

C1

6751

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A-19680

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 3 2 5 20 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/13/92 AD-92-07137

OWNER Main Ken STREET OR RFD 1267 Hanover Rd Roper first frame TOWN Hanover SUBDIVISION SECTION LOT 2

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Rows include Top Soil, Sand, Sandstone, Mica Kit, Shell Stone, Mica Kit.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 45 46 GALLONS OF WATER 4 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 4 5 ft.

CASING RECORD

MAIN CASING TYPE PL L Nominal diameter top (main) casing (nearest inch) 4 6 Total depth of main casing (nearest foot) 20 OTHER CASING (if used) 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 BRONZE HOLE PLASTIC OTHER

C2

Table for screen depth with columns: DEPTH (nearest ft.), rows 1-3.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

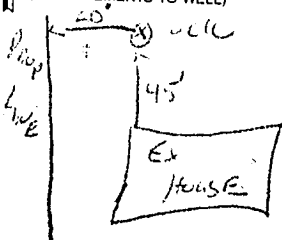
PUMPING TEST

HOURS PUMPED (nearest hour) 5 PUMPING RATE (gal. per min. to nearest gal.) 11 METHOD USED TO MEASURE PUMPING RATE Ben Lot WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



- 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.

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

REPLACEMENT WELL SITE INSPECTION

BUYER OWNER ROGER MEINXEN

DATE REQUESTED 8/13/92

ADDRESS 1667 HENRYTON RD.

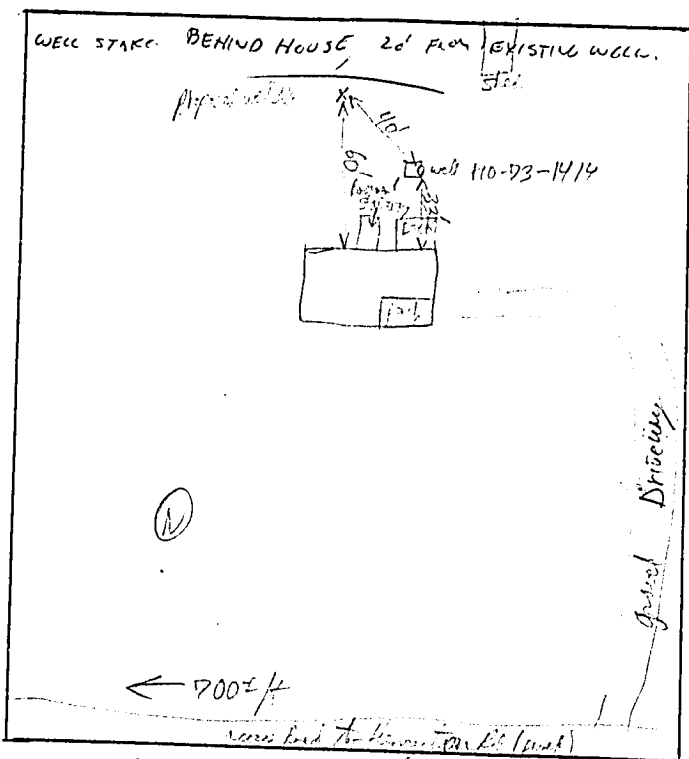
DRILLER R. MAYNE

WELL TAG# _____

COUNTY# A19680

LOCATION DIAGRAM

COMMON DRIVEWAY JUST PAST RAMSBURG,
2ND HOUSE ON LEFT.



COMMENTS: House is currently vacant, same is last time - unable to find evidence of existing well. Lot of crosses however none within original section, the proposed well location is well to 100± ft from section area. Recommend removing well to 110

8/17/92



HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to: Charles B. Streaker
313-2640 or 313-2641

December 9, 1992

Mr. Roger Meinken
1667 Henryton Road
Marriottsville, Maryland 21104

RE: Replacement Water Well
1667 Henryton Road
Well Permit #HO-92-0161

Dear Sir:

This is to advise you that the septic system was installed, inspected and approved on a previous date.

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.

All chemical factors tested were within limits recommended for a good water supply.

A copy of the report is enclosed for your information.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-92-0161.

November 18, 1992
Date of Final Sampling

December 9, 1992
Date of Acceptance

Charles B. Streaker R.S.
Approving Authority
Charles B. Streaker, R.S.
Water and Sewerage Program

Water Sample Dates:
September 23, 1992
November 18, 1992

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CBS:hs

Enclosure

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323