

C1 - 14311

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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER WS17991

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 11 27 02

Depth of Well 22 200 26 (TO NEAREST FOOT)

OK 1-8-03 (22)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3560

OWNER EVANS MICHAEL STREET OR RFD 3645 TROTTEL ROAD TOWN CLARKSVILLE MD 2029 SUBDIVISION CRISWOOD MANOR SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL 0-3, Brown Shell 4-52, Blue Rock 53-200, Got water at 140-190.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 18, NO. OF POUNDS 1692, GALLONS OF WATER 108, DEPTH OF GROUT SEAL 58 ft.

CASING RECORD: casing types insert appropriate code below (ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER), MAIN CASING TYPE ST, Nominal diameter 64, Total depth 60.

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

SCREEN RECORD: screen type or open hole (ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER), insert appropriate code below.

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...

DRILLERS LIC. NO. 1 M 5 D 143 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

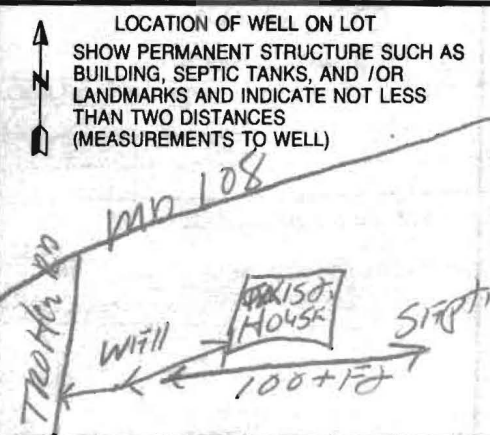
DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Includes handwritten values: 1 200, 2 59, 3 200.

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE AIR, WATER LEVEL BEFORE PUMPING 37 ft., WHEN PUMPING 175 ft., TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, 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 10, PUMP HORSE POWER 2, PUMP COLUMN LENGTH 3, CASING HEIGHT (+) above, (-) below, LAND SURFACE (nearest) 1 foot.



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

COUNTY NUMBER WS17991

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 27 02

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3560

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3560

OWNER EVANS MICHAEL STREET OR RFD 5645 TROTTEL ROAD TOWN CLARKSVILLE MD 2029 SUBDIVISION CRISWOOD MANOR SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL 0-3, Brown Shell + mica 4-52, Blue Rock 53-200, Got water at 140, 190.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS 18, NO. OF POUNDS 1692, GALLONS OF WATER 108, DEPTH OF GROUT SEAL 58 ft.

CASING RECORD form: casing types (ST STEEL, PL PLASTIC, CO CONCRETE, OT OTHER), MAIN CASING TYPE (ST), Nominal diameter top (main) casing 64, Total depth of main casing 60.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form: screen type or open hole (ST STEEL, BR BRASS, HO OPER HOLE, PL PLASTIC, OT OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER (A, E, P)

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. 1 MSD 143 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)

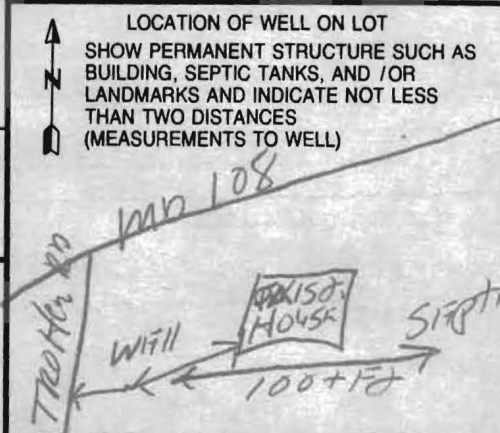
DEPTH (nearest ft.) table with columns: 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (NEAREST INCH) 56 to 60.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST form: HOURS PUMPED 3, PUMPING RATE 15 gal. per min., METHOD USED TO MEASURE PUMPING RATE AIR, WATER LEVEL BEFORE PUMPING 37 ft., WHEN PUMPING 175 ft., TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible.

PUMP INSTALLED form: DRILLER INSTALLED PUMP (YES), 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 10, PUMP HORSE POWER 1/2, PUMP COLUMN LENGTH 3, CASING HEIGHT 1 (nearest foot).



B 1 8727

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3560

W517991

fill in this form completely

Date Received (APA)

11-08-02

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
5645 Trotter RD
36 Street or RFD 55
57 Town 70 State 72 Zip 76

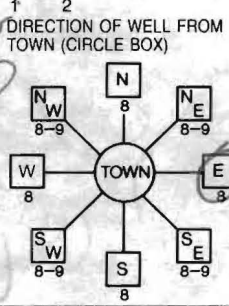
LOCATION OF WELL

B 3 HOWARD
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
52 NEAREST TOWN CLARKSVILLE 71
MILES FROM TOWN (enter 0 if in town) 2 M 11
73 76 77 78

DRILLER INFORMATION

Driller's Name PERRY HARLEY M S D 143
76 License No. 81
Firm Name HARLEY DRILLING & PUMP SYSTEMS
Address Box 160 W DIVERSVILLE MD
Signature Perry Harley Date 11-7-02

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 5645 TROTTER RD 30
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 75 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

WELL INFORMATION

APPROX. PUMPING RATE 3
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 600
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
I INDUSTRIAL, COMMERCIAL, DEWATERING
P PUBLIC WATER SUPPLY WELL
T TEST, OBSERVATION, MONITORING
G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD W517991
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 11/13/02 Steven R. King 11/13/03
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 500 000 EAST GRID 820 000
50 55 57 63

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

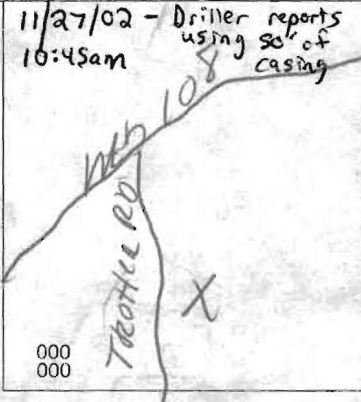
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

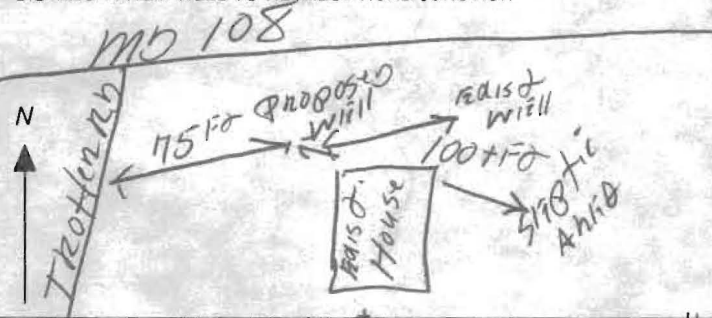
- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
N 500



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)

APPROX. PERMIT NUMBER 11/13/02 SRK
PERMIT No. HO-94-3560

SPECIAL CONDITIONS Driller must use steel casing & contact health dept. 24hrs prior to grouting well. Health Dept. representative must be on-site prior to beginning of grout.

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: Harley Drilling & Pump Systems Inc. Telephone #: 3018981068
Address: Box 160 Clarksville MD 21114

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Perry Harley License# MSO143
Name of Property Owner: Michael Fevons Telephone #:
Subdivision:
Site Address: 5645 Troher Rd Clarksville MD 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: STARITE Make: DICKENS Two piece watertight cap: YES
Model #: Model#: Screened, vented well cap: YES
Pump Capacity 10 GPM Depth: 42" (36" min) Cap secured to casing: YES
Well Yield: 16 GPM NSF/WSC approved: Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 185 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
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: Poly Pipe PVC sleeve to undisturbed soil at wall penetration: PS waterline connected to existing pit
PSI: (160 psi min) Approximate length of sleeve:
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly:

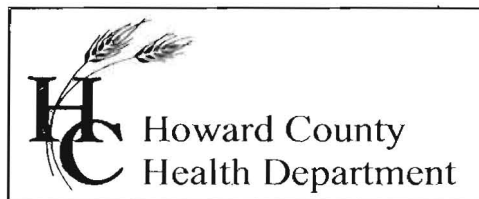
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Perry Harley date: 11-28-02

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

Date Insp. Requested: Date Insp. Approved: 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 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
Adequate grout observed below pitless adapter

Resolved
see letter from driller



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

INDEXED

December 20, 2002

2/6/03 -  
Resolved -  
Received letter/  
drawing from  
Perry Harley. - SRX

Mr. and Mrs. Evans  
5645 Trotter Road  
Clarksville, MD 21029

RE: **Replacement Well Issues**  
5645 Trotter Road  
Well Permit # HO-94-3560

Dear Mr. and Mrs. Evans: **05-367530**

Our office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule a well line inspection and water sampling for the referenced replacement well once it is hooked up to your home(s) (required by the Maryland Well Construction Regulation COMAR 26.04.04). There is currently no charge for the well line inspection and water sampling.

It is preferred that the sample be collected by a certified health official 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.

**Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

We have also noted in your file that a well line inspection was not called in our office by the plumber for an inspection of the pitless adaptor as well as other items on the form (please see inclosed form). 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,  
*Kacie Noonan*  
Kacie Noonan, Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File ✓

0517991

DO NOT DISCARD

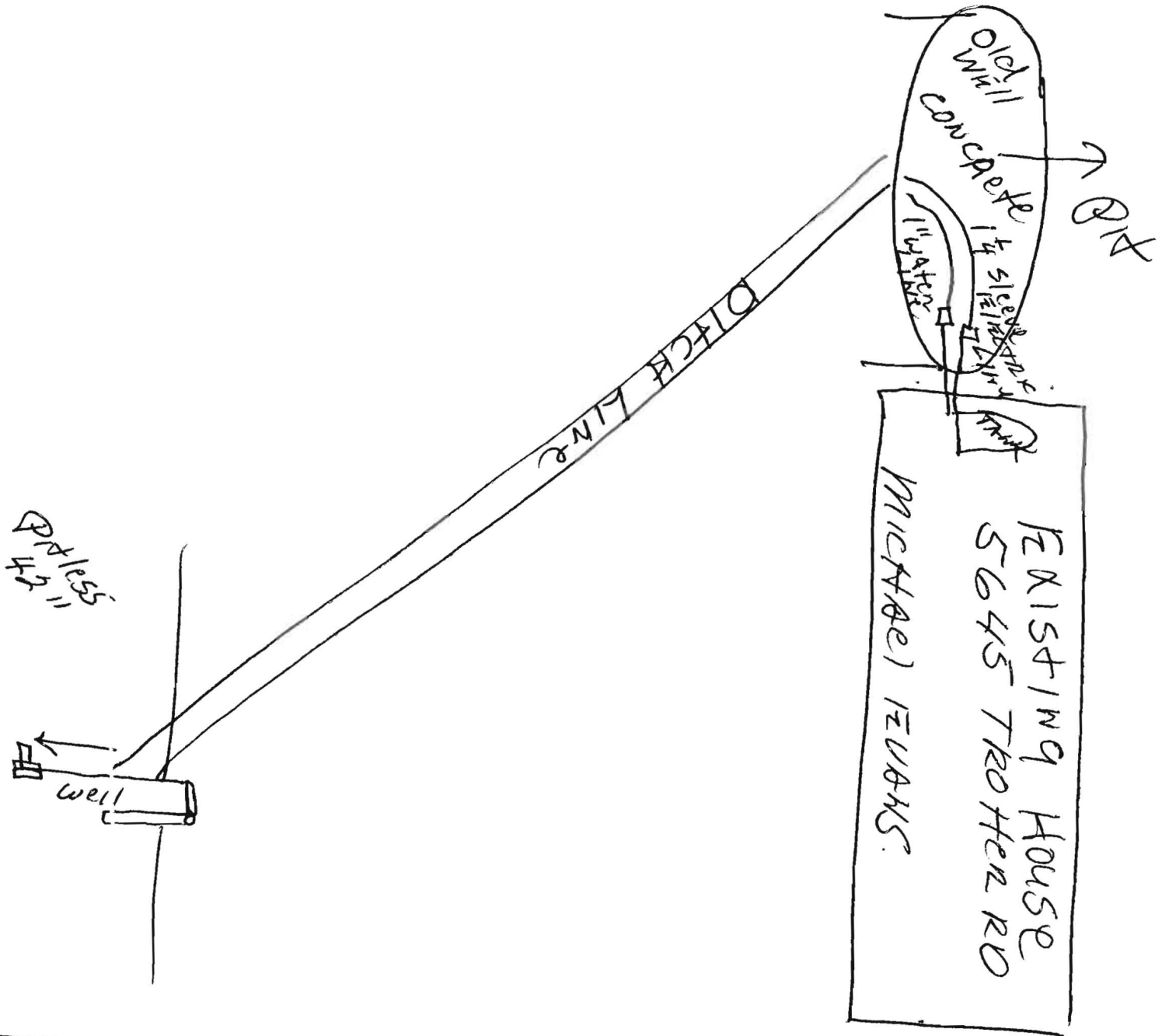
To Mr. Steve Krieg,

This letter is to inform the approving authority that the day of grouting Evans well, State Number HO-94-3560, was also constructed with pump installation. When the grout inspector left the job site the ditch line was being dug during the inspectors presence. When the grout inspector left the job site we assumed that the pitless adapter was approved. Also there were other factors. These factors being that the homeowner needed water, the next day was a holiday, as well as bad weather beginning as freezing rain. Before completing pump installation all the labor materials were completed in a workmanship manner by regulation. I, Perry Harley president of Harley Drilling and Pump Systems Inc., take full responsibility of any work performed at this job site.

Thank you,

Perry Harley  
MSD-143

DO NOT DISCARD



DRIVEWAY