

0526

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A = 30137

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 070694

Depth of Well 22 000 26 (TO NEAREST FOOT)

PERMIT NO. 40-92-0944

OWNER SPRING HILL ASSOC last name CROWN first name BOB TOWN CYTERTVILLE SUBDIVISION MEADOWS SECTION 2 LOT 59

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. Rows include TOP Soil, Sandy Clay, brown Shale, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 273 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 52 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 56

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 BRONZE OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) 140 54 200

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...

DRILLERS IDENT. NO. 40-7

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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

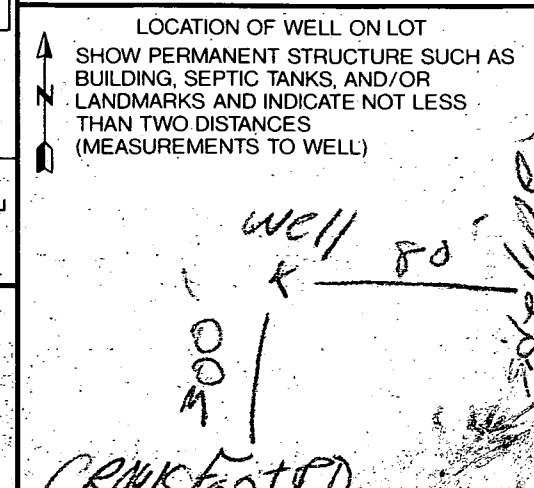
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Built WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 70 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



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 X Replacement _____ Receipt # _____
Date _____
Name of Installer J.A. Smith + Co. Inc. Telephone 410-796-7532
License Number 5581
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Deborah + Kelly Snowell Telephone 4655308
Subdivision Meadowood Lot # 79 Well Tag # HO-92-0444
Site Address 1352 Crows Foot Rd

Pump Motor Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible ✓
2. Make Goulds
3. Model # 56505412
4. Capacity 5 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 _____
1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220 ✓
1. Make Martinson
2. Model # BP10X
3. Depth 42"

Tank Piping Well data
1. Capacity 136 gal Draw
2. Pressure relief valve? yes
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42"
1. Depth 200 ft.
2. Yield 6 GPM
3. Static water level 45 ft.
4. Will water supply be disinfected by installer? _____
P.A. OK 3 1/2' B.G.
CASING CUT TO ~18" A.G.
MR 7/20/95

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.
Signature of Applicant: J. A. Smith Jr.
Date: 6/19/95

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

August 4, 1995

Mr. & Mrs. Kelly Snovell
468 New Cut Road
Ellicott City, MD 21043

RE: Well Location and
Casing Protection
Meadowood Lot 79
1352 Crows Foot Road

Dear Mr. & Mrs. Snovell,

On July 18, 1995, a septic system inspection was conducted at your property at the above-referenced address. On that date, Mark Rifkin, a Sanitarian from this office, observed that the house had rotated to a location which forced the well to be in or near the parking pad adjacent to the garage.

This arrangement is not ordinarily acceptable. The Code of Maryland Regulations (COMAR) provides for a minimum setback of fifteen feet from wells to driveways. This office has concerns about the potential for substantial danger to the well casing from passing vehicles, as well as the possibility of well contamination from automotive fluid leaks and discharges.

This office will consider your request for accomodation provided you can demonstrate appropriate protection of the well. Please be advised that, according to COMAR 26.04.04.07.D.5.c and 26.04.04.07.F.3.a, "well casing may not be cut off below ground" and "may not terminate less than eight inches above the finished ground surface."

If agreement on suitable well protection cannot be reached, the only solution is abandonment of the existing well and drilling another well in a suitable location.

If you have any questions, please call me at 313-2640.

Very truly yours,

Mark E. Rifkin, R.S.
Water & Sewerage Program

cc: Ted Snovell



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
December 4, 1995

Mr. & Mrs. Kelly Snovell
468 New Cut Road
Ellicott City, MD 21043

RE: Casing Protection
Meadowood Lot 79
1279 Crows Foot Road

Dear Mr. & Mrs. Snovell:

On August 4, 1995, this office sent you a letter requesting your proposed solution to our concerns about potential danger to your well as a result of its close proximity to your garage and parking pad. To date, this office has not received any such proposal.

On November 2, 1995, Glen Savage, a sanitarian from this office, made an inspection pursuant to your request for a building permit for a proposed propane tank. He observed that no provisions for protection of the well casing had been implemented. This was confirmed by another inspection on November 30, 1995.

Please submit a proposal for well casing protection as soon as possible. Please be advised that if an agreement on suitable well protection cannot be reached prior to your request for occupancy approval, this office will not recommend approval of your request.

This office also has the authority to order abandonment of the existing well. At that point, any recommendation for occupancy approval could only be granted if another well is drilled in a suitable location.

If you have any questions, please call me at 313-2640.

Very truly yours,
Mark E. Rifkin
Mark E. Rifkin
Sanitarian
Water & Sewerage Program

cc: File



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
December 22, 1995

Mr. and Mrs. Kelly Snovell
468 New Cut Road
Ellicott City, Maryland 21043

RE: Meadowood, Lot #79
1279 Crows Foot Road
Proposed Well Casing Protection

Dear Mr. and Mrs. Snovell:

In response to concerns about the risks associated with your well being in the driveway parking area, this office recommended that the well be relocated.

Your preference, as expressed in a letter dated December 7, 1995, was to protect the well from accidental damage by constructing a low timber wall around the well.

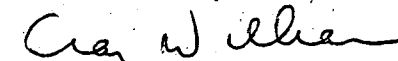
With some reservation, this plan is accepted on condition that a two-piece vented well cap is installed.

The older style single piece cap can lead to coliform contamination because it is more vulnerable to entrance by insects and other arthropods which can be expected to be more prevalent because of the construction around the well.

As cutting the casing off, at or below grading is not acceptable per terms of the Maryland Well Construction Regulation, then relocation of the well would be the final option if the protection you propose does not prove to be effective.

If you have any questions or concerns, please contact this office at the address below or by calling (410) 313-2640.

Very truly yours,


Craig Williams, Program Director
Water and Sewerage Program

CW:vr

CC: File

SITE INSPECTION SHEET

OWNER: SNOVELL

DATE REQUESTED: 11/2/95

ADDRESS: 1352 CROW FOOT RD

DRILLER: _____

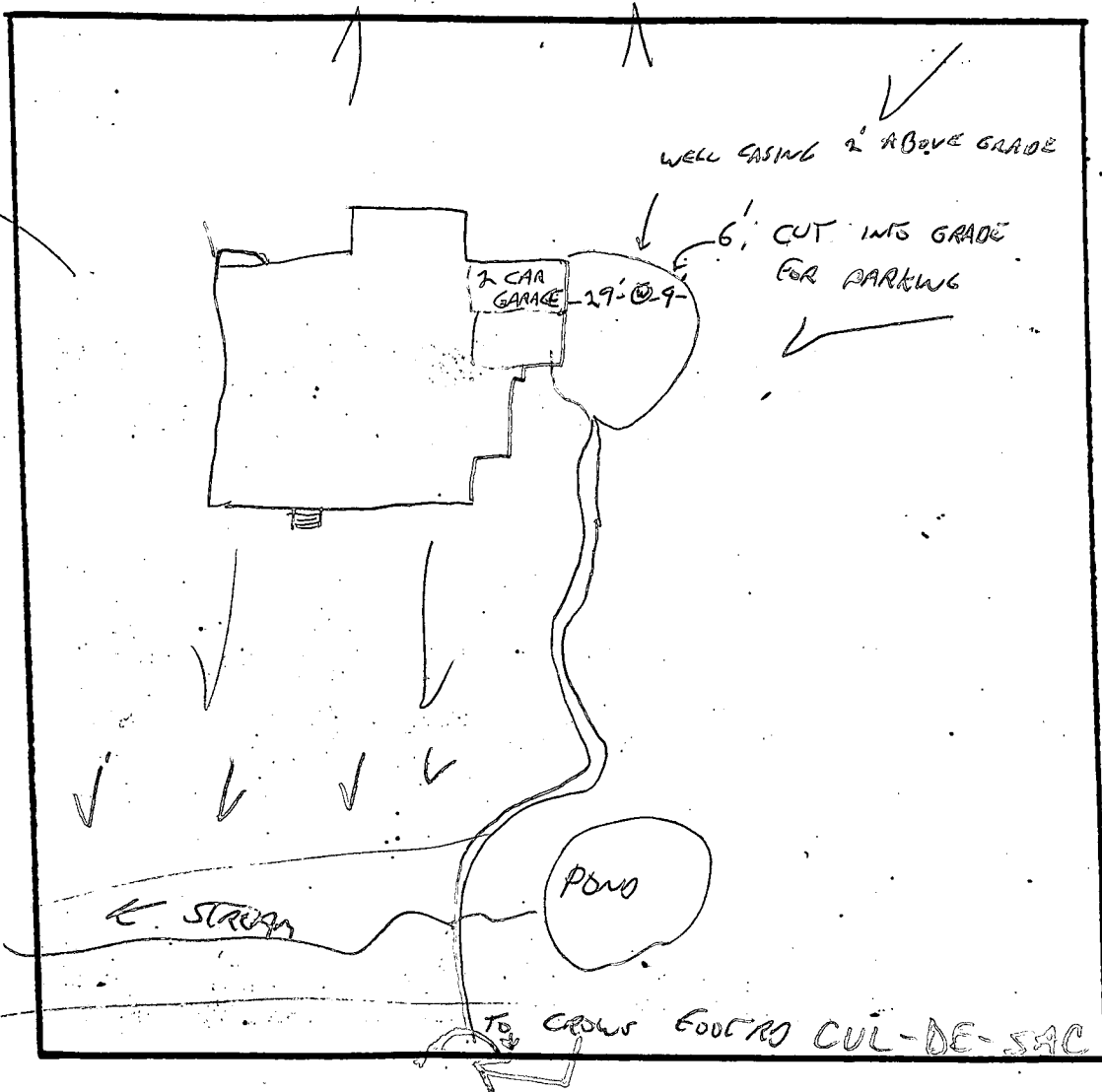
MARIOTTVILLE

WELL TAG # HO 92 0444

COUNTY # _____

PROPOSAL: CHECK SITE FOR PROPOSED TANK LOCATION FOR BUILDING PERMIT

LOCATION DIAGRAM



COMMENTS: DRIVEWAY IS GRAVEL AT TIME OF INSPECTION, HOUSE NOT OCCUPIED. CONSTRUCTION

STILL WORKING ON STRUCTURE - NEAR COMPLETION. WELL CASING

HAS NO PROTECTION FROM IMPACT OR RUNOFF FROM DRIVEWAY. 11/30/95 SITUATION

UNCHANGED

DATE: 11/2/95

INSPECTOR: Blahdy