517 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **072189** EXP. DATE **01-20-90**
 NORTH GRID **509000** EAST GRID **0818000**

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. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
850 18
510 09
 Per Well Drilling already drilled
 8 Bags of cement
 42' casing
 33' Ground - open
 1 1/2' casing above ground
 11/7/89
 (V-Tag on site) C.B.

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **1** WRITE INITIALS IN BOX PERMIT No. **40-88-0939**

SPECIAL CONDITIONS
 COUNTY **CHARKSVILLE**

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

 New Installation Replacement
 Receipt # _____ Date _____
 Name of Installer SHIPLEY PLUMBING
Ron Shipley Telephone 3013170188
 License Number 6822
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Don O'Conner Telephone _____
 Subdivision Chapel Woods II Lot # 21 Well Tag # HD-88-0939
 Site Address 11807 Shepards Crossing

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Myers
 3. Model # 2NFL52-8
 4. Capacity 8 GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations?
 Torque arrestors Cable guards Other _____

Motor
 1. Horsepower 1/2
 2. RPM 3450
 3. Voltage 230
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Harvard
 2. Model # PT800
 3. Depth 3'

Tank
 1. Capacity SPMD52
 2. Pressure relief valve? yes 1/2"

Piping
 1. Type Poly-Black
 2. Size 1"
 3. NSF and/or BOCA Code approved yes
 4. Depth of supply line 3'

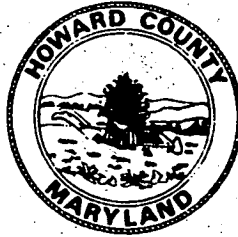
Well data
 1. Depth 200 ft.
 2. Yield _____ GPM
 3. Static water level 30 ft.
 4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

SRH S/27/99-WPI OK
 Signature of Applicant: Ron Shipley
 Date: 11-1-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 11, 1992

Reply to:

Mr. and Mrs. Michael A. Franchetti
4504 Alpine Rosebend
Ellicott City, Maryland 21043

RE: Well Tag Number: HO-88-0940
Lot 21 - Chapel Woods
Shepards Crossing

Dear Mr. and Mrs. Franchetti:

This office has just received a site plan for the adjacent Lot 22, indicating that the well (HO-88-0940) which had been permitted for that lot, was inadvertently drilled on your lot.

Our records show that your property is already served by a separate well (HO-88-0939).

Please contact this office to confirm whether or not well tag number: HO-88-0940 is in fact on your property. The owner of Lot 22 reports that he has been unsuccessful in arranging an easement to allow his use of the well. If the well is on your property, and there are no plans for it to be put into service, then it is appropriate to discuss proper abandonment procedure.

Please contact this office (461-9933) as to what your intent is or if you would prefer to discuss this matter further. Thank you for your cooperation in this matter.

Very truly yours, -

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

Enclosure

cc: Eric Mikolasko - JJM, Inc.
Chris Reid - Reimer Muegge & Associates
File



Maryland Orthopedics, P.A.

Raymond D. Drapkin, M.D. Kevin E. McGovern, M.D.
William J. Launder, M.D. Michael A. Franchetti, M.D.
Dale W. Pcsolyar, M.D.

March 5, 1992

Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

Attn: Craig Williams, Program Director
Water and Sewerage Program

Dear Mr. Williams:

As per our phone conversation on 3-3-92, I am writing to inform you that I have been informed and acknowledge that well number HO-88-0940 is on our property (Lot 21-Chapel Woods), and declare that I intend to use that well as a reserve for water use on my property.

I will maintain the well in sound condition so that it will remain fit for use in the future.

If I can be of any further assistance to you in this matter, please do not hesitate to contact me. Also, I would appreciate written confirmation that the above plan is acceptable to the Health Department.

Sincerely,

Michael A. Franchetti, M.D.

Catherine M. Franchetti

MAF/snd

1/18/00 - Resolved (SRK)



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

June 2, 1999

Daniel L. Spiker
6313 Gentele Court
Alexandria, Va. 22310

RE: Chapel Woods II - Lot 21
11807 Shepards Crossing
Well Tag HO-88-0940
Well Tag HO-88-0939

Dear Mr. Spiker:

On May 27, 1999, two well pump/line installation inspections were performed on the above referenced property. Well HO-88-0939 passed inspection; however, well HO-88-0940 was not in complete compliance as evidenced by the pump rope protruding between the two piece well cap, and the cap not securely attached to the well casing. In order to resolve this issue, please contact your plumber/ well line installer and have him correct this issue. Please have him call this office for a final inspection once this item is corrected.

Before final approval can be made, the completed health department permit for the pitless adapter/well pump- line installation needs to be submitted to this office. Please have your plumber/well line installer submit a completed form for each well.

In addition, the presence of the two wells serving this property creates an issue which complicates the sampling requirements for issuing an interim certificate of potability which is required for use and occupancy. This issue involves whether the two wells will be serving the house simultaneously or separately.

Prior to issuance of an Interim Certificate of Potability by this office, it shall be necessary for you to have your plumber/well line installer notify us in order to explain how the wells will be serving this house. Thank you for your cooperation in this matter.

Very truly yours,
Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
cc: ✓ File, Homeowner

June 25, 1999

Mr Steven R. Krieg, Sanitarian
Water and Sewage Program
Howard County Health Department
Bureau of Environmental Health
3525 Ellicott Mills Drive, Unit H
Ellicott City, Maryland 21043-4544

Re: Chapel Woods II - Lot 21
11807 Sheppards Crossing Court
Well Tag HO-88-0940
Well Tag HO-88-0939

Dear Mr. Krieg:

This is in response to your letter of June 2, 1999, inquiring as to the use of two wells and how the wells will be serving the above residence.

My wife and I are the homeowners. We intend to use Well Tag HO-88-0939 for our regular everyday water use. We intend to use Well Tag HO-88-0940 only as a backup well in case the first well and/or pump has long term problems. We completed the second well because we had the opportunity to do so at minimum cost while the house is under construction.

Our plumber will be submitting the appropriate health department permits, one for each well, in the near future. He will also call for a final inspection.

Also, please note that Mr. Daniel R. Spiker is no longer associated with this project and his name can be removed from your records. Please send any future notices, correspondence, etc., directly to me, Donald O'Connor.

I hope the above responds to your questions regarding the second well. If there are further questions, please feel free to contact me at 301-292-2369 or Fax 301 203 1509, or at our present home address.

Very truly yours,

Donald E. O'Connor

Donald E. O'Connor
1700 Taylor Avenue
Fort Washington, MD 20744

January 12, 2000

Mr. Steven R. Krieg, Sanitarian
Water & Sewerage Program
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

Dear Mr. Krieg:

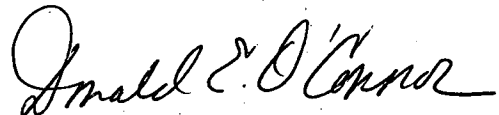
I am following up on your letter of July 1, 1999, regarding the submission of appropriate forms for the wells HO-88-0940 and HO-88-0939.

Enclosed please find the forms. Also I am informed that the well HO-88-0939 matter has been attended to and if you need to inspect it, please do so.

If there are any further issues regarding the forms, etc., please let me know and I will see that they are resolved to your satisfaction.

With regard to testing water samples for use and occupancy, we are getting close to finishing the inside and I would like to know what specific steps I need to take to meet these requirements. Any help you can give me here would be greatly appreciated.

Very truly yours,



Donald E. O'Connor
1700 Taylor Avenue
Fort Washington, MD 20744
301-292-2369

RE: Chapel Woods II - Lot 21
11807 Sheppards Crossing Court
Clarksville, MD 21029
Well Tag HO-88-0940
Well Tag HO-88-0939

301/203/1509 fax

*fax Lab lists
Mail Septic Insp
Info on Chlorination*