

STATE OF MISSISSIPPI
WELL COMPLETION REPORT

DATE RECEIVED (FOR USE ONLY) _____
DATE WELL COMPLETED Aug 2 1976
DEPTH OF WELL 135
PERMIT NO. FROM "PERMIT TO DRILL WELL" A17984
DRILLER'S IDENTIFICATION NO. 238

OWNER Thurston LAST NAME
STREET OR RFD 745 Woodloch Rd
POST OFFICE Woodloch 211

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
	0	27	
	27	135	

ROUTING RECORD

WELL HAS BEEN ROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF ROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 7 NO. OF POUNDS 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 TO 27

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7

METHOD USED TO MEASURE PUMPING RATE See

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 25 FEET

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER (TO NEAREST INCH) _____ TOTAL DEPTH OF MAIN CASING (TO NEAREST FOOT) _____

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOSE (CIRCLE APPROPRIATE CODE BELOW)

ST STEEL BR BRASS OR BRONZE HO OPEN HOSE
 PL PLASTIC OT OTHER

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) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE BELOW (NEAREST FOOT)

SCREEN DEPTH

DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____

SLIT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) YES NO

TELESCOPE CASING YES NO

LOG INDICATOR YES NO

OTHER DATA AVAILABLE _____

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

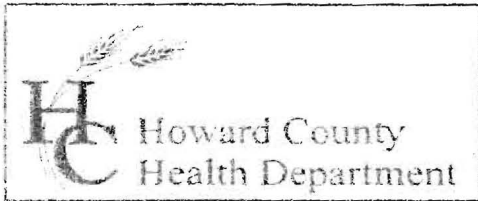
P TEST WELL CONVERTED TO PRODUCTION WELL

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.

DRILLER'S NAME _____

PLEASE PRINT _____

SIGNATURE _____



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

February 26, 2003

Mr. Mason Hurd
10648 Breezewood Drive
Woodstock, MD 21163

BREEZEWOOD FARMS, LOT 19

RE: Water Sample Results
February 20, 2003

Dear Mr. Hurd:

Sampling of the water supply serving your house was conducted on February 20, 2003 to ascertain the presence/absence of coliform and E. coli bacteria.

The testing concluded the absence of coliform and E. coli bacteria. The water supply is considered safe for consumption.

A copy of each test report is enclosed for your information. If there are any questions, please call (410)-313-1773 between 8:00 A.M. and 5:00 P.M.

Sincerely,

A handwritten signature in cursive script that reads 'Hank Oswald'.

Hank Oswald
Community Services Program

Enclosures

Category Code 4F Lab. No. _____
BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE: Community Non-Community Non-Transient Private Check Sample Special

Source: Mason Hurd
Location: 10648 Breezewood Drive
(Basement Bathroom Tap) a.m. p.m.
Iced: Yes No
Treated: Yes No Time Collected: 9:35
Collector #: 1398 WO Bottle No. HC-Hurd-03
Collector Name: Hank Oswald County: Howard

County: 13 Plant No. _____ Sampling Station: _____ Date Collected: 2 20 03

pH: < 6.8 Res. Cl: Free 00 Total 00 Card No. _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF • P/A TEST* **CONFIRMED MTF • P/A TEST**

ml. of Sample	10 ml.	100 ml	ml. of Sample	10 ml.	100 ml	No. of +
Gas, 24 hours			Coliforms †			
Gas, 48 hours			Fecal Coliforms ‡			

P/A TEST (CONFIRMED) ***

ml. of Sample	100ml.
Total Coliforms	
E. Coli	

QUANTITATIVE TEST (CONFIRMED) ***

100 ml. of Sample	No. of Pos	MPN
Total Coliforms	<u>0</u>	<u>< 1</u>
E. Coli	<u>0</u>	<u>< 1</u>

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____
† Verified Total Coliforms/100 ml. (Membrane Filter) = _____
‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) = _____

24 - 48 - 72 Hrs./Heterophic Plate Count §/ml. = _____

- ** using m Endo-Agar LES at 35° C incubation
- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

Remarks _____
Date & Hour: '03 FEB 20 PM 3:21
'03 FEB 20 PM 3:40
'03 FEB 21 PM 4:15
Laboratory: _____
Rec'd: LAMP
E. SHORE REG. S. MD REG.
CENTRAL W. MD REG.
Bacteriologist: J. Simonten

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