

<b>C 1</b> <b>27636</b>		SEQUENCE NO. (MDE USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE				THIS 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 <b>13</b>			
ST/CO USE ONLY DATE Received MM <b>06</b> DD <b>15</b> YY <b>15</b>		DATE WELL COMPLETED MM <b>4</b> DD <b>22</b> YY <b>2015</b>		Depth of Well 22 <b>325</b> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO - 15 - 0027</b>		28 29 30 31 32 33 34 35 36 37			
OWNER <b>L &amp; R Construction &amp; Remodeling Service</b>		WELL SITE ADDRESS <b>840 Ridge Rd - MD27</b>		TOWN <b>Mt Airy md 21771</b>		SUBDIVISION		SECTION LOT			
<b>WELL LOG</b> Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				<b>GROUTING RECORD</b> WELL HAS BEEN GROUTED (Circle appropriate box) yes <b>Y</b> no <b>N</b> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b> NO. OF BAGS <b>7</b> NO. OF POUNDS <b>658</b> GALLONS OF WATER <b>42</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>24</b> ft. (enter 0 if from surface)				<b>C 3</b> <b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>6</b> PUMPING RATE (gal. per min.) <b>3</b> METHOD USED TO MEASURE PUMPING RATE <b>Bucket</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>35</b> ft. WHEN PUMPING <b>291</b> ft. TYPE OF PUMP USED (for test) <b>A</b> air <b>P</b> piston <b>T</b> turbine <b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below) <b>J</b> jet <b>S</b> submersible			
DESCRIPTION (Use additional sheets if needed)				FEET FROM TO <b>Brown Shale 0 23</b> <b>Blue Rock 23 325</b> <b>Water 270'</b>				check if water bearing			
				<b>CASING RECORD</b> casing types insert appropriate code below <b>ST</b> STEEL <b>CO</b> CONCRETE <b>PL</b> PLASTIC <b>OT</b> OTHER MAIN CASING TYPE <b>PL</b> Nominal diameter top (main) casing (nearest inch) <b>6</b> Total depth of main casing (nearest foot) <b>27</b> 60 61 63 64 66 70							
				<b>OTHER CASING (if used)</b> diameter inch depth (feet) from to E A C H I N G							
				<b>SCREEN RECORD</b> screen type or open hole (insert appropriate code below) <b>ST</b> STEEL <b>BR</b> BRASS <b>HO</b> OPEN HOLE <b>PL</b> PLASTIC <b>OT</b> OTHER							
NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>				<b>C 2</b> DEPTH (nearest ft.) 1 <b>HO</b> 2 <b>25</b> 3 <b>325</b> E A C H I N G 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to							
WELL HYDROFRACTURED yes <b>Y</b> no <b>N</b>				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68							
CIRCLE APPROPRIATE LETTER <b>A</b> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <b>E</b> ELECTRIC LOG OBTAINED <b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA							
DRILLERS LIC. NO. <b>MSD 024</b> DRILLERS SIGNATURE <b>Barry E. Mayne</b> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>MSD 027</b> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				LATITUDE <b>39.34839</b> LONGITUDE <b>77.17508</b> (DEFAULT COORD. WGS 84) NOTES: <b>7 bags = 2.9 bags/10 ft.</b>							

<b>B 1</b> 1 2 3 6 <u>37587</u> <u>04-343875</u>	SEQUENCE NO. (MDE USE ONLY)  	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type	STATE PERMIT NUMBER <u>HO - 15 - 0027</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>03 20 15</u> <small>8 MM DD YY 13</small> <b>OWNER INFORMATION</b> <u>L+R Construction Service</u> 15 Last Name Owner First Name 34 <u>949 Kirby Dr</u> 36 Street or RFD 55 <u>Westminster Md 21158-4253</u> 57 Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> <u>Howard</u> 8 COUNTY 21 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>Mt Airy</u> 52 NEAREST TOWN 71	
<b>DRILLER INFORMATION</b> <u>Joseph L. Mayne</u> <b>M S D O A K</b> Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd Mt Airy Md 21771</u> Address <u>Joseph L. Mayne 3-17-2015</u> Signature Date		<b>B 4</b> <b>SOURCES OF DRILLING WATER</b> 1. <u>well</u> 2. 3.  <u>Ridge Rd Md 27</u> 11 STREET ADDRESS 30  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;">           NORTH            N            W 2 E            S            SOUTH         </div> 34 <u>52</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>6</u> BLK: <u>2</u> PARCEL <u>251</u>	
<b>B 2</b> <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> <u>Howard</u> <u>(13)</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4/9/15</u> 43 MM DD YY 48 <u>Sal. Cui</u> <u>4/9/16</u> CO SIGNATURE EXP. DATE	
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other		<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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 <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
<b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b> APPROP. PERMIT NUMBER _____ <b>G</b> _____ PERMIT No. <u>HO - 15 - 0027</u> 70 71 72 73 74 75 76 77 78 79		<b>PROPOSED LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
<b>SPECIAL CONDITIONS</b> NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED <u>Well in house must be sealed + abandoned</u>			

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 15-0027  
 Location of property (road) 840 Ridge Rd Rt27  
 Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph L. Mays Owner L+R Construction Service

Depth of well 325'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 6:15 Pumping rate 20 gpm  
 Total time 30 min to reach pumping water level 291 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5'</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	159	3 sec		20 gpm
6:45	291	4 sec		15
7:00	291	20 sec		3
7:15	291	20 sec		3
7:30	291	20 sec		3
7:45	290	20 sec		3
8:00	290	20 sec		3
8:15	290	20 sec		3
8:30	290	20 sec		3
8:45	290	20 sec		3
9:00	290	20 sec		3
9:15	290	20 sec		3
9:30	290	20 sec		3
9:45	290	20 sec		3
10:00	290	20 sec		3
10:15	290	20 sec		3
10:30	290	20 sec		3
10:45	290	20 sec		3
11:00	290	20 sec		3
11:15	290	20 sec		3
11:30	290	20 sec		3
11:45	290	20 sec		3
12:00	290	20 sec		3
12:15	290	20 sec		3
HD-12:30	290	20 sec		3
12:45	290	20 sec		3



HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: 840 Ridge Road

(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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 15-0027  
Site Address: 840 Ridge Road

Submersible Pump Data

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Pump Capacity: \_\_\_\_\_ GPM

Well Yield: \_\_\_\_\_ 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, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: \_\_\_\_\_

Model#: \_\_\_\_\_

Depth: \_\_\_\_\_ (36" min)

NSF/WSC 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: \_\_\_\_\_

PSI: \_\_\_\_\_ (160 psi min)

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

House Connection

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

Length of sleeve (5' minimum from foundation): \_\_\_\_\_

Sleeve sealed properly: \_\_\_\_\_

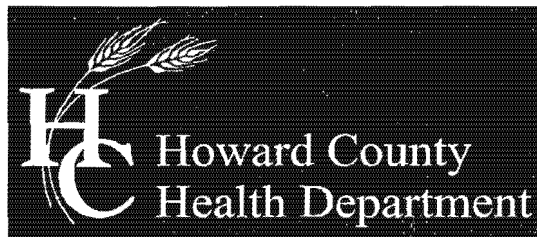
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 6/11/15 Inspector: 15B

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ☒



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Maura J. Rossman, M.D., Health Officer

February 9, 2017

Homeowner  
840 Ridge Road  
Mt. Airy, MD 21771

*Second notice – please contact the Health Department ASAP*

RE: **Replacement Well Sampling**  
840 Ridge Road  
#HO-15-0027

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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 sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The existing well in the basement of the house must be abandoned and sealed by a licensed well driller as per COMAR 26.04.04.34. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File



**Bureau of Environmental Health**

8930 Stanford Blvd, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

**Maura J. Rossman, M.D., Health Officer**

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August 26, 2015

L&R Construction Service  
949 Ruby Dr.  
Westminster, MD 21043

RE: **Replacement Well Sampling**  
840 Ridge Rd.  
#HO-95-0027

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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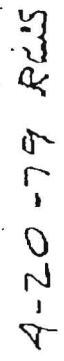
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Sincerely,

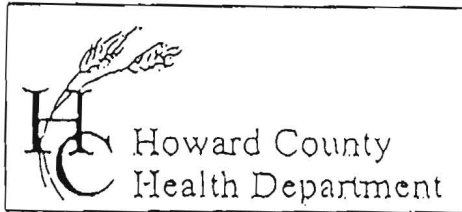
Sarah Collins  
Howard County Health Department  
[SCollins@howardcountymd.gov](mailto:SCollins@howardcountymd.gov)  
410-313-6287

Cc: Community Hygiene Program  
File









7178 Columbia Gateway Drive, Columbia, MD 21046  
(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

### TO ALL INTERESTED PARTIES

- When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

Subdivision/Property Name

Lot#

Road Name

MD 27 Ridge Rd

- ☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.

- ☒ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Thilak George (301-865-9595)

Revised 3/11/05

Well stake is in front of House.

Existing well in basement

Well stake by Well Driller.

Owner - L+R Construction. 484-433-5355

↳ Laszlo Hegedus

840 Ridge Rd

## FILE INQUIRY NOTES

[illegible]