

C1 3837

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER W 38415

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

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER: last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED...

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.)

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing

CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING

CASING RECORD casing types insert appropriate code below

WHEN PUMPING TYPE OF PUMP USED (for test)

MAIN CASING Nominal diameter Total depth top (main) casing of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) YES NO

DEPTH (nearest ft.) grid

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

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

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)

DRILLERS IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ

Handwritten notes and diagrams on the location of well on lot.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C1 **8769** SEQUENCE NO. (DENV. USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **W 21242**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
111713

Depth of Well
360
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-92-0486

OWNER **Rohm** last name **13015 Clarkville Pike** first name **Aboluh** TOWN **Clarkville**
 SUBDIVISION _____ SECTION _____ LOT _____

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	
SAND Stone	0	40	
GRAY MICR Rock	40	360 ✓	

*Dry well 490
 Filled in with
 Cement + Driller
 materials*

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** yes **N** no
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **11** NO. OF POUNDS **1024**
 GALLONS OF WATER **66**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **38** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE
ST Nominal diameter of main casing (nearest inch) **6** Total depth of main casing (nearest foot) **43**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER

C 2
 DEPTH (nearest ft.)
HO 72 **360**
 E A C H S C R E E N
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

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

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 IDENT. NO. **24**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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

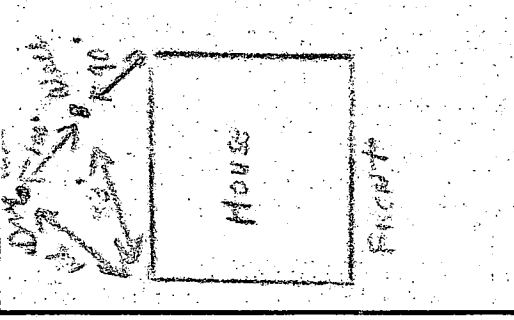
T (E.R.O.S.) W Q
 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Air**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **56**
 WHEN PUMPING **280**
 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 WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 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)
+ above } **LAND SURFACE** _____ (nearest foot)
- below }

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)



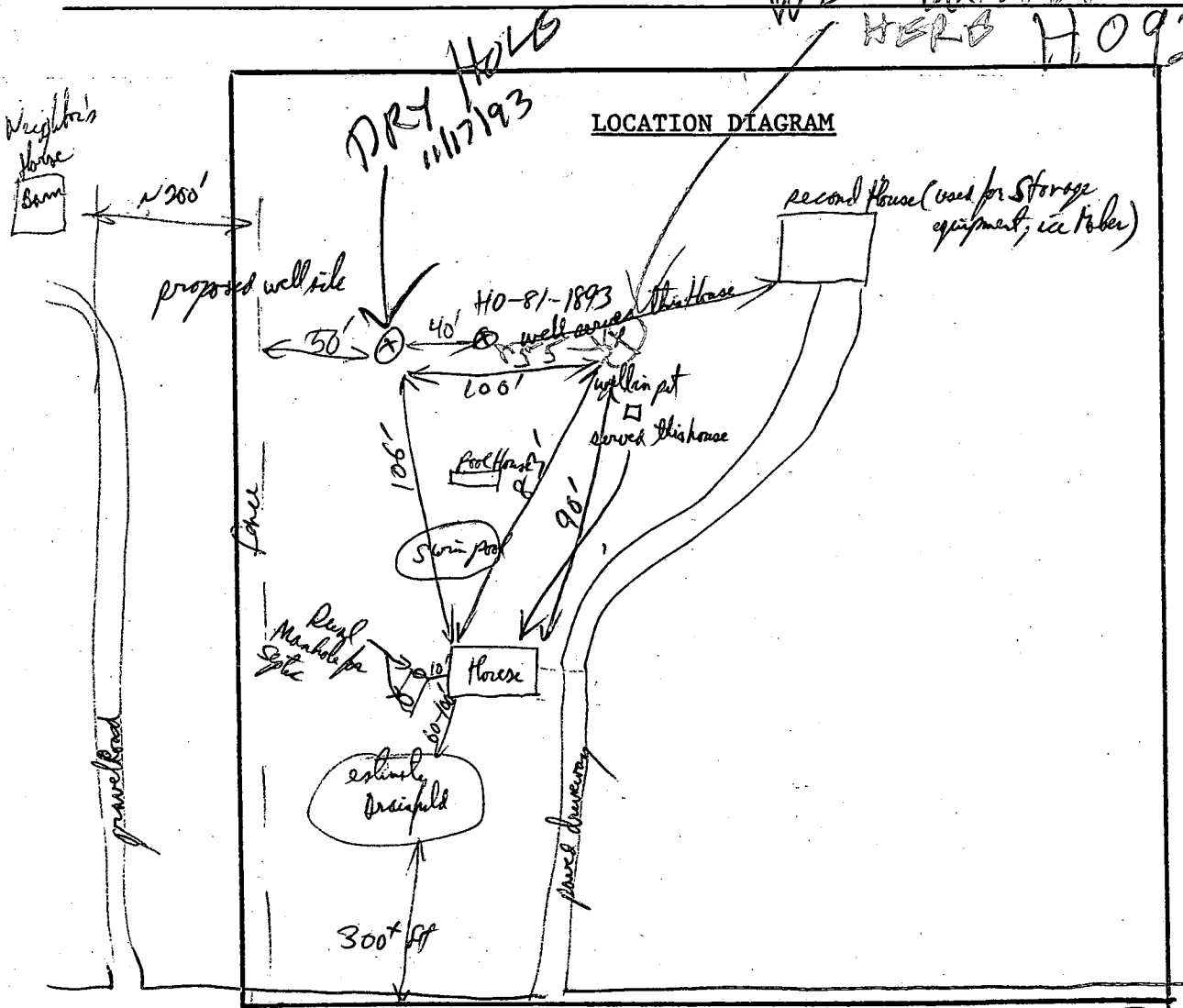
SITE INSPECTION SHEET

OWNER: Adolph Rehm
PHONE #: (301) 854-3600
ADDRESS: 13810 Clarkville Pike
21029

DATE REQUESTED: 11/8/93
CONTRACTOR: J. Payne
WELL TAG #: Replacement well HO 92-0485
old HO-81-1893
COUNTY #: W 49742

PROPOSAL: Replacement well - Primary well takes 6 hrs to recharge - to be used as standby
House is 20 yrs - Replacement well to serve ice near house for ice maker, etc used in business.

WELL DRILLED
HERB H0920485



COMMENTS: House has Rehm's Caterer's Business - Inspected semi annually by Health Dept.

DATE: 11/9/93 INSPECTOR: R. Payne

March 8, 1995

MEMORANDUM

TO: File, 13010 Clarksville Pike
FROM: DKS
RE: Well locations and contamination issues

MEETING: Mr. and Mrs. Rehm, owners
Mr. Bill Morton, Environmental Health Aide
Mrs. Donna K. Soe, Sanitarian
Conference Room--Bureau of Environmental Health
(March 8, 1995, at 9:00 a.m.)

DISCUSSION:

Presently, there are three wells on the property

Well #1--Old well in pit (see drawing) is existing, but not in use at this time

Well #2--First replacement well (HO-81-1893), approved 02-05-1984, serves the owner's house and the catering kitchen attached to the house
sample taken 09-19-94 from catering kitchen was positive for coliform (10/10)--notification sent 09-28-94, 12-07-94 and 02-01-95
second set of samples taken 02-08-95, from both the catering sink (results 1/10 tubes positive for coliform) and the powder room of the owner's house (results 3-10 tubes positive for coliform)

Well #3--Newest replacement well (HO-92-0485), approved 12-14-1993, serves the second house in which helpers live and equipment is stored
sample taken 01-25-94 from storage room was positive for coliform (3/10)
notification sent 02-03-94 and 08-22-94
second sample taken 09-19-94 from storage room was free of coliform

At meeting, letter to owner regarding water sample results (dated 03-03-95), chlorination procedures and public notification forms of current contamination problem were presented to owner by Mr. Morton (copy of all info given to owner in file).

Mr. and Mrs. Rehm are going to have a plumber inspect all plumbing and disinfect the well (HO-81-1893) and will call us for resampling once chlorine is removed from system.



HOWARD COUNTY HEALTH DEPARTMENT

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

March 3, 1995

Mr. & Mrs. Adolph Rehm
Rehm's Catering
13010 Route 108
Clarksville, MD 21029

RE: Water Sample Results

Dear Mr. & Mrs. Rehm:

Sampling of your well water supply was conducted on January 25, 1994 with follow-up samples on September 19, 1994 and February 8, 1995. These samples were taken as a part of the potability confirmation. Results of this sampling indicate the continued presence of coliform bacteria.

My interest stems through the Non-Community Water Supply monitoring program. This water supply is considered unsafe for consumption, food and ice preparation as well as cleaning surfaces used for food preparation. Federal Law requires notification (i.e., posting a sign in a conspicuous location(s)) to protect consumers and workers alike. An example of applicable language (for this notice) is enclosed for your information. This notice must remain posted until the Contamination issue has been resolved.

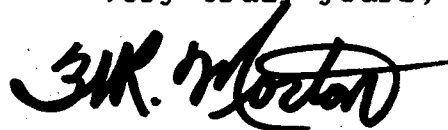
I would recommend immediate rechlorination of the water supply along with a detailed check of the well casing, cap and plumbing. A treated (alternate) supply is to be available during the interim. If chlorination attempts fail, then permanent treatment (i.e., a chlorinator) or perhaps a new well may be necessary. Hopefully, these more extreme measures won't be necessary.

A copy of the Well and Water Supply System Disinfection Guidelines is enclosed.

Mr. & Mrs. Adolph Rehm
Page Two
March 3, 1995

Contact this office to set up a resampling date, as soon as chlorination is completed. Results of that testing will dictate any necessary further action.

Very truly yours,

A handwritten signature in black ink, appearing to read "W. R. Morton". The signature is stylized with a large, sweeping initial "W" and a cursive "Morton".

W. R. Morton
Community Env. Health Program

WRM/vf

Enclosure

cc: Hashem Pezeshki, Enforcement Section, Water Supply Program



HOWARD COUNTY HEALTH DEPARTMENT

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

October 2, 1995

Rehm Catering
13010 Clarksville Pike
Clarksville, Maryland 21029

"FINAL NOTICE"

RE: Replacement Well
13010 Clarksville Pike
Well Permit #HO-92-0485
Water Sample Date: June 1, 1995


Dear Mr. and Mrs. Rehm:

The water sample recently submitted for testing was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing. Presently, there is no charge for this service.

Very truly yours,


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

Enclosure