

C1 2812 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A-40793

ST/CO USE ONLY  
 DATE Received 080295 DATE WELL COMPLETED 081195 Depth of Well 205 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0651

OWNER WARFIELD RENAURO  
 STREET OR RFD CHESTNUT CT TOWN \_\_\_\_\_  
 SUBDIVISION THE WARFIELDS SECTION \_\_\_\_\_ LOT 29

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	12	
Sand Stone	12	15	
MICKA	15	30	
Sand Stone	30	35	✓
MICKA	35	95	
Sand Stone	95	100	✓
MICKA	100	205	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

- 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.

TYPE: MWD/MSD/MGD  
 DRILLERS LIC. NO. 116  
Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Ralph E. Mayne  
 LIC. NO. 137

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

**GROUTING RECORD** yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 7 NO. OF POUNDS 200  
 GALLONS OF WATER 42  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 20 ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
 PL 6 23  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to  
 E A C H C A S I N G

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  
 BR BRASS BRONZE  
 HO OPEN HOLE  
 PL PLASTIC  
 OT OTHER

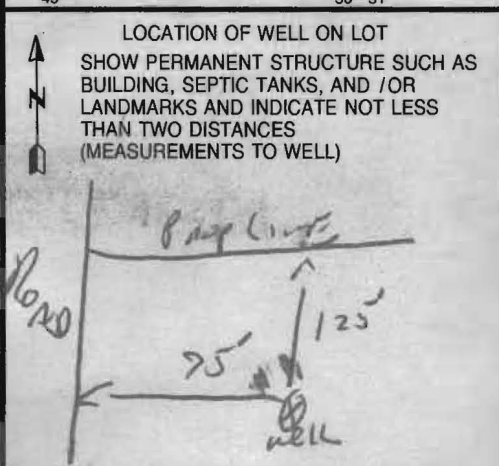
**C 2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 H 0 2 1 1 2 0 5  
 8 9 11 15 17 21  
 2 \_\_\_\_\_  
 23 24 26 30 32 36  
 3 \_\_\_\_\_  
 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 56 60

GRAVEL PACK from \_\_\_\_\_ to \_\_\_\_\_  
 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

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 8  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 30 ft.  
 WHEN PUMPING 32 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP 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) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 2 (nearest foot)  
 49 51



9/8/95 logged  
 Lab No. Date Received 2/9

C300664 214 88

**WATER ANALYSIS**

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number HO-2588 Name Warfield, Kennard County Howard County Code 13

Source Lot 29 The Warfields Chestnut Court Date Category Code VF

Collected: Date 8/11/95 Time 11:40 Collector & Phone M. Ripkin 313-2640 Submitter Code T

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine <input type="checkbox"/>	Federal Project <input type="checkbox"/>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Recheck <input checked="" type="checkbox"/>	
Stream <input type="checkbox"/>	Other <input type="checkbox"/>	MCL <input type="checkbox"/>	Special <input type="checkbox"/>	
Other <input type="checkbox"/>				

F  
I  
E  
L  
D

Plant No.     Sampling Station     Preservation: Iced  Acid  Type of Acid 2ml H<sub>2</sub>SO<sub>4</sub>

pH   Chlorine: Free  Total  Specific Conductance

Notes to Lab/Remarks: HO-94-0651

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			10.8	8-16-95	DB
	pH*, Ca CO <sub>3</sub> SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						
	<u>NO<sub>2</sub> + NO<sub>3</sub> result phoned to Ms. Kim Soe. 8/28/95 ADK</u>						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01 Section Chief Asoka I. Katumuluwa Date Reported AUG 24 1995





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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

September 26, 1995

Robert Knudsen Builders, Inc.  
3858 Paul Mill Road  
Ellicott City, Maryland 21042

RE: The Warfields, Lot #29  
14811 Chestnut Court  
Well Permit #HO-94-0651

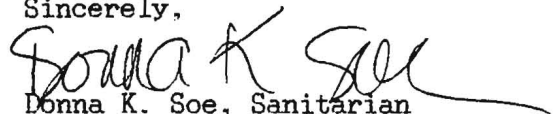
Dear Sirs:

At the time of the well yield test on the above referenced lot, the water sample taken showed an above normal nitrate-nitrogen concentration. At the time of the yield test, the nitrate-nitrogen concentration was 10.8 ppm. A copy of the test results is enclosed.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen level greater than 10 parts per million. This problem is potentially correctable through the use of an acceptable nitrate treatment device. Approval of this water supply at the time of sampling for use and occupancy will depend on the proper installation of an acceptable nitrate treatment device and a maintenance agreement for the device.

If you have any questions relative to this matter, please call this office at (410) 313-2640. Thank you in advance for your time and cooperation.

Sincerely,

  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

Enclosure

DKS

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement   
Receipt # \_\_\_\_\_ Date \_\_\_\_\_  
Name of Installer T.M. Bernard Telephone 410-461-6577  
License Number #7248  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner Robert Knudsen Beubles Telephone 410-203-0800  
Subdivision Wynfield Lot # 29 Well Tag # HO-99-0651  
Site Address 14311 Chestnut St. Glenelg, MD

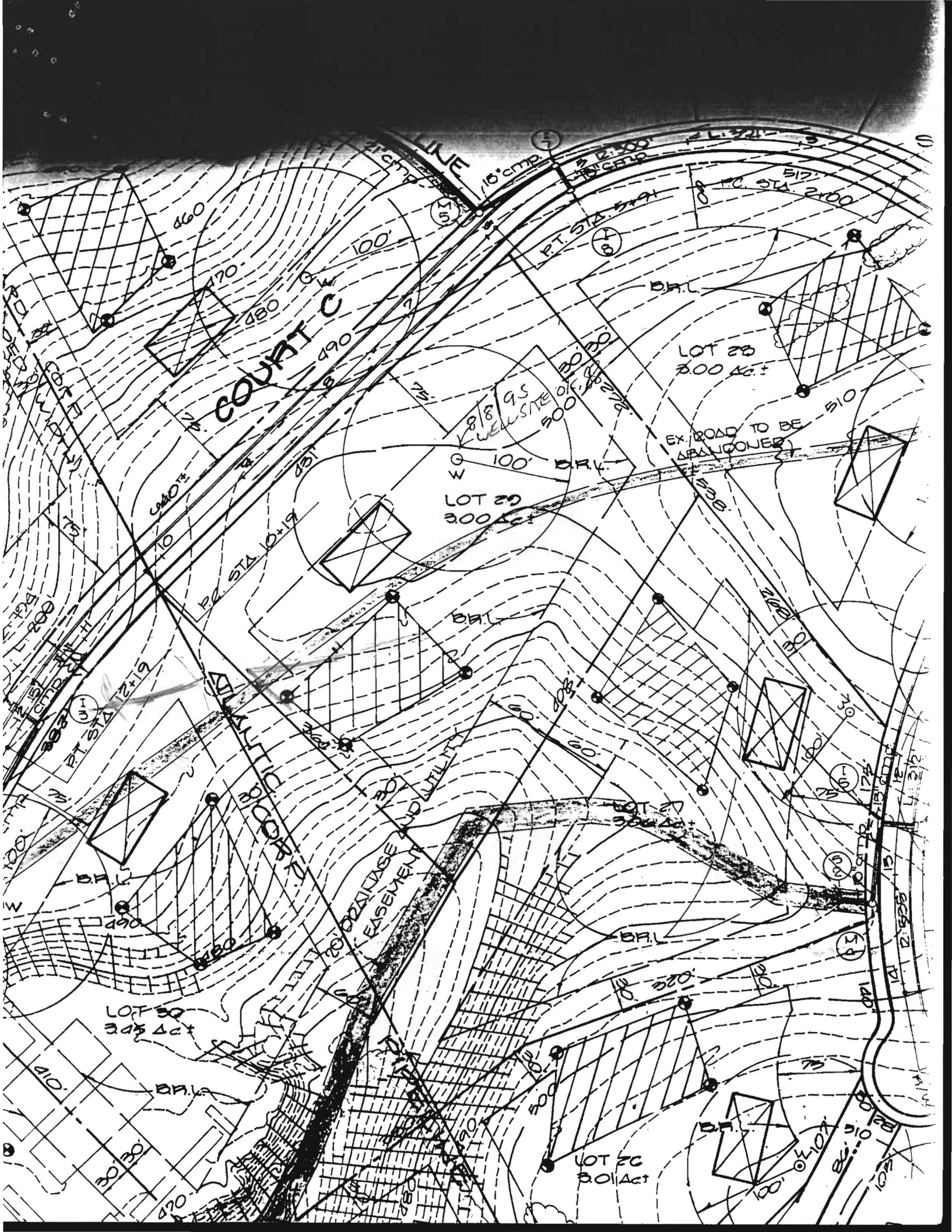
Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1/2 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible  a. 110 \_\_\_\_\_  
2. Make Acme b. 220 \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity 5 GPM  
5. Pump exceeds well capacity Yes \_\_\_\_\_ No   
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other \_\_\_\_\_

Tank Piping Well data  
1. Capacity 1 gal 1. Type BLK Poly 1. Depth 205 ft.  
2. Pressure relief valve? yes 2. Size 1" 2. Yield 8 GPM  
3. NSF and/or BOCA Code approved yes 3. Static water level 30 ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.  
Signature of Applicant: T.M. Bernard  
Date: 11/29/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



COURT C

LOT 28  
300 Act

LOT 29  
300 Act

LOT 30  
345 Act

LOT 2C  
301 Act

ATLANTIC BICOPEZ

DRAINAGE EASEMENT AND UTILITY

EX. ROAD TO BE ABANDONED

