

C 1 2775 SEQUENCE NO. (MDE 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 A49888P

DATE RECEIVED

DATE WELL COMPLETED 082595

Depth of Well 305 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-94-0616

OWNER Fisher Collins/Carter last name first name STREET OR RFD Monticello Dr. TOWN Cooksville SUBDIVISION Harless Manor SECTION LOT 7

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, SANDSTONE, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 15, NO. OF POUNDS 1500.

CASING RECORD: MAIN CASING TYPE PL, Nominal diameter 6, Total depth of main casing 305.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: YES (Y)

CIRCLE APPROPRIATE LETTER: A (Abandoned and sealed), 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 116, Driller Signature: Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 117, Driller Signature: Ralph E. Wayne

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

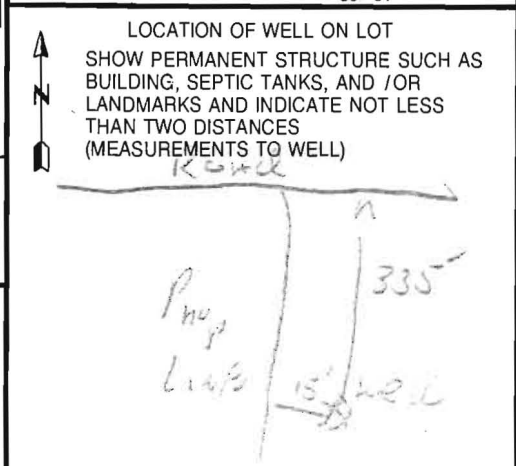
DEPTH (nearest ft.) table with columns 1-51 and rows A-E. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN fields.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 6 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 52 ft. BEFORE PUMPING, 65 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP 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. CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below) LAND SURFACE.



PERMIT NO. (USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-99-0616

PUNCHED CARDS

A

OWNER INFORMATION

HEK COLLINS CARTER
DIKALT NATL PIKE
ELLICOTT CITY MD 21043

B 3

LOCATION OF WELL

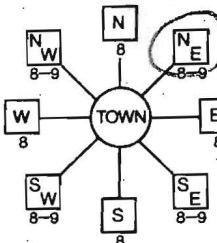
HOWARD
MARLES MANOR
SECTION 44-48 LOT 46-50
COKRSVILLE
MILES FROM TOWN 1 MI

DRILLER INFORMATION

KALPH MAYNE
KALPH MAYNE WELL DRILLING
9120 Brown Church Rd. Mt. Airy
Kalph Mayne 7/3/95

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Monticello Dr.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: 8 BLK: 19 PARCEL 324

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 A49888P
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 7/24/96
CO SIGNATURE EXP. DATE
NORTH GRID 542000 EAST GRID 0800000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

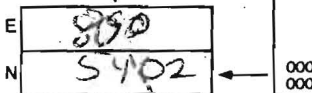
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



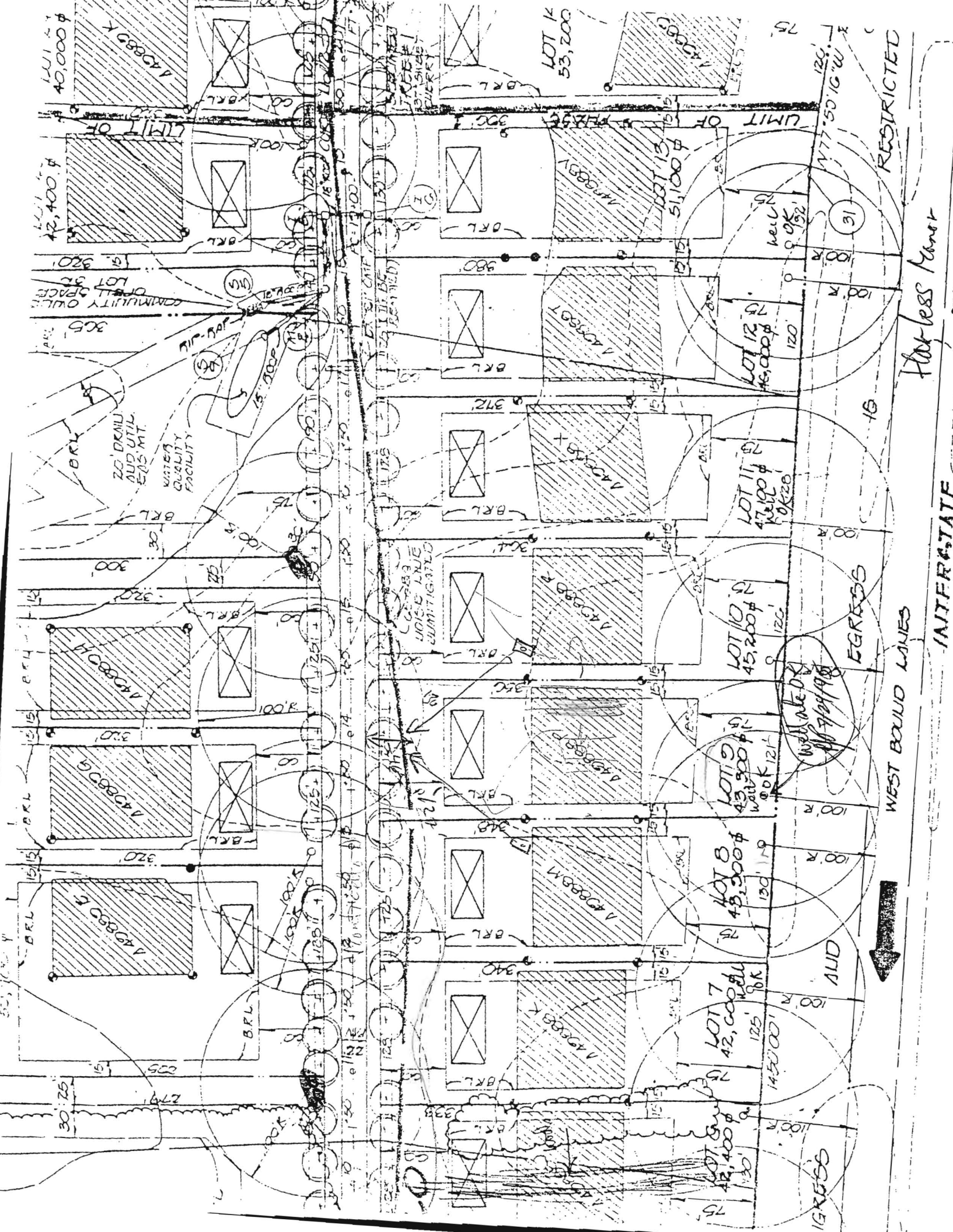
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER GAP
FORCE INITIALS IN BOX PERMIT No. 10-99-0616

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED





Send Report To:

State of Maryland  
DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**MULTI-ELEMENT SECTION**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P.H. Director

  
**E10001710001**  
Received: 10/27/2009  
Metals HC 14049

~~Howard County Health Department~~  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

**LABORATORY ANALYSIS REQUEST**

Please Print

Sample ID No: HC14049 Site Name: Matthew Berdini County: Howard

Sample Source: 14049 Monticello Dr., Coxsville Collector: K. Hamilton  
Street Town or City Name

Date Collected: 10/27/2009 Time Collected: 9:00 a.m. \_\_\_\_\_ p.m. Phone #: 410 313 1784

Field Preserved: Yes  No  Preservative Used:  HNO<sub>3</sub>

Sample Type:  Drinking Water  Landfill  Source (Raw Water)  Liquid  
 Community  Stream  Distribution (Treated)  Solid  
 Non-Community  Sediment  Other \_\_\_\_\_  
 Private

Specify Program:  SDWA  NPDES  CWA  RCRA  Consumer Products  Other \_\_\_\_\_

Type of Sample Preparation:  Total Metals  Total Metals TCLP  Dissolved Metals  
(field preparation required)

Remarks: Sample collected from 1st Fl. powder room.

✓	Element	Results (ppm)	✓	Element	Results (ppm)
	Antimony (Sb)			Copper (Cu)	
	Arsenic (As)			Lead (Pb)	
	Barium (Ba)			Silver (Ag)	
	Beryllium (Be)			Zinc (Zn)	
	Cadmium (Cd)			Aluminum (Al)	
	Chromium (Cr)			Iron (Fe)	
	Mercury (Hg)			Manganese (Mn)	
	Nickel (Ni)			Calcium (Ca)	
	Selenium (Se)			Magnesium (Mg)	
12-03-09 ✓	Sodium (Na)	<u>273.7</u>		Potassium (K)	
	Thallium (Tl)			Uranium 238	

Lab Supervisor: \_\_\_\_\_

Date Reported:    /    /   

•Phone: (410) 767 - 6944

•Fax: (410) 728 - 7055

DHMH 4432 (1/08) 2009 DE 9 PM 1:46

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RECEIVED  
HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH BUREAU



State of Maryland  
DHMH-Laboratories Administration  
Division of Environmental Chemistry  
**METALS ANALYTICAL LABORATORY**  
201 W. Preston Street, Baltimore, Maryland 21201  
John M. DeBoy, Dr. P.H., Director

## Certificate of Analysis

HOWARD CO ENVIRON HEALTH  
7178 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046

Lab Project No: E10001710    Date Coll.: 10/27/2009    Date Received: 10/27/2009    Submitted By: HAMILTON

Field ID: HC 14049  
Lab No.: E10001710001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	273.7	ppm	02/02/2009

### Comments:

Approved by:

*y. Jaisenchay*

Approval date: 12/04/2009

2009 DE - 9 PM 1:46  
J. Jaisenchay

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6944 and arrange for return or destruction.

