c 1 14503	(MDE USE		STATE OF MARYLAND	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)			WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13 38864
ST/CO USE ONLY DATE Received	DATE WELL	COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"
MM DD YY	MMS 1	80	22 380 26	10 - 94 - 3395
8 13	15 . SC = + T	8CX	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNERSTREET OR RFD. /	3 lest page R	NDER	EARL first name	Sienela
SUBDIVISION Rido	rewood	Thei	SECTIONTOWN	LOT 26
WELL	LOG		GROUTING RECORD YES NO	C 3
Not required for driven wells			WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)	FEET TO	check if water bearing	NO. OF BAGS NO. OF POUNDS 45 46	8 9
Top Soil	02		GALLONS OF WATER > O	PUMPING RATE (gal. per min.)  METHOD USED TO MEASURE PUMPING RATE
Sand y	2 40		DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft. to ft.	MEASURE PUMPING RATE
C - 1 Stowe	40 45		(enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING 60 ft.
SAND STONE MICKA SAND STONE MICKA	45 55		types insert appropriate STEEL CONCRETE	WHEN PUMPING 380 ft.
and Stork	55 60	1	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
MICKA	1.0 380	-	MAIN Nominal diameter Total depth casing of main casing	A air P piston T turbine
Juli Co.			TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
	,		60 61 63 64 66 70	J jet S submersible
			E OTHER CASING (if used) A diameter depth (feet) H inch from to	27 27
			H inch from to	PUMP INSTALLED
			8	DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)
			ZG	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
			screen type or open hole STBR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
		l li	appropriate STEEL BRASS OPEN HOLE	CAPACITY: GALLONS PER MINUTE
			below PLASTIC OTHER	(to nearest gallon) 31 35 PUMP HORSE POWER
NUMBER OF UNSUCCESSE	III WELLS:	9 I	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 37 41
yes no			176 53 380	(nearest ft.)  43  47  CASING HEIGHT (circle appropriate box
WELL HYDROFRACTURED Y N			A 8 9 11 15 17 21 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2	and enter casing height)  LAND SURFACE
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			23 24 26 30 32 36 S C 3	pelow 2 (nearest)
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION			R 38 39 41 45 47 51	49 LOCATION OF WELL ON LOT
WELL.  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED 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 COMPORMANCE 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.			DIAMETER	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC NO.1 M S D 1			GRAVEL PACK IF WELL DRILLED	Hoad
DRILLERS SIGNATURE			WAS FLOWING WELL INSERT F IN BOX 68 68	EXT 250 WE Pay
(MUST MATCH SIGNATURE ON APPLICATION)			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) W Q	( 155 000 30' Line
Jene			70 72	50' 7
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			TELESCOPE LOG 74 75 76	45 new 801517
		-	CASING INDICATOR OTHER DATA	2 3 13, 1

B 1 8957 SEQUENCE NO. (MDE USE ONLY) STATE OF	MARYLAND STATE PERMIT NUMBE	R
LIVIDE USE CIVETI	D DRILL WELL 40 - 54 - 23	205
W5/6939lease p.		2/2
	illi ili tilis form comple	tely 19
Date Received (APA)	B 3 LOCATION OF WELL	
8 MM DD YY 13	8 COUNTY 21	
	0 1	
15 Last Name Owner First Name 34	23 SUBDIVISION	10
13307 DOVIDEN CH	25 30801/13/01/	42
36 Street or RFD 55	SECTION LOT LOT 48 50	
GLENEL MD. 21737		
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	
DRILLER INFORMATION		71
Pall 5 200 - 115 - 115	MILES FROM TOWN (enter 0 if in town)	
Driller's Name 76 License No. 81	B 4 13307	
Pull & Mayor hall Dayling	1 2	
Firm Name	TOWN (CIRCLE BOX)  DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD	30
17024 Knowl. BJ Med Din MA 21221		10000000000
Address Address	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	NORTH
Photo State Juliolog	(CIRCLE APPROPRIATE BOX)	W 32 E
Signature	W 24 (X) 07	WEST
B 2 WELL INFORMATION	W TOWN E 34 /00 37	SOUTH
1 2 APPROX. PUMPING RATE	DISTANCE FROM ROAD	107
(GAL. PER MIN.) 8 12	SW SE ENTER FT OR	MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	8-9 S 8-9 TAX MAP: BLK: PAR	RCEL 160
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER	
GOL FOR WHEN (GINGLE ALTHORNIATE BOX)	HEALTH DEPARTMENT APPROVAL	
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL	1/2 12 - 0 A258/04	
IRRIGATION	COUNTY NAME COUNTY	( NO
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	COUNTY NAME COUNTY	NO.
22   I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE INSERT S —	
120 Control 120 Co	DATE ISSUED	-/41
P PUBLIC WATER SUPPLY WELL	43 MM DD YY 48 CO SIGNATURE FX	5/03
T TEST, OBSERVATION, MONITORING	NORTH FAST	P/DATE
G GEO-THERMAL	GRID 50 000 GRID 870 00	0 0
	30 30 37	000
200	SHOW MAJOR FEATURES OF BOX & LOCATE WELL	
APPROXIMATE DEPTH OF WELL 24 28	WITH AN X	
NEAREST	SOURCES OF DRILLING WATER	
APPROXIMATE DIAMETER OF WELL INCH	1. nell	
METHOD OF DRILLING	2.	
METHOD OF DRILLING (circle one)	3.	
BORED (or Augered)  JETTED  Jetted & DRIVEN  AUR DOTABLY (It does to B. D. Land)	39	
AIH-PEHCUSSION HOTAHY (Hydraulic Hotary)	WRITE THE BOX NUMBER	
CABLE REVerse-ROTary DRive-POINT	FROM THE MAP HERE	7
other	270	SD
REPLACEMENT OR DEEPENED WELLS	E 8000	7
(CIRCLE APPROPRIATE BOX)	S20 - X900	
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N JEO	
THIS WELL WILL REPLACE A WELL THAT WILL BE	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN	
ABANDONED AND SEALED	RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY		
FOR POLICY ON STANDBY WELLS	tolley 0	
THIS WELL WILL DEEPEN AN EXISTING WELL	N Folley guant	10-
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	N	6(
(IF AVAILABLE) 41		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	nell a live	/
T TO THE TENT	8 9 10 0S	/
APPROP. PERMIT NUMBER	100 (4.	
HD 9U 2795	1 nn	
PERMIT No. 70 71 72 73 74 75 76 77 78 79	1 RIDG E WOOD DIL	
	1 110	N=0
SPECIAL CONDITIONS		₩

#### 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. Address: (Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer License # and name of individual responsible for the field installation: \*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 #:
Subdivision: RIDGELOCOD Lot #: Well Tag #: HO - 94 - 3395 Site Address: 13307 ROYDEN CT Well Cap and Electric Conduit 
 Pitless Adapter
 Well Cap and Electric Conduit

 Make:
 Two piece watertight cap:

 Model#:
 Screened, vented well cap:

 1
 Depth:
 (36" min)

 NSF approved:
 Conduit min 18" B.G.:
 Submersible Pump Data Pitless Adapter Make: Model #: Pump Capacity \_\_\_\_\_ GPM Well Yield: GPM NSF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: (feet) Conduit secured to well 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 (160 psi min) House Connection PVC sleeved to undisturbed soil at wall penetration: Type: \_\_\_\_\_ Approximate length of sleeve:\_\_\_\_\_\_\_
Sleeve caulked and sealed properly:\_\_\_\_\_\_ Depth of supply line: \_\_\_(36" min) 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: \_

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Adequate grout observed below pitless adapter

Safety rope installed inside of well casing

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Water supply line sleeved adequately at house connection

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

HD-215(Rev. 8/00)

Date Insp. Requested: \_\_\_



# 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

June 18, 2002

Earl Scott 13307 Royden Court Ellicott City, MD 21042

RE:

Replacement Well Issues

Ridgewood, Lot # 26 13307 Royden Court Well Permit # HO-94-3395

Dear Mr. Scott

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be 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 neatly and submit it to this office via fax or mail after the pump has been 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.

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also 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 currently no charge for the sampling and it to your benefit to have it tested.

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.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.



### 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

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,

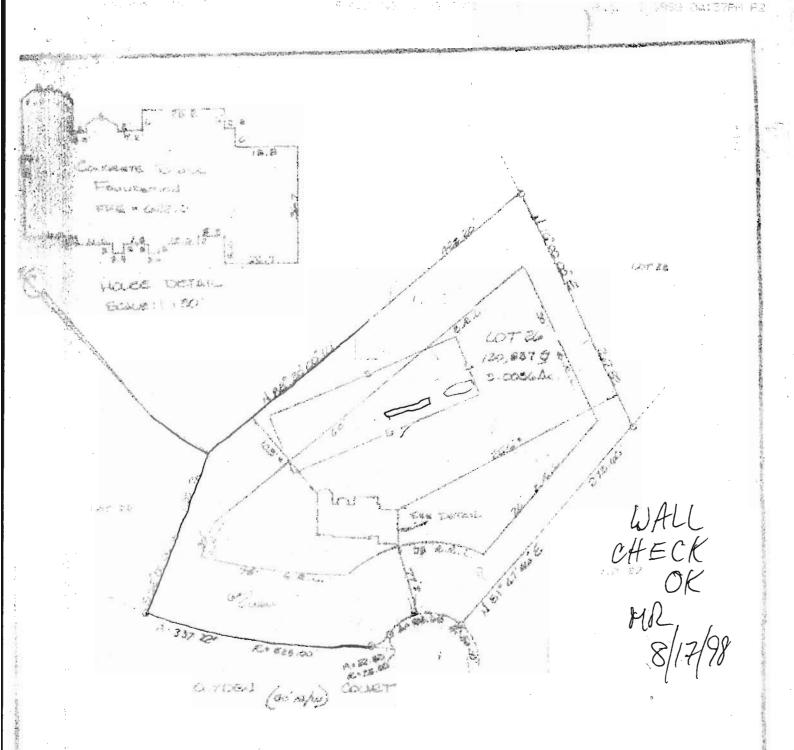
Steven R. Krieg, Registered Sanitarian

Well and Septic Program

Enclosure

cc: Community Environmental Health Program

File



CHECK CHECK COLUMN CHECK CHECK CHECK COLUMN CHECK COLUMN CHECK CHE

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204 S. WAIN STREET MOUNT ARY, MARYLAND

