

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **13**

ST/CO USE ONLY DATE Received **05 22 14** DATE WELL COMPLETED **05 16 24** Depth of Well **305** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-22-0133**

OWNER **LA LACE KIMBERLY** WELL SITE ADDRESS **5107 HOADLY INDUSTRIAL CT** TOWN **ELICOTT CITY MD 21042**

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		check if water bearing
	FROM	TO	
Red Sdy Clay	0	15	
White/Tan Sand	15	65	X
Tan Sand & Gravel	65	70	X
White Rock	70	285	
gray/blue Rock	285	305	X
Water at	80		X

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

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

NO. OF BAGS **7** NO. OF POUNDS **350**

GALLONS OF WATER **160**

DEPTH OF GROUT SEAL (to nearest foot)
from **4** ft. to **75** ft.

CASING RECORD

casing 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 1/2** **75**

OTHER CASING (if used)

diameter depth (feet)

PL **4 1/2** **60** **305**

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **2**

WELL HYDROFRACTURED **Y** **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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	8	9	11																		
A																					
C																					
H	23	24	26																		
S																					
C																					
3																					
R	38	39	41																		
E																					
N																					

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
from _____ to _____

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.

DRILLERS LIC NO. **MSD 174**

DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **D**

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **4**

METHOD USED TO MEASURE PUMPING RATE **bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **22** ft.

WHEN PUMPING **173** 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 INSTALLED 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 **S**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) **10**

PUMP HORSE POWER **1.5**

PUMP COLUMN LENGTH (nearest ft.) **280**

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE
- below } **2** (nearest foot)

LATITUDE **39 238 24**

LONGITUDE **76 48 52**

(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. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1 83937 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL** please type **STATE PERMIT NUMBER** HO-22-0133
70 fill in this form completely 79

OWNER INFORMATION

Date Received (APA) 8/14/24

8 MM DD YY 13

15 Last Name Wojcik Owner First Name Robert 34

36 Street or RFD 107 W. ... 55

57 Town ... 70 State MD 72 Zip 21784 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 44 48 LOT 48 50

52 NEAREST TOWN ... 71

DRILLER INFORMATION

Driller's Name L. S. Kwiatkowski, M.D. 76 License No. SD174 81

Firm Name Atwater Drilling LLC 77

Address 146 S. ... 78

Signature [Signature] Date 5/16/24 80

B 4 SOURCES OF DRILLING WATER

1. ...

2. ...

3. 5112024-

Set 90' cas...
 10' ... 30'
 in ... 20' ...

11 STREET ADDRESS ... 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 DISTANCE FROM ROAD 37

ENTER FT OR MI ... 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION 51141024-

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 5/11/24 43 MM DD YY 48 CO SIGNATURE [Signature] 5110125 EXP. DATE

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

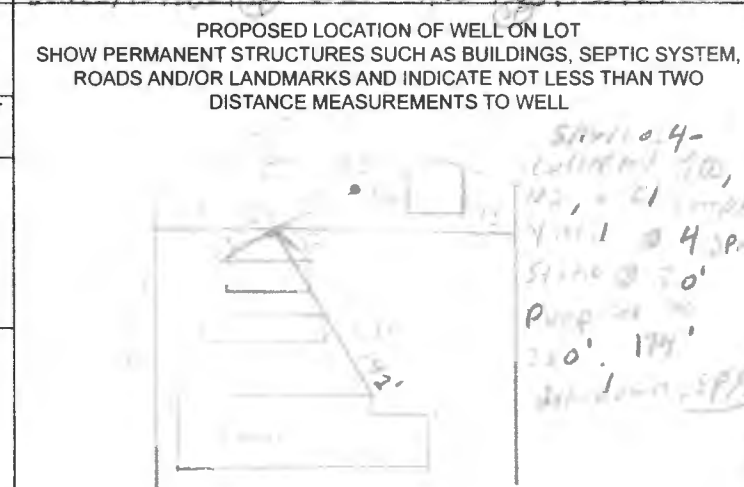
APPROXIMATE DIAMETER OF WELL 60 INCH 30 34

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY JETTED AIR-PERCUSSION Jetted & DRIVEN ROTARY (Hydraulic Rotary)

30 CABLE 37 REVERSE-ROTARY DRIVE-POINT

other _____



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 HO-95-2376

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

APPROX. PERMIT NUMBER ... **G**

PERMIT No. HO-22-0133 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Please notify office of Drilling, Grout, & Yield

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

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Hydro-Wells, LLC

HYDROWELLS WELL DRILLING YIELD TEST REPORT

DATE TEST PERFORMED: 05/16/24	WELL TAG: HO-22-0133	CASING: 6-1/4" PVC
ADDRESS: 5107 HONEY LOCUST CY, ELLICOTT CITY MD	COUNTY PERMIT:	WELL DEPTH: 305'
OWNER: KIMBERLY LAROSE	WELL PUMP: 1HP 10 GALL	PUMP SET: 280'
WELL DEPTH: 305'	STATIC WATER LEVEL: 22'	HOURS PUMPING: 6 HOURS

TIME	WATER LEVEL	PSI	EXISTING PUMP	PUMPING RATE SECONDS TO FILL 1 GAL OR 5 GAL BUCKET CIRCLE	CALCULATED FLOW GALLONS PER MINUTE
10:30	22'		1 HP	25 sec	12 gpm
11:00	27'		1 HP	26 sec	11.53 gpm
11:15	35'		1 HP	61 sec	4.91 gpm
11:30	41'		1 HP	76 sec	3.94 gpm
11:45	46'		1 HP	74 sec	4.05 gpm
12:00	55'		1 HP	76 sec	3.94 gpm
12:15	67'		1 HP	75 sec	4 gpm
12:30	72'		1 HP	74 sec	4.05 gpm
12:45	75'		1 HP	76 sec	3.94 gpm
1:00	83'		1 HP	75 sec	4 gpm
1:15	87'		1 HP	74 sec	4.05 gpm
1:30	90'		1 HP	75 sec	4 gpm
1:45	95'		1 HP	74 sec	4.05 gpm
2:00	102'		1 HP	74 sec	4.05 gpm
2:15	105'		1 HP	75 sec	4 gpm
2:30	113'		1 HP	74 sec	4.05 gpm
2:45	117'		1 HP	75 sec	4 gpm
3:00	121'		1 HP	75 sec	4 gpm
3:15	136'		1 HP	75 sec	4 gpm
3:30	145'		1 HP	74 sec	4.05 gpm
3:45	157'		1 HP	74 sec	4.05 gpm
4:00	173'		1 HP	75 sec	4 gpm
4:15	173'		1 HP	75 sec	4 gpm
4:30	173'		1 HP	75 sec	4 gpm



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

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

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Hydro-Well's, LLC Telephone #: (301) 393-7090
 Address: 22410 MOUNT EBRAHIM RD
DICKERSON MD 20842

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
 Name (Print): JASON S. KWIAKOWSKI License# MSD-174

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: KIMBERLY LAROSE Telephone #: (248) 933-9350
 Subdivision: _____ Lot #: _____ Well Tag #: HO-22-0133
 Site Address: 5107 HONEY LOCUST CT
ELLIOTT CITY MD

Submersible Pump Data

Make: Grundfos
 Model #: 1050ETS-330
 Pump Capacity: 1.5 HP/10gpm
 Well Yield: 4gpm
 Depth of well encountered at time of pump installation: 280' (feet)

Pitless Adapter

Make: Campbell +
 Model#: 1" P-100SS
 GPM Depth: 3' (36" min)
 GPM NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: PVC
 Screened, vented well cap:
 Cap secured to casing:
 Conduit min 18" B.G.:
 Conduit secured to well cap:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: Black poly
 PSI: 160 (160 psi min)
 Depth of supply line: 3' (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Length of sleeve (5' minimum from foundation): _____
 Sleeve sealed properly: _____
 Other: Well to well

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 05/15/2024

For Health Department Use Only - Not to be completed by Installer

Date Insp Requested: 5/15/2024 Date Insp. Approved: 5/15/2024 Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

SP/MB
 40"

 2'

 1'
 N/A

(Revised form 10/24/2018)

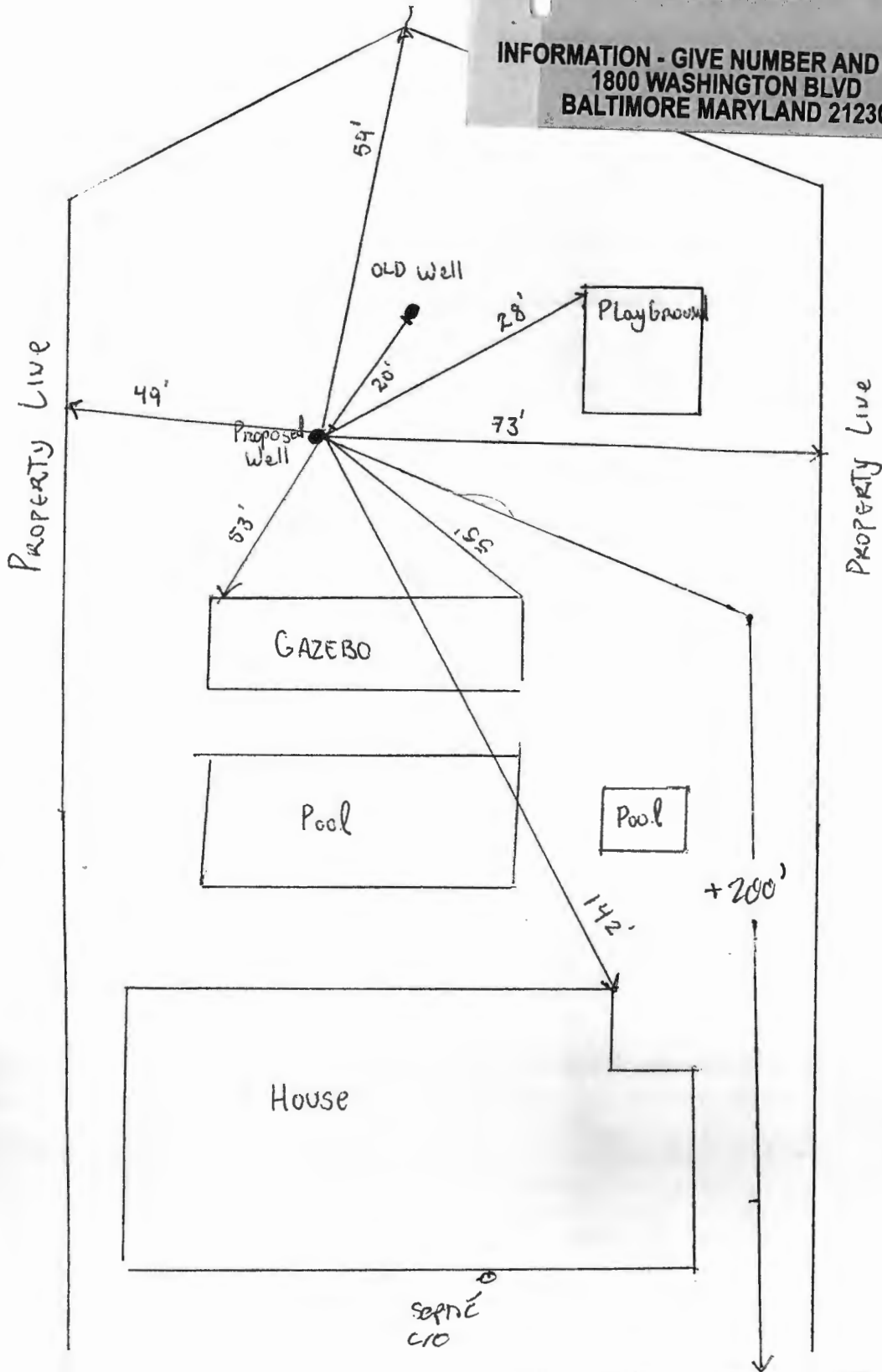
Website: www.hchealth.org Facebook: www.facebook.com/hcchohealth Twitter: @HoCoHealth

5/16/2024
 Pump not dropped yet, reinspect for cap & elec conduit SP/AB
 5/17/2024 - Two piece cap not secured, elec conduit 24" below gze.
 well tag attached

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-22-0133

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230



5/10/2024
well site
Approved


+200'
From septic
C10

Baltimore MD.
5107 Howard Street CT



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

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

June 17, 2024

RE: **Replacement Well Sampling & Abandonment**

Kimberly LaRose
5107 Honey Locust Ct
Ellicott City MD 21042
Well Permit # HO-22-0133

Dear Kimberly LaRose,

According to our records, your replacement well was connected. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. You will also need “long-term” Gross Alpha, Gross Beta and Radium 226/228 due to high levels of Gross Alpha found during well construction.

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 410-313-1789. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

If you have any questions or would like to discuss these matters further, please call me at (410) 313-1789. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'SP', is written over a light blue circular stamp.

Shepsura Page
Environmental Health Specialist
Howard County Health Department
Well and Septic Program

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

June 17, 2024

Jason & Kimberly Larose
5107 HONEY LOCUST CT
ELLICOTT CITY MD 21042

RE: 5107 HONEY LOCUST CT
ELLICOTT CITY MD 21042
Well Tag: HO-22-0133
(Replacement Well - Gross Alpha
& Gross Beta Results)

Dear **Jason & Kimberly Larose**;

A water yield test was collected on May 16, 2024 and submitted to the Maryland Department of Health Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this sample screening revealed a **Gross Alpha** of 17.4 ± 4.3 picocuries/liter (pCi/L), while the **Gross Beta** level was 10.2 ± 2.2 pCi/L.

At the time of testing, the well water supply **does not meet** EPA regulatory standards for **Gross Alpha**. Given these readings, some additional testing to further evaluate "long-term" **Gross Alpha**, **Gross Beta** and **Radium 226/228** is required.

In addition, if you currently have a water softener system or R/O treatment on your water supply or it has been recently serviced, you may wish to consider **pre& post - treatment testing** levels for "long-term" **Gross Alpha**, **Gross Beta** and **Radium 226/228** to ensure that the treatment is effective.

If any water treatment currently exists & helps lower the elevated **Gross Alpha** level, then a Permanent Deviation Letter for Radium might be required as well.

For more information, please contact our office at **410-313-1773** and schedule the specific testing mentioned above.

A copy of the test results is enclosed for your information.

Sincerely,



Ramar Martin, Program Supervisor
Bureau of Environmental Health

Enclosure

cc: Property file

SEND REPORT TO:

Ramon Martin, Bureau of Environmental Health
8930 Stensford Blvd
Columbia, MD, 21045

State of Maryland
MDH Laboratories Administration
Division of Environmental Sciences
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.
010 178

LABORATORY ANALYSIS REQUEST FORM

Plant/Site Name: 5107 Honey Locust Ct (Jason + Kimberly L. Zrese) County: Howard

Sample Source: Well During Yield Location: HO-22-0133
(Well no., lab sink, sample tap, etc.)

Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
Bottle B _____ Bottle B _____

County: 13 Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	
Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Service	
Community	<input type="checkbox"/>
Non-Community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Point of Collection	
Source (Raw)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Testing	
Emergency	<input type="checkbox"/>
Routine	<input checked="" type="checkbox"/>
Recheck	<input type="checkbox"/>
Special	<input type="checkbox"/>

Submitters Code:

--	--

 Federal Project: 5

Collector: S. Page Telephone No.: 410 313 1789

Date Collected: 5/16/2024 Time Collected: _____ a.m. 1 p.m.

Field pH: 7.5 Field Chlorine: _____

Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: _____

<input checked="" type="checkbox"/>	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	2325	EPA 900.0	17.4 ± 4.3	05/22/24	AS	05/23/24
<input checked="" type="checkbox"/>	Gross Beta	4100	2325	EPA 900.0	10.2 ± 2.2	05/22/24	AS	05/23/24
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								
<input type="checkbox"/>								

Date Received: 5-17-24 Received By: [Signature]

Data Release Signature: [Signature] Date: 5/24/24

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample pH <2.0?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within holding time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HoCo Health Depart
MAY 28 2024
Environmental Health

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

5107 Honey Loast Ct
 Ellicott City MD 21042

DATE WELL ABANDONED: 05/16/2024 (month/day/year)

OK
 6/17/2024
 (Signature)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 2376

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 22 - 0133

* PERSON ABANDONING WELL: Jason S. Kwiatkowski

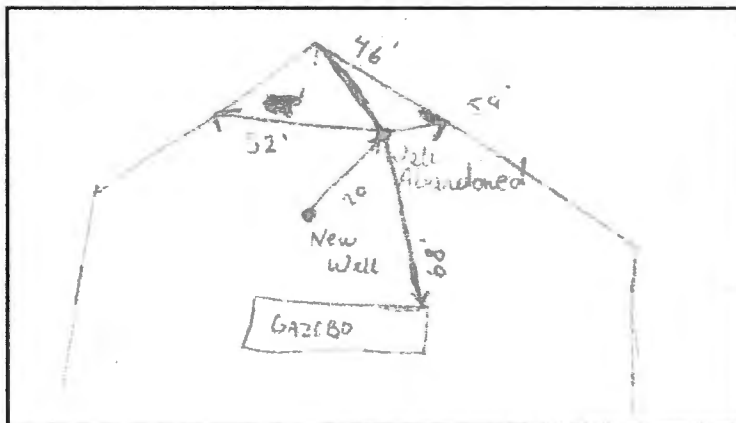
WELL DRILLERS LICENSE NUMBER: 174

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Kimberly Larose

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard County
 NEAREST TOWN: Ellicott City
 TAX MAP _____ BLOCK _____ PARCEL 65
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Honey Loast Ct



39.2382208, -76.4486291

* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED
 _____ BORED/AUGERED _____ HAND DUG
 _____ OTHER (specify) _____

OK
 6/17/24
 (Signature)

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

* DEPTH OF WELL: 30 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 5

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	0	80
VOLUME OF MATERIAL USED		
500 lbs		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 174

MWD/MSD/MGD

CIRCLE ONE

DATE 5/16/24