

WR-W-4
2-65

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

A09000 WELL COMPLETION REPORT A09000

WELL DESCRIPTION lot 4B Sec 3

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Clay Surface	to 30 ft	80 ft		
Oliver Sand	30 to 80	6"		
Rock	80 to 105	steel casing		

Permit Number: Hobbs W 43
Owner: Harry Robine
Address: Ellisville City
Subdivision: Barnett Woods
Section: 3 Lot: 445

PUMPING TEST
Hours Pumped: Baker Test
Type of Pump Used: _____
Pumping Rate: _____
Gallons per Minute: 15

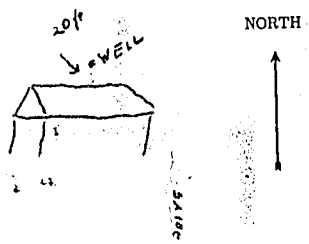
WATER LEVEL
Distance from land surface to water: _____
Before Pumping: 35 Ft.
When Pumping: 60 Ft.

APPEARANCE OF WATER
Clear: _____ Cloudy:
Taste: _____
Odor: _____

Height of Casing Above Land Surface: Surface Ft.

PUMP INSTALLED
Type: _____
Capacity: _____
Gallons per Minute: _____
Gallons per Hour: _____
Pump Column Length: _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.




Date Well Was Completed: Sept 8-65
Well Driller: D. Hood
Signature: Howard Wallon



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

TO: Jacob Hickmat, P.E.
Mildenberg, Boender & Assoc., Inc.

FROM: Brenda Barth 
Division of Land Development

RE: F 00-28 Burntwood, Block B, Lots 13 and 14

*→ should be lots 15 & 16
★ 1/16/08*

*14014 Castlebar Drive
14016 Castlebar Drive*

Jacob, please be advised that the above referenced original plat has been returned unsigned from the Health Department per the enclosed comments. This plat will be placed on hold within the Department of Planning and Zoning until written approval is received from the Health Department indicating that all concerns have been addressed. At that time, the plat original will be resubmitted to the Health Dept. for the Health Officer's signature. Should you have any questions regarding this matter, please contact me at your convenience.


:btb

Mark R. ✓
Health Dept.

Mark please let me know when this is OK

*Shanks
BTD*

File No. F00-28
Burntwood
lots 13+14

**DEPARTMENT OF PLANNING AND ZONING
FINAL PLAT ORIGINAL FOR SIGNATURE APPROVAL**

This form is for the processing of originals for signature approvals. If corrections or additions must be made to the original, the corrections needed must be identified in the space provided and the plans must be returned unsigned to the Department of Planning and Zoning. DPZ will notify the owner of the required revisions and request that the owner's engineer make the corrections or contact the appropriate County agency with questions concerning such revisions.

DPZ
[Signature]
Reviewing Agent

Date Received
2-02-00

Date Forwarded
2-04-00
(Corrected)

Rejected For: _____
#3 2/4/00

HEALTH
[Signature]
Reviewing Agent

Date Received
2/07/00

Date Forwarded

Rejected For: Applicant has not complied with note #9 on signed perc cert requiring drilling of wells, and abandonment of ex. well & septic

DPW

Reviewing Agent

Date Received

Date Forwarded

Rejected For: _____

Chief, DLD

Reviewing Agent

Date Received

Date Forwarded

Rejected For: _____

 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

DATE WELL ABANDONED: 5-5-00 (month/day/year)

*T/C w/ Lester @ Easterday:
 altho ex. comp. rpt. (1965) reports
 80' casing, he reports measuring 30'
 feet casing w/casing finder; no
 grounds for further objections*

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Lester Simmons Jr

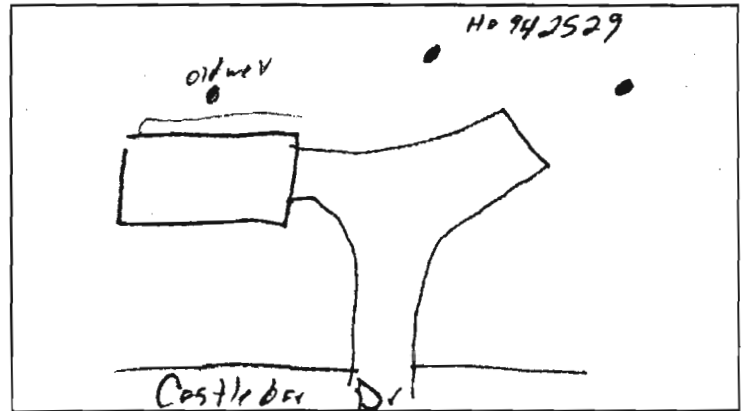
WELL DRILLERS LICENSE NUMBER: AWD611

CIRCLE: MWL/MSD/MGD

* OWNER'S NAME: Larry Sampas

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Glenn
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Castle Bk Dr.



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 102 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 2'

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	102	30
(Central) / Grd	30	2
F. 11	2	0
VOLUME OF MATERIAL USED		

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 307

CIRCLE ONE

DATE 5-5-00