

C1 14215 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
9/16/02OKSRK
10/16/02

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0-94-3467
28 29 30 31 32 33 34 35 36 37OWNER: BARYLSKI, DAVID
STREET OR RFD: 12120 TRIADAPHA RD
SUBDIVISION: SECTION: LOT:

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	0	2	
Brown Shale	2	15	
Brown Mica	15	48	
Gray Mica	48	90	
Brown Mica	90	91	
Gray Mica	91	270	
open hole	270	271	
Gray Mica	271	400	

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 21 NO. OF POUNDS 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot)

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

CASING RECORD

casing
types
insert
appropriate
code
below
S T C O
STEEL CONCRETE
P L O T
PLASTIC OTHERMAIN CASING TYPE
Nominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)OTHER CASING (if used)
diameter depth (feet)
inch from to
E A C H C A S I N Gscreen type
or open hole
(insert
appropriate
code
below)
S T B R H O
STEEL BRASS OPEN
HOLE
P L O T
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1 2
H0 57 400

E A C H C A S I N G

S L O T S I Z E 1 2 3

R E E N

S L O T S I Z E 1 2 3

D I A M E T E R
O F S C R E E N (NEAREST
INCH)G R A V E L P A C K
I F W E L L D R I L L E D
W A S F L O W I N G W E L L
I N S E R T F I N B O X 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72

T E L E S C O P E C A S I N G L O G I N D I C A T O R O T H E R D A T A

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 400 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 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

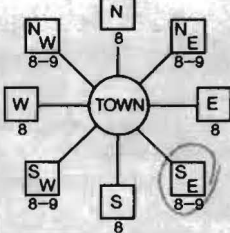
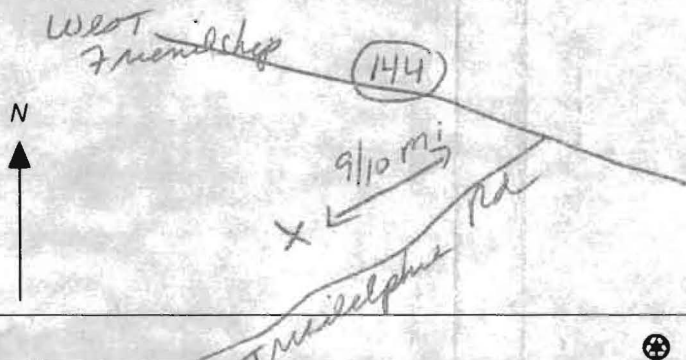
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)
+ above
- below
LAND SURFACE 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)

Front Lot Lin.

B 1 1362 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 00517418 please type	STATE PERMIT NUMBER HO-94-3467 70 fill in this form completely 79
Date Received (APA) 08 14 02 8 MM DD YY 13		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>CC#</u> 23 SUBDIVISION _____ 42 SECTION _____ LOT _____ 44 46 48 50 <u>West Friendship</u> 52 NEAREST TOWN _____ 71 MILES FROM TOWN (enter 0 if in town) _____ M I 73 76 77 78	
OWNER INFORMATION 9166 15 Last Name <u>BARYLSKI DAVID</u> Owner First Name <u>DAVID</u> 34 36 <u>12120 TRIADELPHIA RD</u> Street or RFD 55 57 <u>ELLICOTT CITY, MD 21042</u> Town 70 State 72 Zip 76		B 4 WELL INFORMATION 1 2 APPROX. PUMPING RATE _____ 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED _____ 500 (GAL. PER DAY) 14 20	
DRILLER INFORMATION Driller's Name <u>George F. Easterday</u> M W D <u>040</u> 76 License No. 81 Firm Name <u>L. Franklin Easterday, Inc.</u> Address <u>9265 Brown Church Rd., MT. Airy, Md. 21771</u> Signature <u>George F. Easterday</u> Date <u>8/14/2002</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>12120 Triadelphia Rd</u> 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>50</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FL</u> 38 39 TAX MAP: <u>16</u> BLK: <u>19</u> PARCEL <u>225</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> COUNTY NAME COUNTY NO. _____ STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>08 14 02</u> <u>Steven R. King</u> <u>08 14 03</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>530</u> 0 0 0 EAST GRID <u>820</u> 0 0 0 50 55 57 63	
APPROXIMATE DEPTH OF WELL _____ <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL _____ <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>wells</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>820</u> N <u>530</u> 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>10 G 5</u> 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 checked="" 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO-94-3467</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

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.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Lot #: _____ Well Tag #: HO 94-3467 ✓
Site Address: 12120 Philadelphia Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

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

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and 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 _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 10/16/02 AM Date Insp. Approved: 10/17/02 (SO)
Inspection Data: Pitless adapter and 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 installed inside of well casing _____ ✓
Correct well tag attached properly and casing 8" above finished grade _____ ✓
Water supply line sleeved adequately at house connection _____ ✓
Adequate grout observed below pitless adapter _____ ✓

10/16/02 1' of water in ditch
Can't see anything (SO)

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

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Account Identifier: District - 03 Account Number - 307751

Owner Information

Owner Name: BARYLSKI DAVID Use: RESIDENTIAL
Principal Residence: YES
Mailing Address: 12120 TRIADELPHIA RD Deed Reference: 1) / 986/ 620
ELLICOTT CITY MD 21042-1010 2)

Location & Structure Information

Premises Address Zoning Legal Description
12120 TRIADELPHIA RD RRDEO 3.002 AR
ELLICOTT CITY 21042 12120 TRIADELPHIA RD

Map	Grid	Parcel	Subdivision	Section	Block	Lot	Group	Plat No:
16	19	225					80	Plat Ref:
Special Tax Areas			Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX				
Primary Structure Built			Enclosed Area	Property Land Area			County Use	
1943			912 SF	3.00 AC				
Stories	Basement		Type				Exterior	
1	YES		STANDARD UNIT				FRAME	

Value Information

	Base Value	Value As Of 01/01/2001	Phase-in Assessments As Of 07/01/2002	As Of 07/01/2003
Land:	100,000	115,000		
Improvements:	55,790	62,400		
Total:	155,790	177,400	170,196	177,400
Preferential Land:	0	0	0	0

Transfer Information

Seller: Jade W. Lewis 1980 Date: Price:
Type: Belsky Deed1: Deed2:
Seller: John Feaga 1976 Date: Price:
Type: Margaret Feaga Deed1: Deed2:
Seller: Taylor - Date: Price:
Type: Wise Deed1: Deed2:

Exemption Information

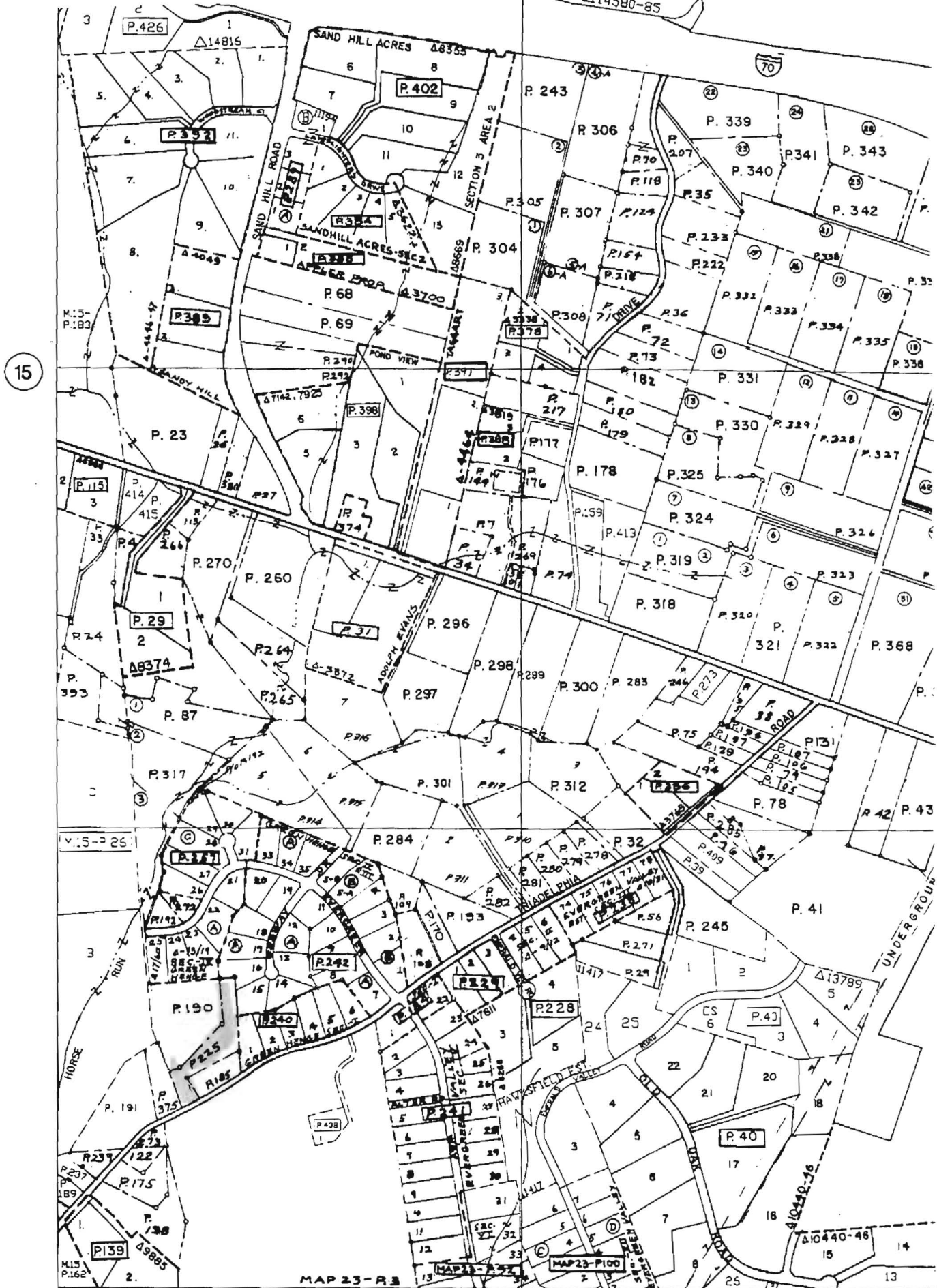
Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:

* NONE *

Home 410 531-5065



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405512.3mE

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Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

10/24/2002

David Barylski
12120 Triadelphia Road
Ellicott City, MD 21042-1010

RE: **Replacement Well Issues**
12120 Triadelphia Road
Well Permit #: HO-94-3467

Dear Mr. Barylski:

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). **Currently, there is no charge for this sampling.**

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 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 Environmental Sanitarian
Well & Septic Program

Enclosure

cc: Community Environmental Health Program
File

8/14/02
11:45

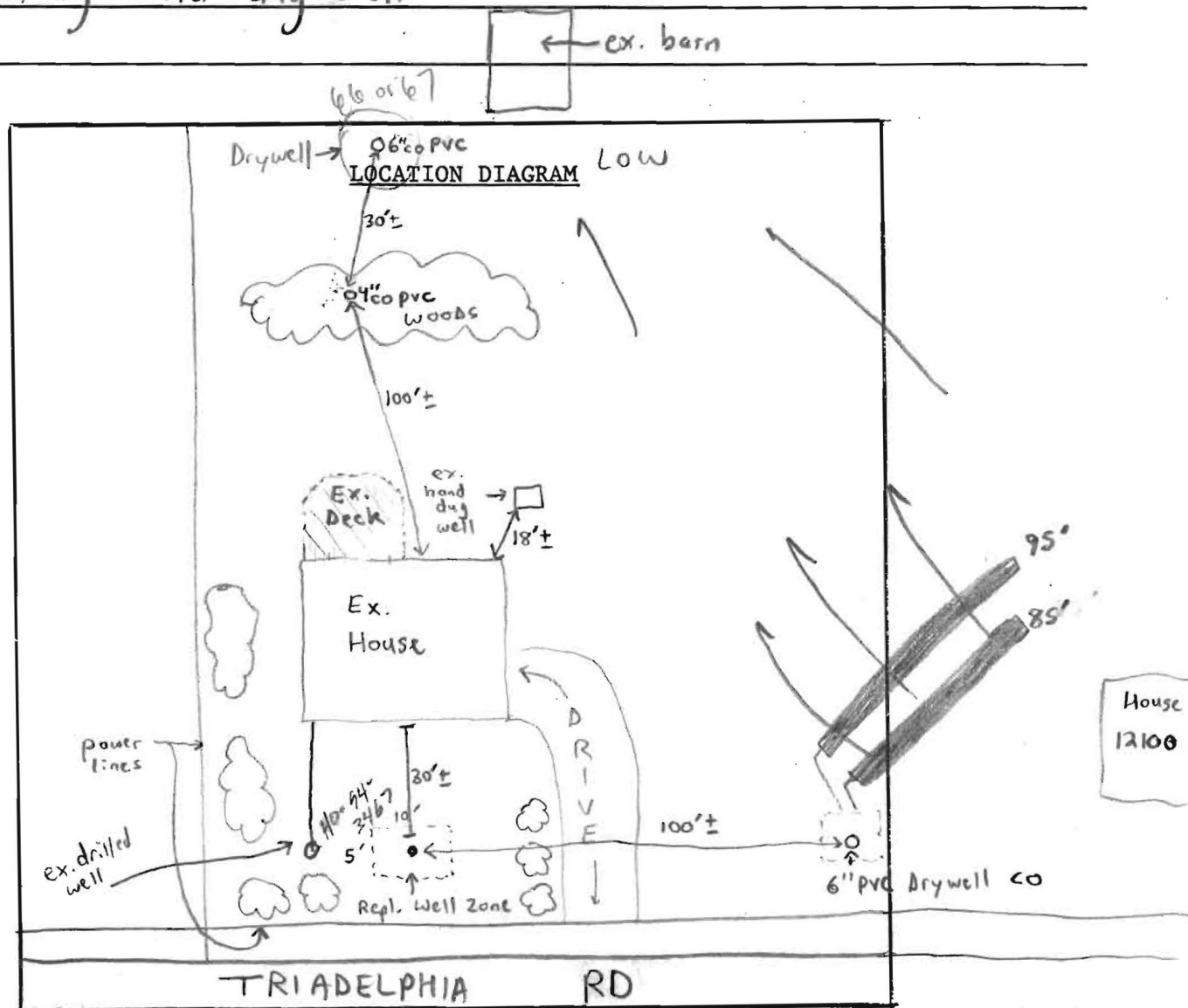
Well
SITE INSPECTION SHEET

A517418

OWNER: David Barylski
PHONE #: 410-531-5065
ADDRESS: 12120 Triad Rd
Emcott City 21042-1010

DATE REQUESTED: 8/14/02
CONTRACTOR: Easterday
WELL TAG #: HO-94-3467
COUNTY #: _____

PROPOSAL: repl. well requested due to low flow / yield
in existing hand dug well



COMMENTS: 8/14/02-met Owner & George Easterday at site. Best place to drill
is in front of house (anywhere in 5x10' Repl. Well Zone). Trenches serving 12100
Triadelphia Rd may be less than 100' to new well site but not by much.
Trenches for 12100 drain away from new well site anyway. Ex. hand dug to be
kept as a standby supply.

DATE: 8/14/02

INSPECTOR:

Steven R. Kueg

TO FILE:
NO SEPTIC
REPAIR / PERMIT
EVER ISSUED
FOR THIS
PROPERTY
SPOKE TO ONE OF
PREVIOUS OWNERS