

C1 6022 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

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/21/09

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1785

OWNER Reigel SAMATHA STREET OR RFD 70x Valley Dr TOWN WEST FRIENDSHIP SUBDIVISION Riddleman Property SECTION LOT 4

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, FEET (FROM, TO), check if water bearing.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL (CM). CEMENT BENTONITE CLAY (BC). NO. OF BAGS 26. NO. OF POUNDS 2600. GALLONS OF WATER 156. DEPTH OF GROUT SEAL (to nearest foot) 54.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE (ST). Nominal diameter top (main) casing (nearest inch) 6. Total depth of main casing (nearest foot) 70.

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).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MH D 040 DRILLERS SIGNATURE George F. Edman

LIC. NO. 1 MH D 788

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

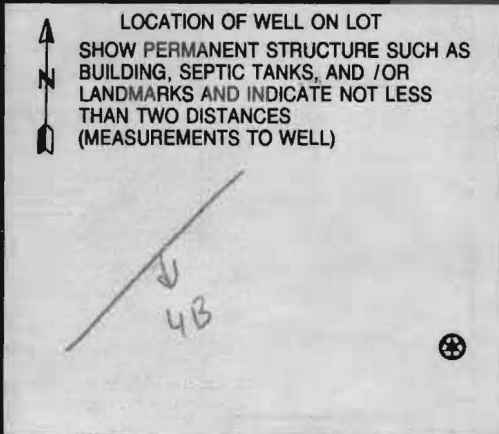
DEPTH (nearest ft.) Table with columns 1-21. Values: 1 HO, 2 68, 3 200.

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. TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST. PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 20. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 61 ft. TYPE OF PUMP USED (for test) 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. 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).



B 1 2678  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
531040 please type

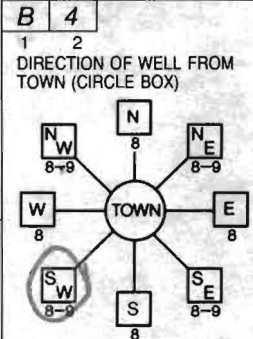
STATE PERMIT NUMBER

HO - 95 - 1785  
70 fill in this form completely 79

Date Received (APA) 11131  
OWNER INFORMATION  
8 MM DD YY 13  
REIGEL SAMATHA & WILLIAM  
15 Last Name Owner First Name 34  
6403 TAMARACK CIRCLE  
36 Street or RFD 55  
SYKESVILLE, MD 21784  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
Howard COUNTY 21  
Kittleman Property  
23 SUBDIVISION 42  
SECTION 44 46 LOT 4 48 50  
West Friendship  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION  
George F. Easterday M WD 040  
Driller's Name 76 License No. 81  
L. Franklin Easterday, Inc.  
Firm Name  
9265 Brown Church Rd., MT. Airy, Md. 21771  
Address  
Signature Date 6/12/2009



B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Fox Valley Dr  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 2000 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 15 BLK: PARCEL 117

B 2 WELL INFORMATION  
1 2  
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
22 I INDUSTRIAL, COMMERCIAL, DEWATERING  
P PUBLIC WATER SUPPLY WELL  
T TEST, OBSERVATION, MONITORING  
G GEO-THERMAL

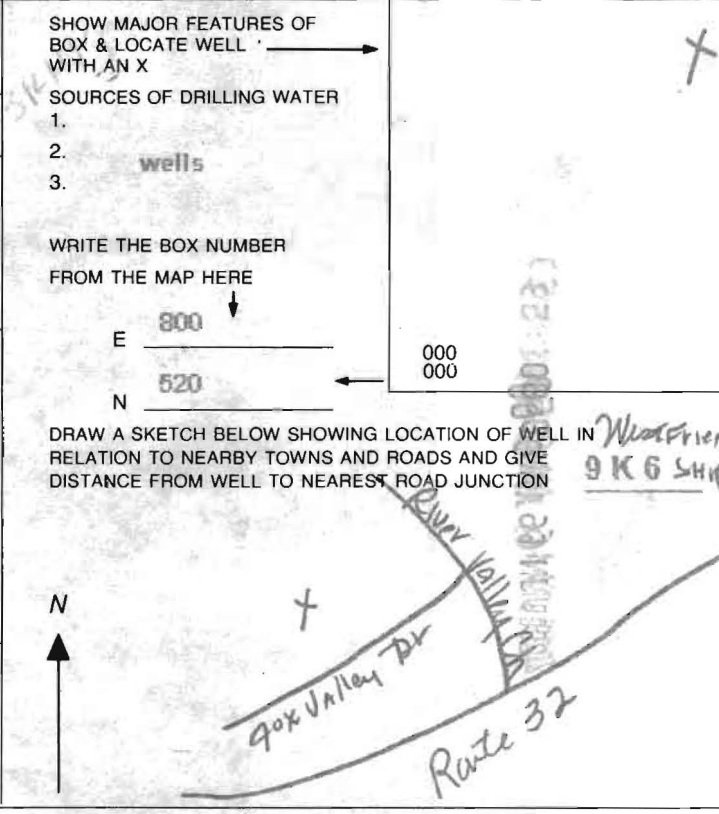
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard (13) A 50382  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S → 41  
DATE ISSUED 7/7/09  
7/7/09 CO SIGNATURE EXP. DATE 7/7/10  
43 MM DD YY 48  
NORTH GRID 520 000 EAST GRID 0800 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET  
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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

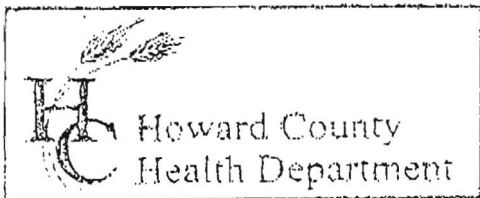
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
D THIS WELL WILL DEEPEAN 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)  
APPROX. PERMIT NUMBER G  
PERMIT No. HO-95-1785  
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 Shawberger & Lave,  
 (professional land surveyor or company employing professional land surveyors)  
 on 6-8-09 (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

Lot 4 Kittleman Property



## Wolf, Kevin

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**From:** Wolf, Kevin  
**Sent:** Wednesday, August 03, 2016 12:34 PM  
**To:** [REDACTED]  
**Subject:** 3014 Kittleman Lane  
**Attachments:** Well Line Installation form.pdf

Jason,

I am in review of the above address for your ICOP letter. I see from the file that we do not have a final approval of the septic permit. Please contact your septic contractor to schedule a pump and alarm test of the septic system so we can final this out. Also, please have your plumber submit a completed copy of the well line installation form (attached) and send back to me. Once we get these items completed and approved, I can release your ICOP for U & O.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS  
Groundwater Mgmt. Sec. Supervisor  
Well & Septic Program  
Bureau of Environmental Health  
8930 Stanford Blvd.  
Columbia, MD 21045  
(o) 410-313-2645  
(f) 410-313-2648



[kwolf@howardcountymd.gov](mailto:kwolf@howardcountymd.gov)

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