

C131016SEQUENCE NO. (MDE USE ONLY)

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

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

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
05 05 16

DATE WELL COMPLETED
4 25 16

Depth of Well
300
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-15-0245

OWNER
Zinaneitz David

WELL SITE ADDRESS
14001 Cellbridge Drive

TOWN
Glenwood

SUBDIVISION
Burntwoods

SECTION
3

LOT
12

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		check if water bearing
	FROM	TO	
Top soil & clay	0	38	
gravel	38	60	
Grey Limestone	60	300	✓
Hit water	280	285	10gpm

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 13 NO. OF POUNDS 1222
GALLONS OF WATER 169
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 70 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST
STEEL
PL
PLASTIC

CO
CONCRETE
OT
OTHER

MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 70

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

EACH CASING

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 4
8 9

PUMPING RATE (gal. per min.) 10
11 15

METHOD USED TO MEASURE PUMPING RATE Air

WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft.
17 20

WHEN PUMPING 250 ft.
22 25

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 INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)
+ above } LAND SURFACE
- below } 1 (nearest foot)
49 50 51

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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 LIC. NO. 1 MN D579
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

C 2

DEPTH (nearest ft.)
H0 71 300

EACH CASING
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

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

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

LATITUDE 39.5644 27852
LONGITUDE 76.5954 99807
(DEFAULT COORD. WGS 84)

NOTES:


B 1 28014 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY) P558705 please type	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL	STATE PERMIT NUMBER H0-15-0245 <small>fill in this form completely</small>
Date Received (APA) 04 28 16 <small>8 MM DD YY 13</small> Zwanetz David <small>15 Last Name Owner First Name 34</small> 14001 Celbridge Drive <small>36 Street or RFD 55</small> Glenwood MD 21783 <small>57 Town 70 State 72 Zip 76</small>		B 3 Howard <small>8 COUNTY 21</small> Burntwoods <small>23 SUBDIVISION 42</small> SECTION 3 LOT 12 <small>44 46 48 50</small> Glenwood <small>52 NEAREST TOWN 71</small>	
DRILLER INFORMATION Franklin Phillips MWD 579 <small>Driller's Name 76 License No. 81</small> Phillips & Son Drilling Inc. <small>Firm Name</small> 2624 Koetzel Rd Knoxville MD 21751 <small>Address</small> Franklin Phillips 4/25/16 <small>Signature Date</small>		B 4 14001 Celbridge Dr. <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <small>NORTH</small> <input checked="" type="radio"/> 50 <small>SOUTH</small> <small>34 37</small> <small>WEST EAST</small> </div> DISTANCE FROM ROAD 50 <small>ENTER FT OR MI 38 39</small> TAX MAP: 22 BLK: 6 PARCEL 110	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 6 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) P49179 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 41</small> 4/26/2016 Brian Baker 4/26/17 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</small> <small>37 CABLE REVerse-ROTary Drive-POINT</small> other _____		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. H0-15-0245 <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4-25-16 (month/day/year)

OK
10/24/16 SC

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Franklin Phillips

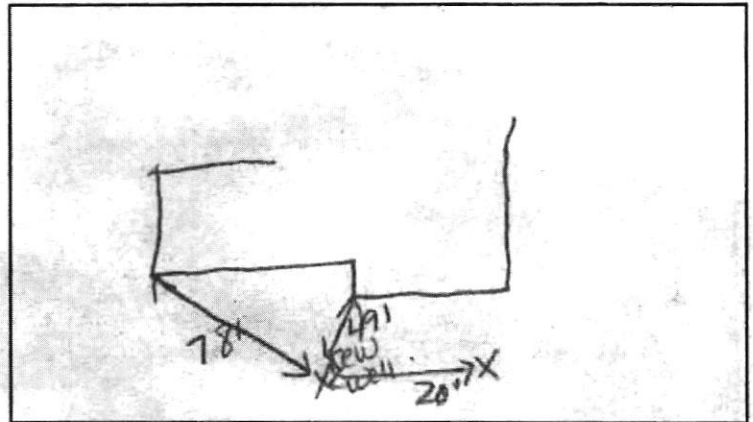
WELL DRILLERS LICENSE NUMBER: _____

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: David Zwaneetz

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Glenwood
TAX MAP 22 BLOCK 6 PARCEL 110
SUBDIVISION: Burntwoods
SECTION: 3 LOT: 12
NEAREST ROAD: Celbridge Dr.



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION ☐ GEOTHERMAL

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 200 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 4

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Type II	100	0
VOLUME OF MATERIAL USED		
24 bags 2256 lbs 3/2 gal		

SIGNATURE MASTER WELL DRILLER OR SUPERVISING SANITARIAN

579 LICENSE #

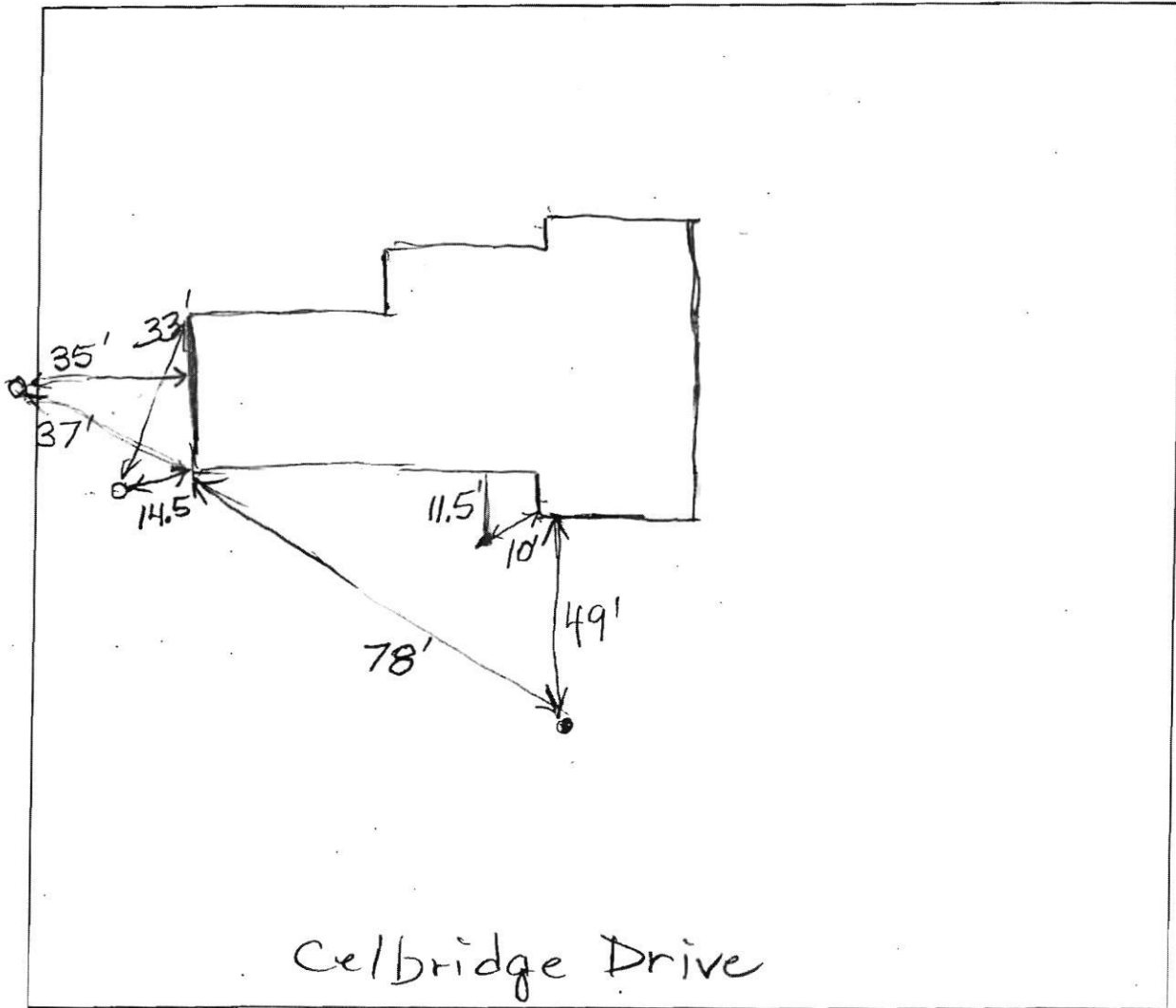
MWD/MSD/MGD
CIRCLE ONE

4/25/16
DATE

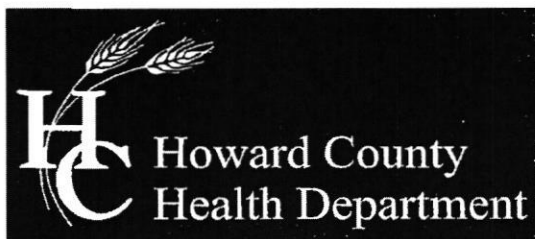
SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 14001 Celbridge Dr. CONTRACTOR: _____
WELL TAG #: H0-15-0245
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 4/25/2016 Replacement well site picked. Seal
old well. (BB) 4/26/2016 Driller grouting new well
and sealing original well. (BB)



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

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

October 24, 2016

Homeowner
14001 Celbridge Drive
Glenwood, MD 21738

RE: **Replacement Well Sampling**
14001 Celbridge Drive
#HO-15-0245

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 old well was abandoned by Phillips and Son Drilling, Inc. on 4/25/16. Documentation was received by the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File