

C1 14431 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.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 A: 07575 (W516538) P: 07491

ST/CO USE ONLY DATE RECEIVED MM DD YY 4/11/02

DATE WELL COMPLETED MM DD YY 4/11/02 DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-99-3339

OWNER Dukehart, Street or RFD 1388 Old Frederick Rd, TOWN Cooksville, SUBDIVISION, SECTION, LOT

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 entries for top, Shale, Blue slide, Brown slide, Blue slate, Quartz, Blue slide.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 45

CASING RECORD

OTHER CASING (if used) diameter inch depth (feet) from to. Includes codes for CONCRETE [CO], PLASTIC [PL], OTHER [OT]. MAIN CASING TYPE ST, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 50.

Table for OTHER CASING (if used) with columns for diameter inch and depth (feet) from to.

SCREEN RECORD

screen type or open hole insert appropriate code below. Includes codes for STEEL [ST], BRONZE, HOLE [OT], OTHER.

DEPTH (nearest ft.)

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 300 ft. OF PUMP USED (for test) P piston T turbine R rotary O other (describe below) J jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [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

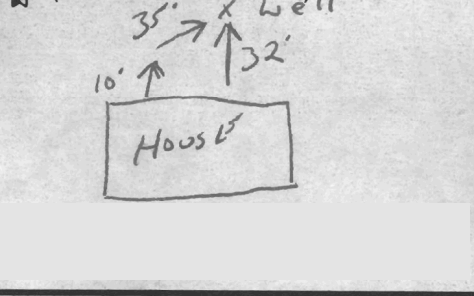
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [4] above LAND SURFACE below (nearest foot) 50 51

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)



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES [Y] NO [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED 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 MW D 090 George F. Rustentay DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 481

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

B1 4877
1 2 3 6

SEQUENCE NO (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3339
70 fill in this form completely 79

W516538

Date Received (APA) 02 27 02
8 MM DD YY 13

OWNER INFORMATION

15 Last Name **DUKEHART MARLENE** Owner First Name 34
36 Street or RFD **13880 OLD FREDERICK RD** 55
57 Town **SYKESVILLE, MD 21784** 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY **Howard** CC#
23 SUBDIVISION
SECTION 44 46 LOT 48 50
Cooksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION

Driller's Name **George F. Easterday** M W License No. **040** 76 81
Firm Name **L. Franklin Easterday, Inc.**
Address **9265 Brown Church Rd., MT. Airy, Md. 21771**
Signature *George F. Easterday* Date **2/26/2002**

13880 Old Frederick Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 50 37 WEST EAST SOUTH
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: 9 BLK: 7 PARCEL 117

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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 (13)** COUNTY NO. **A:07575 (W516538)**
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED **3/16/02** *Kace Hoedel* **3/16/03**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **546** 000 EAST GRID **800** 000
50 55 57 63

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2. NO NSP
3. NO NSP
WRITE THE BOX NUMBER FROM THE MAP HERE
E 300
546 000
N 800 000

METHOD OF DRILLING (circle one)

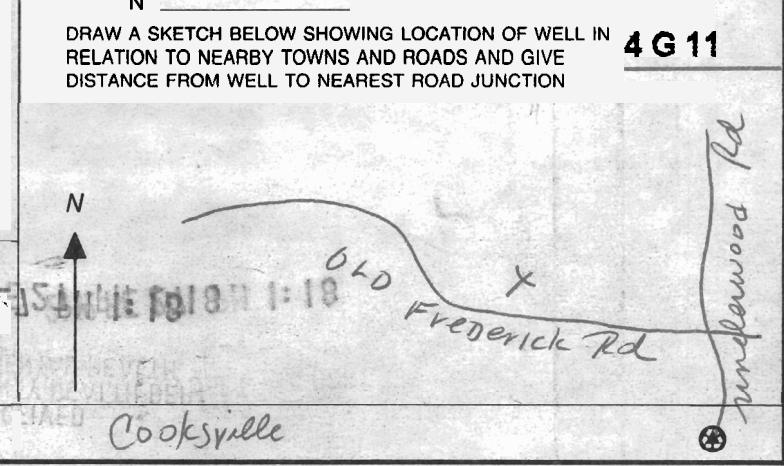
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROtary DRive-POINT
other _____

REPLACEMENT OR 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
39 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-94-3339**
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

Marlene Dukehart
13880 Old Frederick Road
Sykesville, MD 21784

RE: **Replacement Well Issues**
13880 Old Frederick Road
Well Permit # HO-94-3339

Dear Ms. Dukehart

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 is also requesting that you contact the 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 Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

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.

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



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

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, Registered Sanitarian
Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File