

SEQUENCE NO. (WRA USE ONLY)  
**C 1-8298**

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

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER **A18346**

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_  
 DATE WELL COMPLETED **7-22-76**  
 DEPTH OF WELL **100** (TO NEAREST FOOT)  
 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**A1-11-11-11-11**  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. **120**

OWNER **JOHN P. FINNESON CONSTRUCTION CO.**  
 LAST NAME **FINNESON** FIRST NAME **JOHN P.**  
 STREET OR RFD **5373 HESPERUS DR.** POST OFFICE **COLUMBIA MD.**

**WELL LOG**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<b>OVERBURDEN</b>	0	9	
<b>BROWN SILT</b>	9	60	
<b>GRAY ROCK</b>	60	100	X

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO   
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **18** NO. OF POUNDS **1800**  
 GALLONS OF WATER **108**  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **62** FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

(INSERT APPROPRIATE CODE BELOW)

STEEL  CONCRETE   
 PLASTIC  OTHER   
 MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **62**

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

(INSERT APPROPRIATE CODE BELOW)

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM **0** TO **100**

1 2 3 (SEQ. NO.) 6  
 1 **110** 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
 23 24 25 26 27 28 29 30 31 32 33 34 35 36  
 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN **58** (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)  
 TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

1 2 3 (SEQ. NO.) 6  
**C 3**

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **10**

METHOD USED TO MEASURE PUMPING RATE **AIR**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **35** (NEAREST FOOT)  
 WHEN PUMPING **95** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) \_\_\_\_\_

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)  
 ABOVE LAND SURFACE  
 BELOW \_\_\_\_\_ (NEAREST FOOT)

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**CIRCLE APPROPRIATE BOXES**

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 NAME  
 (PLEASE PRINT) **GODFREY MARK S W & CORP.**  
 SIGNATURE **William L. Hoss**

*PITLESS ADAPTER*



TRACE LABORATORIES, INC  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**LETTER OF RESULTS**

Home Land Septic Consulting  
 Attn: Tim Shotzberger  
 5414-A Arcadia Road  
 Upperco, Maryland 21155

Report Date: July 7, 2008

S/O#: 68889

*The following information was provided by Home Land Septic Consulting:*

**Reference: 14082 Gared Drive  
 Glenwood, Maryland 21738**

**Well Information: 2-Piece Cap HO-73-1532  
 Field pH: 7.0 Units**

Date/Time Sampled: July 3, 2008 at 10:30 am

Date/Time Received: July 3, 2008 at 12:30 pm

Listed below are results of drinking water analyses on a water sample collected by self (certified sampling #8065TS) and delivered to Trace Laboratories for analysis:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	Absent	Absent	Pass
E. coli:	Absent	Absent	
Nitrate-N:	7.2 mg/L as N	10 mg/L as N	Pass
Turbidity:	<1.0 NTU	10 NTU	Pass

MCL=Maximum Contamination Level

Allison R. Milburn  
 Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.