

C1 1153

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

3 13 06

400 (TO NEAREST FOOT)

9/27/06 O.K. (PB)

HO-95-0267

OWNER: Albert Leather Rd, Philip Clarksville Md 21029, Criswood Manor SECTION LOT 65

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)

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-79), Gray Mica Rock (79-400)

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (27), NO. OF POUNDS (2538), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (0-78 ft)

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (83)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

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

DEPTH (nearest ft.)

Table for depth measurements with columns for casing and screen diameters.

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

C 3

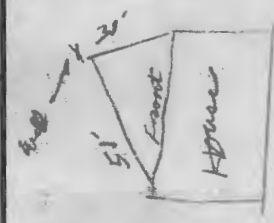
PUMPING TEST

HOURS PUMPED (6), PUMPING RATE (2 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (52 ft before, 240 ft when pumping), TYPE OF PUMP USED (A)

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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)



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.: MSD 027, DRILLERS SIGNATURE: Frank J. Mayne

LIC. NO.: MSD 027

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

B 1 1448 2 3 6

SEQUENCE NO. (MDE USE ONLY)

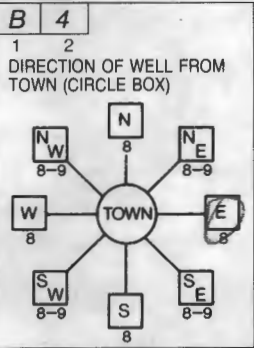
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 52460

STATE PERMIT NUMBER 40-95-0267 fill in this form completely

Date Received (APA) 3/1/06 OWNER INFORMATION Albert Last Name Philip First Name 5669 Trotter Rd Street or RFD Clarksville Md 21029 Town State Zip

LOCATION OF WELL Howard COUNTY 8 21 Criswood Manor SUBDIVISION SECTION 44 46 LOT 65 Clarksville NEAREST TOWN 52 71 MILES FROM TOWN 2 1/2 M I

DRILLER INFORMATION Joseph G. Mayne Driller's Name M 5 D 0 2 4 License No. 81 Joseph G. Mayne water Drilling Firm Name 5512 Ridge Rd Mt Airy Md 21771 Address Joseph G. Mayne Signature 3/1/06 Date



5669 Trotter Road NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 34 65 37 DISTANCE FROM ROAD FT 65 ENTER FT OR MI 38 39 TAX MAP: 35 BLK: 2 PARCEL 180

WELL INFORMATION APPROX. PUMPING RATE 4 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

- 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 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 3/1/2006 Brian Baker 3/1/2007 CO SIGNATURE EXPI. DATE NORTH GRID 503 000 EAST GRID 823 000

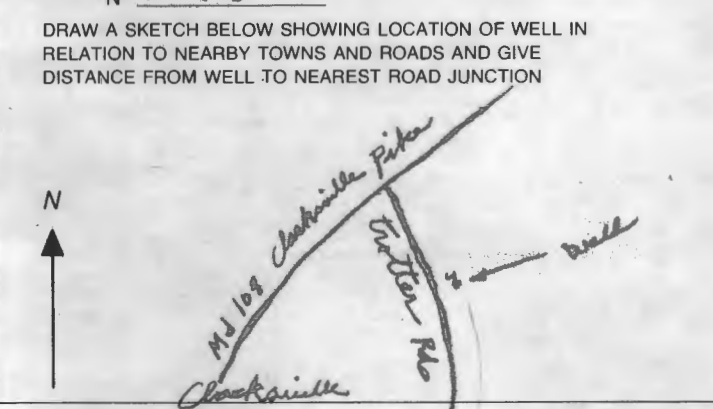
APPROXIMATE DEPTH OF WELL 290 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL [X] 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 40-95-0267

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 9293 N 5093



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

**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: Zepp Plumbing Telephone #: 410-531-6712  
Address: 12447 Rt. 108  
Clarksville, Md. 21029

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Edgar W. Zepp, IV License# 7021 MD ST.

\*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: Phillip K Albert Telephone #: 410-531-3414  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0267  
Site Address: 5669 Trotter Rd.  
Clarksville, Md. 21029

**Submersible Pump Data**

Make: Goulds  
Model #: \_\_\_\_\_  
Pump Capacity 5 GPM  
Well Yield: 2 GPM

**Pitless Adapter**

Make: Campbell  
Model #: \_\_\_\_\_  
Depth: 48" (36" min)  
NSF 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: 401 (feet)

- 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**

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

**House Connection**

PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 6'  
Sleeve caulked and sealed properly:

Depth = 401 ft.  
Pump @ 380 ft.  
Water 360 ft.

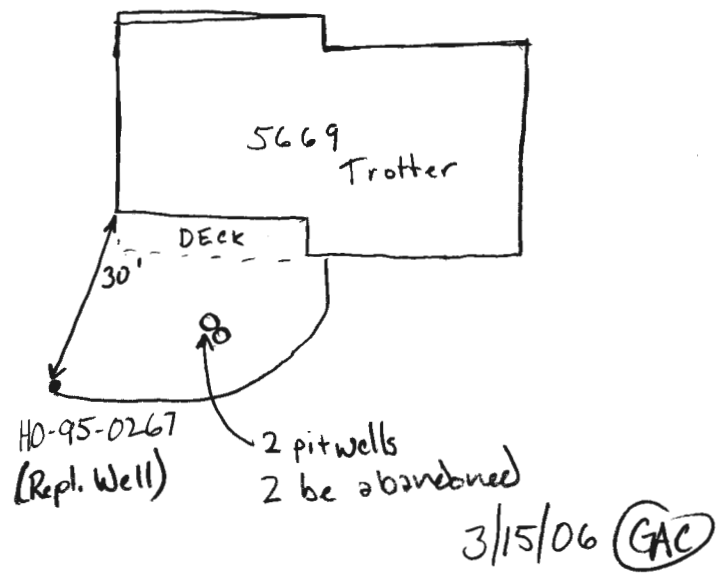
- The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Edgar W. Zepp, IV 3/14/06  
Signature of company representative responsible for installation date

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

Date Insp. Requested: 3/15/06 Date Insp. Approved: 3/15/06  
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

GAC

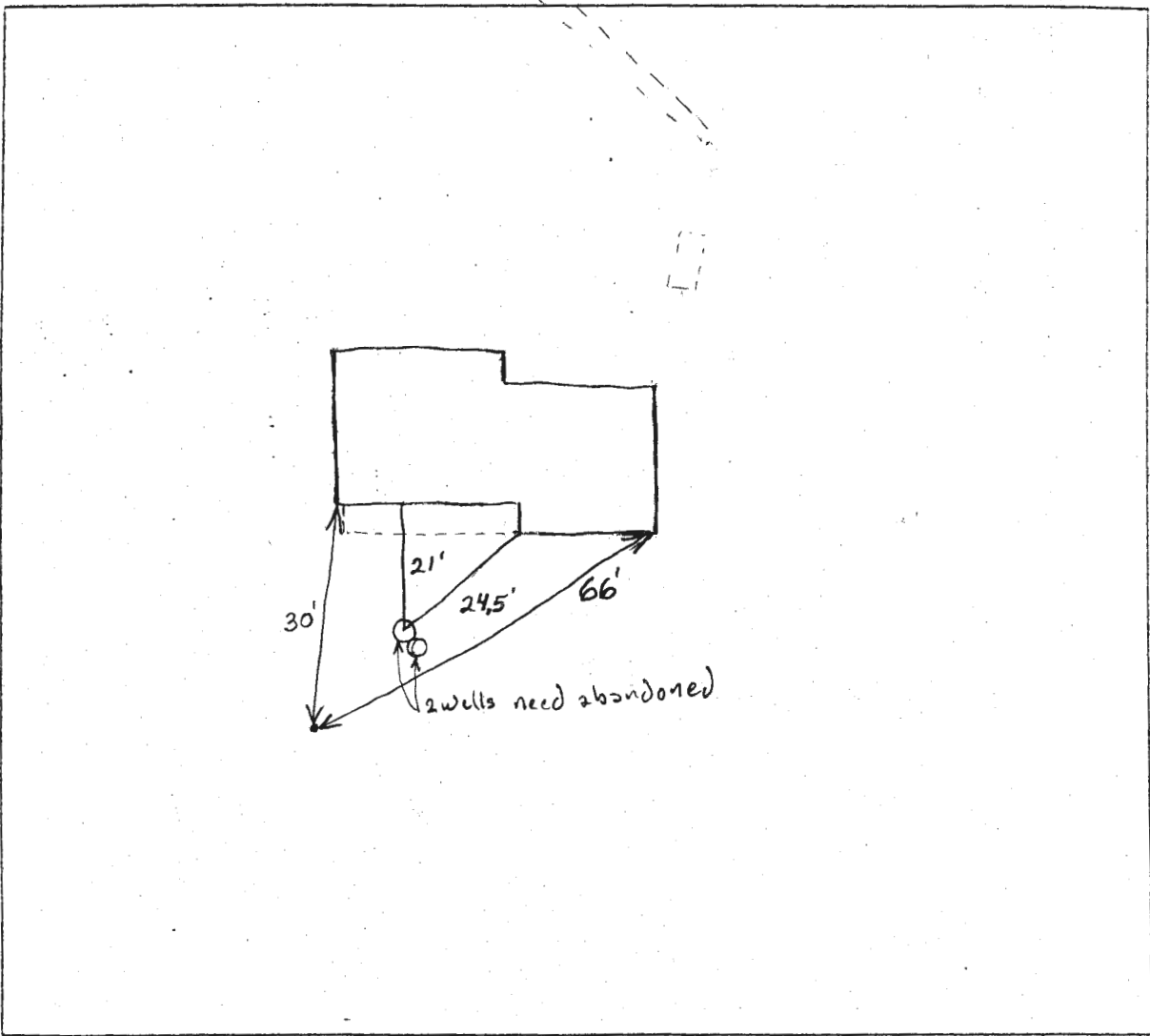


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SITE INSPECTION SHEET

OWNER: Phillip Albert PHONE #: 410-531-3414  
ADDRESS: 5669 Tritter Road CONTRACTOR: Joe Mayne  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: Well Collapsed

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
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SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 3-16-06 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) in pit now - - -

\* PERMIT NUMBER OF REPLACEMENT WELL No - 95 - 0267

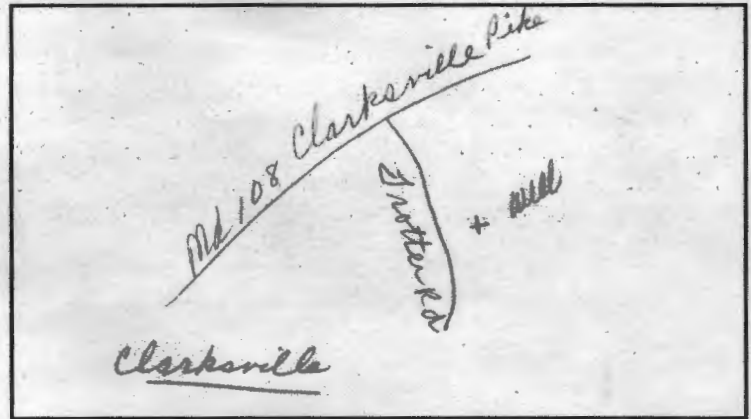
\* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Philip Albert

SITE LOCATION MAP



\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Clarksville  
 TAX MAP 35 BLOCK 2 PARCEL 180  
 SUBDIVISION: Creswood Manor  
 SECTION: \_\_\_\_\_ LOT: 65  
 NEAREST ROAD: 5669 Trotter Rd

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
gravel + cement	0	83
VOLUME OF MATERIAL USED		

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 83 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph Mayne LICENSE # 024 MWD/MSD/MGD CIRCLE ONE DATE: 3-17-06