

C1 6046 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A50450B

(THIS NUMBER IS TO BE PUNCHED IN CO. 3-6 ON ALL CARDS)

ST/CO ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1143

OWNER Spokes last name Albert first name TOWN Clarksville SUBDIVISION Garnet Hill Farm SECTION LOT 4

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Mud & Soft Shale, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (14), NO. OF POUNDS (1400), DEPTH OF GROUT SEAL (0 to 36 ft).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (100).

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y, N), CIRCLE APPROPRIATE LETTER (A, E, P)

C2 DEPTH (nearest ft.) table with rows for casing height and screen depth.

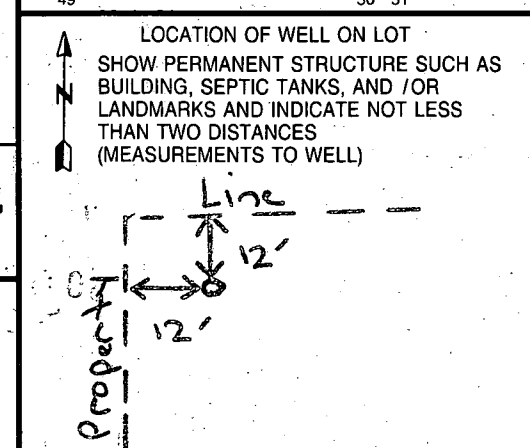
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MWD 399, DRILLERS SIGNATURE, LIC. NO. MWD 0089, SITE SUPERVISOR responsible for sitework if different from permittee

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

C3 PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (9.6), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (32 ft before, 20 ft when pumping), TYPE OF PUMP USED (S submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (41), CASING HEIGHT (above)



B 1	4871	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <u>HO-94-1143</u> <small>70 fill in this form completely 79</small>
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Date Received (APA) 4/21/97

**OWNER INFORMATION**

8 MM DD YY 13  
Spokes Albert

15 Last Name Owner First Name 34

36 560 Chambliss Drive 55  
Street or RFD

57 Clarksville MD 21029 76  
Town State Zip

**LOCATION OF WELL**

B 3 Howard

8 COUNTY 21

23 Garnet Hill Farm 42  
SUBDIVISION

SECTION 4 LOT 4  
44 46 48 50

52 Clarksville 71  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M 11  
73 76 77 78

**DRILLER INFORMATION**

Paul M. Fabiszak M WD 399  
Driller's Name License No. 81

G. Edgar Harr Sons' Corp  
Firm Name

12047 Falls Rd Cockeysville 21030  
Address

Paul M. Fabiszak 4/16/97  
Signature Date

**WELL INFORMATION**

B 2

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750  
14 20

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

**NEAR WHAT ROAD**

Broadwater Lane 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37  
DISTANCE FROM ROAD Ft  
ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard A 50450B  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 5/19/97 Kim Maisto 5/19/98  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 508 000 EAST GRID 808 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 5/28/97 10:30 gROUT

SOURCES OF DRILLING WATER

- Potable Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 81008

N 5000

**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

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)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_ 63

FORCE 65 WRITE INITIALS IN BOX PERMIT No. HO-94-1143  
67 68 70 71 72 73 74 75 76 77 78 79

COUNTY





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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 17, 1997

Mr. Albert Spokes  
5610 Chambliss Drive  
Clarksville, Maryland 21029

RE: Garnet Hill Farm, Lot #4  
Broadwater Lane  
Well Permit #HO-94-1143

Dear Mr. Spokes:

This is to advise you that at the time the yield test was performed for the above referenced well, a water sample was collected by this office for testing for turbidity level. The sample result indicated a turbidity level of 36.0 NTU's. (The turbidity level may be due in part to an elevated level of iron).

COMAR 26.04.04.09 prohibits approval of any well water supply with a turbidity level in excess of 10 NTU's. This department may grant a temporary deviation to that section of the regulation on the condition that the turbidity level be lowered to below the limit either through the installation of an acceptable treatment device or over time.

Prior to recommendation for the Use and Occupancy Permit for the above referenced property, this office must receive test results for the turbidity level in the well water supply to determine whether or not the well is in compliance with COMAR standards.

If you have any questions regarding this matter, please contact me at the address below or by calling (410) 313-2640. Thank you in advance for your cooperation in this matter.

Sincerely,

Donna K. Soe, R.S.  
Water and Sewerage Program

DKS  
cc: file