

C1 14472 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 A17382

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED 6/18/02 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3380

OWNER Prowell MARY STREET OR RFD 100 LONG CORNER ROAD TOWN Mt. Airy SUBDIVISION SECTION Map 6 BLK 11 LOT Parcel 167

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown slate, Tan slate, and Gray slate.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST, PL), Nominal diameter, Total depth, and OTHER CASING (if used).

SCREEN RECORD table with columns for screen type (ST, BR, PL, HO, OT) and depth (nearest ft.).

DEPTH (nearest ft.) table with columns for depth intervals (1-21, 23-26, 28-32, 34-38, 40-44, 46-49, 51-55).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (yes/no)

- 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...

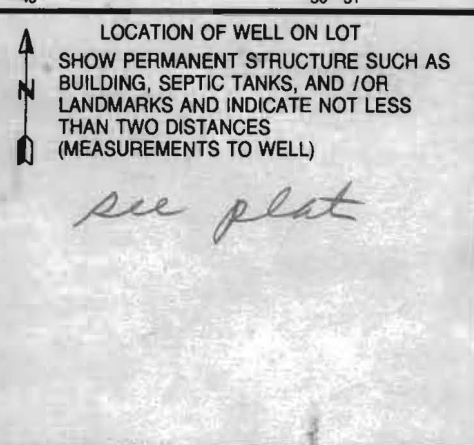
DRILLERS LIC. NO. MWD 040, DRILLERS SIGNATURE, LIC. NO. JS D 038

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

DIAMETER OF SCREEN (NEAREST INCH) form with fields for diameter and depth.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 2508

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

517961 please print or type

HO-94-3380 fill in this form completely

Date Received (APA)

03/27/02

OWNER INFORMATION

8949

PROWELL MARY (301) 607-8061
Last Name Owner First Name
1100 LONG CORNER RD
MT. AIRY, MD 21771

B 3

Howard

LOCATION OF WELL

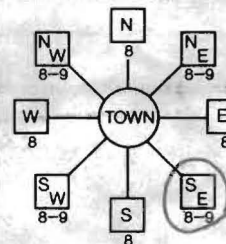
8 COUNTY CC# 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Mount Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

George F. Easterday MW D 040
Driller's Name License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
George F. Easterday 3/26/2002
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1100 Long Corner Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST SOUTH EAST
34 50 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: 6 BLK: 11 PARCEL 167

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A17382
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 03/29/02
CO SIGNATURE Rance Koeddy 03/29/03
EXP. DATE
NORTH GRID 548 000 EAST GRID 758 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

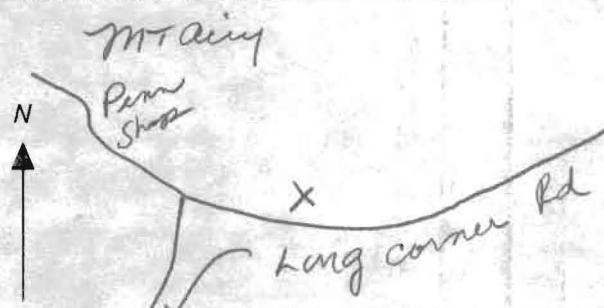
SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 750
N 540 8

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. HO-94-3380

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

410-313-2640
2648

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: Egstedday Well & Pump Telephone #: 301-831-7057
Address: 9265 Brown Church
Mt Airy md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Lester C Simmons Jr License# AWD611

***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: Mary Prowell Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3380
Site Address: 1100 long Corner Rd

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Martinson</u>	Two piece watertight cap: _____
Model #: <u>5G507422</u>	Model#: <u>B-10Y</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>3 1/2</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>1/2</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 178.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house	House Connection
Type: <u>PE</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5ft</u>
Depth of supply line: <u>3 1/2</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

Lester C Simmons Jr Signature of company representative responsible for installation 5-802 date

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

Date Insp. Requested: _____ Date Insp. Approved: 4/26/02 Inspector: (S0) SRK
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 seen outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection to ex. well line
Adequate grout observed below pitless adapter



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

A517436C

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

September 19, 2002

Keep With
File

Mary Prowell
1100 Long Corner Road
Mount Airy, MD 21771

RE: **Replacement Well Issues**
1100 Long Corner Road
Well Permit #: HO-94-3380

Dear Ms. Prowell:

This office is 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).

It is preferred that the sample be collected from the indoor primary 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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection. The driller will file an abandonment report with this office.

If the existing well is not to be abandoned, then you must pay the \$80.00 permit fee for the replacement well with a check made out to the Director of Finance. This check can be mailed to the above address with a note indicating that it is for a replacement well permit. Additionally, you must supply us with evidence that the older well is still being used and that it is not abandoned.

Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.



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

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

3/26/02
3:00

SITE INSPECTION SHEET

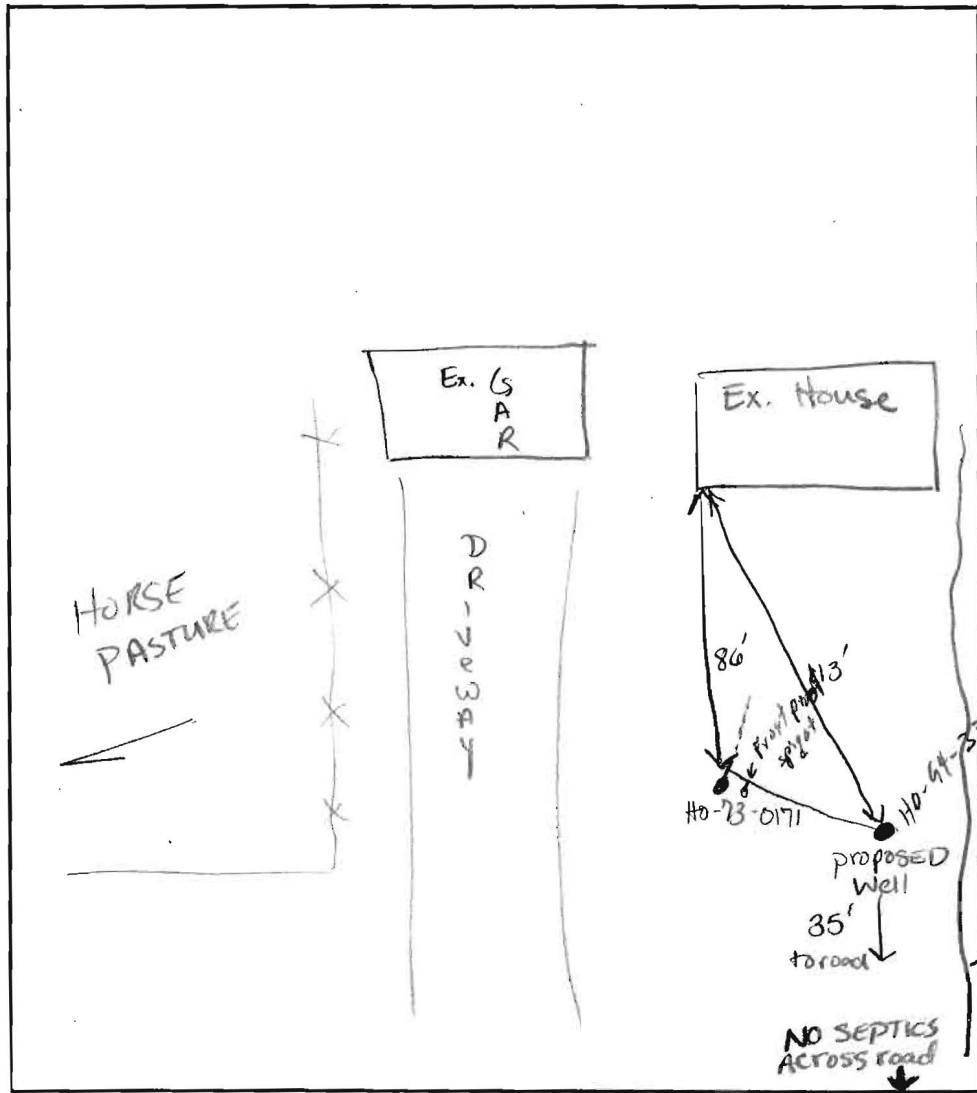
OWNER: Mary Prowell
ADDRESS: 1100 Long Corner

DATE REQUESTED: _____
DRILLER/CONTRACTOR: G. Mayne
WELL TAG NUMBER: 73-0174

TAX & PARCEL: _____ COUNTY: _____
PROPOSAL: repl. well requested (due to low flow?)

LOCATION DIAGRAM

WPI
4/26/02
2-3:00



septic
somewhere
in
back

○ Neighbor's
well
~250'
300'
away

LONG CORNER ROAD

COMMENTS: 3/26/02 O says 1/2 pint per minute. OK well site. O may keep well or may fill well - not sure yet.

DATE: 3/26/02 INSPECTOR: KB/PA