

C1 0737 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER 13 P21058
8/28/01

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
7 16 2001

Depth of Well
22 180 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO - 94 - 3099
28 29 30 31 32 33 34 35 36 37

OWNER Paper Jan
STREET OR RFD 3080 Pfefferkorn Rd. TOWN West Friendship
SUBDIVISION Rebecca's Delight SECTION LOT 1

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	
Sand	0	56	
Gray Mica Rock	56	180	✓

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 18 NO. OF POUNDS 692
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP 52 ft. to 55 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch): 6
Total depth of main casing (nearest foot): 60

OTHER CASING (if used)
E A C H C A S I N G
diameter depth (feet)
inch from to

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

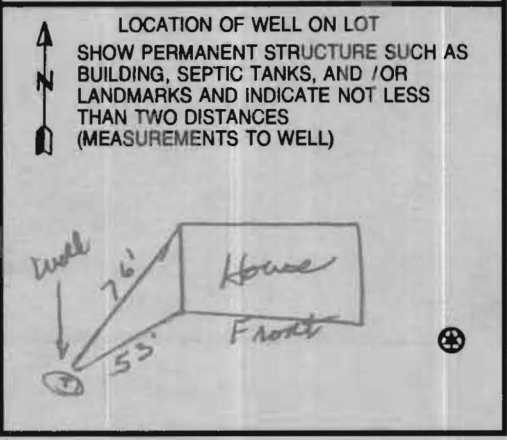
C 2
DEPTH (nearest ft.)
1 2 3
1 HO 59 180
E A C H S C R E E N
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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) 3
8 9
PUMPING RATE (gal. per min.) 10
11 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 40 ft.
17 20
WHEN PUMPING 120 ft.
22 25
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 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) 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)
49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
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 LIC. NO. 1 M SD 024
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 M D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 8476 SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-94-3099
 70 fill in this form completely 79

Date Received (APA)
 8 MM DD YY 13
Jan

OWNER INFORMATION
 15 Last Name Paper Owner First Name Jan 34
 36 Street or RFD 3080 Pfefferkorn Rd 55
 57 Town West Friendship Md. 70 State 21794 72 Zip 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Rebecca's Delight 42
 SECTION 1 LOT 1
 44 46 48 50
 52 NEAREST TOWN Glennsg 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Joseph E. Mayne License No. M 5 D 24 81
 Firm Name Joseph E. Mayne Well Drilling
 Address 5512 Ridge Rd. Mt Airy Md. 21771
 Signature Joseph E. Mayne Date 4/18/2001

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 30 NEAR WHAT ROAD 3080 Pfefferkorn Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 480 37 DISTANCE FROM ROAD 480 FT
 ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 19 PARCEL 157

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

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

New W

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. 13
 STATE SIGNATURE Brian Baker INSERT S → 41
 DATE ISSUED 5/10/01 EXP. DATE 5/10/2002
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 529 0 0 0 EAST GRID 802 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

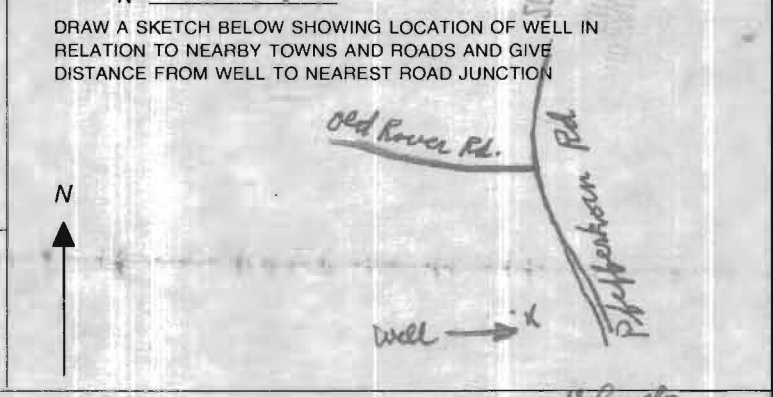
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 8002
 N 5209
 000
 000

7/16/01 X 9:00 Grout
7/16/01 No Insp.
BB

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-94-3099
 70 71 72 73 74 75 76 77 78 79



11/6/01
10:00

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: ZEPPE Plumbing + Heating, Inc Telephone #: 410-531-6712
Address: 12447 ROUTE 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. ZEPPE III License# 1782

*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: JAN Stuart Paper Telephone #: 301-854-5205
Subdivision: Rebecca's Delight Lot #: 2 Well Tag #: HO-94-3099
Site Address: 3080 PEPPERKORN ROAD
WEST FRIENDSHIP, MD 21794

Submersible Pump Data
Make: 3/4 HP GOULDS
Model #: HO 103614
Pump Capacity 1.15 GPM
Well Yield: 10 GPM

Pitless Adapter
Make: _____
Model #: 10XB
Depth: 3' (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: 181 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestor, 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: Poly
PSI: 160 (160 psi min)
Depth of supply line: 3' (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.

Edgar W. Zeppe III 1782
Signature of company representative responsible for installation

10/4/01
date

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

Date Insp. Requested: 9/28/01 Date Insp. Approved: 9/28/01 Inspector: (BB) SRU
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 N/A
Adequate grout observed below pitless adapter



HOWARD COUNTY HEALTH DEPARTMENT

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

July 23, 2001

Mr. and Ms. Paper
3080 Pfefferkorn Road
West Friendship, MD 21794

RE: **Replacement Well Issues**
3080 Pfefferkorn Road
Well Permit #: HO-94-3099

Dear Sir or Madam:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well driller, Registered Plumber, or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office requests that you contact our 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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. The sampling is free and provided for your benefit.

Additionally, a condition of the well drilling permit application was proper abandonment and sealing of the original well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification or any future requests for permit approval for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**



HOWARD COUNTY HEALTH DEPARTMENT

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

Failure to confirm the potability of this well water supply by completion of documentation, water sampling requirements or complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

If you have any questions, or would like to discuss these matters further, please call me directly at (410)313-2643. Thank you for your attention to these important matters.

Respectfully,

Brian Baker

Brian Baker, R.S.

Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

Earl M. Gray
C.M.P. 4130

100 Year Flood Plain
Utility Easement

MNF

Limit of Wetlands

1-RESIDUE MID3

Ac. Total
Ac. Pipe Stem
c. 7

Specimen Trees,
ornamentals, evergreens

STREAM BUFFER

DRAINAGE UTILITY EASEMENT

NTP
Robt. F. Colson
520/339

MgB2

NTP
Miller
684/266

LOT 4

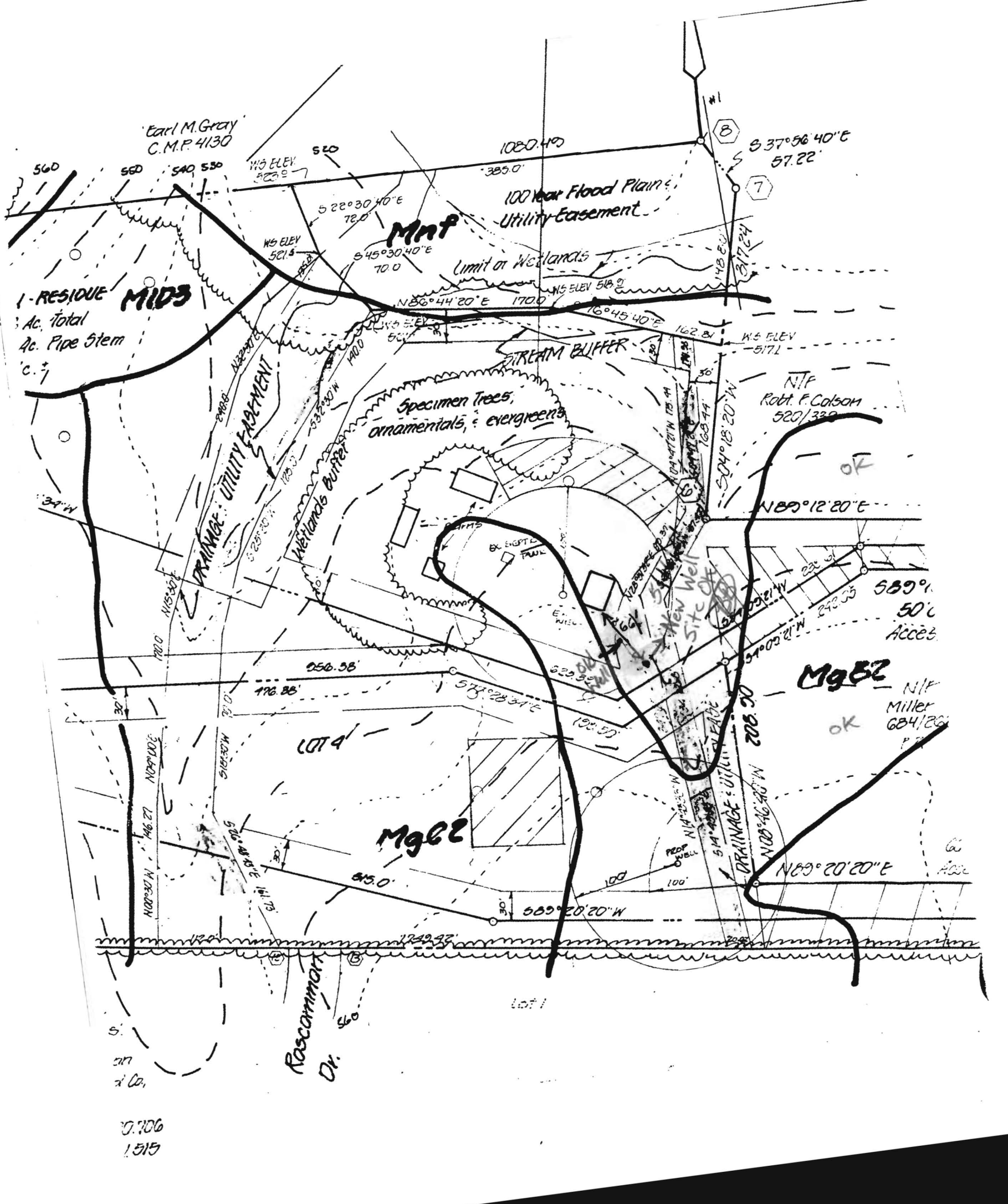
MgB2

N89°20'20"E

Rascamont
Dr.

Lot 1

0.706
1515



C1 6709 SEQUENCE NO. (DENY USE ONLY) STATE OF MARYLAND WELL COMPLETION REPORT THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER **P21058**

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED Depth of Well **109** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HD-192-0137**

OWNER **Piper** STREET OR RFD **1040 PIPER LANE** TOWN **Wheaton** SUBDIVISION **WHEELER'S DELIGHT** SECTION **1** LOT **1**

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 water bearing
	FROM	TO	
ANDSON	0	3	
CAMP MICH ROCK	34	105	

8-7-92
42' casing
35' open
12 bags C.
OK MH

Interim Cert Passed 10/6/92 from sample of 9/29/92. final notes issued

GRAOUTING RECORD
(Circle Appropriate Box)
TYPE OF GRAOUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **12** NO. OF POUNDS **728**
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **5** ft.
(enter 0 if from surface)

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) **4**
Total depth of main casing (nearest foot) **42**

OTHER CASING
EACH CASING
diameter (nearest inch) depth (feet)

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

C2
DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 83
DENY USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal per min. to nearest gal.) **15**
METHOD USED TO MEASURE PUMPING RATE **AIR**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **39**
WHEN PUMPING **44**
TYPE OF PUMP USED (for test)
A **P** **T** **C** **R** **J** **S**
air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES **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: **NO**
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 (nearest foot) **45** **51**
- below }

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)

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 21.04.04 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 _____
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

COUNTY

 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: 11/21/01 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Jan Paper

WELL DRILLERS LICENSE NUMBER: _____

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Jan Paper

* WELL LOCATION: 3080 Pfefferkorn Rd

COUNTY: Howard
 NEAREST TOWN: _____
 TAX MAP 15 BLOCK 19 PARCEL 157
 SUBDIVISION: Rebecca's Delight
 SECTION: _____ LOT: _____

⊗	
000	000

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 802
 N 529 ←

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 40± FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 6

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>3/4" Gravel</u>	<u>40</u>	<u>18</u>
<u>4000 Psi concrete</u>	<u>18</u>	<u>6</u>
<u>Cut</u>	<u>6</u>	<u>0</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Mark E. RPKin

LICENSE # 989

MWD/MSD/MGD
 CIRCLE ONE

DATE 11/21/01



ONSERV

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: 10/2/2001 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

40 - 92 - 0139

* PERMIT NUMBER OF REPLACEMENT WELL

40 - 94 - 3099

* PERSON ABANDONING WELL: Joseph P. Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Jan Paper

Tag Returned
& Destroyed
SRU

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Beltsville

TAX MAP 15 BLOCK _____ PARCEL 157

SUBDIVISION: Rebecca's Delight

SECTION: _____ LOT: 1

NEAREST ROAD: 3080 Pefferburn Rd

+	
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
E 800
N 520

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 165 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	0	60
Washed gravel	60	165

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

024
MWD/MSD/MGD
CIRCLE ONE

DATE

10/2/01

