

C1 15974

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 513 615

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM 01 DD 02 YY 12

DATE WELL COMPLETED

MM 02 DD 02 YY 12

Depth of Well

22 300 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO - 95 - 2240

OWNER Dwelley John & Cindy STREET OR RFD 4034 Jennings Shiple Rd TOWN BROOKVILLE SUBDIVISION SCHRIENER Prop SECTION LOT I

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. Rows include Top Soil, Brown Shale, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement/Bentonite Clay) NO. OF BAGS/POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter (6) Total depth (60) OTHER CASING (if used) diameter (10) depth (20)

SCREEN RECORD

screen type or open hole (HO) insert appropriate code below

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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M S D 119 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)

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5.11 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 85 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (nearest ft.) 43 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 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)

north 39' 15", 733 west 77' 04", 290

B 1 0966

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER 40-95-2240

536683 please type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 01/04/12, DWELLEY John E Cindy, 4054 JENKINGS CHAPLE Rd, BROOKVILLE MD 20833

LOCATION OF WELL: COUNTY Howard, SUBDIVISION Schriener Prop., SECTION 44 46, LOT I, NEAREST TOWN LISBON, MILES FROM TOWN 5

DRILLER INFORMATION: Driller's Name RALPH E. MAYNE, License No. MSD 117, Firm Name RALPH E. MAYNE WELL DRILLING, Address 17024 Handy Rd. Mt. Airy MD, 21771, Date Dec 4 2012

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) SE, NEAR WHAT ROAD JENKINGS CHAPLE Rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) EAST, DISTANCE FROM ROAD 700 FT, TAX MAP: BLK: PARCEL:

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

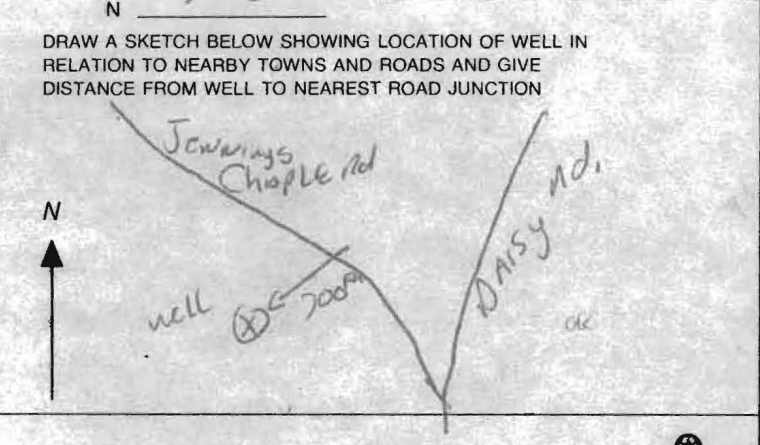
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. 13, STATE SIGNATURE, DATE ISSUED 1/12/12, CO SIGNATURE, EXP. DATE 1/12/13

APPROXIMATE DEPTH OF WELL 150 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE E 532, N 775

METHOD OF DRILLING (circle one): AIR-ROTary, JETTED, JETTED & DRIVEN, CABLE, REVERSE-ROTary, DRIVE-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. 40-95-2240

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

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 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: Joel Isaacs P/b, Sinc Telephone #: 410 942-3780
Address: 693 E. Watersville Rd
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): Joel Isaacs License# 4524

***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: Cindy & John Dweilley Telephone #: 410 489-5436
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2240
Site Address: 4054 Jennings Chapel Rd
Woodbine, MD 21797

Submersible Pump Data

Make: Grundfos
Model #: 3/4 HP
Pump Capacity 8 GPM
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell
Model#: 1"
Depth: 38" (36" min)
NSF/WSC 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: 300 (feet)
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

Type: Poly 1"
PSI: 160 (160 psi min)
Depth of supply line: 40" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Length of sleeve(5' minimum from foundation): 9'
Sleeve sealed properly: Hydraulic cement from the inside due to porch.

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.

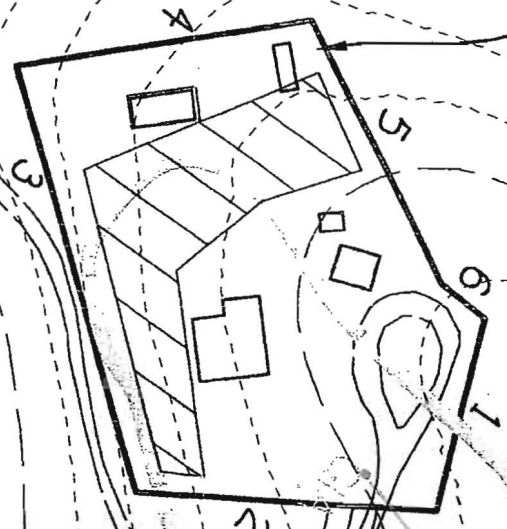
Signature of company representative responsible for installation: Joel Isaacs date: 2-5-12

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

Date Insp. Requested: 5/5/12 Date Insp. Approved: 5/5/12 Inspector: RR
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 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

LOT 1
SCRIVENER
PLAT PROPERTY
(NOT PART OF
THIS SUBMISSION)

LOT 2
130.5 AC[±]



EXISTING WELL
NOT ON LOT 1

NEW WELL

EXISTING

482

1138

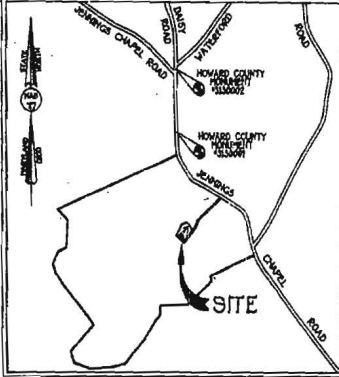
Q14

NEW WELL

PLAT M.D.R. NO. 11380

EXISTING WELL NOT ON LOT 1

(RESIDUE) PROPERTY OF J. THOMAS SCRIVENER AND MARY S. SCRIVENER 2138/848



VICINITY MAP SCALE 1" = 1200'

STATE DEPT OF ADMINISTRATION & TITRATION Annapolis, Md. DATE: 9/20/94

- GENERAL NOTES: 1. LOT 1 IS A SUBDIVISION OF A PRIVATE RESIDUAL EASEMENT... 2. THE LOTS SHOWN HEREON COMPLY WITH THE HENRICH OWNERSHIP... 3. SUBJECT PROPERTY SHALL BE USED FOR RESIDENTIAL PURPOSES... 4. CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE FOLLOWING... 5. THIS PLAT IS BASED ON FIELD SURVEY... 6. ALL EXISTING BUILDING RESTRICTIONS... 7. EXISTING HIGH PIPES OR LOW WALLS... 8. EXISTING CONCRETE FOUNDATION... 9. EXISTING STONE OR NONMENT FOUND... 10. EXISTING COLLECTION, SEWER, AND ROAD PARTICULATE TO BE PROVIDED... 11. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 12. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 13. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 14. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 15. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 16. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 17. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 18. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 19. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY... 20. DRIVEWAYS SHALL BE PROVIDED FROM TO RESIDENTIAL OCCUPANCY...

OWNER AND DEVELOPER MR. AND MRS. J. THOMAS SCRIVENER P.O. BOX 347 ELLICOTT CITY, MARYLAND 21043

FISHER, COLLINS & CARTER, INC. CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS 107 MILLERS BRIDGE RD. #100 ELICOTT CITY, MARYLAND 21043

THE REQUIREMENTS § 3-106, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1986 REPLACEMENT VOLUME HAS SUPPLEMENTED AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

TERRILL A. FISHER (SURVEYOR) DATE 5/14/94
J. THOMAS SCRIVENER (OWNER) DATE 5/12/94
MARY S. SCRIVENER (OWNER) DATE 5/12/94

TOTAL AREA TABULATION

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED	1
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED	0
TOTAL NUMBER OF LOTS TO BE RECORDED	1
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED	1.000 AC.
TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED	0.000 AC.
TOTAL AREA OF LOTS TO BE RECORDED	1.000 AC.
TOTAL AREA OF ROADWAY TO BE RECORDED	0.000 AC.
TOTAL AREA TO BE RECORDED	1.000 AC.

COORDINATE TABLE

PT	NORTH	EAST	PT	NORTH	EAST
72	500186.81	777780.093	99	52088.329	779737.967
204	50982.542	780825.691	151	52082.830	779822.947
211	50975.329	780830.246	190	52082.943	779813.371
212	50973.243	780825.787	192	52084.921	779723.271
213	50971.074	780820.072			
214	50969.191	780815.243			
215	50967.004	780810.244			
216	50964.823	779774.225			
217	50962.636	779737.568			

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT. DATE 7-22-94

APPROVED HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING. DATE 9/16/94

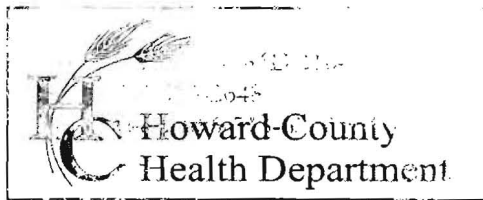
APPROVED FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS. DATE 8/3/94

OWNERS CERTIFICATE: I, THOMAS SCRIVENER AND MARY S. SCRIVENER, HIS WIFE, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREOF HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE HENRICH BUILDING RESTRICTION LINES AND GRANT SEVERAL, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON TO THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAIN FACILITIES AND OPEN SPACE WHERE APPLICABLE TO THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE; AND TO THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS-OF-WAY. WITNESS OUR HANDS THIS 21st DAY OF May, 1994.

SURVEYORS CERTIFICATE: I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT THAT IT IS A SUBDIVISION COMPREHENSIVE OF A PART OF THE LANDS CONVEYED BY CHRISTINE ROCK PETERSON AND FREDERICK D. PETERSON, PERSONAL REPRESENTATIVE OF THE ESTATE OF FREDERICK CARL PETERSON, DECEASED, TO J. THOMAS SCRIVENER AND MARY S. SCRIVENER, HIS WIFE, BY DEED DATED MARCH 8, 1990 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER NO. 2316 AT FOLIO NO. 618 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED AND NONBENTAMATION IS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION REGULATIONS.

RECORDED AS PLAT NO. 11380 ON AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND. SCRIVENER PROPERTY LOT 1 ZONING: 'RC-DEO' TAX MAP NO. 20 PART OF PARCEL NO. 35 (FOURTH ELECTION DISTRICT) HOWARD COUNTY, MARYLAND DATE: JUNE 17, 1994

Maryland State Archives



178 Columbia Gateway | P.O. Box 368 | Ellicott City, MD 21034
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-800-372-1300
website: www.hchealth.org

Peter L. Beilenson, MD.,M.P.H., Health Officer

June 5th, 2012

Homeowner
4054 Jennings Chapel Road
Woodbine, MD 21797

RE: **Replacement Well**
4054 Jennings Chapel Rd.
Well Permit # HO-95-2240

Dear Homeowner:


According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

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 sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

If you have any further questions you can call me at (410) 313-2645. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

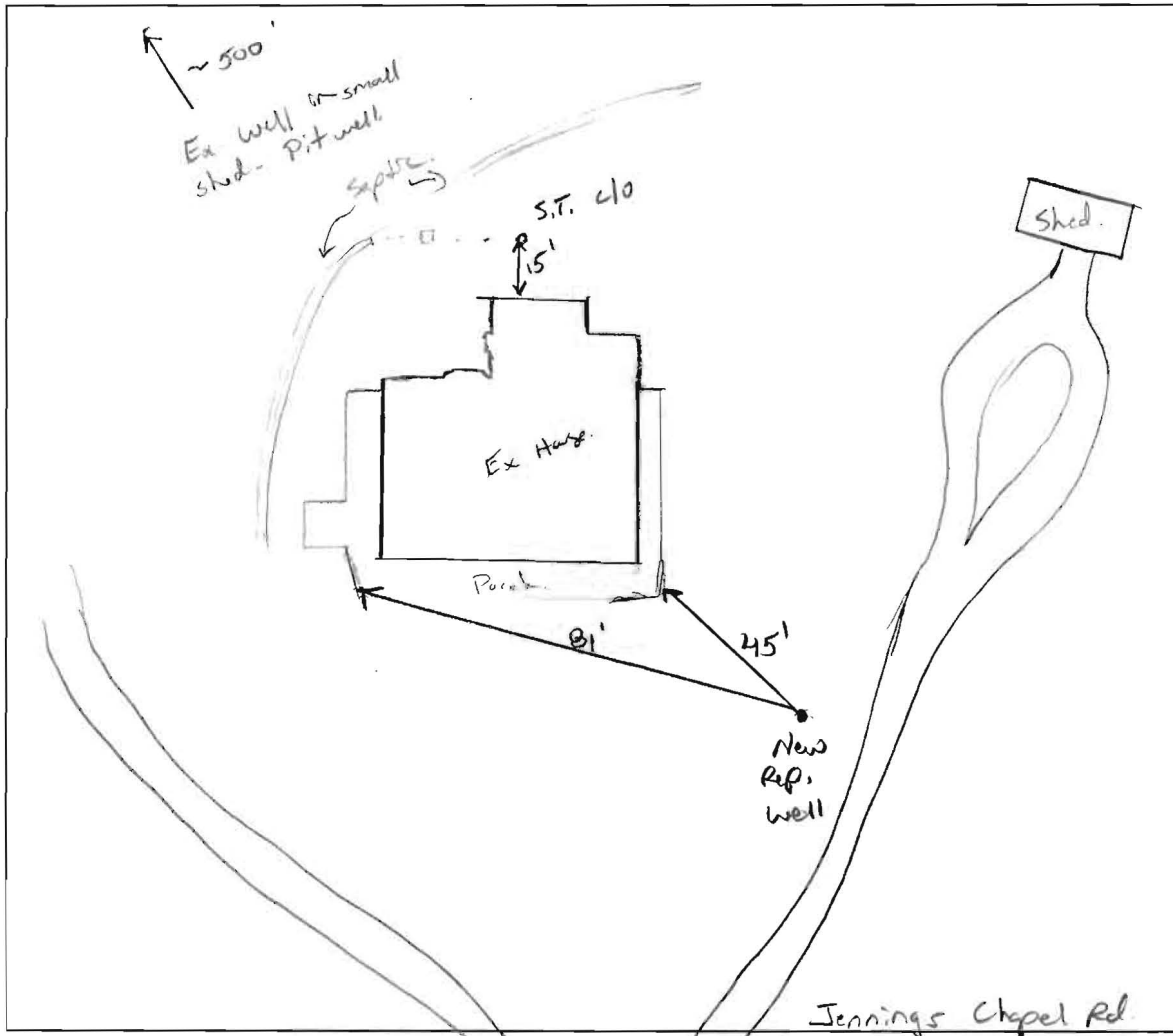

Kevin M. Wolf, R.S., R.E.H.S.
Howard County Health Dept.
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Scrivner PHONE #: _____
ADDRESS: 4054 Jennings Chapel Rd. CONTRACTOR: R. Magre.
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: old well to be converted to Ag. well.

LOCATION DIAGRAM



COMMENTS: _____
1/9/12 to Rep. well location approved. Ex. Well located on
a small shed. Pit well.

DATE: 1/9/12 INSPECTOR: P. Wolf