

C 1 4060
SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND
WELL COMPLETION REPORT**
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.

COUNTY NUMBER WS10596-A

ST/CO USE ONLY
DATE RECEIVED
8-28-98

DATE WELL COMPLETED
MM 08 DD 06 YY 98

Depth of Well
22 160 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-1650

OWNER Pfefferkorn, James
STREET OR RFD 2793 Pfefferkorn Rd TOWN West Friendship
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	
Topsoil	0	1	
Sandy clay	1	4	
Yellow sand	4	11	
Dr. Sandstone	11	30	
Tan Sandstone	30	42	
Granite	42	54	
Tan Sandstone	54	56	✓
Granite	56	65	
Tan Sandstone	65	70	✓
Granite	70	160	

GROUTING RECORD (yes no)
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS 19 NO. OF POUNDS 1900
GALLONS OF WATER 95
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
ST 6 50
60 61 63 64 66 70

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

SCREEN RECORD
screen type or open hole
(insert appropriate code below)
ST **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0
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. MWD 040
James F. Enderday
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 386
Neely Blum
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)
1 160 48 160
EACH 8 9 11 15 17 21
C 2 23 24 26 30 32 36
S 3 38 39 41 45 47 51
E
N
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

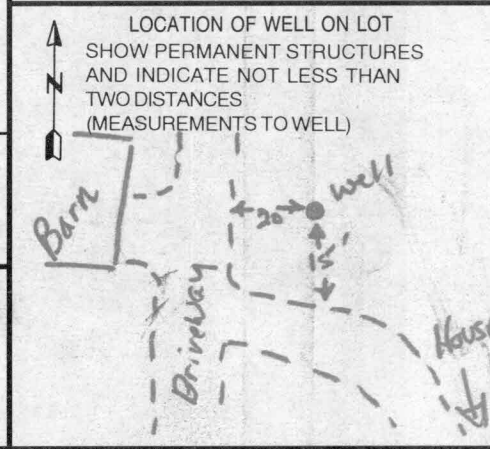
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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) 3
8 9
PUMPING RATE (gal. per min.) 30
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 50 ft.
17 20
WHEN PUMPING 160 ft.
22 25
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other (describe below)
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED
DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES OR 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) _____ 35
PUMP HORSE POWER _____ 41
PUMP COLUMN LENGTH (nearest ft.) _____ 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 2 (nearest foot)
49 50 51



Date Received (APA) 7-28-98
OWNER INFORMATION RN 7519
 8 MM DD YY 13
 Pfefferkorn James
 15 Last Name Owner First Name 34
 2797 Pfefferkorn Rd
 36 West Friendship, Md 21794 Street or RFD 55
 57 Town 70 State 72 Zip 76

LOCATION OF WELL CC#
 B 3 Howard
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 West Friendship
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
 George F. Easterday
 Driller's Name M W D 040
 L. Franklin Easterday, Inc. M D License No. 81
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature George F. Easterday Date 7/28/1998

2793 Pfefferkorn Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 400 37
 DISTANCE FROM ROAD Ft.
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 14 PARCEL 164

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 500¹²
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard W510596-A
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → S
 DATE ISSUED 08 05 98 Mark E. Rifkin 8/5/98
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 533 000 EAST GRID 0803 000
 50 55 57 63

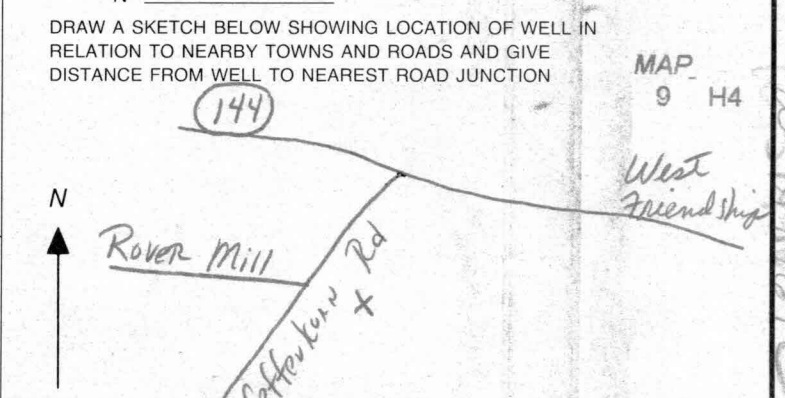
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 8/6/98 NO INSP MR
 SOURCES OF DRILLING WATER
 1. wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8003
 N 5303
 000 000

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 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 DEEPEMED 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 54 G A P 63
 PERMIT No. HO-94-1650
 70 71 72 73 74 75 76 77 78 79

4/28/10
L.M. ASAP

SITE INSPECTION SHEET

INDEXED

OWNER: James Pfefferkorn

DATE REQUESTED: _____

PHONE #: _____

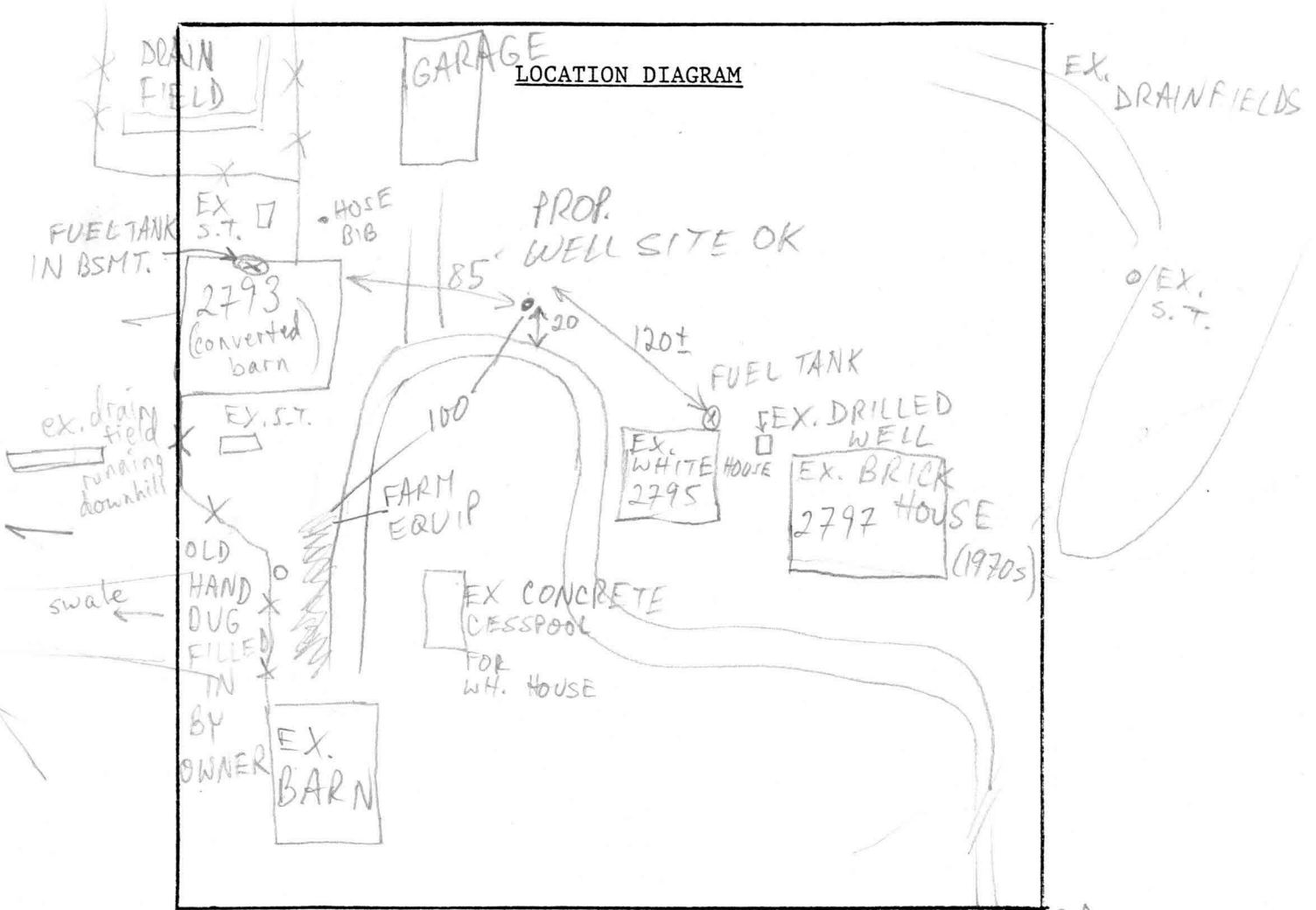
CONTRACTOR: _____

ADDRESS: 2793 Pfefferkorn Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: Repl. well requested; ex. hand dug coll ap set

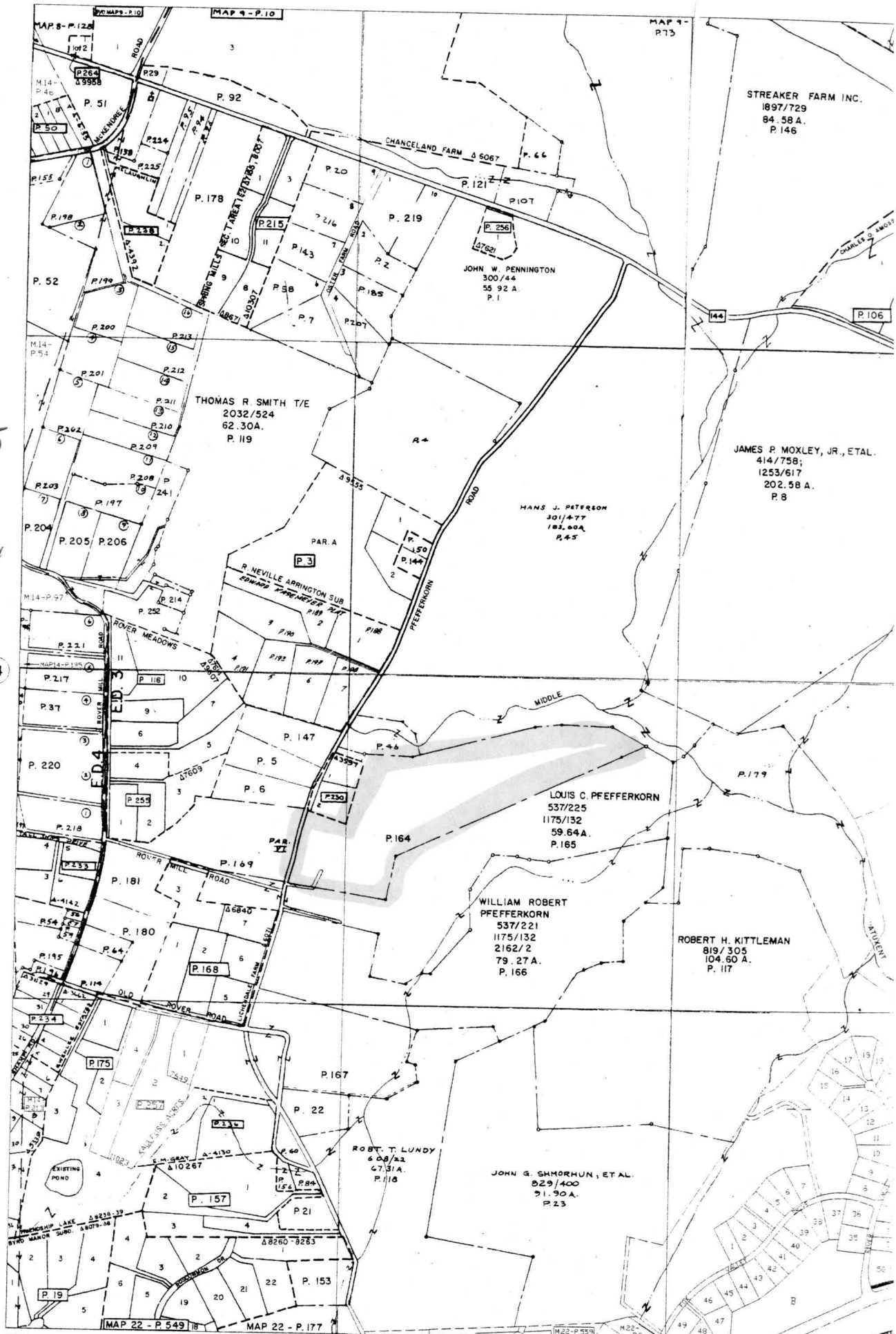


COMMENTS: PFEFFERKORN RD

7/28/98 WELL SITE OK AS PROPOSED MR

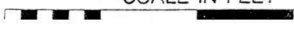
DATE: _____ INSPECTOR: _____

W 514964C



Map 15
P. 164
Grid 14

14



PERMIT

P W514964-C

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

A _____

ISSUE DATE _____

APPROVAL DATE 7/28/1998

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

JOB DIVISION _____ LOT NUMBER _____ ADDRESS 2793 Pfefferkorn Road

PROPERTY OWNER James Pfefferkorn PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

DEPT. FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

W514964-C