

C 1 15923 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.1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER 13

ST/CO USE ONLY

DATE Received  
MM DD YY

DATE WELL COMPLETED

MM DD YY  
01 29 02

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

40-54-3307

OWNER Kissinger, RALPH first name TOWN Dayton MD  
STREET OR RFD 4351 Ten Oaks Rd  
SUBDIVISION SECTION 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

Top Soil

0 2

Sandy

2 20

Sand Stone

20 30

MICKA

30 40

Sand Stone

40 45 ✓

MICKA

45 210

Sand Stone

210 215 ✓

MICKA

215 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES NO  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ 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)

PL 6 35

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

SCREEN RECORD

screen type or open hole

(insert appropriate code below)

ST  
STEELBR  
BRASSHO  
OPEN HOLEPL  
PLASTICBR  
BRONZEOT  
OTHER

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

4  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

40  
17 20 ft.

WHEN PUMPING

300  
22 25 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)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH  
(nearest ft.)

43 47&lt;/

B 1	8923	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 518626 please print or type	STATE PERMIT NUMBER <u>40-94-3307</u> <small>fill in this form completely</small>
Date Received (APA) 1/17/2002 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name <u>Kissinger</u>		Owner First Name <u>Ralph</u>		
36 Street or RFD <u>4551 Ten Oaks Rd.</u>		55		
57 Town <u>Dayton</u>		70 State <u>MD</u>		
		72 Zip <u>21036</u>		
DRILLER INFORMATION				
Driller's Name <u>Ralph E. Mayne</u>		MSD 117 76 License No. 81		
Firm Name <u>Ralph E. Mayne Well Drilling</u>				
Address <u>17024 Handy Rd. Mt Airy MD 21771</u>				
Signature <u>Ralph E. Mayne</u> Date <u>1-16-02</u>				
B 2 WELL INFORMATION				
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		<u>500</u> 14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28				
APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH NEAREST				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <u>AIR-PERCussion</u> <u>ROTARY</u> (Hydraulic Rotary) <input type="checkbox"/> CABLE <u>REVerse-ROTary</u> <u>DRive-POINT</u> other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>40-94-3307</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION N/A 42

SECTION 44 LOT 46 50

52 NEAREST TOWN Dayton 71

MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Ten Oaks Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37

DISTANCE FROM ROAD 66

ENTER FT OR MI 38 39

TAX MAP: 28 BLK: 2 PARCEL 126

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 1/17/2002 Brian Baber 1/17/2002

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 515 0 0 0 EAST GRID 805 0 0 0

50 55 57 63

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

E 805

N 515

000 000

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

**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: Zepp Plumbing & Heating Inc Telephone #: 410-531-6712

Address: 12447 Route 108  
Clarksville, MD 21029

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

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

Name (Print): Edgar W. Zepp, III License# 1782

\*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: Ralph Kissinger

Telephone #: 301-596-9750

Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Well Tag #: HO-94-3307

Site Address: 4551 Ten Oaks Road  
Dayton, MD 21036

**Submersible Pump Data**

Make: Conlds

Model #: 55B07412L

Pump Capacity 5 GPM

Well Yield: 4 GPM

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 \_\_\_\_\_

**Pitless Adapter**

Make: Camptel

Model#: 10BX

Depth: 36 (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: ☒

**Piping to house**

Type: 1"

PSI: 160 (160 psi min)

Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_

Approximate length of sleeve: \_\_\_\_\_

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: Edgar W. Zepp, III

date: 5/15/02

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

Date Insp. Requested: 2/1/02

Date Insp. Approved: 2/1/02 (50) SRK

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

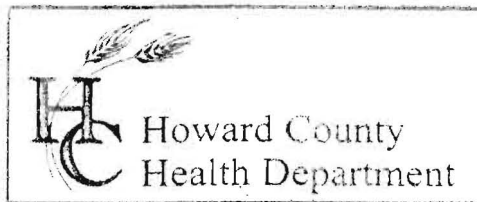
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

☒  
☒  
☒  
☒  
☒  
☒





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 5, 2003

Mr. Ralph Kissinger  
4551 Ten Oaks Road  
Dayton, MD 21036

INDEXED

05-368081

RE: Replacement Well Issues  
4551 Ten Oaks Road  
Well Permit #: HO-94-3307

Dear Mr. Kissinger:

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).

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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements or by not complying with an abandonment schedule could result in enforcement action.** The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Steven R. Krieg

Steven R. Krieg,  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File✓

OK to keep 4/22/03  
as standby (SRK)

Paid  
4/18/03  
Receipt # 518626

4518626

DO NOT DISCARD

Director of Finance  
No. 6. Health  
Suite 3525  
Ellicott City, Md. 21043

Reference: New Well # HO-94-3307

Enclosed please find a check  
in the amount of \$80.00 for well  
permit.

We have chosen not to abandon  
our old well. It is not hooked  
up or being used but our preference  
is to keep it. - Discussion w/ homeowner (Mrs. Kissinger)  
regarding keeping ex. well as standby.

Thank you,

OK because standby well is not dry  
& may need to be reconnected if  
bacteria in new well can not be eliminated.

Jay Kissinger  
14551 Ten Oaks Rd.  
Dayton, Md. 21036

301 596-9250

4/22/03

(SRK)

SITE INSPECTION SHEET

OWNER: Ralph Kissinger  
 ADDRESS: 4551 Ten Oaks Rd

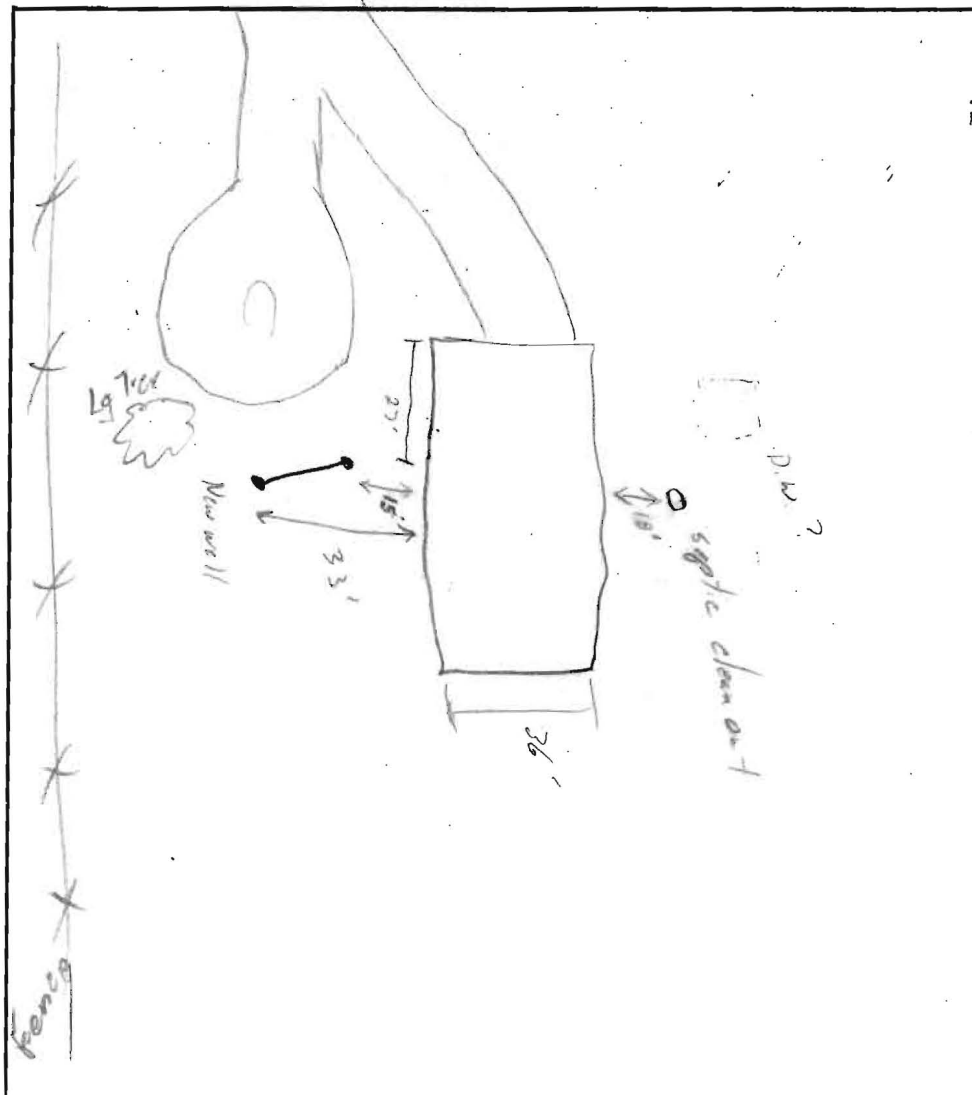
DATE REQUESTED: 1/18/2002  
 DRILLER/CONTRACTOR: Ralph Mayne  
 WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: 28-2-126

COUNTY: \_\_\_\_\_

PROPOSAL: Replacement Well - Old Well to be Abandoned

To Ten Oaks Rd  
LOCATION DIAGRAM



COMMENTS: Repl. Well only 60' deep.

DATE: 1/18/02

INSPECTOR: [Signature]

Aug 43  
Hugh A. Squires  
Ten Oaks Road  
Dayton, Maryland

