

C 1 0174 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 A-43823

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER BETHEA RONALD STREET OR RFD 12012 BROAD MEADOWS TOWN CLARKSVILLE SUBDIVISION CLEARVIEW EST. SECTION LOT 64

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 FROM TO check if water bearing

Overburden Granite 0 35 35 300 x

water was encountered at 75 & 265'

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

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

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 40 00 00

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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.

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MSD017

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

C 2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 60

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 13 ft.

WHEN PUMPING 252 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 WILL INSTALL 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 (nearest foot) 50 51

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) NA

**B 1** 4096 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-93-0229  
fill in this form completely

**B 2** OWNER INFORMATION

Date Received (APA) 121395

Betha Ronald  
2603 Smallwood Drive  
Abingdon MD 21009

**B 3** LOCATION OF WELL

Howard  
Clearview Estates  
SECTION 44 46 LOT 48 50  
Clarksville  
MILES FROM TOWN 1 MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD

Paul M. Fabiszak 399  
G. Edgar Harr Sons' Corp.  
12047 Falls Road Cockeysville 21030  
Signature Paul M. Fabiszak Date 12/11/95

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

12012 Broad Meadow  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH  
DISTANCE FROM ROAD 300  
ENTER FT OR MI FT

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13-43823  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED 1228993  
NORTH GRID 505000 EAST GRID 0820000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

**METHOD OF DRILLING** (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTary DRive-POINT  
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL GROUT  
2. 1/29/96  
3. 1/29/96 Pump test only

WRITE THE BOX NUMBER FROM THE MAP HERE

E 81020  
N 5005

**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  
 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)

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

N  
Broad Meadow  
Route 108

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

APPROP. PERMIT NUMBER GAP  
FORCE INITIALS IN BOX PERMIT No. HO-93-0229

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 93-0229  
 Location of property (road) BROAD MEADOW  
 Subdivision CLEARVIEW EST. Lot 64 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G.E. HARR Owner BETHEA, RONALD

Depth of well 300'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 13'

I. High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 20.0  
 Total time 1 1/2 hrs to reach pumping water level 252 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0800	13'	3		20.0
0815	35'	3		20.0
0830	66'	4		15.0
0845	100'	4		15.0
0900	183'	5		12.0
0915	200'	6		10.0
0930	252'	7		8.57
0945	252'	10		6.0
1000	252'	10		6.0
1015	252'	10		6.0
1030	252'	10		6.0
1045	252'	10		6.0
1100	252'	10		6.0
1115	252'	10		6.0
1130	252'	10		6.0
1145	252'	10		6.0
1200	252'	10		6.0
1215	252'	10		6.0
1230	252'	10		6.0





2/23/96  
 Lab No. Date Received  
 DKS

**WATER ANALYSIS**

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number HO 2609 Name RONALD BETHEA County HOWARD County Code 13

Source CLEARVIEW EST. LOT 64 Date Category 4F

Collected: Date 1/29/96 Time 10:30 a.m. Collector & Phone K. SUKES (410) 313-2640 Submitter Code 4F

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project 3

F  
I  
E  
L  
D

Plant No.       Sampling Station

Preservation: Iced  Acid  Type of Acid H<sub>2</sub>SO<sub>4</sub>

pH   Chlorine: Free   Total   Specific Conductance

Notes to Lab/Remarks: \_\_\_\_\_

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrate, N	00630			4.4	01-31-96	BK
	pH*, Ca CO <sub>3</sub> SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01 Section Chief Asoka I. Katumuluwa Date Reported FEB 1 1996