

C1 14265 SEQUENCE 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.

COUNTY NUMBER

1 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

DATE WELL COMPLETED MM DD YY 10 7 02

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 117102 110-94-3511

OWNER ELEANOR YU STREET OR RFD 5083 TROTTER RD. TOWN CLARKSVILLE SUBDIVISION CRISWOOD MANOR SECTION II LOT 66

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand, Gray Mica, Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 49 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 53

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

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST BR HO PL OT

DEPTH (nearest ft.) 51 240

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 M SD 024 DRILLERS SIGNATURE Joseph L. Mayo

LIC. NO. 1 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 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

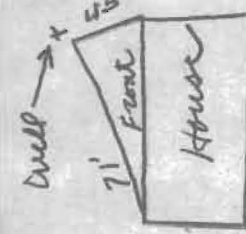
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 9 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 180 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 (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 - 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)



B 1 **7951**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
517943 please type

STATE PERMIT NUMBER
HO-94-3511
fill in this form completely

Date Received (APA) **10 2 02**
8 MM DD YY 13
OWNER INFORMATION
15 Last Name **Clonore** Owner First Name 34
36 **5685 Trotter Rd** Street or RFD 55
57 **Clarksville md 21794** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY **Howard** 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
52 NEAREST TOWN **Clarksville** 71
MILES FROM TOWN (enter 0 if in town) **3** M I 73 76 77 78

DRILLER INFORMATION
Driller's Name **Joseph L. Mayna** M **5 D 24** License No. 81
Firm Name **Joseph L. Mayna Well Drilling**
Address **5512 Ridge Rd Mt Airy Md 21771**
Signature **Joseph L. Mayna** Date **10/1/02**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
5685 Trotter Road
11 NEAR WHAT ROAD 30
34 34 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP: **35** BLK: **2** PARCEL **180**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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

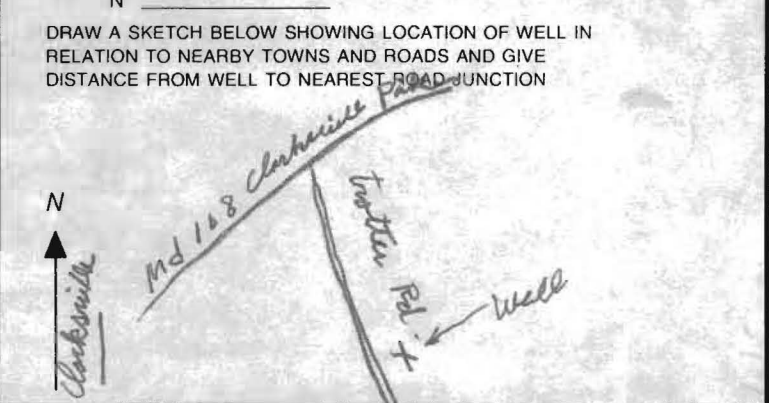
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **Howard** COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **10 2 02** **Steven R. King** 10 2 03
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **500** 0 0 0 EAST GRID **820** 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL **24** FEET
APPROXIMATE DIAMETER OF WELL _____ NEAREST INCH

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**
000
000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary Drive-POINT
other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____ G _____
PERMIT No. **HO-94-3511**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

10/8/02
NOON

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: Cornwell Plumbing Telephone #: 410-988-9221
Address: 12196 Tripod Lane Rd
Ellicott City Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Thomas Cornwell License# 9805
*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: Mr & Mrs V & J Telephone #: 410-988-9236
Subdivision: 5685 Tripod Lane Rd Lot #: _____ Well Tag #: HO-64-3511
Site Address: Clarksville, Md 21029

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Socuzzi Make: _____ Two piece watertight cap: _____
Model #: T53416 Model#: _____ Screened, vented well cap:
Pump Capacity 10 GPM Depth: 36 (36" min) Cap secured to casing: _____
Well Yield: 17 GPM NSF approved: Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: 240 (feet) Conduit secured to well cap: _____
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 House Connection
Type: PL10571c PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve: 3'
Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly: OK

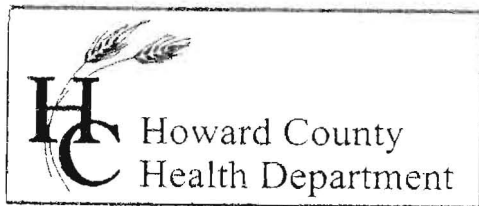
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Thomas Cornwell 10/17/02
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 10/8/02
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 _____

HD-215 (Rev. 8/00) 10/8/02 Line buried 50 3 PM - PLBR CONCERNED ABOUT RED STICKER
MR 10/8/02 ALL OK AFTER DISCUSSION w/PLBR - T/C TO OWNER



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

November 18, 2002

Elenore Yu
5685 Trotter Road
Clarksville, MD 21794

RE: **Replacement Well Issues**
5685 Trotter Road
Well Permit # HO-94-3511

Dear Mr. Peirce:

Our office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule water sampling for the referenced replacement well once it is hooked up to your home (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.

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, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

SITE INSPECTION SHEET

OWNER: ELEANOR UYU

DATE REQUESTED: 10-2-02 9am

ADDRESS: 5685 TROTTER ROAD

DRILLER: JOSEPH MAYNE

410-988-9436

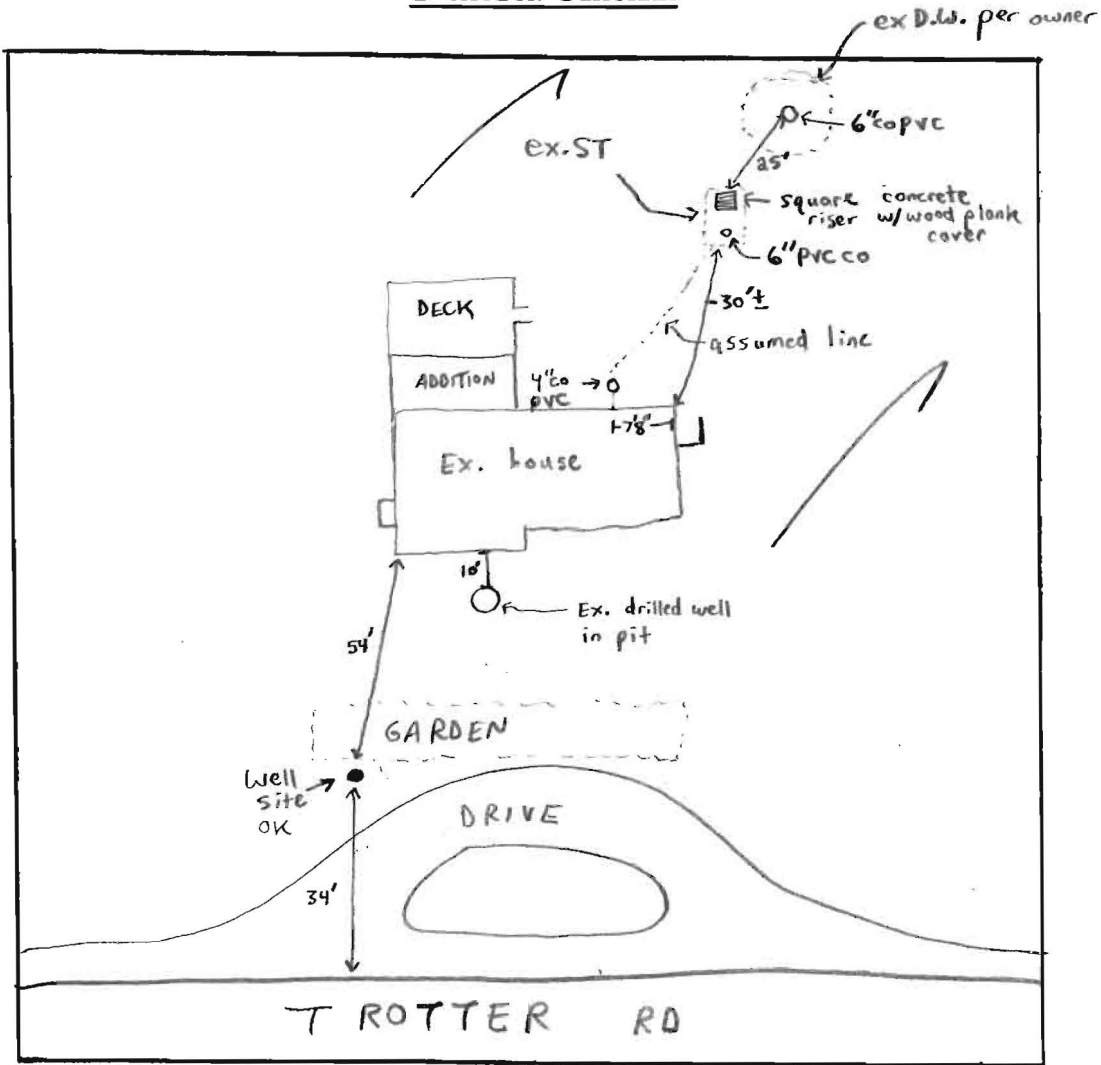
WELL TAG # HO-943511

CLARKSVILLE, MD 21029

COUNTY # _____

PROPOSAL: REPLACEMENT WELL - OUT OF WATER
CRISWOOD MANOR, LOT 66

LOCATION DIAGRAM



COMMENTS: 10/2/02 - Ex. drilled well in pit dry, only 65' deep. Well will be kept as a standby supply.

DATE: 10/2/02

INSPECTOR: Steven R. Krug