

C 1 8790 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 W 49671

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 12/5/93

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK MPV/13/HO-92-0501

OWNER Buckingham last name / first name / TOWN Scaggville / SUBDIVISION / SECTION / LOT

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, red clay, brown shale, sandy silt clay, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT) SLOT SIZE 1 2 3 DIAMETER OF SCREEN

DEPTH (nearest ft.) 140 09 300

GRAVEL PACK 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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE 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 J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) 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) Front lot line

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.

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 09961

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-92-0501 fill in this form completely

Date Received (APA)

10/15/93

OWNER INFORMATION

George F. Easterday, L. Franklin Easterday, Inc., 9265 Brown Church Rd., Mt. Airy, Md. 21771

DRILLER INFORMATION

George F. Easterday, L. Franklin Easterday, Inc., 9265 Brown Church Rd., Mt. Airy, Md. 21771, 10/15/93

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8-12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14-20

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)

APPROXIMATE DEPTH OF WELL 24-28 FEET

APPROXIMATE DIAMETER OF WELL NEAREST 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, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41-52

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

APPROP. PERMIT NUMBER 54-63 GAP

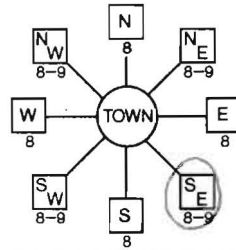
FORCE RP PERMIT No. 40-92-0501

SPECIAL CONDITIONS

LOCATION OF WELL

40-92-0501, 8 COUNTY, 23 SUBDIVISION, SECTION 44-46, LOT 48-50, 52 NEAREST TOWN, MILES FROM TOWN

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11461 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34-37 DISTANCE FROM ROAD ENTER FT or MI 38-39

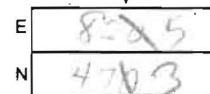
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, W 49671, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 120693, CO SIGNATURE, EXP. DATE 12-6-94, NORTH GRID 473000, EAST GRID 0825000

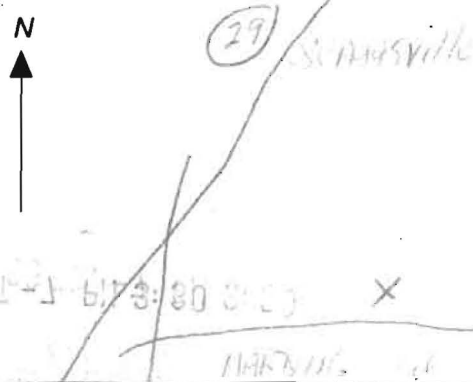
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well, 2., 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



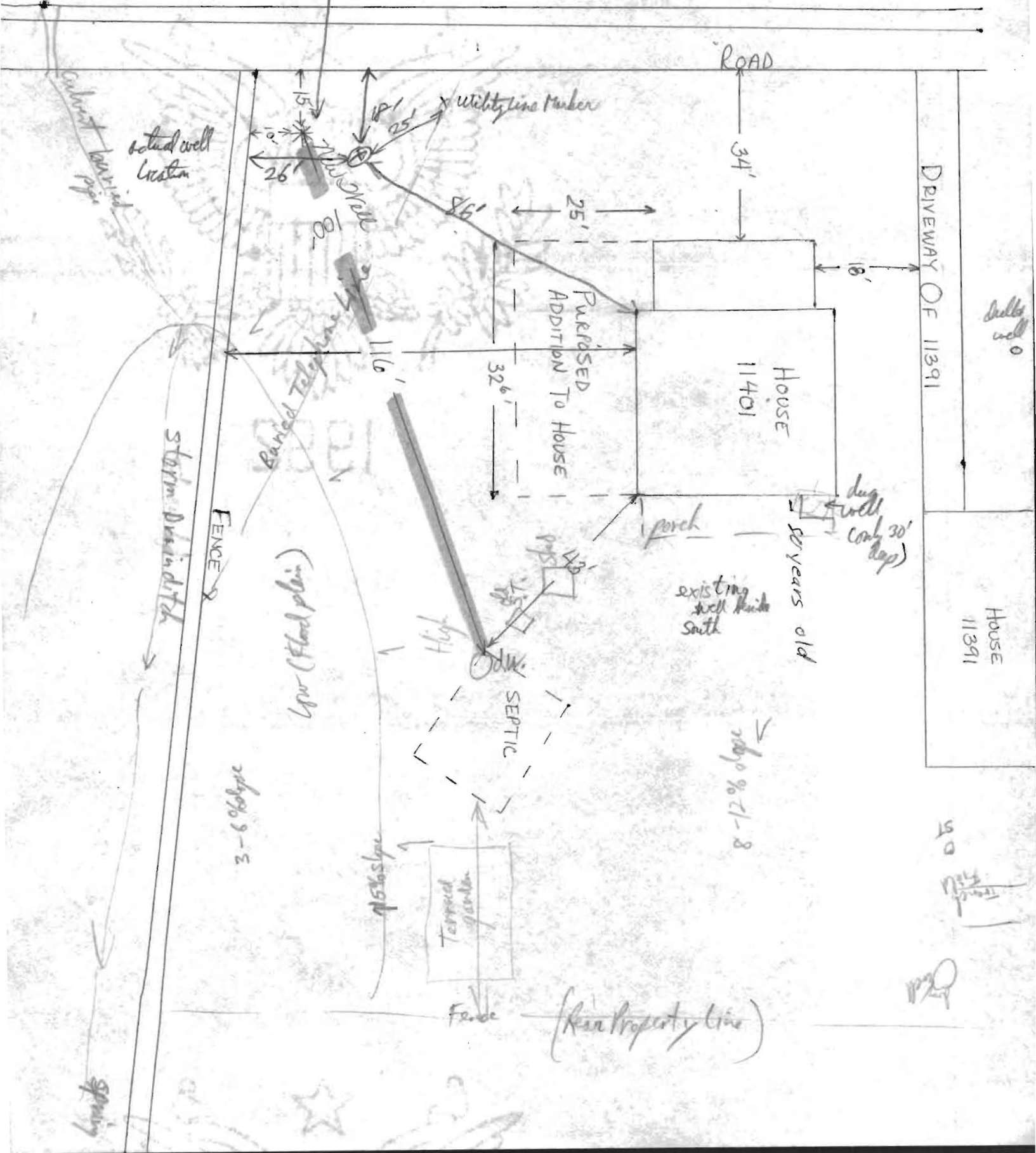
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



well ate OK
12/14/93

Tax Map 46 P73 Sect 15
Level 100 .96AA
1/2 64'50" 1/2 65.6'

HARDING ROAD



To: Diane Buckingham
11391 Harding Rd
Laurel, MD. 20723

Re: Replacement well
HO-92-0501
11401 Harding Rd.

Dear Ms Buckingham:

This letter is an attempt to clarify any ~~misunderstanding~~ ^{confusion}

that may have occurred during your recent application for a Replacement

well on the above mention property. # The original well permit

application stated this was to be a new well, not a replacement,

and was to be the sole potable water source for the above address.

Subsequently, a dug well ^{was identified as} ~~situated~~ under the rear porch of the House

at the above address.

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/29/95-7/3/95 (month/day/year)

--	--	--	--	--	--	--	--	--	--

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	9	2	0	5	0	1
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* PERSON ABANDONING WELL: Sam Lyons

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: Mildred Mitchell

* WELL LOCATION: 11401 Harding Rd

COUNTY: Howard
 NEAREST TOWN: Scaggsville
 TAX MAP 46 BLOCK 15 PARCEL 73
 SUBDIVISION: _____
 SECTION: _____ LOT: _____

0 0 0	
	0 0 0

MARYLAND GRID COORDINATES

BOX NUMBER E _____
 N _____ ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- _____ DRILLED
- _____ BORED/AUGURED
- _____ OTHER (specify) _____
- _____ JETTED
- HAND DUG

LOG OF SEALING MATERIAL

* USE CODE:

- DOMESTIC
- _____ IRRIGATION
- _____ TEST/OBSERVATION
- _____ MUNICIPAL/PUBLIC
- _____ INDUSTRIAL

MATERIAL	FEET	
	FROM	TO
pea gravel	30	25
mica sand loam	25	11
sakrete mix	11	8
back fill	8	0

* TYPE OF CASING:

- _____ STEEL
- _____ CONCRETE
- _____ PLASTIC
- OTHER (specify) CLAY

* SIZE OF CASING: 48 INCHES IN DIAMETER

* DEPTH OF WELL: 30 FEET DEEP

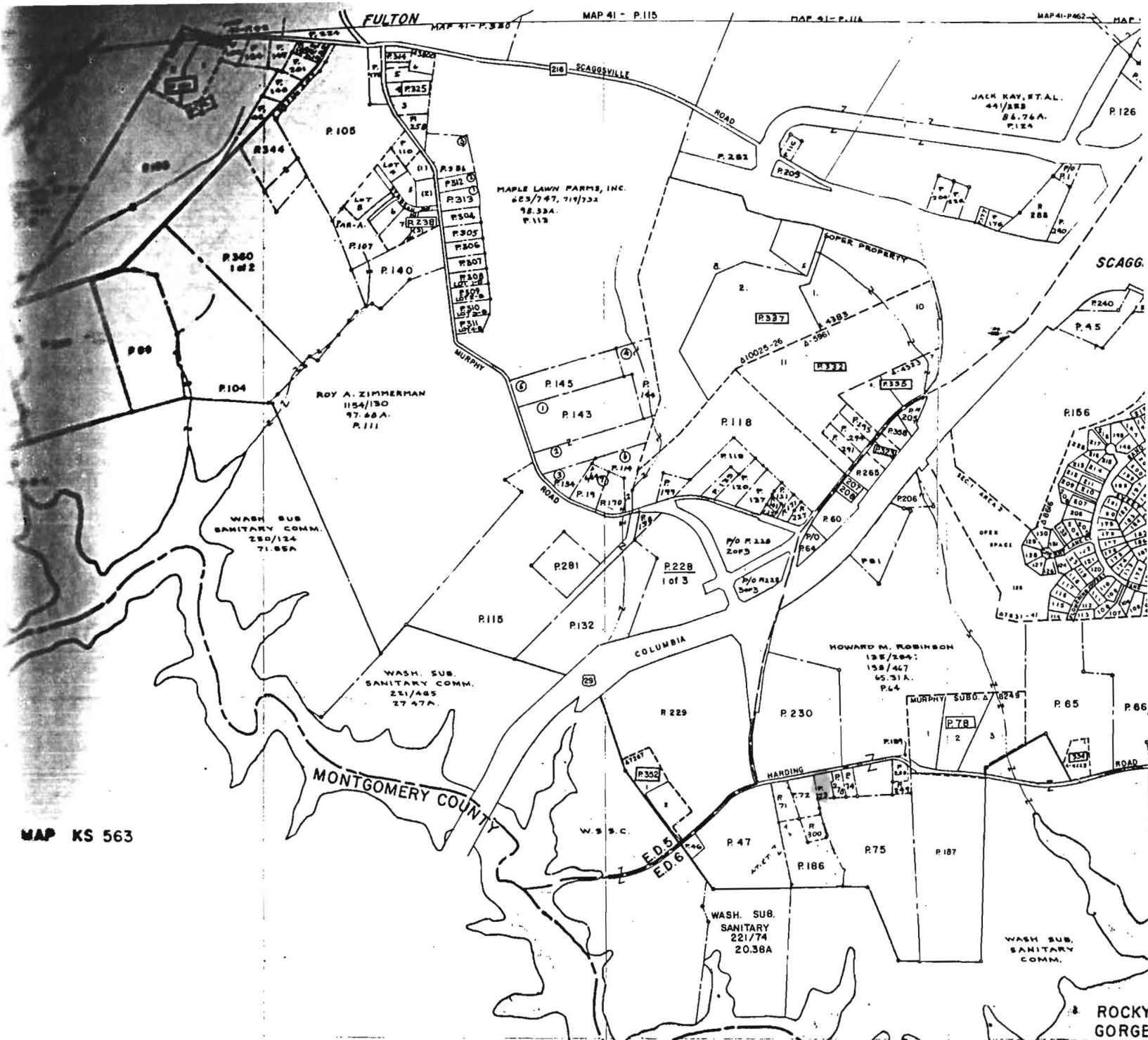
* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

SIGNATURE - ~~MASTER WELL DRILLER~~ OR SUPERVISING SANITARIAN Mark E. Rifkin

LICENSE # _____ DATE 7/3/95





MAP KS 563

*Deane Buckingham Property
11401 Harding Rd
Tray 46 Grid 15 P 73*

Walter Petzold 301-949-2011
Oster, Imus and Petzold, MAP LS 343 Inc.
2419 Reddie Drive
Wheaton, MD 20902-4623
Mr. Phillip Wilk

1 acre
Map 46
Parcel 73
Grid 15

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