

C1 14132 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER 13 518556-A

ST/CO USE ONLY

DATE Received

03 14 03

DATE WELL COMPLETED

3 12 03

Depth of Well

22 340' 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-99-3651

OWNER

STREET OR RFD

1675 WOODSTOCK ROAD

first name

TOWN

WOODSTOCK

SUBDIVISION

SECTION

Parcel 93

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand

0 44

Gray Mica Rock

44 340

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMI BENTONITE CLAY BC

NO. OF BAGS 17 NO. OF POUNDS 1578

GALLONS OF WATER 107

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.
48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)!Total depth
of main casing
(nearest foot)

ST

6

48

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
PLASTICOT
OTHER

C 2

DEPTH (nearest ft.)

1 2

E 1

A 8 9 11 15 17 21

C 2

H 23 24 26 30 32 36

S 3

R 38 39 41 45 47 51

E

E

N

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)

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

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

5 gal. 8 9

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 53 ft.

WHEN PUMPING 263 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 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)

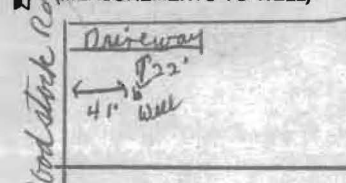
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)+ above } LAND SURFACE
- below } 2 (nearest foot)

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes
Y 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
WELLI 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. MSD 021

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 021

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

B 1 5127 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 518556-A please type	STATE PERMIT NUMBER <div style="text-align: right; font-size: 24pt; font-weight: bold;">40-94-31651</div> <div style="text-align: right; font-size: 10pt;">fill in this form completely</div>	
Date Received (APA) <div style="text-align: right; font-size: 24pt; font-weight: bold;">3/3/03</div> <div style="text-align: right; font-size: 10pt;">8 MM DD YY 13</div>		B 3 Howard LOCATION OF WELL <div style="text-align: right; font-size: 10pt;">8 COUNTY 21</div>	
OWNER INFORMATION <div style="text-align: right; font-size: 24pt; font-weight: bold;">Malat</div> <div style="text-align: right; font-size: 10pt;">15 Last Name 34 Owner First Name</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">4748 Kridlers School House Rd</div> <div style="text-align: right; font-size: 10pt;">36 Street or RFD 55</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">Manchester md 21102</div> <div style="text-align: right; font-size: 10pt;">57 Town 70 State 72 Zip 76</div>		<div style="text-align: right; font-size: 10pt;">23 SUBDIVISION 42</div> <div style="text-align: right; font-size: 10pt;">SECTION 44 46 LOT 48 50</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">Woodstock</div> <div style="text-align: right; font-size: 10pt;">52 NEAREST TOWN 71</div> <div style="text-align: right; font-size: 10pt;">MILES FROM TOWN (enter 0 if in town) 73 76 77 78</div>	
DRILLER INFORMATION <div style="text-align: right; font-size: 24pt; font-weight: bold;">Joseph L. Mayne</div> <div style="text-align: right; font-size: 10pt;">76 Driller's Name 81 License No.</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">MS D 24</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">Joseph L. Mayne Well Drilling</div> <div style="text-align: right; font-size: 10pt;">Firm Name</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">5512 Ridge Rd. Mt. Airy md 21771</div> <div style="text-align: right; font-size: 10pt;">Address</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">Joseph L. Mayne</div> <div style="text-align: right; font-size: 10pt;">Signature Date</div>		B 4 <div style="text-align: right; font-size: 10pt;">1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</div> <div style="text-align: center;"> </div> <div style="text-align: right; font-size: 10pt;">ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</div> <div style="text-align: right; font-size: 10pt;">NORTH N WEST S EAST E SOUTH S</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">1675 Woodstock Road</div> <div style="text-align: right; font-size: 10pt;">11 NEAR WHAT ROAD 30</div> <div style="text-align: right; font-size: 10pt;">34 41 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39</div> <div style="text-align: right; font-size: 10pt;">TAX MAP: 10 BLK: 18 PARCEL 93</div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="text-align: right; font-size: 10pt;">22</div> <div style="text-align: right; font-size: 10pt;"><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> PUBLIC WATER SUPPLY WELL</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> TEST, OBSERVATION, MONITORING</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> GEO-THERMAL</div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="text-align: right; font-size: 24pt; font-weight: bold;">Howard</div> <div style="text-align: right; font-size: 10pt;">COUNTY NAME COUNTY NO.</div> <div style="text-align: right; font-size: 10pt;">STATE SIGNATURE INSERT S →</div> <div style="text-align: right; font-size: 10pt;">DATE ISSUED 3/6/03 Kase Norman 3/6/04</div> <div style="text-align: right; font-size: 10pt;">43 MM DD YY 48 CO SIGNATURE EXP. DATE</div> <div style="text-align: right; font-size: 10pt;">NORTH GRID 540 000 EAST GRID 830 000</div> <div style="text-align: right; font-size: 10pt;">50 55 57 63</div>	
APPROXIMATE DEPTH OF WELL 340 FEET <div style="text-align: right; font-size: 10pt;">24 28</div>		APPROXIMATE DIAMETER OF WELL 6 INCH <div style="text-align: right; font-size: 10pt;">NEAREST INCH</div>	
METHOD OF DRILLING (circle one) <div style="text-align: right; font-size: 10pt;">30 BORED (or Augered) JETTED Jetted & DRIVEN</div> <div style="text-align: right; font-size: 10pt;">37 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)</div> <div style="text-align: right; font-size: 10pt;">CABLE REVerse-ROTary DRIVE-POINT</div> <div style="text-align: right; font-size: 10pt;">other</div>			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="text-align: right; font-size: 10pt;">39</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div style="text-align: right; font-size: 10pt;"><input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL</div> <div style="text-align: right; font-size: 10pt;">PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</div>			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) <div style="text-align: right; font-size: 10pt;">APPROX. PERMIT NUMBER</div> <div style="text-align: right; font-size: 24pt; font-weight: bold;">G</div> <div style="text-align: right; font-size: 10pt;">PERMIT No. 40-94-31651</div> <div style="text-align: right; font-size: 10pt;">70 71 72 73 74 75 76 77 78 79</div>			
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: New Dimensions Plumbing Telephone #: 410 239 4359
Address: 3018 Bachman Rd
Manchester MD 21102

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

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

Name (Print): CLARENCE W. BLAKE License# 15443

*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: Stephen Malat Telephone #: 410 374-9165
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3651
Site Address: 1675 Woodstock Rd.

Submersible Pump Data

Make: FTW
Model #: 3/4 HP
Pump Capacity 5 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: CAMBEL
Model#: _____
Depth: 4 1/2" (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 300 (feet)

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 N/A

Piping to house

Type: 1" PLASTIC
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 6 ft
Sleeve caulked and sealed properly: YES

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.

C. W. Blake 3/26/03
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/28/03 Am Date Insp. Approved: 3/28/03
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

OKS RK
3/19/03

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

DATE WELL ABANDONED: 3-12-03 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 3651

* PERSON ABANDONING WELL: Joseph E. Mayne

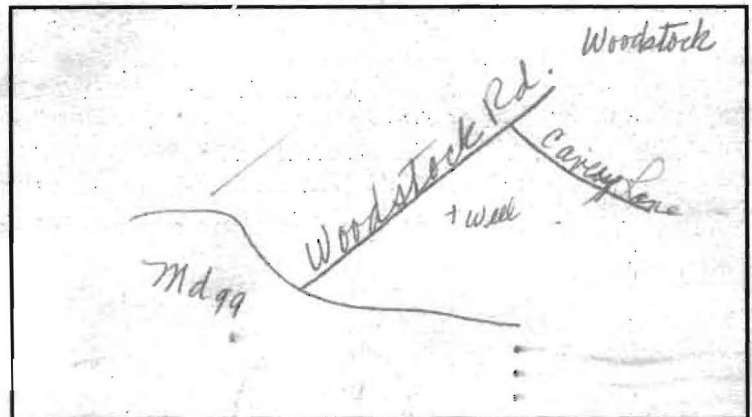
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Steve Malot

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Woodstock
TAX MAP 10 BLOCK 18 PARCEL 93
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 1675 Woodstock Rd



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☒ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 98 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

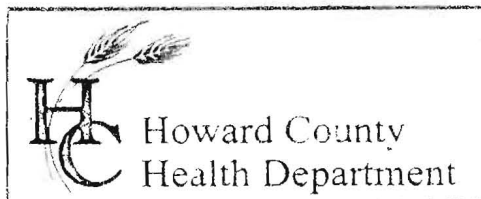
MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	98
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph E. Mayne

LICENSE # 0911

MWD/MSD/MGD
CIRCLE ONE

DATE



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 19, 2003

Steve Malat
4748 Kridlers School House Road
Manchester, Maryland 21102

RE: **Replacement Well Issues**
1675 Woodstock Road
Well Permit #: HO-94-3651

Dear Mr. Malat:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form and submit it to this office via fax or mail once the pump is placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

This office is also requesting that you contact the Community Services 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). **Currently, there is no charge for this sampling.**

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.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg
Registered Environmental Sanitarian
Well & Septic Program

Enclosure

cc: John Newman, 1675 Woodstock Rd.
Community Services Program
File

FILE NO. 11-03

THIS IS TO CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS, ALL ELECTRIC LINES, GUY WIRES, TELEPHONE LINES, DRAINAGE DITCHES, SLOPES AND DRAINAGE SWALES AS SHOWN. THERE ARE NO SLOPES THAT SUPPORT ADJACENT GROUND

Russell R. L. Lys:

LAND SURVEYOR, LIC. NO. 8685

WOODSTOCK ROAD

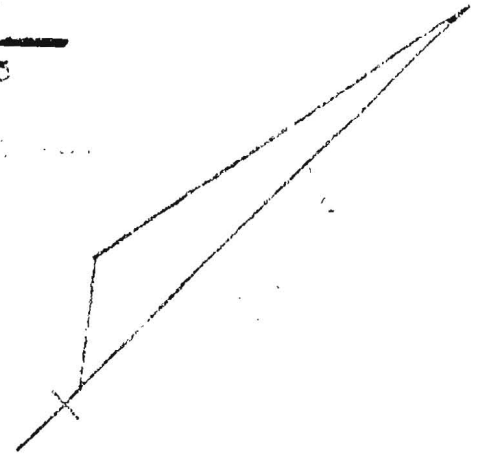
TO CAVEY CANE
BEGINNING \rightarrow $N44^{\circ}41'E 100.0'$

E. ROAD \rightarrow 22' MAL. ROAD

WOOD POLE
OVERHEAD
WIRES

PROPOSED WELL
EXISTING WELL
SLOPES
S54°36'E 538.0'
N54°33'E 601.3'

2.4' x 5.0' CHIMNEY
CONC. LANDING
18' x 6' STEPS



CONC. PATIO

1 STY. BRICK & SHINGLE

CONC. LANDING
11' x 4.0' CONC. STEP

3/6/03

Mr. Malat called
and said wells
on adj. properties
are in the
front yards. So, prop.
well location OK (KN)

SKETCH - SCALE 1"=20'

Steve Malat

cell 443-375-0553

410-374-9165

HOUSE LOCATION PLAT FOR

#1675 WOODSTOCK ROAD



3RD ELECTION DISTRICT

HOWARD COUNTY, MD.

SCALE: 1"=100'

DATE: MAY, 1977

TRUE NORTH SURVEYING SERVICES
BALTIMORE, MARYLAND 21229