

C1 1075 SEQUENCE NO. (DENV USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER A-37518

ST/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

8. 13

112089

22 185 26  
(TO NEAREST FOOT)

40-88-0940  
28 29 30 31 32 33 34 35 36 37

OWNER TTM TNC  
STREET OR RFD last name first name TOWN CLARKSBURG  
SUBDIVISION CHANNEL LOANS II SECTION LOT 15 AUXILIARY

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET  
FROM TO

Check  
if water  
bearing

SAND STONE 0 36  
GRAY MICH 36 185  
Rock

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE-CLAY BC

NO. OF BAGS 24 NO. OF POUNDS 2056

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 34 ft.

(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

57 1 40

OTHER CASING (if used) diameter inch depth (feet) from to

screen type or open hole insert appropriate code below  
ST BR HO  
STEEL BRASS OPEN HOLE  
PL PL BRONZE  
PLASTIC OTHER

C2 DEPTH (nearest ft.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
H 0 40 185

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

OEP 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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 80.5

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24

WHEN PUMPING 103

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 WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)

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 WELL

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 KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">8721</div>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">H0-88-0940</div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">061689</div>		<b>B 3</b> LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">HOWARD</div> 8 COUNTY	
<b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">J. J. M. INC</div> 15 Last Name      Owner      First Name		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">CHAPEL WOODS</div> 23 SUBDIVISION	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">5570-205 STEAKRETT PL.</div> 36 Street or RFD      55		SECTION      LOT <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">22</div> TRANSFERRED TO 42 44      46      48      50      LOT 21 AS AUXILIARY S-PPY	
<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">COLUMBIA</div> 57 Town      70 State 72      Zip 76		<div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">CLARKSVILLE</div> 52 NEAREST TOWN	
<b>DRILLER INFORMATION</b> Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">Joseph L. Mayne</div> 77 License No. 80 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">238</div>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">3</div> M I 73      76      77      78	
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">Joseph L. Mayne Well Drilling</div>		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
Address <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">5512 Riller RD. Mt. Airy 21771</div>		11 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">SHEPARD'S CROSSING</div> 30 NEAR WHAT ROAD	
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">Joseph L. Mayne</div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">6/14/89</div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">5</div>		34 <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">250</div> 37 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">500</div> 14      20	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">300</div> FEET 24      28			
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">6</div> INCH NEAREST			
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered)      JETTED      Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY      AIR-PERCussion      ROTARY (Hydraulic Rotary) 30      37 CABLE      REVerse-ROTary      Drive-POINT other _____			
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <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 (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">54</div> G A P 54      63 FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">54</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 24px; font-weight: bold;">H0-88-0940</div> 67 68      70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <div style="text-align: center; font-size: 24px; font-weight: bold;">CLARKSVILLE</div>			

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. A-37518

STATE SIGNATURE \_\_\_\_\_ INSERT S ☐ 41

DATE ISSUED 072189 Sickly Creek 01-20-90

43 NORTH GRID 509000 55 EAST GRID 0819000 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 

83619

  
N 

51809

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

Review MR OK 12/12/89

TRANSFERRED TO LOT 2

Depth of well 185'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 24'

Time pump started 2:20 Pumping rate 15 G.P.M  
Total time M/V 15 to reach pumping water level 90 ft. below M.P.

[illegible]

1/18/99

WPI

Anytime

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒  
Replacement ☐

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Ron Shipley

Telephone 301 317 0188

License Number 6822

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber ☒

Name of Property Owner Don O'Connor

Telephone \_\_\_\_\_

Subdivision Chapel Woods II Lot # 21 Well Tag # HO-88-0990

Site Address 11807 Shepards Crossing

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible ☒

2. Make Meyers

3. Model # 2NFL52-8

4. Capacity 8 GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No ☒

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other \_\_\_\_\_

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage 230

a. 110 \_\_\_\_\_

b. 220 ☒

Pitless Adapter

1. Make Harvard

2. Model # PT 800

3. Depth 3'

Tank

1. Capacity SPMD 119

2. Pressure relief valve? yes - 1/2"

Piping

1. Type Poly-Black

2. Size 1"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 3'

Well data

1. Depth 200 ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level 30 ft.

4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

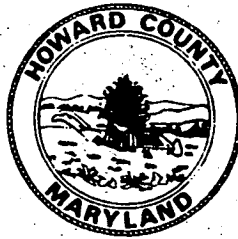
All information given above is true to the best of my knowledge.

1/18/00 - WPI - OK (SRIC)

Signature of Applicant: Ron Shipley

Date: 11/11/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

February 11, 1992

*Reply to:*

Mr. and Mrs. Michael A. Franchetti  
4504 Alpine Rosebend  
Ellicott City, Maryland 21043

RE: Well Tag Number: HO-88-0940  
Lot 21 - Chapel Woods  
Shepards Crossing

Dear Mr. and Mrs. Franchetti:

This office has just received a site plan for the adjacent Lot 22, indicating that the well (HO-88-0940) which had been permitted for that lot, was inadvertently drilled on your lot.

Our records show that your property is already served by a separate well (HO-88-0939).

Please contact this office to confirm whether or not well tag number: HO-88-0940 is in fact on your property. The owner of Lot 22 reports that he has been unsuccessful in arranging an easement to allow his use of the well. If the well is on your property, and there are no plans for it to be put into service, then it is appropriate to discuss proper abandonment procedure.

Please contact this office (461-9933) as to what your intent is or if you would prefer to discuss this matter further. Thank you for your cooperation in this matter.

Very truly yours, -

Craig Williams, Program Director  
Water and Sewerage Program

CW:jr

Enclosure

cc: Eric Mikolasko - JJM, Inc.  
Chris Reid - Reimer Muegge & Associates  
File



# Maryland Orthopedics, P.A.

Raymond D. Drapkin, M.D.  
William J. Launder, M.D.

Kevin E. McGovern, M.D.  
Michael A. Franchetti, M.D.  
Dale W. Psolyar, M.D.

March 5, 1992

Howard County Health Department  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043-4544

Attn: Craig Williams, Program Director  
Water and Sewerage Program

Dear Mr. Williams:

As per our phone conversation on 3-3-92, I am writing to inform you that I have been informed and acknowledge that well number HO-88-0940 is on our property (Lot 21-Chapel Woods), and declare that I intend to use that well as a reserve for water use on my property.

I will maintain the well in sound condition so that it will remain fit for use in the future.

If I can be of any further assistance to you in this matter, please do not hesitate to contact me. Also, I would appreciate written confirmation that the above plan is acceptable to the Health Department.

Sincerely,

Michael A. Franchetti, M.D.

Catherine M. Franchetti

MAF/snd

1/18/00 - Resolved (SRK)



## HOWARD COUNTY HEALTH DEPARTMENT

*Mary Sue Baker, MBA, Acting County Health Officer*

June 2, 1999

Daniel L. Spiker  
6313 Gentile Court  
Alexandria, Va. 22310

RE: Chapel Woods II - Lot 21  
11807 Shepards Crossing  
Well Tag HO-88-0940  
Well Tag HO-88-0939

Dear Mr. Spiker:

On May 27, 1999, two well pump/line installation inspections were performed on the above referenced property. Well HO-88-0939 passed inspection; however, well HO-88-0940 was not in complete compliance as evidenced by the pump rope protruding between the two piece well cap, and the cap not securely attached to the well casing. In order to resolve this issue, please contact your plumber/ well line installer and have him correct this issue. Please have him call this office for a final inspection once this item is corrected.

Before final approval can be made, the completed health department permit for the pitless adapter/well pump- line installation needs to be submitted to this office. Please have your plumber/well line installer submit a completed form for each well.

In addition, the presence of the two wells serving this property creates an issue which complicates the sampling requirements for issuing an interim certificate of potability which is required for use and occupancy. This issue involves whether the two wells will be serving the house simultaneously or separately.

Prior to issuance of an Interim Certificate of Potability by this office, it shall be necessary for you to have your plumber/well line installer notify us in order to explain how the wells will be serving this house. Thank you for your cooperation in this matter.

Very truly yours,  
*Steven R. Krieg*  
Steven R. Krieg, Sanitarian  
Water and Sewerage Program

SRK  
cc: ✓  
File, Homeowner

June 25, 1999

Mr Steven R. Krieg, Sanitarian  
Water and Sewage Program  
Howard County Health Department  
Bureau of Environmental Health  
3525 Ellicott Mills Drive, Unit H  
Ellicott City, Maryland 21043-4544

Re: Chapel Woods II - Lot 21  
11807 Sheppards Crossing Court  
Well Tag H0-88-0940  
Well Tag H0-88-0939

Dear Mr. Krieg:

This is in response to your letter of June 2, 1999, inquiring as to the use of two wells and how the wells will be serving the above residence.

My wife and I are the homeowners. We intend to use Well Tag H0-88-0939 for our regular everyday water use. We intend to use Well Tag H0-88-0940 only as a backup well in case the first well and/or pump has long term problems. We completed the second well because we had the opportunity to do so at minimum cost while the house is under construction.

Our plumber will be submitting the appropriate health department permits, one for each well, in the near future. He will also call for a final inspection.

Also, please note that Mr. Daniel R. Spiker is no longer associated with this project and his name can be removed from your records. Please send any future notices, correspondence, etc., directly to me, Donald O'Connor.

I hope the above responds to your questions regarding the second well. If there are further questions, please feel free to contact me at 301-292-2369 or Fax 301 203 1509, or at our present home address.

Very truly yours,

*Donald E. O'Connor*

Donald E. O'Connor  
1700 Taylor Avenue  
Fort Washington, MD 20744



January 12, 2000

Mr. Steven R. Krieg, Sanitarian  
Water & Sewerage Program  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, Maryland 21043

Dear Mr. Krieg:

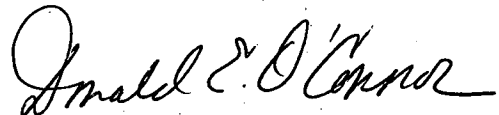
I am following up on your letter of July 1, 1999, regarding the submission of appropriate forms for the wells HO-88-0940 and HO-88-0939.

Enclosed please find the forms. Also I am informed that the well HO-88-0939 matter has been attended to and if you need to inspect it, please do so.

If there are any further issues regarding the forms, etc., please let me know and I will see that they are resolved to your satisfaction.

With regard to testing water samples for use and occupancy, we are getting close to finishing the inside and I would like to know what specific steps I need to take to meet these requirements. Any help you can give me here would be greatly appreciated.

Very truly yours,



Donald E. O'Connor  
1700 Taylor Avenue  
Fort Washington, MD 20744  
301-292-2369

RE: Chapel Woods II - Lot 21  
11807 Sheppards Crossing Court  
Clarksville, MD 21029  
Well Tag HO-88-0940  
Well Tag HO-88-0939

301/203/1509 fax

fax Lab lists  
Mail Septic Insp  
Info on Chlorination