

C1 3737

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-32199-W

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

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: HOUDES ROBERT; STREET OR RFD: 12015 HALL SHOP RD; TOWN: HIGHLANDS; SUBDIVISION: MAP 400.11 P 176; SECTION: ; LOT: 1

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Clay, Shaley, Sand Stone, Mica, Sandstone, Mica, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 9, NO. OF POUNDS: 900, GALLONS OF WATER: 45, DEPTH OF GROUT SEAL: from 0 to 24 ft.

CASING RECORD: MAIN CASING TYPE: ST, Nominal diameter: 3, Total depth of main casing: 27 ft.

OTHER CASING (if used): diameter, depth (feet) from to

SCREEN RECORD: screen type: ST, BR, HO, PL, OT; slot size: 1, 2, 3; diameter of screen: ; (NEAREST INCH)

DEPTH (nearest ft.) table with rows 1-3 and columns 8-51

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

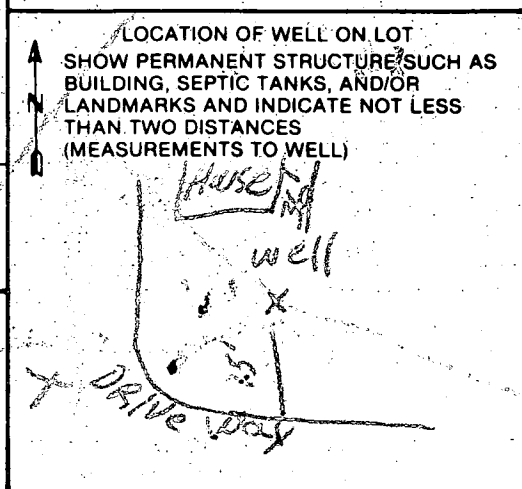
PUMPING TEST: HOURS PUMPED: 3; PUMPING RATE: 2; METHOD USED TO MEASURE PUMPING RATE: Bucket; WATER LEVEL: BEFORE PUMPING: 50, WHEN PUMPING: 300; TYPE OF PUMP USED: A (air)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP: YES (NO); TYPE OF PUMP INSTALLED: ; CAPACITY: GALLONS PER MINUTE: ; PUMP HORSE POWER: ; PUMP COLUMN LENGTH: ; CASING HEIGHT: + above, - below; LAND SURFACE: (nearest foot)

CIRCLE APPROPRIATE LETTER: 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40; DRILLERS SIGNATURE: Charles P. Miller; SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 3362 SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1797  
fill in this form completely

Date Received  
OWNER INFORMATION  
HOWES ROBERT  
12815 HALL SHOP RD  
HIGHLAND MD

B 3 LOCATION OF WELL  
HOWARD  
MAP 40 811 176  
SECTION 44 46 LOT 48 50  
HIGHLAND  
MILES FROM TOWN 2 MI

DRILLER INFORMATION  
George F. Easterday  
L. Franklin Easterday, Inc.  
9265 Br. Ch. Rd., Mt. Airy, Md. 28778  
Signature: George F. Easterday Date: 12/16/86

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
HALL SHOP RD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 108 FT

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD COUNTY NAME  
A 38199-W COUNTY NO.  
OEP SIGNATURE DATE ISSUED 12/11/86  
CO SIGNATURE B. Nilon EXP. DATE 06/11/87  
NORTH GRID 487000 EAST GRID 0812000

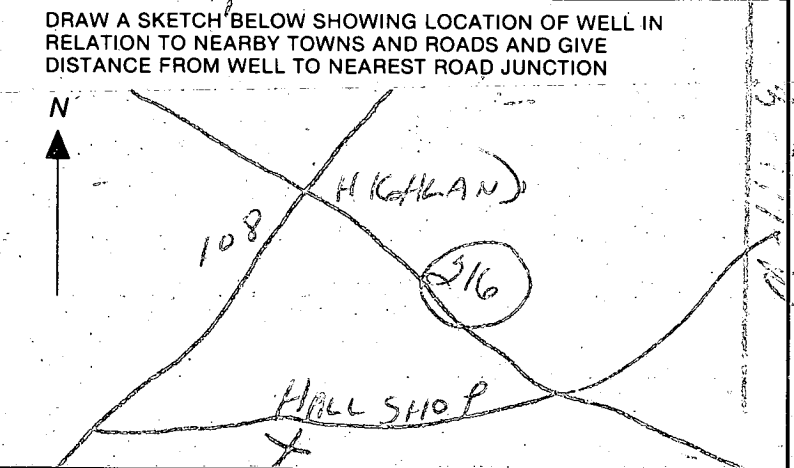
APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTARY Drive-POINT

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  
818 2  
480 7

REPLACEMENT OR DEEPEINED 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  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEIN AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROP. PERMIT NUMBER GAP  
FORCE INITIALS IN BOX PERMIT No. 40-81-1797

SPECIAL CONDITIONS TAG RETURNED & ISSUED TO DIFFERENT DRILLER (SAME PROPERTY)  
HEALTH

B 1 5531

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-81-1797

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

please print or type

fill in this form completely

Date Received

11/25/86

OWNER INFORMATION

ALLEN, ALLEN

13815 Hall Shop rd

Highland

B 3

LOCATION OF WELL

HOWARD

MAP 40

SECTION 44 46 LOT 48 50

NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

Bernard Ferzer 5700

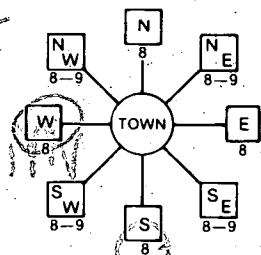
Tri County

16009 Frederick rd. Lisbon

Signature Date 2/1/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Hall Shop rd.

NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT or MI 277

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-32199-6 COUNTY NO.

OEP SIGNATURE DATE ISSUED 120586

CO SIGNATURE EXP DATE

NORTH GRID 227000 EAST GRID 2012000

APPROXIMATE DEPTH OF WELL 154 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-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
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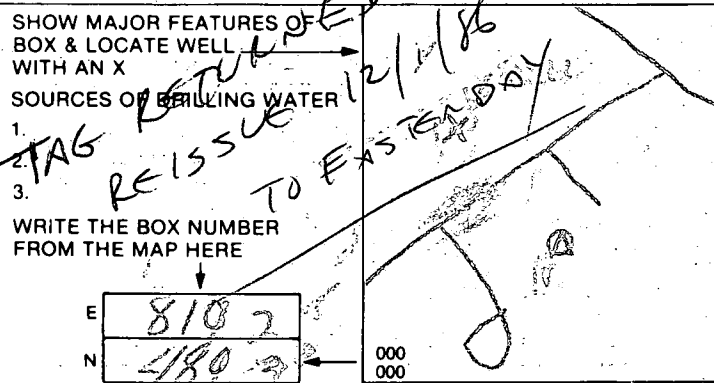
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE PERMIT No. HC-81-1797

SPECIAL CONDITIONS



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Water Sample Request

On per 11/28 9-12

PROPERTY OWNER ROBERT HOWES DATE OF REQUEST 1/1/89  
TELEPHONE 854-3725 (SON) NEW WELL NUMBER HO-81-1797  
DIRECTIONS OR INSTRUCTIONS Rob-JR will be there

NAME ROBERT HOWES  
ADDRESS 12815 HALL SHOP RD.  
HIGHLAND

SAMPLE TYPE

INDEXED

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1/1/89

SEPTIC SYSTEM:  Approved  Disapproved DATE 1/1/89

CONDITION: \_\_\_\_\_

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: #38199-u

FIRST SAMPLE COLLECTOR J. MENUSTIK TIME 10:12 AM DATE 04/25/89

BACTERIA 99-362, pH 6.2, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, VOC \_\_\_\_\_

CHEMICAL HH-128, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: 5/8/89 Lead II.C.O.P. (Replacement Well)  
10/25/89 Follow up letter C.B.D.

RESAMPLE COLLECTOR MENUSTIK DATE 11/27/89

BACTERIA NP-272, pH 6.64, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, TIME 10:46

CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: 12/04/89 Lead F.C.O.P. C.B.D.

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

38199-u

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
 BUREAU OF ENVIRONMENTAL HEALTH  
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER  OCCUPANT  ROBERT HOWES ADDRESS 12815 HALL SHOP RD PHONE \_\_\_\_\_

COMPLAINANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

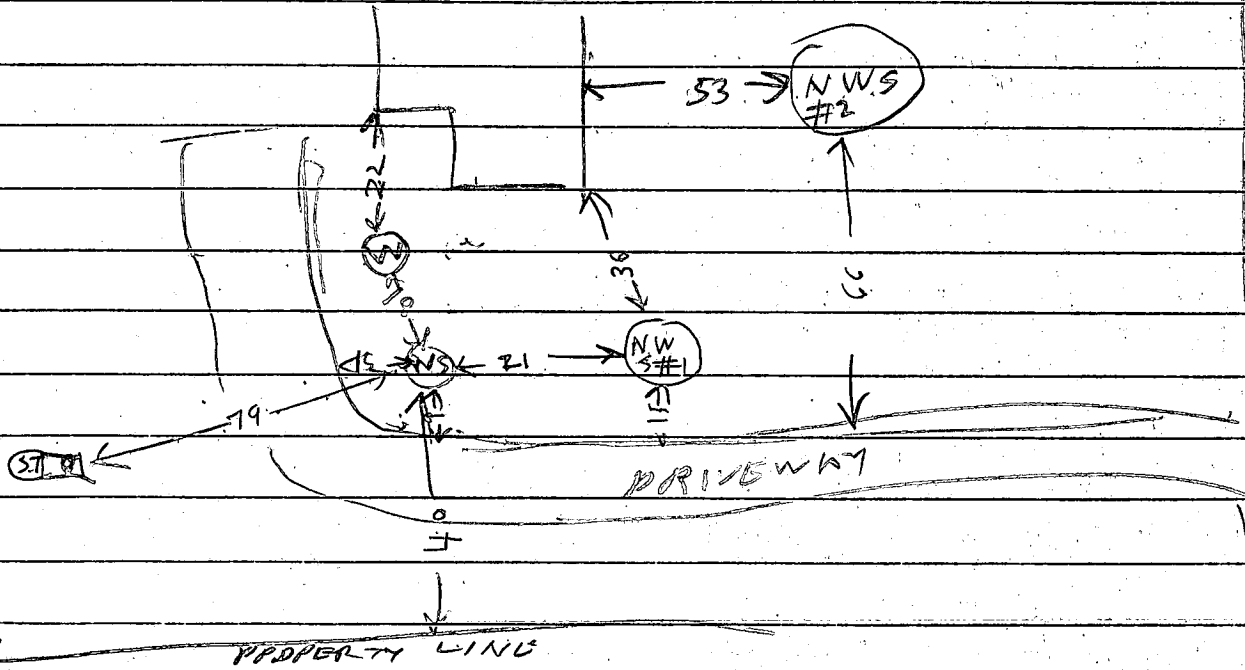
REASON FOR INVESTIGATION REPLACEMENT WELL SITE

CODES \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ ASSIGNED TO \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER \_\_\_\_\_

REPORT \_\_\_\_\_



HALL SHOP RD

DW = DRYWELL

STAKES PUT OUT

ST = SEPTIC TANK

2 NEW WELL SITES

WS = WELL SITE NOT APPROVED

NWS #1 = APPROVED NEW WELL SITE #1

NWS #2 = APPROVED NEW WELL SITE #2

DATE SUBMITTED 11/20/86 SANITARIAN Raymond Dodge