

C 1 14200 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 ASK6876

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7 11 03

Depth of Well 22 240 26 2/15/03 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-3700

OWNER DAY SUSAN + MIKE STREET OR RFD 1502 BROWNS BRIDGE ROAD TOWN HIGHLAND SUBDIVISION GREENWOOD SECTION 4 LOT 13

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-79), Gray Mica Rock (79-240).

GROUTING RECORD (yes no) [Y] [N]

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 25 NO. OF POUNDS 2350 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 83

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 BRONZE PLASTIC OPEN HOLE OTHER

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE [Bucket] WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 120 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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 } 2 (nearest foot)

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 SD024 DRILLERS SIGNATURE [Signature]

LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.)

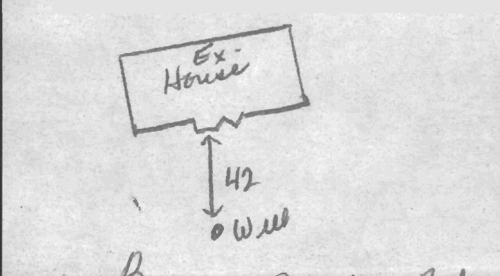
Table with columns: E A C H S C R E E N, 1 2 3, 4 5 6, 7 8 9, 10 11 12, 13 14 15, 16 17 18, 19 20 21, 22 23 24, 25 26 27, 28 29 30, 31 32 33, 34 35 36, 37 38 39, 40 41 42, 43 44 45, 46 47 48, 49 50 51, 52 53 54, 55 56 57, 58 59 60, 61 62 63, 64 65 66, 67 68 69, 70 71 72, 73 74 75, 76 77 78, 79 80 81, 82 83 84, 85 86 87, 88 89 90, 91 92 93, 94 95 96, 97 98 99, 100. Includes handwritten entry: Ho 81 240

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

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)



**OWNER INFORMATION**  
 Date Received (APA) **05-21-03**  
 8 MM DD YY 13  
 15 Last Name **Davis** Owner **Susan + Mike** First Name 34  
 36 Street or RFD **7502 Brown Bridge Rd** 55  
 57 Town **Highland** State **MD** Zip **20777** 72 76

**LOCATION OF WELL**  
 B 3 **Howard** 8 COUNTY 21  
 29 SUBDIVISION **Mosswood Farms** 42  
 SECTION **#** LOT **13**  
 44 46 48 50  
 52 NEAREST TOWN **Highland** 71  
 MILES FROM TOWN (enter 0 if in town) **3** M I  
 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name **Joseph E. Wayne** MS DD 24 76 License No. 81  
 Firm Name **Joseph E. Wayne Well Drilling**  
 Address **5512 Ridge Rd Int. Dring rd 21776**  
 Signature **Joseph E. Wayne** Date **5/24/03**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 B 4  
 1 2  
 NORTH N  
 NW 8-9 NE 8-9  
 W 8 E 8  
 SW 8-9 S 8 SE 8-9  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 NEAR WHAT ROAD **7502 Browns Bridge Rd** 30  
 34 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP **40** BLK: **18** PARCEL **158**

**WELL INFORMATION**  
 B 2  
 1 2  
 APPROX. PUMPING RATE (GAL. PER MIN.) **4** 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

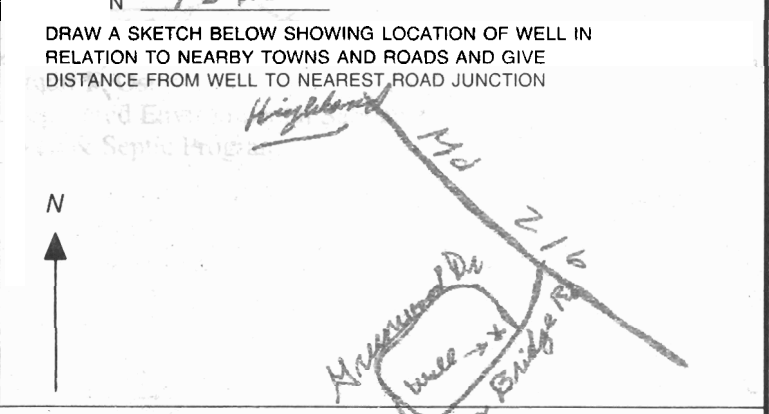
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **HOWARD** COUNTY NO. **A516876**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → \_\_\_\_\_  
 DATE ISSUED **5/23/03** EXP. DATE **5/23/04**  
 43 MM DD YY 48  
 NORTH GRID **485** 0 0 0 EAST GRID **816** 0 0 0  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

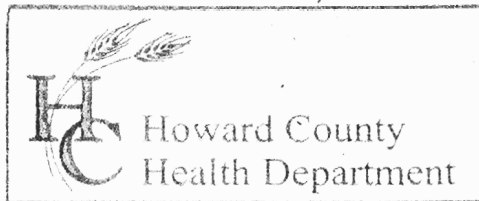
**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**  
 SOURCES OF DRILLING WATER  
 1. **well**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **816**  
 N **4885**  
 000  
 000

**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 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) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-94-3700**  
 70 71 72 73 74 75 76 77 78 79



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

Mike Day  
7502 Browns Bridge Road  
Highland, Maryland 20777

August 18, 2003

RE: **Replacement Well Issues**  
Greenwood, Lot # 13  
7502 Browns Bridge Roads  
Well Permit #: HO-94-3700

Dear Mr. Day:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was 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 and submit it to this office via fax or mail once the pump is 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.**

This office is also requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

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 to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Stuart F. Oster  
Registered Environmental Sanitarian  
Well & Septic Program

Enclosure

cc: Community Services Program  
File