SEQUENCE NO. (MDE USE ONLY)  THIS NUMBER IS TO BE PUNCHED		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER 13	
IN COLS. 3-6 ON ALL CARDS) ST/CO USE ONLY DATE WELL COMPLE			COMPLE		PERMIT NO. SEK FROM "PERMIT TO DRILL WELL"
DATE Received MM DD YY			D Y	22 AOE 26	6/9 01 HO - 94 - 3105
8 13	05	)	23	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER I	ong			Tom & Pat	
STREET OR RFD	last name			t Patrick Court first name TOWN	Highland
SUBDIVISION	White	Oak	Estat	OECTION	LOT
WELL L				GROUTING RECORD YES NO WELL HAS BEEN GROUTED Y	C 3
Not required for			THEIR	(Circle Appropriate Box) 44 44	PUMPING TEST
STATE THE KIND OF FORMATIC COLOR, DEPTH, THICKNESS A			check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FROM	TO	if water bearing	NO. OF BAGS 46 25 NO. OF POUNDS 42350	PUMPING RATE (gal. per min.) 8 • 5
Dirt	0	1		GALLONS OF WATER 150	METHOD USED TO Submersible Submersible
Soft Br. Mica & Sand	1	31		DEPTH OF GROUT SEAL (to nearest foot) from ft. to 80 ft.	
Hard Br. Sand-	1	31		48 TOP 52 54 BOTTOM 58	WATER LEVEL (distance from land surface)
stone	31	44		(enter 0 if from surface)  CASING RECORD	BEFORE PUMPING $\frac{115}{17}$ ft.
Soft Br. Mica	44	61	X	types insert SIT CO	MUTAL PUMPING 314
Soft Br. Sand-				appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.
stone	61	77		code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
Hard Blue Sand- stone	77	84		MAIN Nominal diameter Total depth	A air P piston T turbine
Hard Blue Mica		0-2		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe
Schist	84	87		S.T682	27 below)
Hard Blue Sand-	0.5	4.00		60 61 63 64 66 70	J jet S submersible
stone Hard Blue Mica	87	157		E OTHER CASING (if used) A diameter depth (feet)	27 27
Schist	157	161		C H inch from to	PUMP INSTALLED
Hard Blue Sand-				<u>C</u>	DRILLER INSTALLED PUMP YES NO
stone	161	238			(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
Hard Blue Sand-	220	261		G	MUST BE COMPLETED FOR ALL WELLS.
stone w/Schist Hard Blue Mica	238	261		screen type or open hole	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)  29
Schist	261	262	Х	or open hole ST BR HO	IN BOX 29.
Hard Blue Schist	262	265		appropriate   BRONZE HOLE	GAPACITY: GALLONS PER MINUTE
Hard Blue Sand-	265	204		below PL OT	(to nearest gallon) 31 35
stone Hard Blue Schist	265 304	304 374			PUMP HORSE POWER 37 41
NUMBER OF UNSUCCESSF	3/3	311	0	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
HOMBERT OF CROOSESSI		yes /	no	H O 82 405	CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED		Y	N)	A 8 9 11 15 17	+ above and enter casing height)
CIRCLE APPROP				H <sup>2</sup> 23 24 26 30 32 36	49 LAND SURFACE (nearest)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				C 3	below 2 (Hearest) foot)
P TEST WELL CONVERTED		DUCTION		E	A LOCATION OF WELL ON LOT
HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN			RUCTED IN	E SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR
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			HE ABOVE	DIAMETER (NEAREST INCH)	LANDMARKS AND INDICATE NOT LESS
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			ST OF MY	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
			9.6.	GRAVEL PACK	2 100000
Ronald Kyker			201	IF WELL DRILLED WAS FLOWING WELL	Swit latrick Court
DRILLERS SIGNATURE				INSERT F IN BOX 68 68	- Owell
5620334			34	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
LIC. NO. 1	10	-	11	T (E.R.O.S.) W Q	•
Sena hylu XIII-				70 72 74 75 76	XSeptie
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	x Septie
L.			MATERIAL PROPERTY AND		A STATE OF THE PARTY OF THE PAR

B 1. 4181 SEQUENCE NO. (MDE USE ONLY)		MARYLAND DRILL WELL int or type	HO-94	+ - 3105
	W5/3 23 17000 P		LOCATION OF WELL	
Date Received (APA)  8 MM DD YY 13  LONG TOM & PAT  15 Last Name Owner	RMATION  First Name 34	B 3 HOWARD 8 COUNTY WHITE 23 SUBDIVISION		21 42
	777 55 76 Zip 76	SECTION 44 46 HIGHLAN 52 NEAREST TOWN	LOT <u>30</u> 48 50	71
		MILES FROM TOWN (en	ter 0 if in town)	M I J
Driller's Name  WESTMINSTER ROTARY WELL Firm Name  P.O. BOX 861 WEST. MD.  Address  MAY 16	DRILL INC	B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) N 8 9 9 8 9	ST. PATRICK	COURT 30  DF ROAD NORTH N  RIATE BOX) W 22 E  WEST S EAST
(5.12.1.2.1.1.1.1)	Date 5 12 500	W TOWN E 8 8 8 9 S 8 8 9	DISTANCE	FROM ROAD ft  NTER FT OR MI 38 39
(GAL. PER DAY) 14	20	8 NOT T	O BE FILLED IN BY I	OBILLER
USE FOR WATER (CIRCLE AP  DOMESTIC POTABLE SUPPLY & RESIDEN  IRRIGATION  F FARMING (LIVESTOCK WATERING & AGR	NTIAL	HEALT COUNTY NAME	TH DEPARTMENT AP	
IRRIGATION  22 I INDUSTRIAL, COMMERICIAL, DEWATERIN P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL	NG	STATE SIGNATURE  DATE ISSUED  43 MM DD YY 48  NORTH GRID  50	CO SIGNATURE  EAST GRID  55	EXP. DATE 0 0 0 0 63
APPROXIMATE DEPTH OF WELL 24	J FEET	SHOW MAJOR FEATUR BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING		Well
APPROXIMATE DIAMETER OF WELL 6	NEAREST INCH	1.C TY	WAIEN	50011
CABLE REVerse-ROTary	(circle one)  Jetted & <u>DRIVEN</u> ROTARY (Hydraulic Rotary) <u>DRive-POINT</u>	2. 3. WRITE THE BOX NUMB FROM THE MAP HERE	ER	X
REPLACEMENT OR DEEPE (CIRCLE APPROPRIATE  N THIS WELL WILL NOT REPLACE AN EXIST)	BOX)	E 800 N 4904	000	
THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED  THIS WELL WILL REPLACE A WELL THAT	WILL BE USED	RELATION TO NEARBY	W SHOWING LOCATION O TOWNS AND ROADS AND TO NEAREST ROAD JUNC	GIVE
AS A STANDBY-CONTACT LOCAL APPROVE FOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL TO BE REPLACED OF	ELL	N.		19 MEII
(IF AVAILABLE) 41	52	N	TO BE THE REAL PROPERTY.	
Not to be filled in by driller (MDE OR C	GAP EMARGAMENT	PM 2: 10	House	
PERMIT No. +0 - 70 71 7	94 -3 105 2 73 74 75 76 77 78 79	EO NT LI HEY LIT DEG D	450	phic
SPECIAL CONDITIONS				⊕

Page	1	of	1
Data	05	1221	2001

County File No.
Review

### FIELD DATA SHEET HYDROGEOLOGIC AREA (3) WELL YIELD TEST

-		
	Election	District
-		

Maryland Well Permit No.	HO-94-3105	Election District		
Location of Property (road)	13043 Saint Patrick	Court		
Subdivision White Oak Estat	tes Lot 30	Block Plat	Sec.	
Well Driller Dana Kyker Jr.	III Owner	Tom & Pat Long		
Depth of Well 405 feet Distance of Measuring Point (M.P.) above ground 2 feet Static Water Level (S.W.L.) below M.P. 115 feet				
I. High Rate Pumping resorting pump started Total time 2hrs to	12:45 Pump	ring rate 10GPM evel 300 ft. below	м.Р.	

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.
12:45	115'	6 sec.		10
1:00	161'	6 sec.		10
1:15	196'	6 sec.		10
1:30	229'	6 sec.		10
1:45	261'	7 sec.		8.5
2:00	270 <b>'</b>	7 sec.		8.5
2:15	281'	7 sec.		8.5
2:30	291'	7 sec.		8.5
2:45	300'	7 sec.		8.5
3:00	308'	7 sec.		8.5
3:15	313'	7 sec.		8.5
3:30	315'	7 sec.		8.5
3:45	314'	7 sec.		8.5
		-		
		·		

6/1/01 me

#### 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: 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 #: Lot #: 30 Well Tag #: HO -94 - 3105 Subdivision: White Oak Estates Site Address: 13043 St. Patricks Ct. Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit Two piece watertight cap:\_\_\_\_ Make: Make: Model #: Screened, vented well cap:\_\_\_ Model#: Depth:\_\_\_\_ (36" min) Pump Capacity Cap secured to casing:\_\_\_\_ Conduit min 18" B.G.: Well Yield: GPM NSF approved: 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 Piping to house **House Connection** PVC sleeved to undisturbed soil at wall penetration: Type: 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. Approved: Date Insp. Requested: 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

HD-215(Rev. 8/00)



## HOWARD COUNTY HEALTH DEPARTMENT

6751 Columbia Gateway Drive Columbia, MD 21046 (410) 313-6300 Fax (410) 313-6303 TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

May 31, 2002

Theodore & Esther Evans 13043 St. Patrick's Court Highland, Maryland 20777

**RE:** Replacement Well Issues

White Oak Estates, Lot # 30 13043 St. Patrick's Court Well Permit #: HO-94-3105

Dear Mr.& Mrs. Evans:

This office is notifying you that prior to you purchasing the property mentioned above, a replacement well was installed. It appears that the water was never sampled from this well. We are 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 Regulation (COMAR 26.04.04). There is no charge for this sampling.

It is preferred that the sample be collected from the indoor primary 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 you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg

Registered Environmental Sanitarian

Well and Septic Program

cc: Community Environmental Health Program

File



### HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

May 31, 2002

Tom & Pat Long 13043 St. Patrick's Court Highland, Maryland 20777

RE:

Replacement Well Issues

White Oak Estates, Lot # 30 13043 St. Patrick's Court Well Permit #: HO-94-3105

Dear Mr. Columbo:

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 Regulation (COMAR 26.04.04). There is no charge for this sampling.

It is preferred that the sample be collected from the indoor primary 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 you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg

Registered Environmental Sanitarian

Well and Septic Program

cc: Community Environmental Health Program

File

# SITE INSPECTION SHEET

410 896-1911

OWNER:	Tom & Pat Long DATE REQUESTED: 5/17/01
PHONE #:	CONTRACTOR: Westminster Rotary
ADDRESS:	3043 St. Patrick's Court WELL TAG #: H0-94-3105
-	Highland MD COUNTY #:
	Ex. well has gone dry but they want to keep it as
a standb	oy. Meet Driller at @ 12 pm
ſ	<del></del>
	LOCATION DIAGRAM
18	
COMMENTS: _	Site approved by phone. DIC
DATE:	INSPECTOR: