

C1 2078

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 A 19893

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

7 2 2009

500 (TO NEAREST FOOT)

HO-95-1770

OWNER: Scholz, Paul; STREET OR RFD: 8127 Murphy Rd; TOWN: Fulton 20759; SUBDIVISION: Fulton; SECTION: ; LOT: 1

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 (CM) BENTONITE CLAY (BC)

NO. OF BAGS 18 NO. OF POUNDS 76.22

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 6.5 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 68

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

SCREEN RECORD: ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

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. Entries: Sand (0-64), Mica Rock (64-500). Includes handwritten note: 'Drywell backfilled 400-40 drilling material 40-0 cement'.

C 3

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 52 ft, WHEN PUMPING 320 ft; TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 36; PUMP HORSE POWER 37 41; PUMP COLUMN LENGTH (nearest ft.) 43 47; CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO 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.: MS D 024; DRILLERS SIGNATURE: Paul Scholz; LIC. NO.: MS D 027

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

C 2 DEPTH (nearest ft.) 66 500; E A C H S C R E E N; DIAMETER OF SCREEN (NEAREST INCH) 58 60

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). RECEIVED COUNTY HEALTH DEPT. MENTAL HEALTH 9:08

B 1 6303

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531045 please type

STATE PERMIT NUMBER

HO-95-1770 fill in this form completely

Date Received (APA) 6/16/2009

OWNER INFORMATION

Schools Paul 8121 Murphy Rd Fulton Md 20759

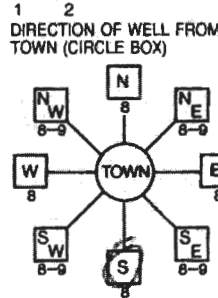
LOCATION OF WELL

Howard 21 COUNTY Fulton 42 SUBDIVISION SECTION 44 46 LOT 48 50 1 Fulton 52 NEAREST TOWN MILES FROM TOWN 1 73 76 77 78

DRILLER INFORMATION

Joseph E. Mayne MS D024 Driller's Name License No. 81 Joseph E. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Signature Date 6-16-2009

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



8121 Murphy Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 220 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT

TAX MAP: 46 BLK: 2 PARCEL 313

WELL INFORMATION

APPROX. PUMPING RATE 4 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A19893 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S DATE ISSUED 6/16/2009 Brown Baker 6/16/2010 CO SIGNATURE EXP. DATE NORTH GRID 479 000 EAST GRID 823 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) HO-73-1493

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G PERMIT No. HO-95-1770

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

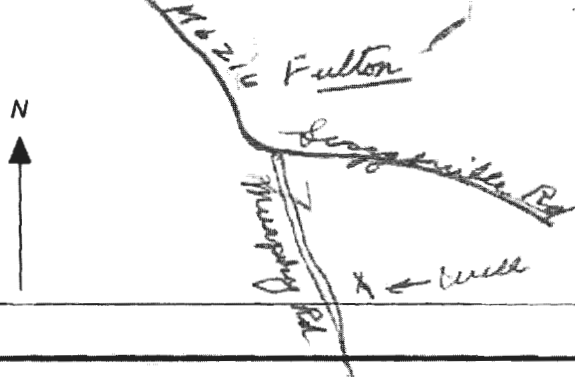
SOURCES OF DRILLING WATER

- well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8203 N 479

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-1770
Site Address: 8121 Murphy Road

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and 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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: 7/9/09 **(BB)**

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

Connected to Existing Line

SITE INSPECTION SHEET

OWNER: Paul and Ann Scholz PHONE #: _____

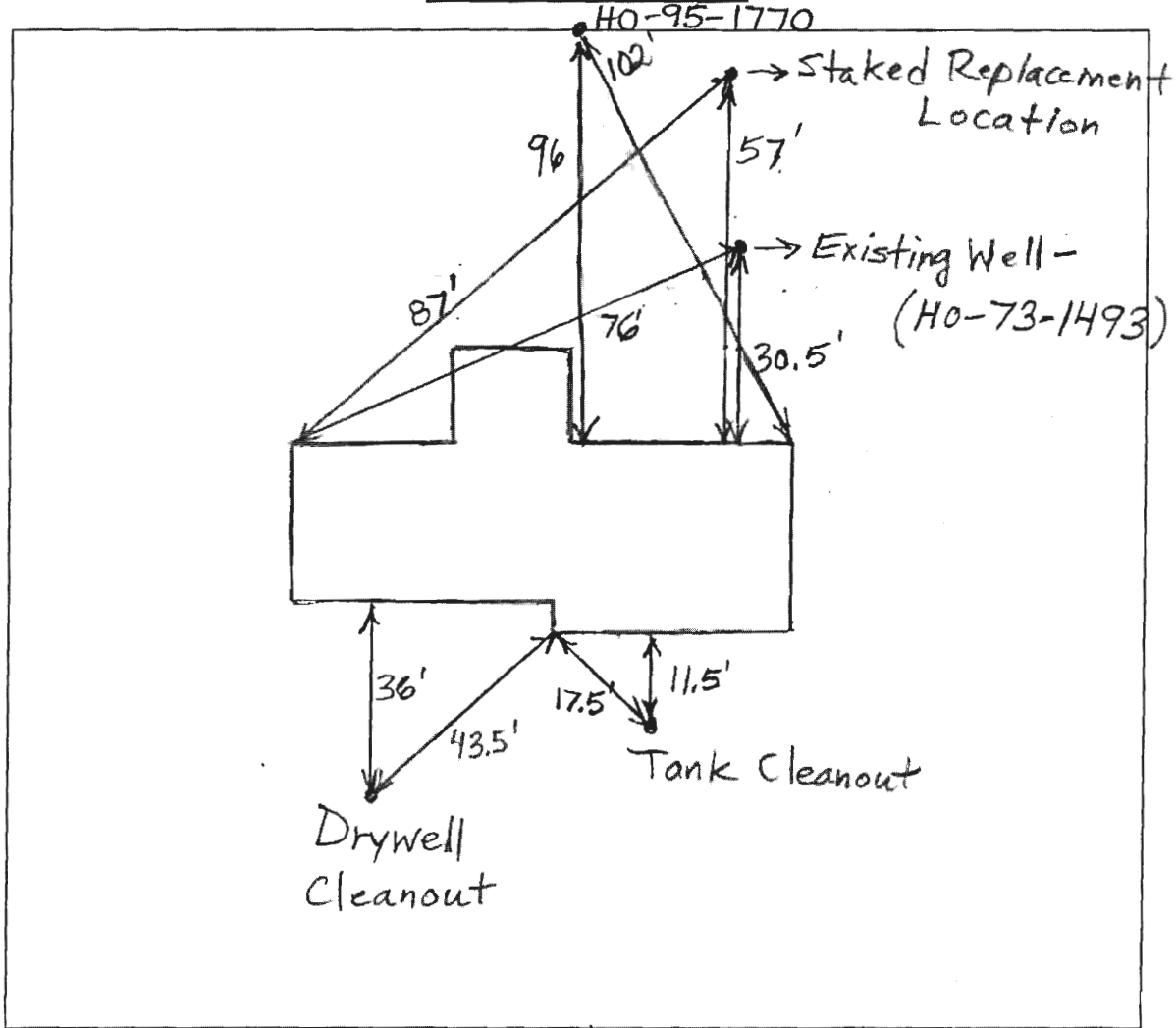
ADDRESS: 8121 Murphy Road CONTRACTOR: J. Mayne

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: A19893

PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: Murphy Road

6/16/09 Existing Well Has Very Low Yield. To Drill New Well and Seal Existing Well. (513)

DATE: _____ INSPECTOR: _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21200 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

11/5/2009
O.K. *BP*

DATE WELL ABANDONED: 9-20-2009 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

Ho - 73 - 1493
Ho - 95 - 1770

PERSON ABANDONING WELL: Joseph E. Mays

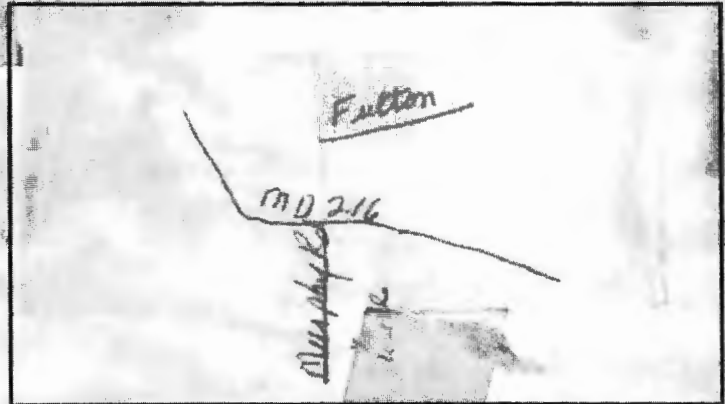
WELL DRILLERS LICENSE NUMBER: MSD024

OWNER'S NAME: Paul Schouly

CIRCLE: MWD/MSD/MGD

WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Fulton
TAX MAP 46 BLOCK 2 PARCEL 313
SUBDIVISION: Fulton
SECTION: _____ LOT: 1
NEAREST ROAD: 5121 Murphy Rd

SITE LOCATION MAP



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

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement & gravel mud</u>	<u>0</u>	<u>105</u>
VOLUME OF MATERIAL USED		
<u>10.2 HA</u> <u>11 BEPI</u>		

- * USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

- * TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

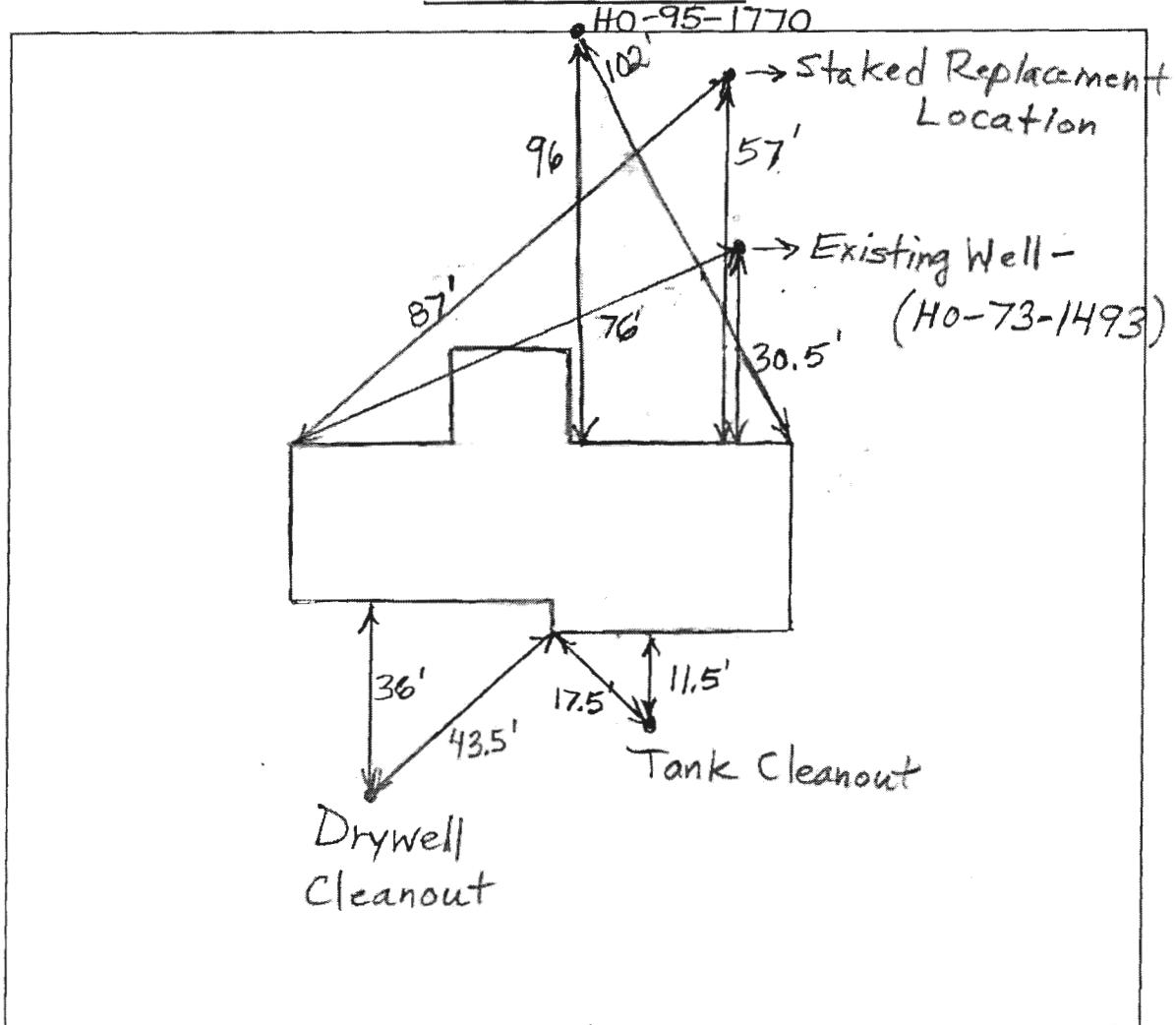
- * SIZE OF CASING: 6 INCHES IN DIAMETER
- * DEPTH OF WELL: 105 FEET DEEP
- * WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 2
- * WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph E. Mays LICENSE # MSD024 MWD/MSD/MGD CIRCLE ONE DATE 9-21-09

SITE INSPECTION SHEET

OWNER: Paul and Ann Scholz PHONE #: _____
ADDRESS: 8121 Murphy Road CONTRACTOR: J. Mayne
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: A19893
PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: Murphy Road
6/16/09 Existing Well Has Very Low Yield. To Drill
New Well and Seal Existing Well. (313)

DATE: _____ INSPECTOR: _____



-76°55'9."



2/1/09 Betty Mayo called, 1st hole
dry OK to move 30' towards
back lot line (S)

39°8'52"

39°8'52"

-76°55'9."

Howard County

Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this report or the information contained herein or derived therefrom. The user assumes all risks and liabilities whatsoever resulting from or arising out of the use of this information. There are no oral agreements or warranties relating to the use of this report.



By:
Office:
Map Width: 455.00 ft.
Print Date: 7/1/2009
Scale: 1 in. = 50 ft.



HOWARD COUNTY HEALTH DEPARTMENT

W531045

DATE
6 / 17 / 09

Received From

Jan Scholz

PHONE #

8121 Murphy Rd Felton MD 20759

For

Well Pump - Replacement Well

- CASH
- CHECK

8121 Murphy Road

NO.

7043

One Hundred sixty and 00/100

Dollars

\$

160 | 00

Received By

Mary L Buggis

C 1 6337

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 19893

DATE RECEIVED (WRA USE ONLY) 6/27/76

DATE WELL COMPLETED

DEPTH OF WELL 95

PERMIT NO. FROM "PERMIT FOR DRILL WELL" 10-73-1493

DRILLERS IDENTIFICATION NO. 259

OWNER: Eileen Brode David

STREET OR RFD: 9201 Pleasant Ct.

POST OFFICE: WILMINGTON

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
50 ft of dirt & 46 ft of flint gray rock			
30' case			
29' open			
8 logs			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 26 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)

E A C H S I N G	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

C 2	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	0	11
2	11	17
3	17	21
4	21	24
5	24	28
6	28	30
7	30	32
8	32	36
9	36	38
10	38	39
11	39	41
12	41	48
13	48	47
14	47	51

SLOTS SIZE 1. 2. 3.

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7

METHOD USED TO MEASURE PUMPING RATE standard

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30

WHEN PUMPING 22

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER JET SUBMERGIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 38

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LAND SURFACE

ABOVE BELOW

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: [Signature]

(PLEASE PRINT)

SIGNATURE: [Signature]

DIAMETER OF SCREEN 30 (NEAREST INCH) FROM 30 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) 66 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.O.D.)

TELESCOPE CASING 70

LOG INDICATOR 72

OTHER DATA AVAILABLE 74 75 76