

C 1 07577

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

COUNTY NUMBER A 43531

ST/CO USE ONLY DATE Received 4 12 00

DATE WELL COMPLETED 5/31/00

Depth of Well 600

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2531

OWNER Racuba Mink Hollow Road Ray Highland

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 15

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top soil, Shale, silt clay, Brown shale, Blue mica, Gray mica, Blue Gray mica, Blue mica, mica, Black, white mica.

CASING RECORD MAIN CASING TYPE 5+ Nominal diameter 6 Total depth 67

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

SCREEN RECORD screen type or open hole insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED Y

DEPTH (nearest ft.) 65 600

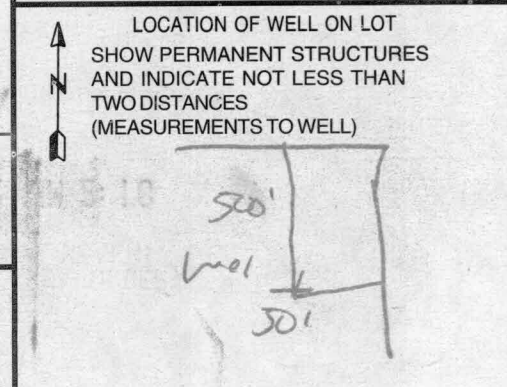
PUMP INSTALLED DRILLER INSTALLED PUMP YES NO

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M W D 240 George F. Erdstony DRILLERS SIGNATURE

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **09600**
 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

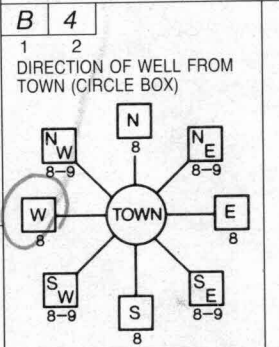
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0 - 94 - 2531
 70 fill in this form completely 79

Date Received (APA) **12-21-99**
 8 MM DD YY 13
 OWNER INFORMATION **RN 8123**
Racuba Ray
 15 Last Name Owner First Name 34
946 A Marimich Court
 36 Street or RFD 55
Eldersburg, Md 21784
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**
 8 COUNTY 21
The Guiel Property
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **A** 48 50
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION
George F. Easterday M WD 040
 76 Driller's Name License No. 81
Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airv. Md. 21771
 Address
George F. Easterday 12/20/1999
 Signature Date



Mink Hollow Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 700 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **40** BLK: **2** PARCEL **317**

B 2 WELL INFORMATION
 1 2
 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL

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

Howard **A43531**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED **01-05-00** **Mark E. Riffe** 01-05-01
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **492** 0 0 0 EAST GRID **806** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

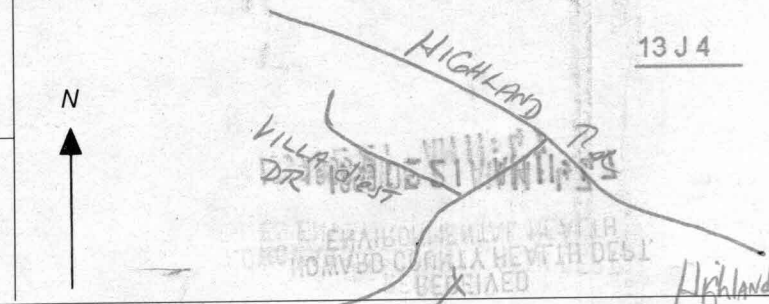
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **wells**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **806**
 N **492**
 000 000
 3/21/00 1:00
 gert
 NO MAP BOX
 X

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)
 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

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER 54 G A P 63
 PERMIT No. **H0 - 94 - 2531**
 70 71 72 73 74 75 76 77 78 79



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: Anders Sons Telephone #: 443-829-8890
Address: 29670 Gillis Falls Rd.
mt Airy Md. 21771

(Must circle one) Licensed Plumber Licensed Well Driller
License # and name of individual responsible for the field installation: _____
Name (Print): Andy Terrell License# 17002
*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: Rachna Telephone #: 410-281-3400
Subdivision: Guil Property Lot #: A Well Tag #: HO-94-2531
Site Address: 6731 Mick Hollow Rd.

Submersible Pump Data
Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: 15 GPM

Pitless Adapter
Make: Martinson
Model #: B10X
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: polyethylene
PSI: (60 psi min)
Depth of supply line: (36" min)

House Connection
PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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.

Signature of company representative responsible for installation _____ date 8-21-01

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 seen 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 _____

Never requested

9/21/01
Cap & K.
BD



Cover

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

FAX

Date: 1/27/00

Resolved 2/28/00

To: Easterday Well Drilling

From: Brian Baker

Howard County Environmental Health

Phone: (301)-829-3667

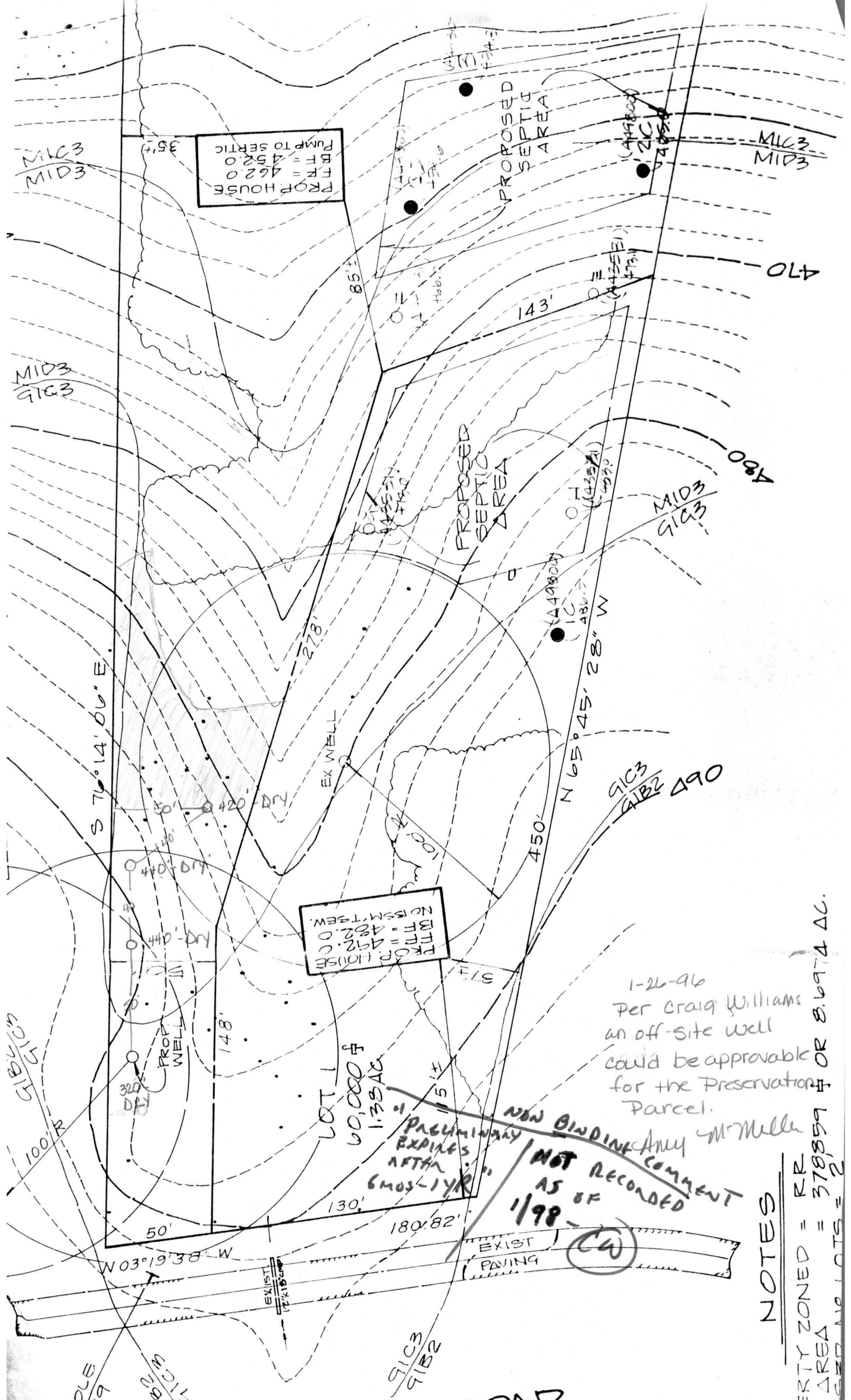
Pages: 3

Re: Guicl Property - Well Site Locations

cc:

Comments:

I previously approved the well site location shown on the adjoining pages. This location is no longer acceptable. There is a septic easement within 100' of the location that I didn't notice previously. A new location can be staked anywhere within the area indicated on page 1. Thanks, B. Baker



PROP. HOUSE
 FT = 462.0
 BT = 452.0
 PUMP TO SEPTIC
 35'±

PROP. HOUSE
 FT = 452.0
 BT = 422.0
 N 155 M 1 TR. EW.

LOT 1
 60,000 sq ft
 1.33 AC

PRELIMINARY
 EXPIRES
 AFTER
 6 MOS - 1 YR

NOT RECORDED
 AS OF
 1/98
 CW

1-26-96
 Per Craig Williams
 an off-site well
 could be approvable
 for the Preservation
 Parcel.

NOTES

ERTY ZONED = RR
 AREA = 378,859 sq ft OR 8.6974 AC.
 100'±

M1C3
 M1D3

M1D3
 91C3

M1D3
 91C3

91C3
 91B2
 490

91C3
 91B2

91C3
 91B2



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

FAX

Date: 1/31/00

To: Charles Crocker From: Amy McMillen

Phone: _____ Pages: 2

Re: Guite Prop. cc: _____

Comments:

Attached is a copy of the approved drilling area. The proposed well site FAXED 1/28/00 is not approvable because it is directly down hill of a septic easement

2/2/00 Found out SAA on neighbors property - may not be real A
2/3/00 SAA is real - found records faxed to engineer.
once snow melts - they will stake proposed well site
and SAA on neighbors lot A
2/29/00 ALM Dave Kerr - site insp. Site OK as proposed A/U

SIGHT DISTANCE NOTE:

THIS PLAN SUBJECT TO A WAIVER FROM D.P.W. REQUIREMENTS FOR INTERSECTION SIGHT DISTANCE BASED UPON ADEQUATE STOPPING SIGHT DISTANCE AS SHOWN HEREON, APPROVED

2/29/99
Well site O.T.
as stipulated
BB

P. 314
DANIEL V. BETZ, ETAL.
3246/0197



SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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 **A# 43531**

DATE RECEIVED

DATE WELL COMPLETED **08/15/95**

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-94-0231**

OWNER **GUIEL THOMAS**
last name first name
STREET OR RFD **MINK HOLLOW ROAD** TOWN **HIGHLAND**
SUBDIVISION **GUIEL S/D** SECTION **---** LOT **"A"**

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	
<i>4 dry wells</i>			
<i>330'; 440' 440'</i>			
<i>420'</i>			
<i>filled in with cement + drilling materials</i>			
<i>Sand + Gray mica rock.</i>			

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **60** NO. OF POUNDS **360**
GALLONS OF WATER **360**
DEPTH OF GROUT SEAL (to nearest foot)
from **---** ft. to **---** ft.

CASING RECORD
casing types insert appropriate code below
ST **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER
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
ST **BR** **HO** **PL** **OT**
STEEL BRASS OPEN HOLE PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED **Y** **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 IDENT. NO. **24**
DRILLERS SIGNATURE *Joseph P. Mayne*
(MUST MATCH SIGNATURE ON APPLICATION)

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

C2

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	8	11	17
2	23	26	32
3	38	41	47

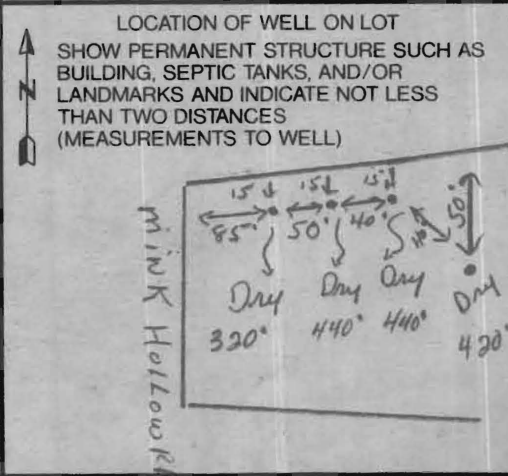
SLOT SIZE 1 **---** 2 **---** 3 **---**
DIAMETER OF SCREEN **---** (NEAREST INCH)
from **---** to **---**

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.) **WQ**
70 **72** **74 75 76**
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **---**
PUMPING RATE (gal. per min. to nearest gal.) **---**
METHOD USED TO MEASURE PUMPING RATE **---**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **---**
WHEN PUMPING **---**
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 WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
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)
+ above } LAND SURFACE (nearest foot)
- below }



B 1 **5392** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0221
fill in this form completely

B 2 **OWNER INFORMATION**

Date Received (APA) **09 20 94**

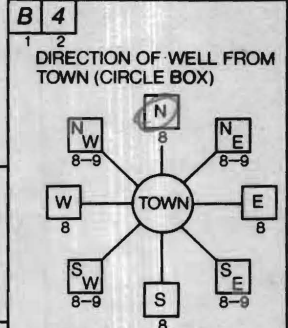
QUICKL Owner **THOMAS** First Name
7509CINNABAR TERRACE Street or RFD
GAITHERSBURG MD 20879 Town State Zip

B 3 **LOCATION OF WELL**

HOWARD COUNTY
QUICKL PROPERTY SUBDIVISION
SECTION **44 46** LOT **48 50** Parcel A
HIGHLAND NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1 1/2** M I

DRILLER INFORMATION MSD/MGD/MWD

Joseph H. Mayne Driller's Name **24** License No. 80
Joseph H. Mayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph H. Mayne Signature **9/19/94** Date



Mink Hollow Road NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST EAST
DISTANCE FROM ROAD **80** ENTER FT OR MI **FT**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A # 43531** COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **10 06 94** **Charles Bryan Thacker** CO SIGNATURE **10/6/95** EXP. DATE
NORTH GRID **49 1000** EAST GRID **08 05000**

APPROXIMATE DEPTH OF WELL **300** FEET
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

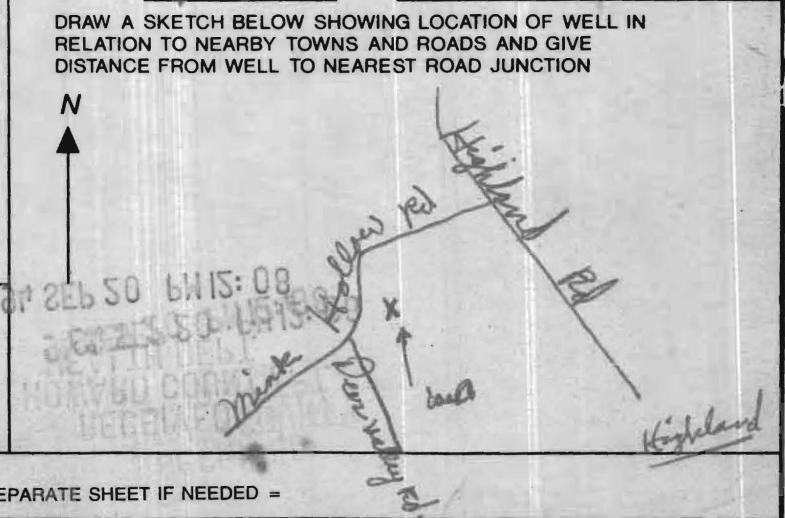
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
8005
4901

METHOD OF DRILLING (circle one)

BORED (or Augered) **JETTED** **Jetted & DRIVEN**
AIR-ROTARY **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
CABLE **REVerse-ROTary** **DRive-POINT**
other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **G A P**
FORCE WRITE INITIALS IN BOX PERMIT No. **40-94-0221**

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



AREA

EXIST
HOV

EX. WELLS
C
GIB2
GIB3

MINK ROAD
POLE #19
GIB2
GIB3

HOLLOW ROAD
(EX. 30' R/W)

SIGHT DISTANCE
S WITHIN 15'
DESCRIPTIVE R/W
ON PRIVATE
PROPERTY

S 71° 14' 06" E

PROP. DRIVE

#3 10-21-94
WELL SITE
PHONE
CONNECTION

EX. WELL

2
00M
AV
TUM
2

(A49804)
TIC
486.7

N 65° 45' 28" W

GIB3
GIB2
490

of 2
m to
Hole

Obs at 10/20/94

50'

10/20
TIC
M...

Dry
HOLE

PROP.
WELL

RIVEWAY

PROP.

LOT 1
60,000 sq
1.33AC

W 03° 19' 38" W

EXIST
PAVING

330' SIGHT
DISTANCE

330' SIGHT
DIST

GIB3
GIB2

490

450'

220'

50'

148'

150'

180.82'