

4204 SEQUENCE NO. (OEP 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 W 32328

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name

STREET OR RFD TOWN

SUBDIVISION SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown shale, Green shale, Blue slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top(main)casing Total depth of main casing

OTHER CASING (if used) diameter depth to EACH CASING

SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.) SLOT SIZE

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING

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 YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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)

CIRCLE APPROPRIATE BOX 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 10.17.13 "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.

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE

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

B 1	SEQUENCE NO. (WRA USE ONLY) 3927	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-75-816
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) 5/16/77 10:00 A.M.	OWNER COL 15 LAST NAME _____ FIRST NAME _____ COL. 34 STREET OR RFD COL 36 _____ COL. 55 POST OFFICE COL 57 _____ COL. 76
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B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE _____		LICENSE NUMBER _____ 77 _____ 80
FIRST NAME _____		DRILLER LAST NAME _____
SIGNATURE _____		

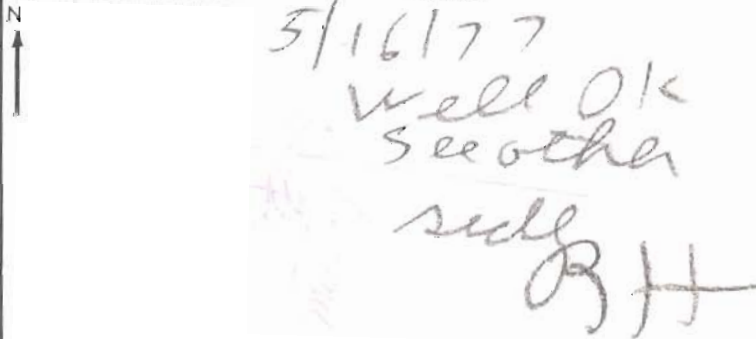
B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY _____ (DO NOT ABBREVIATE COUNTY NAME) _____ 21	
SUBDIVISION _____ 23 _____ 42	
SECTION _____ 44 _____ 46 _____ 48 _____ 50	
NEAREST TOWN _____ 52 _____ 71	
MILES FROM TOWN (ENTER 0 IF IN TOWN) _____ 73 _____ 76 77 78	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____ 8 _____ 12	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) _____ 14 _____ 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> SOUTHWEST	
NEAR WHAT ROAD _____	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST 30	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) _____ 34 _____ 37 _____ 38 39	

APPROXIMATE DEPTH OF WELL _____ 24 _____ 28 FEET	
APPROXIMATE DIAMETER OF WELL _____ (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN 30-37 <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE) _____	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



RE PLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	

NOT TO BE FILLED IN BY DRILLER WRA USE ONLY:	
APPROPRIATION PERMIT NUMBER _____	ENGINEER REVIEW DISTRICT NO. _____
FORCE _____	CONDITIONS _____

BOX NUMBER _____ NORTH COORDINATE _____ 50 51 52 53 54 55 EAST COORDINATE _____ 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) _____ 65 66 67 68	0/5 5/5 0/0 5/0
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B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	
41 <input checked="" type="checkbox"/> STATE HEALTH (CIRCLE BOX) _____ COUNTY NAME _____ COUNTY NO. _____	
DATE _____ MO. DAY YR. _____ APPROVED BY _____	

E3 5	SPECIAL CONDITIONS 8-61 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

B 1 0765 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4316

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

please print or type

fill in this form completely

Date Received 11/11/82 (OEP Use Only)

B 3 LOCATION OF WELL

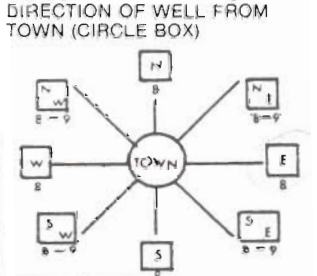
OWNER INFORMATION: Last Name, Owner, 34 Name, Street or RFD, 55, Town 57, State, 76 Zip

COUNTY 8, SUBDIVISION 23, SECTION 44, LOT 48, NEAREST TOWN 52, MILES FROM TOWN

B 1 Continued DRILLER INFORMATION

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Driller's Name, 77 License No. 80, Firm Name, Address, Signature, Date



NEAR WHAT ROAD 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 37

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 12, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE

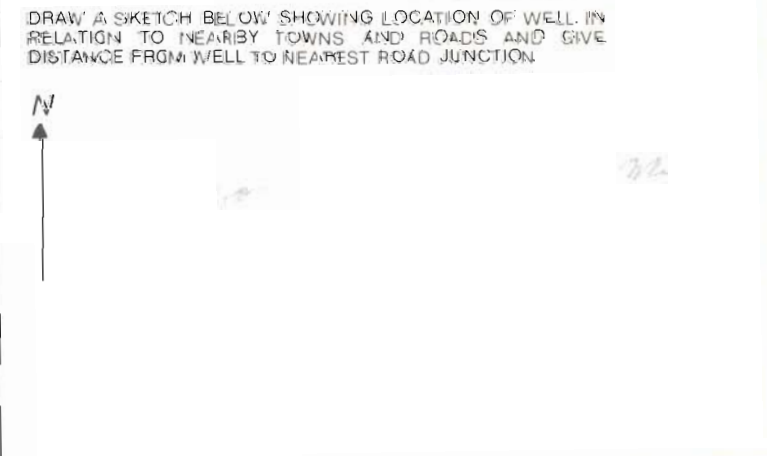
- USE FOR WATER (CIRCLE APPROPRIATE BOX): D HOME, F FARMING, I INDUSTRIAL, P PUBLIC OR PRIVATE WATER COMPANY, T TEST, OBSERVATION, MONITORING

APPROXIMATE DEPTH OF WELL 230 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

REPLACEMENT OR DEEPEINED 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, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEIN AN EXISTING WELL



APPROX. PERMIT NUMBER 0765 GAP

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL, COUNTY NAME HOWARD, COUNTY NO. 20

FORCE ES, INITIALS IN BOX, PERMIT No. HO-73-4316

OEP SIGNATURE, DATE ISSUED, STATE HEALTH CIRCLE BOX, CO SIGNATURE, NORTH GRID, EAST GRID, EXPIRES

B 5 SPECIAL CONDITIONS

3/16/77

- ① Irrigation Well No house involved
No septic system nearby
- ② 32 ft casing with 1 ft out
of ground
- ③ 29 ft depth to be grouted
- ④ 7 bags used
- ⑤ Well is O.K.

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 6 3 08 PM '77
DIVISION OF
ENVIRONMENTAL
HEALTH

Raymond Hodges

3/78/81

- ① LOCATION NOT NEAR SEPTIC SYSTEM
- ② 42 FT CASING 3 FT OUT OF GROUND
- ③ 36 FT OPEN HOLE
- ④ 11 BAGS USED
- ⑤ WELL IS OK

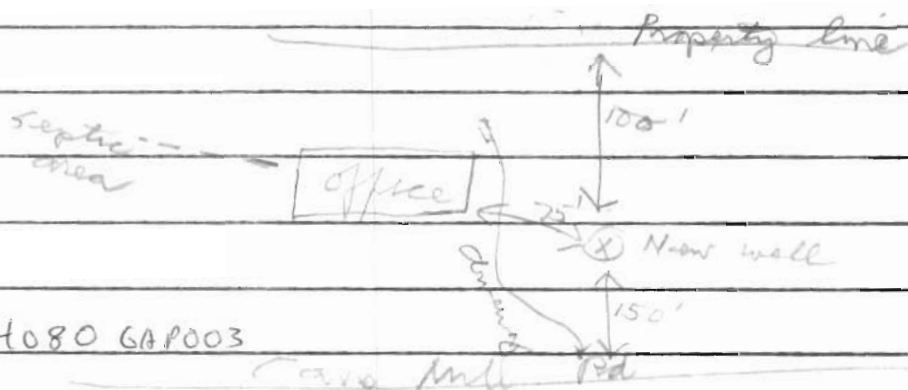
R HODGES

11/23/82
930 3rd

FILE Well Site Check DATE REPORTED 11/12/82
PROPERTY OWNER Jim Ward % Landscape Development Co.
P.O. ADDRESS 16307 Carvs Mill Rd. TELEPHONE 442-2033
DIRECTIONS TO PROPERTY Woodbine, Md. 21797

INFORMANT Mr. Ward has spoken to Costeday re. new well
11/12/82 T.C. - Mr. Ward, informed him Groundwater Appropriation Permit application would probably
be necessary - Application attached F.S.

CONDITION FOUND 11/16/82 Talked with Jim Ward. New location
OK. (See sketch)



ACTION TAKEN H080 GAP003

H0-73-4316 OK F.S. G.A.P.A change in exisiting permit sent 11/16/82 F.S.

11/23/82 WELL GROUT TODAY

- ① LOCATION OK PER PLAN ABOVE
- ② 31 FT CASING 2 FT OUT OF GROUND
- ③ 29 FT OPEN HOLE
- ④ 2 BAGS

FINAL DISPOSITION 5) WELL OK Tag given to grout crew

1/25/83 File, Well complete F.S.



THOMAS C. ANDREWS
DIRECTOR

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401
Water Supply Division
(301-269-3675)

MEMORANDUM

TO: County Health Department, *Howard Co., Environmental Health*

~~VIA:~~

FROM: *MARINA GOPENKO*

DATE: *11/26/82*

Water Appropriation Permit: *H080GAP003*

Issued to: *LANDSCAPE DEVELOPMENT Co.*

Effective date: *11/3/82*



JIM WARD

LANDSCAPE
DEVELOPMENT CO.

16307 Carrs Mill Road
Woodbine, Md. 21797

BALT. 442-2033

WASH. 924-2486