

C1 3802 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.
COUNTY NUMBER **(13)** P31596

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
6 13

DATE WELL COMPLETED
MM DD YY
9/27/04
15 20

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
3/4/05 HO-94-4023
26 29 30 31 32 33 34 35 36 37

OWNER Clevenger Clifton
STREET OR RFD 14830 Union Chapel Road TOWN Woodbine
SUBDIVISION Clevenger Farm SECTION _____ LOT 2-Tenant House

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	
Topsial	0	2	
Shaley	2	58	
Gray Slate	58	60	
Shaley	60	95	✓
Brown Slate	95	104	✓
Gray Micca	104	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) **(Y)** **(N)**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS 61 NO. OF POUNDS 2100
GALLONS OF WATER 366

DEPTH OF GROUT SEAL (to nearest foot)
from 0 TOP ft. to 95 BOTTOM 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 ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 100

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) 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 **(HO)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(Y)** **(N)**

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 LIC. NO. MW D 040
Stacy J. Kesteven
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. AW D 789
Stacy J. Kesteven

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

DEPTH (nearest ft.)

(C2) Ho 98 300

E A C H S C R E E N

1 2 3

6 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 0:53 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

(C3)

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9

PUMPING RATE (gal. per min.) 10
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface):
BEFORE PUMPING 23 ft.
WHEN PUMPING 100 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 INSTALLED PUMP (CIRCLE) (YES OR NO) YES **(NO)**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

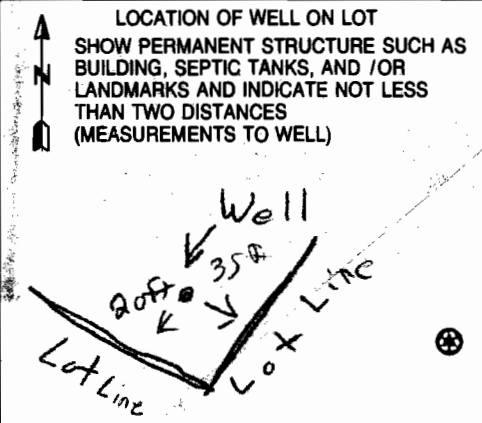
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

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
(-) below } 2 (nearest foot)
49 50 51



B 1	9798	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO - 94 - 4023 <small>fill in this form completely</small>
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OWNER INFORMATION 9840

Date Received (APA) **9/9/04**

8 MM DD YY 13

BECKER WILLIAM

15 Last Name Owner First Name 34

15300 CARRS MILL RD

36 Street or RFD 55

WOODBINE, MD 21797

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard** CC#

8 COUNTY: 21

Clevenger Property

23 SUBDIVISION 42

SECTION 44 46 LOT 2 48 50

Glenwood

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M | I |

73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D **040**

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address

George F. Easterday **8/26/04**

Signature Date

14830 Union Chapel Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **1800** 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **14** BLK: **16** PARCEL **59**

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **(13)** **P31596**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **9/9/2004** *Brian Baber* **9/9/2005**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **534** 0 0 0 EAST GRID **792** 0 0 0

50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7962

5304

N

000 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic, Rotary)

37 CABLE REVERSE-ROTary DRIVe-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

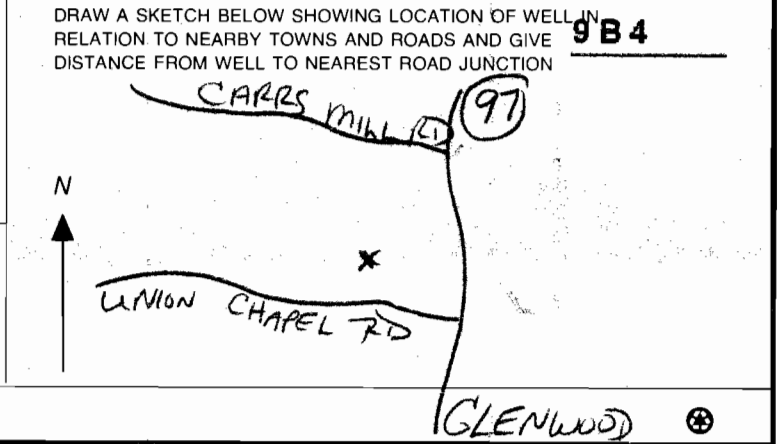
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

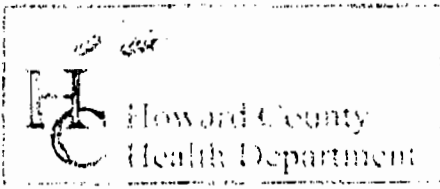
APPROP. PERMIT NUMBER _____ G _____

PERMIT No. **HO - 94 - 4023**

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Bill Becker
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03



Chesapeake Environmental Lab

A Water Quality Laboratory

Inc.

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Fax 410-643-0801

Sl. #181

WATER ANALYSIS REPORT

CASE #: 74282
REQUESTED BY: Pyramid Builders
PROPERTY LOCATION: 14685 Carrsmill Road
Glenwood, MD 21738
WELL #: HO-95-1948
SOURCE: Holding Tank
DATE/TIME COLLECTED: 04-06-11 2:10 pm
DATE/TIME BACT. ANALYZED: 04-06-11 4:16 pm
ANAYLZED BY: D. DiGiovine
COLLECTED BY: M. Wade 6369MW

CHEMICAL ANALYSIS

PARAMETER	RESULTS	UNITS	EPA REFERENCE
pH	5.86*	S.U.	6.5-8.5
Turbidity	<0.5	NTU	less than (<) 10.0
Iron	<0.1	mg/L	less than (<) 0.30
Total Chlorine	0.0	mg/L	
Free Chlorine	0.0	mg/L	
Sand	None		
Clarity	Clear		

BACTERIOLOGICAL TEST

PARAMETER	RESULTS	UNITS
Total Coliform	ABSENCE	100 ml
Escherichia Coli	ABSENCE	100 ml

COMMENTS:

- This water sample was analyzed for bacteria using Colitag Presence/Absence.
- Total Coliform/Escherichia Coli presence at any concentration constitutes a Positive test and is therefore ruled unsatisfactory for human consumption.
- A rating of satisfactory indicates that the parameter(s) tested for are within the drinking water limits or recommendations at the time of sampling.
- This sample was obtained and transported in accordance with COMAR 26.08.05.07.
- (*) Exceeds the EPA reference value.
- This report relates only to the samples as received by the laboratory, and may only be reproduced in full.

SATISFACTORY: YES

DATE REPORTED: 04-11-11

Dominic J. DiGiovine

Dominic J. DiGiovine
Laboratory Director



July 26, 2010

RE: 14685 Carrs Mills Road
Woodbine, MD 21738
Permit # B09000853

Mr. Brian Baker,

As per our conversation on July 26, 2010 I am informing you that we would like to use the existing well HO-94-4023 for the purpose of irrigating the site grass and landscaping. Jones Well Drilling, Inc. will be installing a new well for the new house. The new well is "staked/marked" on site.

If you have any questions or need further assistance, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Herb Severn", written over the word "Sincerely,".

Herb Severn
Project Manager
Pyramid Builders, Inc.