SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.		
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN CC' 3, 3-6 QN ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER		
ST/CC USE ONLY DATE Received MM DB 13  DATE WELL COMPL MM - 180 - 191  15		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
OWNER Motherhad, Drando				
WELL OIL ADDITEO	YOU POIL IS first name TOWN	Sykes ville, MID		
SUBDIVISION	SECTION	LOT 46		
WELL LOG  Not required for driven wells	WELL HAS BEEN GROUTED	C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	(Circle Appropriate Box)  TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST		
DESCRIPTION (Use FEET check if water	CEMENT CM BENTONITE CLAY	HOURS PUMPED (nearest hour)		
additional sheets if needed) FROM TO bearing	NO. OF BAGS 46 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)		
16p Soil 6	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Air times		
Bro day 1 30	from ft. to ft.	WATER LEVEL (distance from land surface)		
Ted Am Alay 20 30	(enter 0 if from surface)	3/0 (0 30		
2-10/04 30 50	casing types CASING RECORD	BEFORE PUMPING 17 20 th. 100 cm. 17		
record (5)	insert appropriate STEEL CONCRETE	WHEN PUMPING		
Sand Sione	code below PL OT OTHER	TYPE OF PUMP USED (for test)		
Weathered Rock of	MAIN Nominal diameter Total depth	A air P piston T turbine		
n 10 ml 65 60	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe		
0-1 68 315	PL 6 68	27 27 below)		
Grey Koat	60 61 63 64 66 70  E OTHER CASING (if used)	J jet S submersible		
Gray Rock 68 315  Gray Rock 315 320 V  Broken layers 315 320 V	A diameter depth (feet) H inch from to			
ROCIL 320 505	C	DRILLER INSTALLED PUMP YES NO		
Gruy Rock 320 505	S	(CIRCLE) (YES or NO)		
	0005511 050000	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type or open hole STBR BR	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29		
	insert appropriate STEEL BRASS OPEN BRONZE HOLE	IN BOX 29. CAPACITY:		
	code below PL OT	GALLONS PER MINUTE (to nearest gallon) 31 35		
	PLASTIC OTHER	PUMP HORSE POWER		
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH 400 (nearest ft.)		
yes no	E 10 68 900	CASING HEIGHT (circle appropriate box		
WELL HYDROFRACTURED Y N	A 8 9 11 15 17 21 C 2	and enter casing height)		
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED	H 23 24 26 30 32 36	LAND SURFACE (nearest)		
E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below ) (Healest)		
P TEST WELL CONVERTED TO PRODUCTION WELL	E E SLOT SIZE 1 2 3	LATITUDE 39.34178		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND CONSTRUCTION A	DIAMETER (NEAREST LONGITUDE 76.949			
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	OF SCREEN INCH)	(DEFAULT COORD. WGS 84)		
DRILLERS LIC. NO.4 M & D 2 3 7	from to	Pursuant to §10-624 of the State Govt. Article of the Maryand Code personal info. requested on		
DRILLERS LIC. NO.1 M = D = 2 = 1	GRAVEL PACK IF WELL DRILLED WAS FLOWING-WELL	this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info.		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	INSERT FIN BOX 68 68	may result in this form not being processed. You have the right to inspect, amend, or correct this		
LIC. NO.1 D 1	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	form. The Maryland Department of the Environment is subject to the Maryland Public		
	* *	Information Act. This form may be made available on the Internet via MDE's website and is		
SITE SUPERVISOR (sign. of driller or journeyman	70 72 TELESCOPE LOG 74 75 76	subject to inspection or copying, in whole or in part, by the pulic and other governmental		
responsible for sitework if different from permittee)	CASING INDICATOR OTHER DATA	agencies, if not protected by federal or state law.		

	I AXIUH O:	5-0000	25 EMENGENCY/	CMI 110. II 7 II 1	100 # 10/11/19 DT
В	1	SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
ľ	66182	IDE USE ONLY)	APPLICATION FOR P		11 110 10 0117
	Creek		Bearmone American Andrews Commence (Anno 1	se type	70 79
1	2 3 6		pieds	is type	fill in this form completely
	Date Received (APA)		× .	B 3	LOCATION OF WELL
-	9 22 13	OWNER INFOR	RMATION	HOWA	RN
	8 MM DD YY 13	0 60.001	naal	8 COUNTY	21
	MOTHEROMEAL	D BRAN		1	To.
	15 Last Name	Owner	First Name 34	23 SUBDIVISION	42
1	1000 TAYLO	RPARKI	· U.	aration I	LOT 146
	36	Street or RFD	Q 1784	SECTION 44 46	48 50
ı	DYKESVILLE	Mb		. SVKESV	ILLE.
H	57 Town DRILLER INFORMATI	70 State	72 Zip 76	52 NEAREST TOWN	71
ı			0 27	1	
ı	BRETT SWEET		M S D 23 / 16 License No. 81	B 4	T
ı				SOURCES OF DRILLING WATER	1036 TAYLAR PARK RD
ı	PULED WELL	- BRILLIN		1. PUBLIC	11 STREET ADDRESS 30
	N. A. N A	and he	1,0041		TI STREET ADDRESS SO
	Address	TOUS JUNETIO	M WK GO 10	3	ON WHICH SIDE OF ROAD
ı	Address		9/2/10/19	10 bags of	(CIRCLE APPROPRIATE BOX)
	Signature		Date	growt -	34 75 WEST SEAST
F	B 2 WELL INFORM	MATION	1 (a)	10	DISTANCE FROM ROAD
		PUMPING RATE -	10	Quik Grout	ENTER FT OR MI 38 39
	(GAL. PER	R MIN.)	8 1 7 7 7	40829 10+#	1
ı	AVERAGE DAILY QUANTITY (GAL. PER DAY)	NEEDED 14	11000		TAX MAP 00 9 BLK: PARCEL 131
H		WATER (CIRCLE AF		NOT	TO BE FILLED IN BY DRILLER
ı		BLE SUPPLY & RESIDE			TH DEPARTMENT APPROVAL
ı	IRRIGATION	7		11	
ı		OCK WATERING & AG	RICULTURAL	HOWARI	(XIII)
ı	IRRIGATION)	1		COUNTY NAME	COUNTY NO.
2	2 <u>-</u>	IMERCIAL, DEWATER	ING	STATE SIGNATURE	INSERT S
ı	P PUBLIC WATER SU			DATE ISSUED	141/
ı	T TEST, OBSERVATION			V 100/10/200	( ) 10/10/2en
ı	O OPEN LOOP GEOT			43 MM DD YY 48	CO SIGNATURE EXP. DATE
L	C CLOSED LOOP GEOTHERMAL		DOW: 10/1 209 87 DOG: 10/17/12 DD DOY: N/A		
r			V	1	OCED LOCATION OF WELL ONLOT
	APPROXIMATE DEPTH OF V	300	J FEET		OSED LOCATION OF WELL ON LOT RUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
ı	AFFROXIMATE DEFIN OF V	24	28	ROADS AND/OR LA	NDMARKS AND INDICATE NOT LESS THAN TWO
Г	APPROXIMATE DIAMETER (	OE WELL	O NEAREST	DIST	ANCE MEASUREMENTS TO WELL
L	ATTIONIMATE DIAMETER	or well	INCH		
Г	METH	OD OF DRILLING	(circle one)		
ı	BORED (or Augered)	JETTED	Jetted & DRIVEN	111	
ľ	30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)		(1) 41	- / / / / /	
1	37 CABLE REVerse-ROTary DRive-POINT			/ × // //	
ı	other			3/1	
H	DEDI ACE	EMENT OF DEED	ENED WELLS	1	/ /0/
ı	REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		1	(8)	
ı	N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE		10/11/19	1 10	
ı			1 1 11 115		
	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		start: 11.40	17-1	
1	S THIS WELL WILL REP			bed-ock: 66.	Reserved to the second
FOR POLICY ON STANDBY WELLS		6 DVC 68' N	ursuant to § 10-624 of the State Govt. Article of the laryland Code, personal info requested on this form		
D THIS WELL WILL DEEPEN AN EXISTING WELL		Jen 2.09 : 320 is	used in processing this form pursuant to COMAR		
1	PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED		20	6.04.04. Failure to provide the info may result in	
	(IF AVAILABLE) 41		l u	his form not being processed. You have the right to aspect, amend, or correct this form. The Maryland	
	Not to be filled in by driller (MDE OR COUNTY USE ONLY)		7 1617/10 D	epartment of the Environment is subject to the	
		N. N.	Saryland Public Information Act. This form may be		
1	APPROP. PERMIT NUMBER			total 500 m	ade available on the Internet via MDE's website and subject to inspection or copying, in whole or in part
	HO 18 A117			b	y the public and other governmental agencies, if not
1		PERMIT No. 70 71	72 73 74 75 76 77 78 79	pi	rotected by federal or State Law.
	SPECIAL CONDITIONS				
L	NOTE APPROVING AUTHORITIES SHOULD U	USE SEPARATE SHEET IF NEEDED-	SEE ALT A	TEMO SIT	E 2 THEN SITES 8

# MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

	1800 Washington Blvd., Baltimore, Maryla	nd 21230 (410) 537-3784		
****	WATER WELL ABANDONMENT-SEA	LING REPORT FORM	*********	**********
SUE	BMIT COPIES OF COMPLETED FORM TO:	mer	0 / 1	
***	COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRA	11/10/1	Sorg	
9	1 1	(01		
DAT	TE WELL ABANDONED: /0//8/19 (mont	th/day/year)		
*	PERMIT NUMBER OF ABANDONED WELL (if any)			
*	PERMIT NUMBER OF REPLACEMENT WELL:	H0-1	<u>s</u> - 0(	17
*	PERSON ABANDONING WELL: WE	LL DRILLER'S LICENSE NU CIRCLE: N	MBER: 233	GD
*	OWNER'S NAME: Motherhead Breaken		E	The state of
*	WELL LOCATION: Howard	SITE LOCATION MAP		
	NEAREST TOWN: Skewille	Coart	old we	1
	TAX MAP BLOCK PARCEL O(3) SUBDIVISION:		1	
	SECTION: LOT: 46		J ×	
	STADEL ADDRESS.	) (		
	LATITUDE 39. 24 \ 8			
	LONGITUDE 7 & . 9 4 8 1	LOG OF SEALING MATERIAL		
		MATERIAL	FE	EET
		MATERIAL	FROM	ET TO
*	TYPE OF WELL BEING ABANDONED:	0 -	4	
*	DRILLEDJETTED	MATERIAL Bertonh	4	
*		0 -	4	
*	DRILLED JETTED BORED HAND DUG	0 -	4	
*	DRILLED JETTED BORED HAND DUG OTHER (specify)  USE CODE:	0 -	4	
*	DRILLED JETTED BORED HAND DUG OTHER (specify)  USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL	0 -	4	
*	DRILLED JETTED BORED HAND DUG OTHER (specify)  USE CODE: DOMESTIC MUNICIPAL/PUBLIC	Berton h Comet	FROM 50 6 3	TO 6 3 \$
*	DRILLED JETTED BORED HAND DUG OTHER (specify)  USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL	Berton h Comet	4	TO 6 3 \$
*	DRILLED JETTED BORED HAND DUG OTHER (specify)  USE CODE: DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL TEST/OBSERVATION GEOTHERMAL  TYPE OF CASING: STEEL PLASTIC	Berton h Comet	FROM 50 6 3	TO 6 3 \$
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Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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

#### **MEMORANDUM**

October 24th, 2019

Home Owner

Replacement Well Sampling

1036 Taylor Park Rd Sykesville, MD 21784 Well Permit # HO-18-0117

Dear Homeowner:

According to our records, your replacement well has been in use 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.

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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

Environmental Health Specialist

Howard County Health Department

Well and Septic Program



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

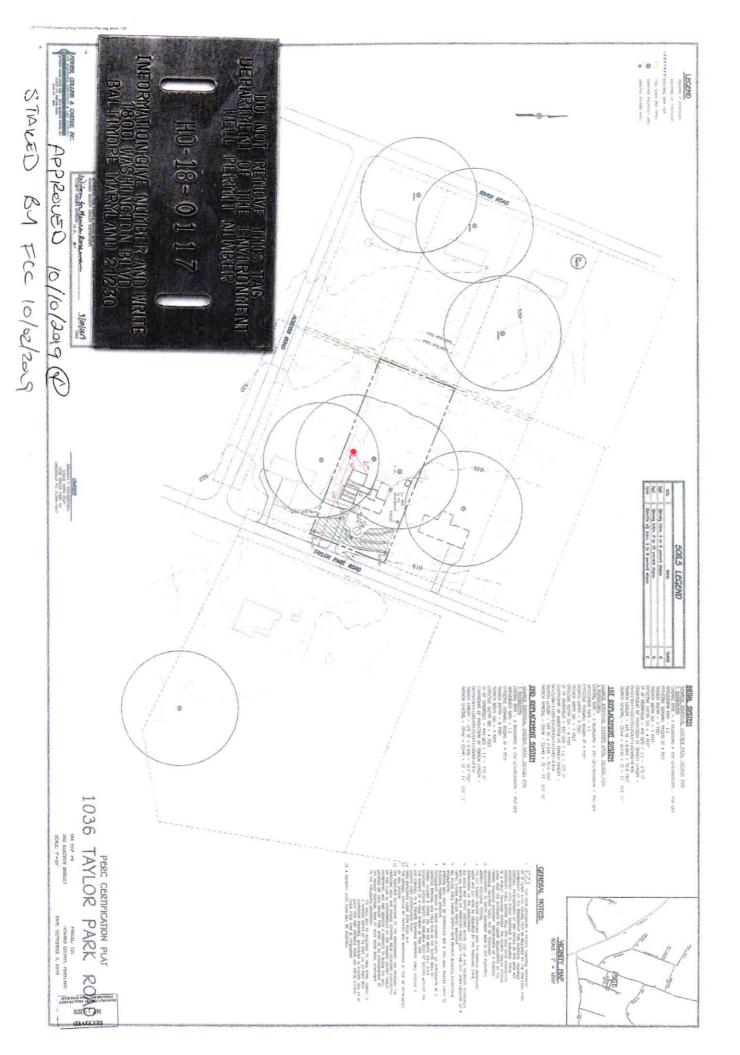
Maura J. Rossman, M.D., Health Officer

#### 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: Albert Well Dr. 115 Telephone #: 301-726-8370 Address: P.D. Rose 1201						
Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer						
License # and name of individual responsible for the field installation:						
Name (Print): Marchel Aracte License# MSD(06						
*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: Moder had Telephone #:						
Subdivision: Lot #: 46 Well Tag #: HO - 18 - ONT						
Site Address: 1914 The Color of						
Site Address: 1036 Taylor Park all						
Sylves with Mes						
and the first term of the second seco						
Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit						
Make: Compbell + Two piece watertight cap:						
Model #: Solis Model #: 2010 40 Screened, vented well cap:						
Pump Capacity 7 GPM Depth: \( \frac{1}{2}\text{g} \) (36" min) Cap secured to casing:						
Well Yield: GPM NSF/WSC approved: Conduit min 18" B.G.:						
Depth of well encountered at time of pump installation: (feet) 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						
Must circle one: Torque arrestors / Cable guards / Other acceptable method used						
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA						
Salety tope, it used, attached to blass tope adapter of other acceptable method inside of wen casting						
Pining to house						
Piping to house Type: HDP PVC sleeve to undisturbed soil at wall penetration:						
PSI: 250 (160 psi min)  Length of sleeve(5' minimum from foundation):						
Depth of supply line:(36" min) 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						
10/18/19						
Signature of company representative responsible for installation date						
organist Company representative to positive to an analysis of the company representative to the company representative tof the company representative to the company representative to the						
For Health Department Use Only - Not to be completed by Installer						
Data Inch. Paguestadi 19/18/20 Data Inch. Approvadi 18/18/20 Inspector						
Date Insp. Requested: 10/18/19 Date Insp. Approved: 10/18/19 Inspector:						
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						

(Revised form 10/24/2018)

Adequate grout observed below pitless adapter





### Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate