

C1 1143

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER 13 P57562

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Bryant EVO STREET OR RFD 11202 OLD HOPKINS RD TOWN Fulton SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

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 16 NO. OF POUNDS 1504

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft.

(enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 57

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

SCREEN RECORD ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

23 24 25 26 27 28 29 30 31 32 33 34 35 36

38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55 ft.

WHEN PUMPING 320 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 LAND SURFACE

- below (nearest foot) 2

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)

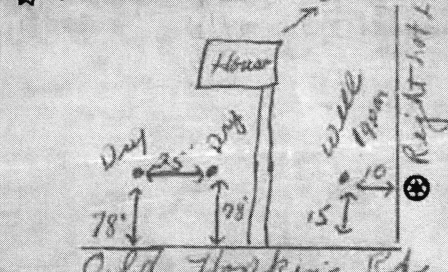


Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Handwritten entries: Sand 0-53, Gray mica rock 53-500, 2 dry wells backfilled, 500-40 drilling materials, 40-0 cement, 400-40 drilling materials, 40-0 cement.

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES Y NO N

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 M SD 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)

B T 1497

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0220

please type

fill in this form completely

OWNER INFORMATION: Date Received (APA) 1/18/06, Owner Bryant Erv, 12018 Simpson Rd, Clarksville Md 21029

LOCATION OF WELL: Howard County, Subdivision, Section 44, Lot 48, Nearest Town Fulton, Miles from town 4

DRILLER INFORMATION: Driller's Name Joseph L. Mayne, License No. M S D O 2 4, Firm Name Joseph L. Mayne Well Drilling, Address 5512 Ridge Rd. Mt Airy Md 21771, Signature Joseph L. Mayne, Date 1/18/06

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) E, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, DISTANCE FROM ROAD 78 FT, TAX MAP: 41 BLK: 16 PARCEL 189

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME HOWARD, COUNTY NO. 13, STATE SIGNATURE P57562, DATE ISSUED 1/18/2006, CO SIGNATURE Gabriel A. Crighton, EXP. DATE 1/19/07

APPROXIMATE DEPTH OF WELL 240 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 820, N 480

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): THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER G, PERMIT No. HO - 95 - 0220

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED. Existing Well must be abandoned & sealed

CARROLL WATER SYSTEMS
 60 AILERON COURT, SUITE #3
 WESTMINSTER, MD 21157
 410-876-5100

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 06-09-2016	Permit Number: HO-95-0220
Address: 11202 Old Hopkins Road	Subdivision:
Owner Name: Esther Dastouri	Election District:
Well Depth: 500 Ft	Static Water Level: 224 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 gallon bucket	Calculated Flow-Gallons Per Minute
0915	224 ft	10psi	13 sec	4.62
0930	277	10	14	4.29
0945	323	15	48	1.25
1000	346	20	56	1.07
1015	346	20	56	1.07
1030	346	20	56	1.07
1045	346	20	56	1.07
1100	346	20	56	1.07
1115	346	20	56	1.07
1130	346	20	56	1.07
1145	346	20	56	1.07
1200	346	20	56	1.07
1215	346	20	56	1.07
1230	346	20	56	1.07
1245	346	20	56	1.07
1300	346	20	56	1.07
1315	346	20	56	1.07
1330	346	20	56	1.07
1345	346	20	56	1.07
1400	346	20	56	1.07
1415	346	20	56	1.07
1430	346	20	56	1.07
1445	346	20	56	1.07
1500	346	20	56	1.07
1515	346	20	56	1.07
1530	346	20	56	1.07
1545	346	20	56	1.07

**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 + Htg. Inc Telephone #: 410-531-6712
Address: 12447 Rte 108
Clarksville, Md. 21024

(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: EVA BRYANT Telephone #: H 301-498-1427
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0220
Site Address: 11202 Old Hopkins Rd.

Submersible Pump Data

Make: G OVLDS

Model #: 5SB 1HP (ONE) H.P.

Pump Capacity 5 GPM

Well Yield: 1 GPM

Depth of well encountered at time of pump installation: 500 (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

Pitless Adapter

Make: Campbell

Model#: 10 BX-1

Depth: 40" (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:

Piping to house

Type: 1" polyethylene

PSI: 160 (160 psi min)

Depth of supply line: 36" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:

Approximate length of sleeve: 5'

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.

Edgar W. Zepp, IV
Signature of company representative responsible for installation

2/1/06
date

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

Date Insp. Requested: 2/3/06

Date Insp. Approved: 2/6/06 **BB** Cap O.K.

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

~~cap not installed
must reinspect.
2/3/06~~

 WATER WELL ABANDONMENT-SEALING REPORT FORM

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: 2-22-06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL 40-95-0220

* PERSON ABANDONING WELL: Joseph L. Mayne

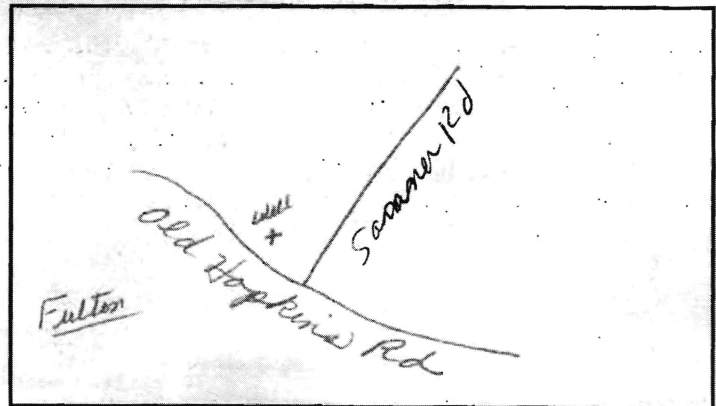
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Erin Bryant

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 41 BLOCK 16 PARCEL 189
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 11202 Old Hopkins Rd



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 50 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>50</u>
VOLUME OF MATERIAL USED		
1		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne
 DENV 828 JULY 1997

MSD024

MWD/MSD/MGD
 LICENSE # _____
 CIRCLE ONE

2-22-06
 DATE



CATOCTIN LABS, INC.

10000 WOODBURN ROAD
HAGERSTOWN, MARYLAND 21740
CATEGORIES:
ANALYTICAL LABS

FIELD RECORD

Customer: Zepp Plumbing & Heating/Bryants
12447 Route 108
Clarksville, MD 21029

Date: June 23, 2006
Time: 08:59

County: Howard
Source: Lavatory Faucet

Residual Cl: 0.0

Iced: Yes

Well No:

pH: 0.0

Bottle No: 17 PA

EPA acceptable range for pH is 6.5 - 8.5

Reason For Sample:

Treatment: Raw

Collector: Owner

State Certification No: N/A

NOTE: Catoctin Labs, Inc. will not be responsible for any sample result if the sample was collected or transported by non-affiliated personnel.

LABORATORY RECORD

Received: 21:25 6/23/2006 Examined: 21:25 06/23, 06/24

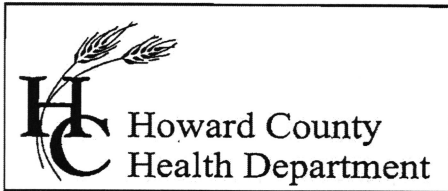
PARAMETER	U.S. EPA Drinking Water Recommendations	SAMPLE RESULTS
P/A Coliform	Absent	Absent
P/A E. Coli	Absent	Negative

Bacteriological analysis of this sample, on this specified date, indicates the water is **SAFE** for human consumption, according to APHA/EPA Standards.

Analyst Bennedy Davis Date: June 24, 2006

Maryland State Certification Number 135
Pennsylvania DER Certification Number 68-459
Delaware State Certified

EPA Primary Secondary Radon Listing 2070100
EPA Individual Radon Listing 156520T



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(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

September 29, 2006

Eva Bryant
11202 Old Hopkins Road
Clarksville, MD 21029

RE: **Replacement Well Sampling**
11202 Old Hopkins Road
Well Permit #: HO-95-0220

Dear Ms. Bryant:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule to have the water from your replacement well sampled.

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

The sampling is currently free and for your benefit. If you have any questions, please call the number above.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

10/4/06

Calling to schedule full water

cc: Community Environmental Health Program
File

test (SE)

Bac-Received test results 10/4/06
(SE)