

B 1 8134

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 523193 please type

STATE PERMIT NUMBER HO-95-0094 fill in this form completely

Date Received (APA) 08/24/2005 OWNER INFORMATION Andrew Mike 1210 Sugar Maple Dr. Marriottsville Md 21104

LOCATION OF WELL Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Marriottsville 52 NEAREST TOWN 71 MILES FROM TOWN 2 M

DRILLER INFORMATION Joseph E. Mayne MS D024 5512 Ridge Rd. Mt Airy Md 21771 8/24/15

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 1210 Sugar Maple Dr. or 1340 Driver Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 400 FT TAX MAP: 10 BLK: 4 PARCEL 10

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

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 A46848 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08/24/2005 CO SIGNATURE EXP. DATE NORTH GRID 549 000 EAST GRID 028 000

APPROXIMATE DEPTH OF WELL 280 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 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 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) APPROP. PERMIT NUMBER G PERMIT No. HO-95-0094

SPECIAL CONDITIONS

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 828 N New Well DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION Sugar Maple Dr. Driver Rd. Marriottsville

Existing HAND DRILLED Sealed WELL MUST BE

9-1-05 7:40 AM the should be ready for inspection around 1:00 PM

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 Plumbing + Heating Telephone #: 410-442-2221
Address: 12630 FREDERICK RD
WEST FRIENDSHIP, MD 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: MIKE ANDREW Telephone #: 410-442-2344
Subdivision: _____ Lot #: _____ Well Tag #: HO-95-0094
Site Address: 1210 SUGAR MAPLE DR.
MARIETTEVILLE MD 21104

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: MARIN-SOR Two piece watertight cap: _____
Model #: 76505412 Model#: P-10x Screened, vented well cap: X
Pump Capacity 7 GPM Depth: 42" (36" min) Cap secured to casing: X
Well Yield: 12 GPM NSF approved: ✓ Conduit min 18" B.G.: X
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: X
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
Safety rope, if used, attached to inside of well casing with eye bolt X

Piping to house House Connection
Type: _____ PVC sleeved to undisturbed soil at wall penetration: _____
PSI: 160 (160 psi min) Approximate length of sleeve: _____
Depth of supply line: 42 (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.

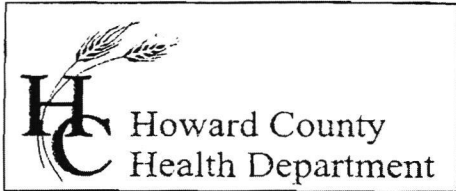
C.R.K. 9-1-05
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 9/1/05 BB

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 Sleeved
Adequate grout observed below pitless adapter ✓

Not Finished - O.K. to Cover
From House to Well - Rocky



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, 2005

Michael Andrew
1210 Sugar Maple Drive
Marriottsville, MD 21104

RE: **Replacement Well Sampling**
1210 Sugar Maple Drive
Well Permit #: HO-95-0094

Dear Mr. Andrew:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

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.

The sampling is currently free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

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

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: 8-26-05 (month/day/year)

8/26/05
O.K. (BB)

9/29/05
O.K. (BB)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 0094

* PERSON ABANDONING WELL: Joyl T. Mayne

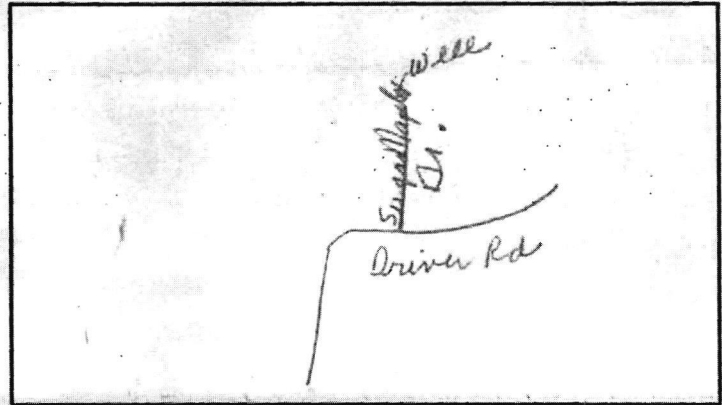
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Mike Andrew

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Mariottsville
TAX MAP 10 BLOCK 4 PARCEL 10
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: 1210 Sugar Maple Dr.



* 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 3/4 INCHES IN DIAMETER

* DEPTH OF WELL: 60 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
Cement + gravel mixed	0	60
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joyl T. Mayne
ENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

LICENSE # 024 CIRCLE ONE MWD/MSD/MGD

DATE 8-31-05

C1 4541

SEQUENCE NO. (DENV 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 A46849

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 032597

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A10-88-1677

OWNER Andrew Michael last name first name STREET OR RFD Sugar Maple Dr first name TOWN Marriottsville SUBDIVISION RIVER PROPERTY SECTION LOT PARCEL 10

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include shale, sand stone, granite, sand stone, liquid rock, sand stone, granite.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 800 GALLONS OF WATER 70 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 1.8 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) (4) Total depth of main casing (nearest foot) (3)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) 40 21 900 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 49 WHEN PUMPING 189 TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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 28.04.04 "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 IDENT. NO. 70 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP 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

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)

9/20/91
9/23/91
any...

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 47495
Date 9/19/91

Name of Installer G. DONALD DEMENT Telephone 301-384-6493

License Number # 226
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MIKE & REBA ANDREW Telephone 442-2344
Subdivision _____ Lot # 10 Well Tag # 10-90-1679
Site Address 1340 DRIVER-MARRIOTTSVILLE

- | Pump | Motor | Pitless Adapter |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>MYERS</u> | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity <u>7</u> GPM | | |
| 5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other _____ | | |

- | Tank | Piping | Well data |
|--------------------------------------|--|--|
| 1. Capacity <u>80</u> | 1. Type <u>Poly</u> | 1. Depth <u>405</u> ft. |
| 2. Pressure relief valve? <u>YES</u> | 2. Size <u>1</u> | 2. Yield <u>3.5</u> GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>48"</u> | 4. Will water supply be disinfected by installer? <u>YES</u> |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: G. Donald Dement

Date: Sept 18 - 91

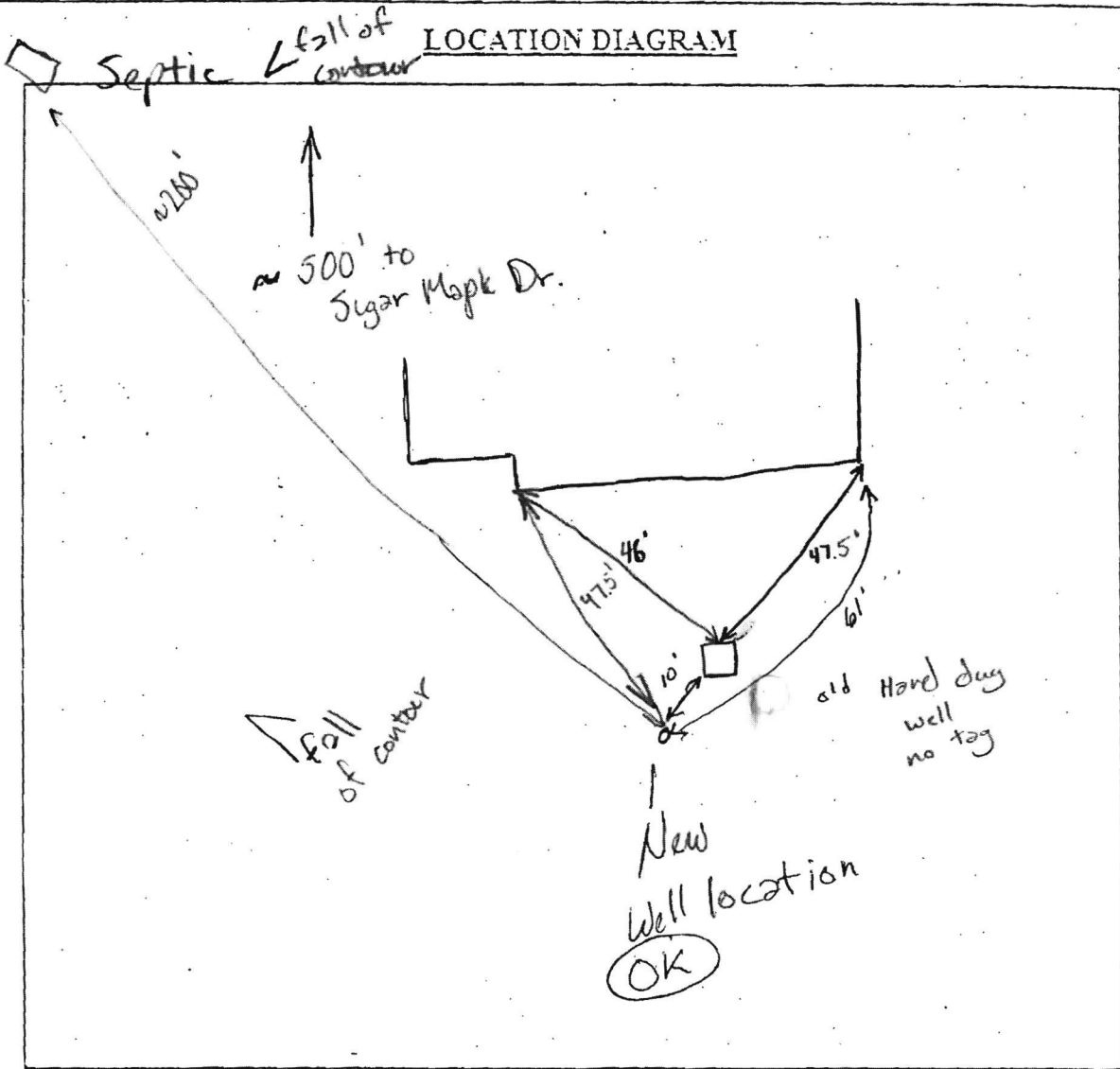
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

9/23/91 OK WPI BH
HD-215

end of driveway
a big water pillar

SITE INSPECTION SHEET

OWNER: Mike Andrew PHONE #: 410-442-2344
 ADDRESS: 1210 Sugar Maple Dr. CONTRACTOR: J. Magne
Marriottsville Md. 21104 WELL TAG #: ⊙ HAND Dug
 SUBDIVISION: _____ LOT: _____ COUNTY #: P 511062
 PROPOSAL: Out of Water New Well



COMMENTS: New Well site OK Keep 10' from well to be abandoned (BAC)
Old well to be abandoned. ⊙ Septic for this House not
a concern. adjacent septic much = 200'. Top slope
Position for well
 DATE: 8/24/2005 INSPECTOR: Salvador A. Cruz