

C1 - 09446

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A 47763

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY, DATE RECEIVED 2/23/98

DATE WELL COMPLETED 01 19 98

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1348

OWNER Baker Frederick, STREET OR RFD Benson Branch Rd, TOWN ELICOTT CITY, SUBDIVISION Lowe Property, SECTION, LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 17, NO. OF POUNDS 1700, GALLONS OF WATER 85, DEPTH OF GROUT SEAL 46

C 3

PUMPING TEST

HOURS PUMPED 3, PUMPING RATE 5, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 26, BEFORE PUMPING 198, TYPE OF PUMP USED submersible

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. Rows include top soil, shaley, gray mica, quartzes, brown mica, etc.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE St, Nominal diameter 6, Total depth 52

OTHER CASING (if used) diameter, 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)

Table with columns: DEPTH (nearest ft.), A, C, H, S, R, E, N. Rows show depth intervals and casing types.

CIRCLE APPROPRIATE LETTER: A (well abandoned), 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"

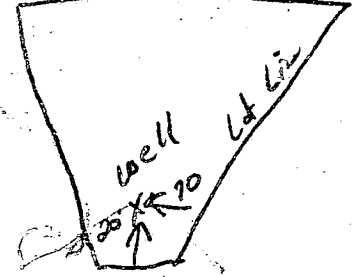
DRILLERS LIC. NO. 1 M WD 040, DRILLERS SIGNATURE George F. Easterday, LIC. NO. 1 M WD 481

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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)



B 1	5322	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-94-1348 <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received (APA) 10/29/97		B 3 LOCATION OF WELL		
OWNER INFORMATION RN 7244		Howard COUNTY		
Baker Rick Last Name Owner First Name		Lowe Property SUBDIVISION		
6125 Watch Chain Way Street or RFD		SECTION 44 LOT 3		
Columbia, Md. 21044 Town State Zip		WEST FRIENDSHIP NEAREST TOWN		
DRILLER INFORMATION		MILES FROM TOWN (enter 0 if in town) 2 M		
George F. Easterday M VD 040 Driller's Name License No.		B 4		
L. Franklin Easterday, Inc. Firm Name		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
9265 Brown Church Rd., MT. Airy, Md. 21771 Address		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<i>George F. Easterday</i> 10/28/97 Signature Date		Benson Branch Rd NEAR WHAT ROAD		
WELL INFORMATION		TOWN		
APPROX. PUMPING RATE (GAL. PER MIN.) 5		NORTH		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		WEST		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		EAST		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		SOUTH		
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)		DISTANCE FROM ROAD 2000 Ft		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)		ENTER FT OR MI		
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)		TAX MAP: _____ BLK: _____ PARCEL: _____		
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		
APPROXIMATE DEPTH OF WELL 300 FEET		Howard COUNTY NAME A 47763 COUNTY NO.		
APPROXIMATE DIAMETER OF WELL 6 INCH		STATE SIGNATURE _____ INSERT S →		
METHOD OF DRILLING (circle one)		DATE ISSUED 12/8/98		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN		CO SIGNATURE _____ EXP. DATE _____		
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)		NORTH GRID 523 0 0 0 EAST GRID 0815 0 0 0		
<input checked="" type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
other _____		SOURCES OF DRILLING WATER		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		1. wells		
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		2. _____		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		3. _____		
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS		WRITE THE BOX NUMBER FROM THE MAP HERE		
<input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL		E 810		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		N 520 3		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROX. PERMIT NUMBER _____ G A P _____				
FORCE DS WRITE INITIALS IN BOX 10-94-1348 PERMIT No. _____		<p><i>1/19/98</i> <i>Grout</i> <i>No insp</i> <i>KM</i></p>		
SPECIAL CONDITIONS		<p><i>Benson Branch</i></p>		

LAND DESIGN ENGINEERING, INC.

PLANNING • ENGINEERING • SURVEYING

Ron (CW)

September 21, 1993

Mr. Craig Williams, Program Director
Bureau of Environmental Health
Howard County Health Department
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

re: Lowe Property
Lots 1, 3 and 4

Woodmark Subdiv

Dear Mr. Williams:

Please find a completed Ground Water Appropriation Permit Application and Location Map for the above referenced subdivision.

Should you have any questions regarding the processing of the application, please contact our office.

Very truly yours,

LAND DESIGN ENGINEERING, INC.

Bruce D. Burton

Bruce D. Burton, P.E.
Vice President

BDB:dmm

Encs.

cc: Lois H. Lowe

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Tawes Office Building
Annapolis, Maryland 21401

Surface Water Groundwater New Application Change in Existing Permit

Number _____

APPLICATION	LOIS H. LOWE (Owner's Name)		(410) 531-6732 (Telephone Number)	
	12325 BENSON BRANCH ROAD (Owner's Address)	ELLICOTT CITY (Street)	MD (State)	21042 (Zip Code)

WITHDRAWAL GROUNDWATER <p>Appropriate and use a yearly average of <u>650</u> gallons per day, <small>[total annual use ÷ 365 days]</small> and <u>1100</u> gallons <small>[highest total monthly use ÷ days in month]</small> for the average day of the maximum month, from <u>3</u> well(s) having a diameter of <small>[number]</small> <u>6</u> inches, and a depth of <small>[estimate]</small> <u>700</u> ft. <small>[estimate]</small></p>	SURFACE WATER Appropriate and use a yearly average of _____ gallons per <small>[total annual use ÷ 365 days]</small> day, and a maximum use of _____ gallons in any one day, from: _____ <small>[name of stream]</small> _____ <small>[exact location of withdrawal]</small>
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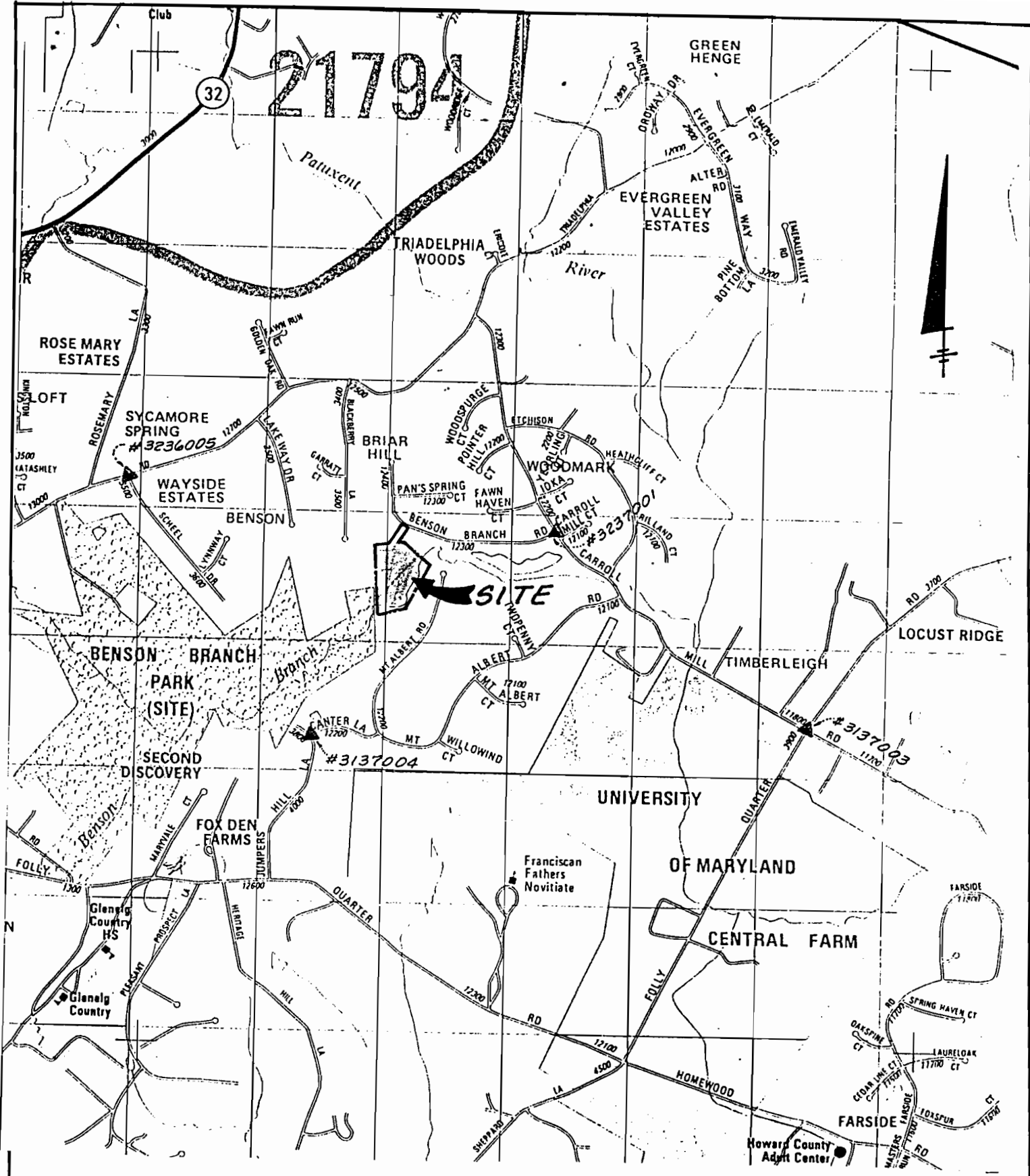
PROJECT LOCATION		
SOUTH SIDE OF BENSON BRANCH ROAD 2400' E. WEST OF CARROLL MILL ROAD <small>[Location - be specific]</small>		
County <u>HOWARD</u>	Subdivision or town <u>WOODMARK SBL</u> <small>[Location - be specific]</small>	Phone number <u>(410) 531-6732</u>
Name and type of business <u>THREE (3) PROPOSED SINGLE FAMILY DETACHED DWELLINGS (LOTS 1, 3 AND 4)</u>		

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE The water will be used for: <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water) <input checked="" type="checkbox"/> Potable Supply (drinking water, etc.) <input type="checkbox"/> Cooling Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Process Water <input type="checkbox"/> Other _____ <small>[explain]</small>	WASTEWATER TREATMENT AND DISPOSAL <input type="checkbox"/> Public Sewer _____ <small>[name of system]</small> <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Subsurface (tilefield, seepage pit, etc.) <input type="checkbox"/> Spray Irrigation <input type="checkbox"/> Other, explain _____ <input type="checkbox"/> Surface Water _____ <small>[name of stream]</small> Discharge Permit # _____ or applied for _____
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SIGNATURE Please sign here <u>BRUCE D. BURTON PE</u> <small>[signature]</small> <u>BRUCE D. BURTON PE (OWNERS AGENT) 9/15/93</u> <small>[please print name, title, and date here]</small>	THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP
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REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY		
THIS SECTION NOT TO BE COMPLETED BY APPLICANT		
Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?		
<input type="checkbox"/> YES <input type="checkbox"/> NO, explain _____		
Signature of county representative _____ <small>[signature]</small>	_____ <small>[title]</small>	_____ <small>[date]</small>



LAND DESIGN ENGINEERING, INC.

Title: *Location Map*
LOWE PROPERTY

Date:
May, 1993

Drawn:
LDE

ADC Map 10
Grid E-9

Scale:
1" = 2000'

LDE Job No.:
91-213

Sheet:
Figure 1

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