

C 1 8258 SEQUENCE NO. (WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN  
30 DAYS AFTER WELL IS COMPLETED  
COUNTY NUMBER A 28129

Date Received (WRA use only) APRIL 29, 1981  
DATE WELL COMPLETED

Depth of Well 325  
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
40-73-3885

OWNER Turnbaugh last name Dean first name  
STREET OR RFD Old Fredrick Road TOWN Lisbon  
SUBDIVISION Lower Trail 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	
Top Soil	0	2	
Brown Shale	2	30	
Brown Slate	30	45	
Blue Slate	45	50	
Brown Slate	50	65	✓
Blue Slate	65	325	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 12 NO. OF POUNDS 1200  
GALLONS OF WATER 72  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

**CASING RECORD**  
casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
MAIN CASING TYPE  SH  
Nominal diameter top(main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 92

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

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

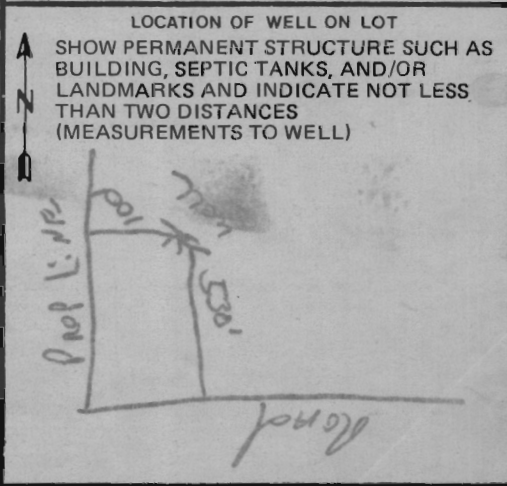
C 2 (seq. no.)  
DEPTH (nearest ft.) 40 325  
EACH SCREEN 1 40 21  
2 26 36  
3 41 51  
SLOT SIZE 2  
DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK  
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 TELESCOPE CASING 72 LOG INDICATOR OTHER DATA

C 3 (seq. no.)  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 5  
PUMPING RATE (gal. per min. to nearest gal.) I  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 325  
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** YES NO  
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))  
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  - below 2 (nearest foot)



CIRCLE APPROPRIATE BOX  
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 273  
DRILLERS SIGNATURE Ralph E. Moore  
SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

40-73-3885

FILL IN THIS FORM COMPLETELY

B 1 5087

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS).

DATE RECEIVED (WRA USE ONLY)

4/29/81  
9:30 A.

OWNER: Trenbeck  
COL 15 LAST NAME FIRST NAME COL. 34

STREET: 1150 W. 40th St  
COL 36 COL. 55

POST OFFICE: Beltsville  
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6  
DATE: April 6, 1981 LICENSE NUMBER: 273  
77 80

FIRST NAME: Ralph DRILLER LAST NAME: Mayne

SIGNATURE: Ralph Mayne

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6  
COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 1 42

SECTION: Howe LOT: 1  
44 46 48 50

NEAREST TOWN: Lisbon 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 MI 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F FARMING, AGRICULTURE, IRRIGATION
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
- P PRIVATE WATER COMPANY }
- T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD: Rt 144

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  N 32  S 32  E 32  W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 530 34 37 38 39

APPROXIMATE DEPTH OF WELL: 150 FEET 24 26

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

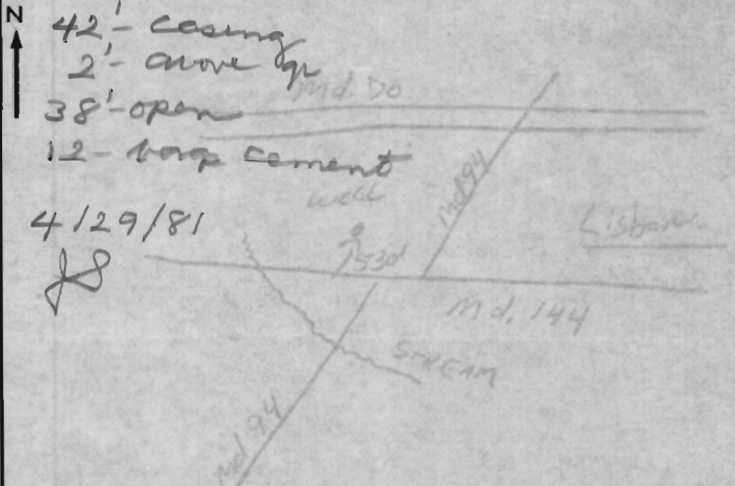
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 65

FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79



BOX NUMBER: 770 540

0/5 5/5

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6  
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: A28169

MO. DAY YR. DATE: 4/29/81

APPROVED BY: [Signature]

NORTH COORDINATE: 50 51 52 53 54 55

EAST COORDINATE: 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET): 65 66 67 68

0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

W E L L P U M P I N S P E C T I O N

Owner's Name: **Roger Haynes**

Address: **2921 Marlo Rd. Silver Spring Md. 20904**

LOCATION OF PROPERTY: **(Rt. 144)**  
**16488 Frederick Pike**

WELL TAG NUMBER: **HO-73-3885**

**Lower Trail Lot # 1 Blk 4**

PLUMBER OR CERTIFIED PUMP INSTALLER: **D.F. Marshall**

Phone Number: **833 7681**

License Number: **8045**

Receipt Number: **35976**

Date: **9 11 85**

Comments: **OK to continue with pump installation**

*Frommelt*

Inspection: **11/7/85**

- ① WELL TAG OK
- ② Pipe OK
- ③ Wire OK
- ④ Pitless adapter OK
- ⑤ Pressure Tank OK

Date Well Pump Inspection Was Approved:

**11/7/85**

Inspector:

*Raymond Hodger*



April 16, 1986

Mr. Roger Haynes  
16488 Route 144  
~~Lisbon, Maryland 21763~~  
*Woodbine 21797*

Dear Mr. Haynes:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-3885. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

March 3, 1986

Date

*Craig Williams*  
Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 4/29/81  
Date Septic Approved: 11/25/85

June 9, 1986

Mr. & Mrs. Haynes  
2921 Marlow Road  
Silver Spring, Maryland 20904

RE: Lower Trail - Lot 1, Sec.4  
16488 Frederick Road

Dear Mr. & Mrs. Haynes:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-3885.

April 30, 1986  
Date of Final Sampling

April 30, 1986  
Date of Acceptance

*Craig Williams*

Craig Williams, Director  
Water and Sewerage Program

CW/JB/JR

Date Well Approved: 4/29/81  
Date Septic Approved: 11/25/85  
Water Sample Dates: 3/03/86  
4/24/86