

C1 08026 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

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
Depth of Well
PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER
WELL SITE ADDRESS
SUBDIVISION
SECTION
LOT

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sandstone	0	57	
Mica Rock	57	200	
Water	160'		

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT
BENTONITE CLAY
NO. OF BAGS
NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from TOP ft. to BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)
Total depth of main casing (nearest foot)

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

SCREEN RECORD
screen type or open hole
insert appropriate code below
STEEL
BRASS
BRONZE
PLASTIC
OPEN HOLE
OTHER

PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min.)
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
air
piston
turbine
centrifugal
rotary
other (describe below)
jet
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)
PUMP HORSE POWER
PUMP COLUMN LENGTH
(nearest ft.)
CASING HEIGHT (circle appropriate box
and enter casing height)
above
below
LAND SURFACE
(nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED
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, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.
DRILLERS LIC. NO. 1
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

DEPTH (nearest ft.)
DIALECT
SLOT SIZE 1 2 3
DIAMETER OF SCREEN
(NEAREST INCH)
from to
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

LATITUDE 39.25394
LONGITUDE 77.01934
(DEFAULT COORD. WGS 84)
NOTES:

B 1	12150	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>HO-95-2430</u> fill in this form completely
Date Received (APA) <u>11 04 12</u>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name <u>Newcomb</u> Owner <u>Mike</u> First Name <u>Mike</u> 34		
36 <u>14570 Triadelphia Rd</u> 55		Street or RFD		
57 <u>Blennely</u> 70 <u>MD</u> 72 <u>21737</u> 76		Town State Zip		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <u>Joseph L Mayne M S D 024</u> 76 License No. 81		B 3 <u>Howard</u> 21		
Firm Name <u>Joseph L Mayne Well Drilling</u>		23 SUBDIVISION 42		
Address <u>5512 Ridge Rd Mt. Airy 21771</u>		SECTION <u>44</u> 46 LOT <u>48</u> 50		
Signature <u>Joseph L Mayne 11-5-2012</u> Date		52 NEAREST TOWN <u>Blennely</u> 71		
B 2 WELL INFORMATION		B 4 SOURCES OF DRILLING WATER		
APPROX. PUMPING RATE <u>4</u> 8 12 (GAL. PER MIN.)		1. <u>well</u>		
AVERAGE DAILY QUANTITY NEEDED <u>500</u> 14 20 (GAL. PER DAY)		2. <u>14570 Triadelphia Rd</u> 11 STREET ADDRESS 30		
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
		<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH </div> <div style="margin: 0 10px;"> 34 <u>66</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 </div> </div>		
		TAX MAP: <u>21</u> BLK: <u>23</u> PARCEL <u>43</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		<u>Howard</u> 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>11/5/2012 Brian Baker</u> 11/5/2013 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
APPROXIMATE DEPTH OF WELL <u>260</u> 24 28 FEET		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. <u>HO-95-2430</u> 70 71 72 73 74 75 76 77 78 79				
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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2430
Site Address: 14570 Triadelphia Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (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: _____ (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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Length of sleeve (5' minimum from foundation): _____
Sleeve 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 _____

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

Date Insp. Requested: _____ Date Insp. Approved: 11/14/2012 Inspector: BB

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 ✓

Connected to Existing
Line



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

July 26, 2016

Homeowner
14570 Triadelphia Road
Glenelg, MD 21737

RE: **Replacement Well Sampling**
14570 Triadelphia Road
#HO-95-2430

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.

Sampling of the new well should 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.

The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. The Health Department never received documentation that the old well was sealed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

↑ N

588

4th House On Left After Roxbury Rd.

14591 Roxbury Rd -

14570

14550 -

1960 L.B. Scott
Sub. - Lot 9

588

↓ 14584 - 1961

Warfields
Lot 14
14567 Trina,

