

C 1 09740

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER HUNGERFORD, RAMZIE STREET OR RFD 5090 GREENBRIDGE RD TOWN DAYTON

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Topsoil, Reddish/brown Slate, Brown shale, Tan slate, Tannish/gray slate, Brown slate, Tannish/gray slate, Gray slate, Dark brown slate, mica brown.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types, MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) form with fields for diameter, depth.

SCREEN RECORD form with fields for screen type, diameter, depth.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

WELL HYDROFRACTURED form with YES/NO options.

- 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...

DRILLERS LIC. NO. MVD 040, DRILLERS SIGNATURE, LIC. NO. 300 D 7261N

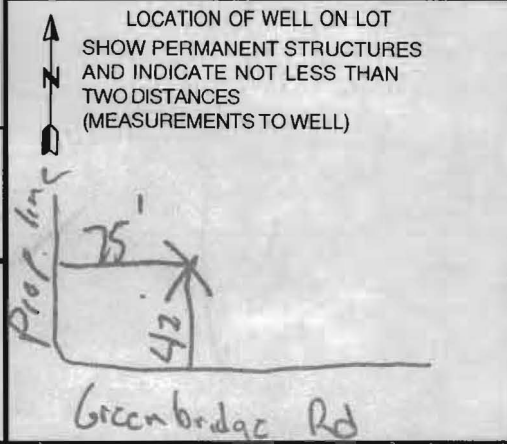
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) form with columns for casing sections and slot size.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



B 1 1338

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3524 fill in this form completely

please type

OWNER INFORMATION: Date Received (APA) 09 30 2002, HUNGERFORD RAMZIE, 5090 GREENBRIDGE RD, DAYTON, MD 21036

LOCATION OF WELL: Howard, CC#, 8 COUNTY, 21, 23 SUBDIVISION, SECTION 44 46, LOT 48 50, DAYTON, 52 NEAREST TOWN, MILES FROM TOWN 1

DRILLER INFORMATION: George F. Easterday, MW D 040, L. Franklin Easterday, Inc., 9265 Brown Church Rd., MT. Airy, Md. 21771, Signature: George F. Easterday, Date: 9/27/2002

5090 Greenbridge Rd, 11 NEAR WHAT ROAD, 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 50 FT, TAX MAP: 28 BLK: 13 PARCEL 142

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 500, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: County Name Howard, County No. 13, State Signature, DATE ISSUED 11/13/02, CO SIGNATURE Mark E. R... EXP. DATE 11/13/03

USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, G GEO-THERMAL

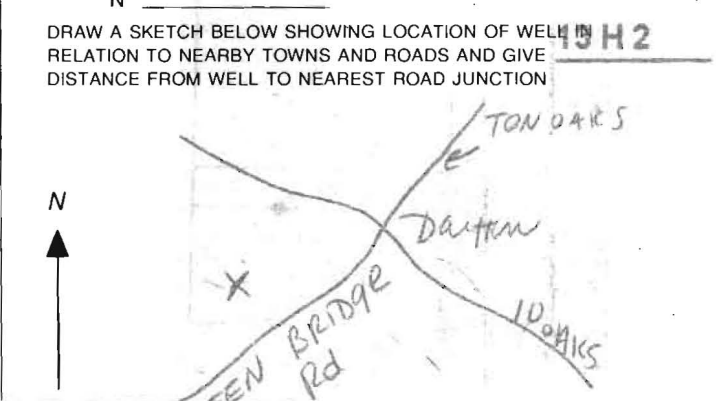
APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTary, JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

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, X THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D THIS WELL WILL DEEPEN AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. HO-94-3524

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: 11/18/02 11:00±, Grant not in yet (50), SOURCES OF DRILLING WATER 1. wells, WRITE THE BOX NUMBER FROM THE MAP HERE 800 3, 510 2



SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Howard County  
Health Department

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](http://www.hchealth.org)

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

December 20, 2002

Ramzie Hungerford  
5090 Greenbridge Road  
Dayton, MD 21036

RE: **Replacement Well Issues**  
5090 Greenbridge Road  
Well Permit # HO-94-3524

Dear Mr. Hungerford:

Our office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule a well line inspection and water sampling for the referenced replacement well once it is hooked up to your home(s) (required by the Maryland Well Construction Regulation COMAR 26.04.04). There is currently no charge for the well line inspection and water sampling.

It is preferred that the sample be collected by a certified health official 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.**

We have also noted in your file that a well line inspection was not called in our office by the plumber for an inspection of the pitless adaptor as well as other items on the form (please see inclosed form). The well permit application also states that you want to maintain your existing as a standby well which requires a fee. Please write a check to the Director of Finance for \$80.00. 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,

Kacie Noonan, Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File ✓