

C1 1114

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

COUNTY NUMBER P 49973 L

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 6 10 05

Depth of Well 220'

PERMIT NO. FROM "PERMIT TO DRILL WELL" 95-0032

OWNER Mathis, Janette STREET OR RFD 12440 Frederick Rd TOWN West Friendship 21794

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, FEET (FROM, TO), check if water bearing. Includes entries for Sand, Gray Mica, and Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) BENTONITE CLAY (B) (C) NO. OF BAGS 12 NO. OF POUNDS 1128

CASING RECORD

MAIN CASING TYPE (S) (T) Nominal diameter top (main) casing 6 Total depth of main casing 40

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

DEPTH (nearest ft.)

Table for well depth measurements at various depths (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51).

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

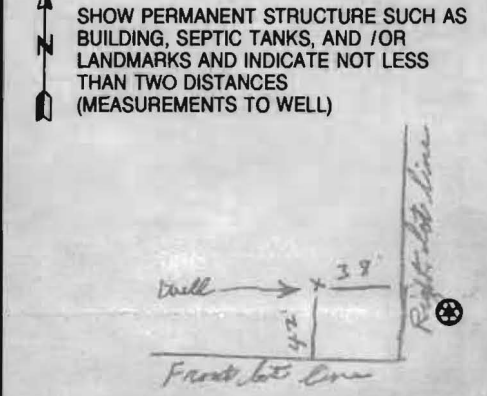
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE bucket

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) 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

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 S D 024 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)

07/05  
6178

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
522524 please type

STATE PERMIT NUMBER

HO-95-0032  
fill in this form completely

Date Received (APA)  
6/7/05

OWNER INFORMATION

Mathes  
12440 Frederick Rd  
West Friendship Md

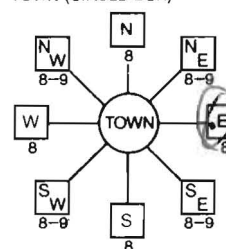
LOCATION OF WELL

Howard  
West Friendship  
MILES FROM TOWN (enter 0 if in town) 4/0

DRILLER INFORMATION

Joseph L. Mayne MS DOZY  
Joseph L. Mayne Well Drilling  
5512 Ridge Rd Mt Airy Md. 21771  
6/7/05

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12440 Frederick Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



42  
DISTANCE FROM ROAD  
ENTER FT OR MI  
TAX MAP: 15 BLK: 12 PARCEL 148

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 4  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 (13) P49973L  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 6/7/2005 Brian Baker 6/7/2006  
NORTH GRID 534 000 EAST GRID 816 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROTary JETTED Jetted & DRIVEN  
CABLE REVERSE-ROTary DRIVE-POINT

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 DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

816  
5304

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



6/10/05  
Grout 9:00  
BB X

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

APPROP. PERMIT NUMBER G  
PERMIT No. HO-95-0032

SPECIAL CONDITIONS

This Well to Replace Well Shared with Neighbor

Will Be Ready For Inspection Around 1:00PM

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: AVS Plg. + Heating Telephone #: 410-442-2221
Address: 12630 FRADERICK RD W. F. 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CRAIG R. KASTNER License# 7080

\*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: JEANNETTE MATHIS Telephone #: 410-442-1635
Subdivision: Lot #: Well Tag #: HO-95-0032
Site Address: 12440 FRADERICK RD WEST FRIENDSHIP 21794

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Gould Make: MARTIN Two piece watertight cap: [checked]
Model #: 56505417 Model#: B-10K Screened, vented well cap: [checked]
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: [checked]
Well Yield: 20 GPM NSF approved: [checked] Conduit min 18" B.G.: [checked]
Depth of well encountered at time of pump installation: 200 (feet) Conduit secured to well cap: [checked]
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 - sleeve [checked]
Safety rope, if used, attached to inside of well casing with eye bolt [checked]

Piping to house House Connection
Type: CASYLIN PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min) Approximate length of sleeve:
Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly:

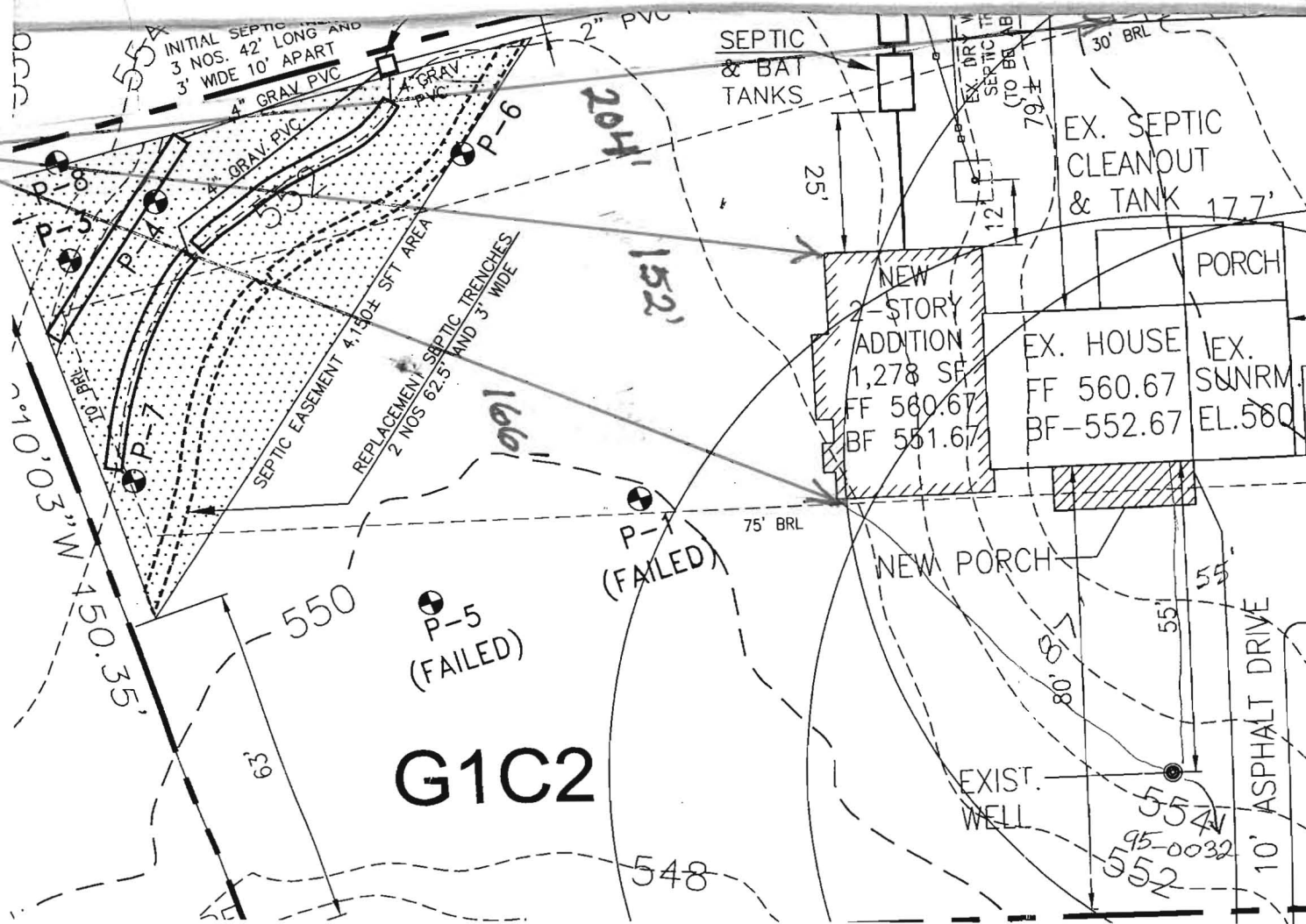
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation date 7-5-05

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

Date Insp. Requested: Date Insp. Approved: 7/6/05 (BB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]
Not Finished, But Will Assume No sleeve - House 40+ years old

Prop. Corner  
Stake



G1C2

# CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Jul 19, 2005

County Howard

Lab Number T-0692

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Ms. Jeanne Mathis  
12440 Frederick Road  
West Friendship, Maryland 21794-9511

Property Sampled: 12440 Frederick Road, NEW WELL

Station Sampled: Kitchen Tap

Tax Map #: 15

Date/Time Sampled: Jul 18, 2005 11:40 am

Parcel #: 148

Owner, Telephone No.:

Sampler: 5226SB

Subdivision Name:

Lot Number:

Building Permit No.:

Well Number: HO-94-0032

Observation: 2-Piece Cap  
Satisfactory

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	4.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.4 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: NONE per owner

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

01  
3008 71 52 BW 3:22

*Heather R. Beam*

Heather R. Beam

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level

# CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Aug 12, 2005

County Howard

Lab Number T-1182

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Ms. Jeanne Mathis  
12440 Frederick Road  
West Friendship, Maryland 21794-9511

Property Sampled: 12440 Frederick Road, NEW WELL, Retest #2, UV LIGHT

Station Sampled: Kitchen Tap after UV Light

Tax Map #: 15

Date/Time Sampled: Aug 11, 2005 11:15 am

Parcel #: 14B

Owner, Telephone No.: Mathis

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.:

Well Number: HO-95-0032 (Correct Number)

Observation: 2-Piece Cap  
Satisfactory

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: UV LIGHT, sediment filter

5000 V12 12/11/05 11:28

*Heather R. Beam*

Heather R. Beam

\*MCL = Maximum Contamination Level  
\*\*SMCL = Secondary Maximum Contamination Level

# CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211  
(410) 252-7742

REPORT DATE: Aug 3, 2005

County Howard

Lab Number T-0973

Sample iced Yes

Residual Cl<sub>2</sub> <0.1 mg/L Yes

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Ms. Jeanne Mathis  
12440 Frederick Road  
West Friendship, Maryland 21794-9511

Property Sampled: 12440 Frederick Road, NEW WELL, Retest #1

Station Sampled: Kitchen Tap

Tax Map #: 15

Date/Time Sampled: Aug 2, 2005 11:35 am

Parcel #: 148

Owner, Telephone No.: Mathis

Sampler: 6724GP

Subdivision Name:

Lot Number:

Building Permit No.:

Well Number: HD-95-0032 (Correct Number)

Observation: 2-Piece Cap  
Satisfactory

### RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: NONE per owner

STATE OF VA 12/13/05 11:28 AM 12/28/05 11:28 AM

Sharon K. Cassell

\*MCL = Maximum Contamination Level

\*\*SMCL = Secondary Maximum Contamination Level