

C 1 67603

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well

COUNTY NUMBER PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER PAVELKA, EDWARD WELL SITE ADDRESS 7250 PRESERVATION CT TOWN FULTON SUBDIVISION PINDELL WOODS SECTION LOT 17

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entry: DEEPENED Gray Mica 350 600

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to. Includes handwritten entries for PL casing.

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

WELL HYDROFRACTURED form with YES/NO options and handwritten 'Y'.

CIRCLE APPROPRIATE LETTER form with options A, E, P and handwritten 'P'.

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 MWD 603 DRILLERS SIGNATURE Darren E. Wilson

LIC. NO. 1 JS D 038

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

DEPTH (nearest ft.) table with columns 1-51 and handwritten entries for PL casing.

DIAMETER OF SCREEN form with handwritten '4' and 'NEAREST INCH'.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields T, W, Q, 70, 72, 74, 75, 76

PUMPING TEST form with fields: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED (A, C, J, P, R, S, T, O)

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 3 9.175263 LONGITUDE 76.918316 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

October 26st, 2021

Pavelka, Edward J; Pavelka Lydia E
7250 Preservation Court
Fulton, MD 20759

RE: **Well Sampling**
7250 Preservation Court
Fulton, MD 20759
Well Permit # HO-94-3123

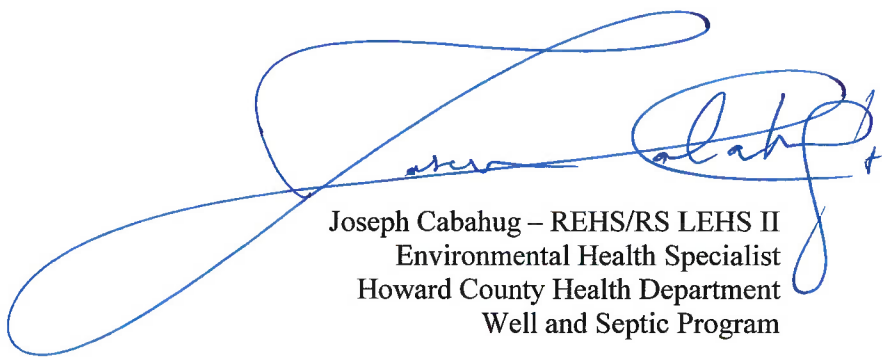
10/26/2021
[Handwritten initials]

Home Owner:

According to our records, your well has been deepened and remains connected to the dwelling and was not tested for potability. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule water sampling for the above referenced well advocate for standard potability testing for bacteria, nitrates, turbidity, and sand to confirm that your well was not damaged during reworking. Please let us know if you have any water treatment in the house such as a softener.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-6287. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.



Joseph Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

Cc: Community Hygiene Program
File