

C1 14474 (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

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

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

COUNTY NUMBER

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
7 16 02

Depth of Well
22 400' 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-3382

OWNER: French (last name) Nancy (first name)
STREET OR RFD: 1432 Long Corner Rd TOWN: Mt. Airy
SUBDIVISION: SECTION: LOT: Map 6, P. 26

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	
Brown Shale	0	26	
Blue Rock	26	400	

360' dry well backfilled
360-40 Drilling material
40-0 Cement

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 ^{45 46} 10 NO. OF POUNDS ^{45 46} 40
GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)
from ⁴⁸ 0 TOP ⁵² ft. to ⁵⁴ 28 BOTTOM ⁵⁸ 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 top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

60 61 63 64 66 70

OTHER CASING (if used)

diagram diameter 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

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO

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 LIC. NO. 1 M SD 024
DRILLERS SIGNATURE: Joseph E. Wayne
LIC. NO. 1 D

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

DEPTH (nearest ft.)

1 2 HO 28 400

E A C H S C R E E N

8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60
from to

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6
8 9

PUMPING RATE (gal. per min.) 2
11 15

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 42 ft.
WHEN PUMPING 360 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) (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

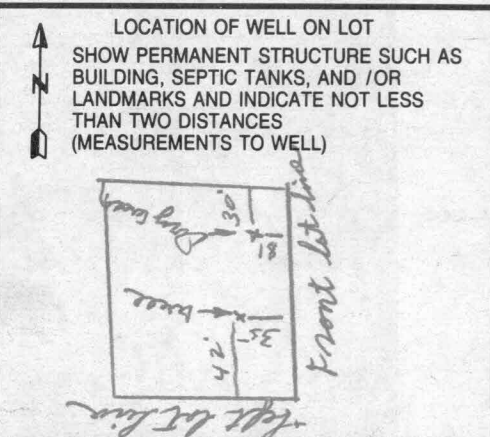
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE
 - below } 2 (nearest foot)



B 1 7765

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3382

fill in this form completely

W516909 please print or type

Date Received (APA)

04 02 02

OWNER INFORMATION

French B. Nancy

1432 Long Corner Rd

Mt. Airy Md 21771

LOCATION OF WELL

Howard

23 SUBDIVISION

SECTION LOT

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

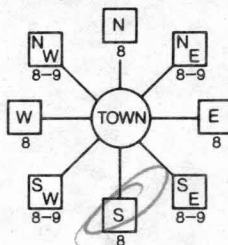
Joseph L. Wayne M 5 D 24

Joseph L. Wayne Well Drilling

5512 Ridge Rd. Mt. Airy Md. 21771

Joseph L. Wayne 4/4/2002

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1432 Long Corner Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

B 4

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME

STATE SIGNATURE

DATE ISSUED 04 20 02 Steven R. Krueg 04 20 03

CO SIGNATURE EXP. DATE

NORTH GRID 540 000 EAST GRID 750 000

APPROXIMATE DEPTH OF WELL 300 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 DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 - NA 52

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

APPROP. PERMIT NUMBER

PERMIT No. HO-94-3382

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

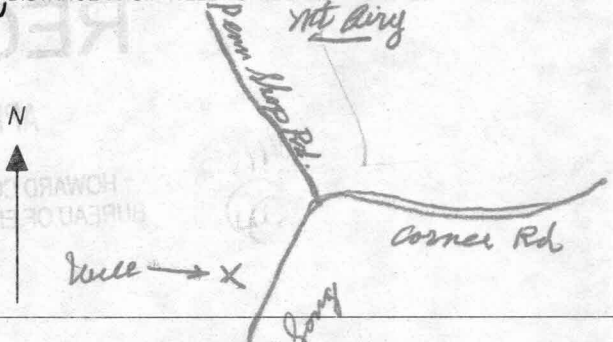
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 750 N 540

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

July 10, 2002

Nancy French
1432 Long Corner Road
Mt. Airy, Maryland 21771

RE: **Replacement Well Issues**
1432 Long Corner Road
Well Permit # HO-94-3382

Dear Ms. French:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

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.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

We have also noted in your file that your old well will not be abandoned & seal, as you plan to use it for non-potable irrigation. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Steve R. Krieg
Steven R. Krieg, Registered Sanitarian
Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File

4/3/02
9:15

OWNER: Nancy French

DATE REQUESTED: 4/3/02

PHONE #: 301-829-0707

CONTRACTOR: Joe Mayne 301-829-2164

ADDRESS: 1432 Long Corner Rd

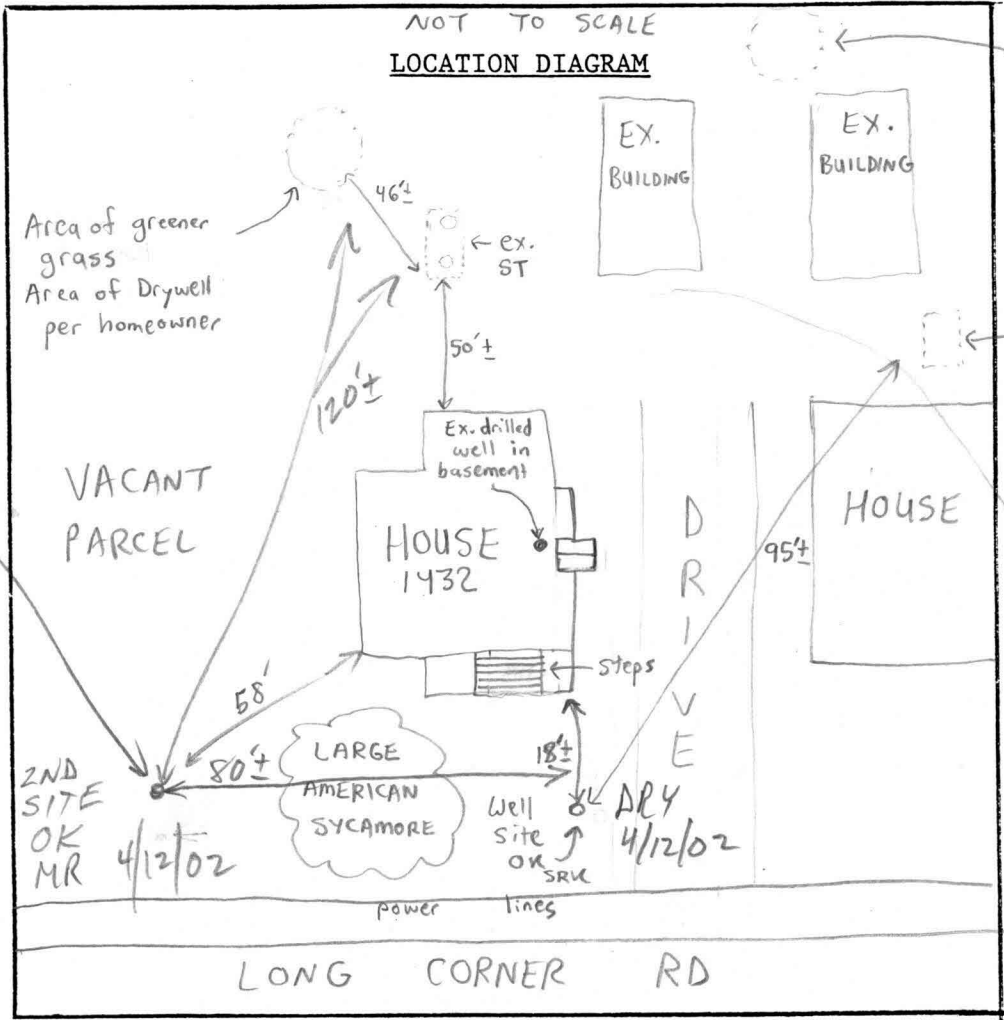
WELL TAG #: HO-94-3382

Map 6, Parcel 26

COUNTY #: _____

PROPOSAL: ex. well nearly 100% dry, under basement steps; repl. requested

1/2 gal min
400' deep



COMMENTS: Well site ok, Maintaining 30' from ex foundation difficult due to ex. power lines / well rig conflict. Ex. well not 100% dry & to be used for nonpotable irrigation. 4/22/02 Joe said 400' deep 1/2 gpm

tag# is HO-94-3382 - all work ok - cover WPI: OK (KG)

DATE: 4/3/02

INSPECTOR: Steven R. Krieg