

C1 4472 SEQUENCE NO. (OEP USE ONLY)

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 28231

DATE RECEIVED
8 13

DATE WELL COMPLETED
010584
15 20

Depth of Well
22 145 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-81-0386
28 29 30 31 32 33 34 35 36 37

OWNER Reumer last name Donald R. first name
STREET OR RFD Folly Quarter Road TOWN Glenelg
SUBDIVISION Glenelg Manor SECTION 2 LOT 10-C

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	30	
Sand Stone	30	45	✓
Micka	45	50	
Sand Stone	50	60	✓
Micka	60	145	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 11 NO. OF POUNDS 100
GALLONS OF WATER 62
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 38 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER
MAIN CASING TYPE Nominal diameter (nearest inch) Total depth of main casing (nearest foot)
 PL G 40
60 61 63 64 66 70

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

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

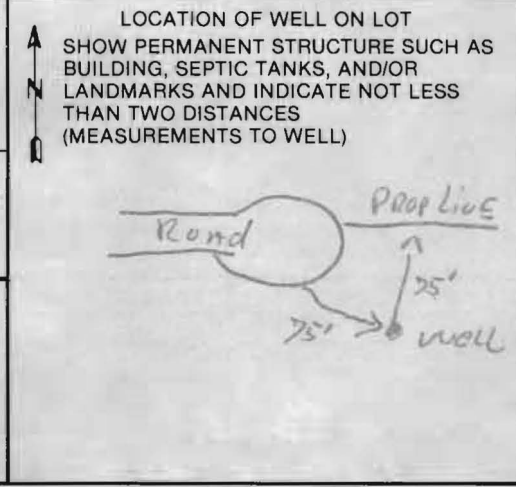
C 2
DEPTH (nearest ft.)
EACH SCREEN
1 HO 38 145
2
3
38 39 41 45 47 51
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
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. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 31 WHEN PUMPING 145
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 (CIRCLE) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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) + above } LAND SURFACE 24 (nearest foot)
 - below }



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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
Ralph Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph S. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **7786** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

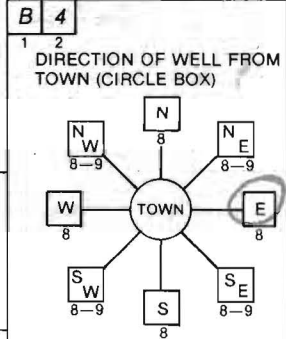
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
H0-81-0386
 fill in this form completely

Date Received **1/03/84 - 1:30 PM.**
 OWNER INFORMATION
REYWER DONALD R.
 Last Name Owner First Name
10194 BALZ, MATZ PIKE
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

B 3 LOCATION OF WELL
 HOWARD
 COUNTY
 GLEWELG MANOR
 SUBDIVISION
 SECTION **2** LOT **100**
 GLEWELG
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** **M 1**

DRILLER INFORMATION
Ralph MAYNE
 Driller's Name License No. **273**
Ralph MAYNE (well Drilling)
 Firm Name
9120 Brown Church Rd. Mt. Airy MD
 Address
Ralph Mayne 12/12/83
 Signature Date



Folley Quarter Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **2000**
 ENTER FT or MI

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

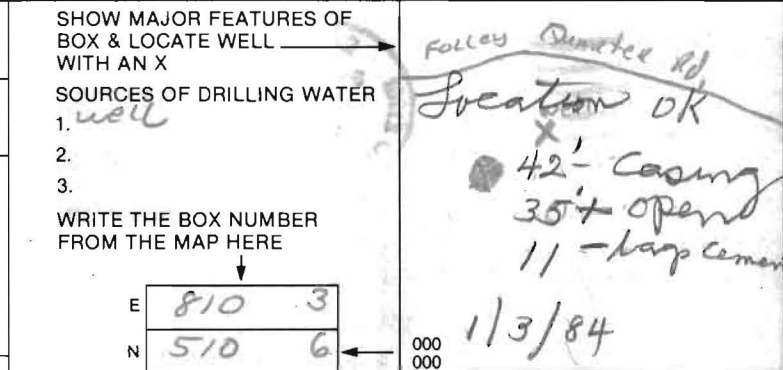
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 28231 COUNTY NO.
 OEP SIGNATURE **Frank Skum** STATE HEALTH INSERT S
 DATE ISSUED **1/22/83** EXP. DATE **6/21/84**
 NORTH GRID **516000** EAST GRID **0813000**

APPROXIMATE DEPTH OF WELL **130** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **G A P**
 FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **H0-81-0386**

SPECIAL CONDITIONS

December 30, 1985

Prime Home Builders
5 Orchard Place
Sykesville, Maryland 21784

RE: Glenelg Manor - Lot 10C
12757 Folly Quarter Road

To Whom It May Concern:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0386. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

December 12, 1985
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Well Approved: 1/03/84
Septic Approved: 10/25/85

1/28/86 - sent - L.S.L.N

August 29, 1986

Mr. & Mrs. Robert Myers
12757 Folly Quarter Road
Ellicott City, Maryland 21043

Dear Mr. & Mrs. Myers:

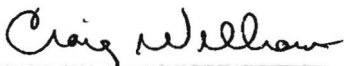
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0386.

July 24, 1986
Date of Final Sampling

July 31, 1986
Date of Acceptance


Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 1/03/84
Date Septic Approved: 10/25/85
Water Sample Dates: 12/12/85
7/24/86