

C 1 9784 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.(THIS NUMBER IS TO BE PUNCHED IN
COLUMNS 3, 6 ON ALL CARDS)COUNTY
NUMBER

A 510114

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"MM DD YY
07 01 98MM DD YY
06 29 9822 225' 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
Ho - 94 - 1597OWNER Heritage Construction Associates
STREET OR RFD Frederick Rd. TOWN Dayton
SUBDIVISION Coleman-Leich SECTION 23 LOT 23

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearingSand
Gray Mica
Rock0 82
82 225

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 33 NO. OF POUNDS 3182GALLONS OF WATER 198

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 80 ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPE
STNominal diameter
top (main) casing
(nearest inch)

6

Total depth
of main casing
(nearest foot)

87

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHERPL
PLASTICOT
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes
Yno
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
WELLI 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 MSD024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)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
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 49 ft.

WHEN PUMPING 82 ft.

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.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

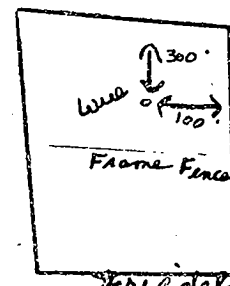
+ above

LAND SURFACE

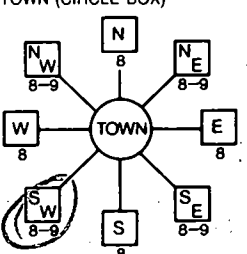

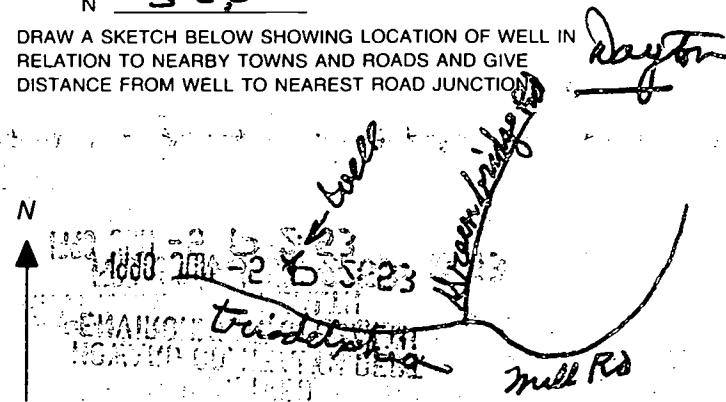
- below

2 (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)

COUNTY

B 1	3609	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1594 <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received (APA) <u>6-8-97</u>		OWNER INFORMATION 8 MM DD YY 13 <u>Heritage Construction Associates</u> 15 Last Name Owner First Name 34 <u>3346 Kump Station Rd.</u> 36 Street or RFD 55 <u>Saneytown Md. 21787</u> 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M <u>SD 24</u> License No. 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt. Airy, Md. 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>6/5/98</u>		LOCATION OF WELL B 3 <u>Howard</u> COUNTY 21 <u>COLEMAN - LERCH</u> 23 SUBDIVISION 42 SECTION <u>44</u> LOT <u>23</u> 44 46 48 50 <u>Dayton</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>5</u> 73 76 77 78		
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 <u>510</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: <u>27</u> BLK: <u> </u> PARCEL <u>96</u>		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>AS10114</u> COUNTY NO. STATE SIGNATURE <u> </u> INSERT S <u> </u> 41 DATE ISSUED <u>6-18-98</u> <u>Allen</u> <u>6-18-98</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>509000</u> EAST GRID <u>793000</u> 50 55 57 63		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTARY</u> JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other <u> </u>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. <u> </u> 3. <u> </u> WRITE THE BOX NUMBER FROM THE MAP HERE E <u>798</u> N <u>508</u>		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u> </u> 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER <u>65</u> G A P <u> </u> FORCE <u>65</u> WRITE INITIALS IN BOX <u> </u> PERMIT No. <u>HO-94-1594</u> 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-1597
Location of property (road) Treadelphia Mill Rd.
Subdivision Colman & Lerch Lot 23 Block Plat Sec.
Well Driller Joseph L. Mayne Owner Heritage Construction, Inc.

Depth of well 225'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 49'

I. High rate pumping -- reservoir drawdown 20 gpm

Time pump started 6:30 Pumping rate 12 gpm.
Total time 15 min to reach pumping water level 22 ft. below M.P.

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

[illegible]

11/18/98
P.A. 5' below grade
Casing 105' above grade,
has 2 piece cap (KM)

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

~~461-0933~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt #
Date 11-17-98

Name of Installer Stephen L. Robinson

Telephone 410-374-2892

License Number 07384

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Doyle Herry + Scott Posey Telephone 410-778-2072

Subdivision Coleman + Lerch Lot # 23 Well Tag # HO-94-1597

Site Address 14630 Triadelphia Mill Rd

Pump

1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒

2. Make JACUZZI

3. Model # T55479A-52

4. Capacity 12 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 ☐

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make SIMMONS

2. Model # 1840

3. Depth 225

Tank

1. Capacity WELL XTROL 202

2. Pressure relief valve? YES

Piping

1. Type ☐

2. Size 1"

3. NSF and/or ~~DOCA~~ Code approved YES

4. Depth of supply line 42"

Well data

1. Depth 225 ft.

2. Yield 12 GPM

3. Static water level ☐ ft.

4. Will water supply be disinfected by installer? NO Builder

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.

Signature of Applicant: Stephen L. Robinson

Date: 11-17-98

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



HOWARD COUNTY HEALTH DEPARTMENT

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

December 31, 1998

D. Scott Posey & Kerry Doyle
14608 Shiloh Court, Apt. X-4
Laurel, Maryland 20708

RE: Posey & Doyle Property
14630 Triadelphia Mill Road
Well Permit #HO-94-1597

Dear Mr. Posey & Ms. Doyle,

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 18, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-1597. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 29, 1998
Date of well completion: March 29, 1998

Approving Authority

Amy Mc Millen Sanitarian
Water and Sewerage Program

cc: Building Inspector's office
file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323