SEQUENCE NO. STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. **WELL COMPLETION REPORT** COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED NUMBER IN COLS. 3-6 ON ALL CARDS) PLEASE TYPE PERMIT NO.
FROM "PERMIT TO DRILL WELL" ST/CO USE ONLY DATE WELL COMPLETED Depth of Well 2,03 **DATE Received** 94- 3 300 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37 RALL KISSINGER OWNER DAYton Rel TEW OAKS TOWN STREET OR RFD SUBDIVISION SECTION LOT **WELL LOG GROUTING RECORD** C 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) CEMENT C M BENTONITE CLAY BC check if water bearing FEET DESCRIPTION (Use additional sheets if needed) NO. OF BAGS 46 JO NO. OF POUNDS 45 490 FROM TO PUMPING RATE (gal. per min.) . 15 GALLONS OF WATER METHOD USED TO DEPTH OF GROUT SEAL (to nearest foot) 0 Top Soil 2 MEASURE PUMPING RATE L 52 ft. to \_\_\_\_\_ ft. WATER LEVEL (distance from land surface) 20 (enter 0 if from surface) BEFORE PUMPING CASING RECORD casing 30 20 types CO insert WHEN PUMPING CONCRETE appropriate 40 30 code OIT TYPE OF PUMP USED (for test) below T A turbine SANU Stowe 45 40 MĂIN Nominal diameter Total depth top (main) casing of main casing CASING other (nearest inch)! (nearest foot) 0 (describe 2/0 TYPE centrifugal rotary MICKA 45 35 below) (0 60 61 63 64 70 210 215 J jet submersible OTHER CASING (if used) 300 diameter depth (feet) MICKA 215 inch **PUMP INSTALLED** DRILLER INSTALLED PUMP NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED screen type PLACE (A,C,J,P,R,S,T,O) IN BOX 29. or open hole ST BR HO insert appropriate HOLE BRONZE **GALLONS PER MINUTE** code OT 35 (to nearest gallon) below **PUMP HORSE POWER** 41 DEPTH (nearest ft.) C 2 PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 300 E CASING HEIGHT (circle appropriate box and enter casing height) WELL HYDROFRACTURED 11 15 17 21 N + above C LAND SURFACE CIRCLE APPROPRIATE LETTER 24 26 30 32 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED (nearest) below C foot) **ELECTRIC LOG OBTAINED** 38 39 41 50 51 45 47 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1 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 SHOW PERMANENT STRUCTURE SUCH AS DIAMETER (NEAREST BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS OF SCREEN INCH) 56 THAN TWO DISTANCES from (MEASUREMENTS TO WELL) DRILLERS LIC. NO. 1 M GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) HGANO.I (E.R.O.S.) WO 72 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Prop Line 74 75 76 TELESCOPE LOG CASING INDICATOR OTHER DATA COUNTY DENV-CR00

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## Mar 5 2003 16:41

## 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 & H	eating Inc Telephone	#: <u>410-531-6712</u>	
Address:	12447 Route 108			
	Clarksville, MD	21029		
		Licensed Well Driller	Licensed Well Pump Installer	
		ole for the field installation:		
	Edgar W. Zepp. II		License# 1782	
*A Mcensed indi	vidual must perform the	actual installation. Appr	entices must be under the direct	
supervision of a	licensed journeyman or	master plumber, pump in	staller or well driller. Licenses may be	
subjected to fiel				
	y Owner: Ralph Kis	singer Telepho	mc #: 301-596-9750 Well Tag #: HO - 94 - 3307	
Subdivision:		Lot #: _	Well Tag # : HO - 94 - 3307	
Site Address:	the same of the sa			
	Dayton, MD 21036			
Submersible Pu	mp Data	Pitless Adapter	Well Cap and Electric Conduit	
Make: _could	S	Make: CAmptul	Two piece watertight cap:	
		Model#: 10 B X	Screened, vented well cap:	
Pump Capacity	5 GPM	Depth: 3 (36" min)	Cap secured to casing:	
Well Yield: 4		NSF approved:	Conduit min 18" B.G.:	
Depth of well er	countered at time of pump	installation:(feet)	Conduit secured to well cap:	
If pump capacity	exceeds well yield, a low	water cut off switch is requ	ired by NSPC 1990 Section 17.8.4	
	or Cable guards are requi			
Safety rope, if t	ised, attached to inside of	well casing with eye bolt	•	
Piping to house Type: //		House Connection	ed soil at soil paratration.	
PSI: 160 (160	noi min)		ed soil at wall penetration:	
Dorth of curely	line: (36" min)	Approximate length of sleeve:  Sleeve caulked and sealed properly:		
popul or adplify	(50 mm)	Sibero causact and sealer	property	
The water mon	Iv line is required to be	t least ten feet from the se	ptic tank, pump chamber, sewage piping,	
distribution bo	x. drainfields, and sewag	e recerve area. If this can	not be accomplished, contact this office for	
approval prior		TOWN TO MI THE ZE LINE CHAPTER	and he module provides of the other to	
00	n //		-1 -1	
Color	w/24D	ne	5/15/02	
Signature of cor	npany representative respo	nsible for installation	date	
		l		
	For Health Depart	ment Use Only - Not to be	completed by Installer	
135father 8s 115cm	2/1/00		proved: 2/1/02 (SO) SRK	
Date Insp. Requ	ested: 2/1/02	Date Insp. Ap	proved: \( \alpha \)	
Inspection Data	: Pitless adapter and wate	supply line at least 36" bel	ow grade	
	Two piece cap installed	and attached to casing secur	ely	
	Elec. conduit extends at	least 18" below grade/attacl	ned to cap property	
	Safety rope installed ins	de of well casing	The Smithed and	
	Correct well tag attache	d property and casing 8" abo	ortion	
		d adequately at house conn		
	Adequate grout observe	a nerow brities agapter	-	





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

Ralph Kissinger

1 Ten Oaks Road

05-368081

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

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.

o Ou to keep 4/22/03
as standby (SRN)

Steven R. Krieg

Steven R. Krieg,

Registered Environmental Sanitarian

Well and Septic Program

cc: Community Environmental Health Program

Paid 18/03 518626

4518626

10 NOT DISCARD No Co. Health Soute 3525 Ellecott City, Md. 21043 Reference: Mew Well # 40-94-3307 Enclosed please find a check in the amount of \$80.00 for well We have Chosen not to abandan our old well. It is not hanked up or being used but aus preference Discussion w/ homeowner (Mrs. Kissinger) regarding keeping ex. well as standby. is to beep it, -Ok because Standby well is not dry & may need to be reconnected if bacteria in new well can not be eliminated. Thank you, Jages fussinger bacteria in 1455) Jen Oak Rd. 4/2a/03 (5RV) Day ton, Md. 21036 301 596-9750

1	19	2:00	
'	10	3.00	

## SITE INSPECTION SHEET

•		Alph Kissinger 4551 Ten Oaks Rd	DATE REQUESTED: //8  DRILLER/CONTRACTOR: Qa  WELL TAG NUMBER:	/2002 lph Mayn
TAX		28-2-126	COUNTY:	
	PROPOSAL:	Replacement We	oll -Old Well to be Aba	ndoned
	,	To Ten Date	CATION DIAGRAM	
	Or told	19 Min well 23 5		
	COMMENTS:	Repl. Well only	y 60' deep.	· ,
		*		
		1/14/02	1.2/2	$\supset$ –

