

C 1 **2453** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.)

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

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_

DATE WELL COMPLETED 8/1/77

DEPTH OF WELL 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" \_\_\_\_\_

DRILLER'S IDENTIFICATION NO. 50

OWNER ANDERS LAST NAME ROLMANO FIRST NAME

STREET OR RFD 7147 WILCHESTER ROAD POST OFFICE WELLINGTON CITY

**WELL LOG**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
topsoil	0	2	
yellow clay	2	12	
SANDY	12	45	
SANDSTONE	45	65	
MICA	65	70	
SANDSTONE	70	71	
MICA	71	90	
SANDSTONE	90	92	
MICA	92	149	
Quartz openings	149	150	
MICA	150	160	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  BENTONITE CLAY

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 55 FT.

**CASING RECORD**

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 67

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE

PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM \_\_\_\_\_ TO \_\_\_\_\_

EACH SCREEN

1	8	9	11	15	17	21
2						
3	23	24	26	30	32	36
	38	39	41	45	47	51

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 10 (NEAREST FOOT)

WHEN PUMPING 160 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR  PISTON  TURBINE

CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)

JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

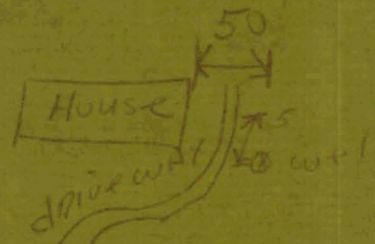
ABOVE } LAND SURFACE

BELOW } (NEAREST FOOT)

2

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



**CIRCLE APPROPRIATE BOXES**

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME \_\_\_\_\_

(PLEASE PRINT) George F. Eastman

SIGNATURE George F. Eastman

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

B 1 0955 SEQUENCE NO. (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 8-13

OWNER COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD COL 36 COL. 55 POST OFFICE COL 57 COL. 76

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 LOT 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 79 76 77 78 MI

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

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

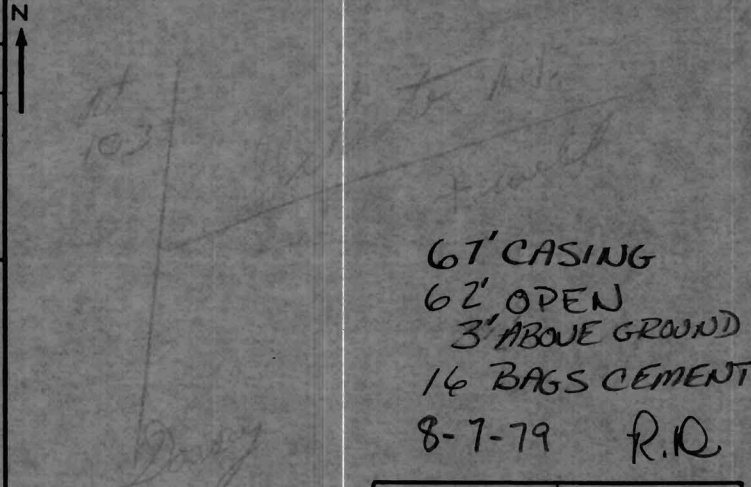
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE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

APPROXIMATE DEPTH OF WELL 24 26 FEET APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS



B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO. DATE MO. DAY YR. APPROVED BY

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 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community \_\_\_\_\_ Other Public \_\_\_\_\_ Private

Source Roland Andrews

Bottle No. 0763 Time Collected 10 30

Iced: Yes  No  Collector Bees County Howard

Trans Type  County 12 Plant No. 9999 Sampling Station 9999

Date Collected 12 05 78 Card No.

pH  Res. Cl: Free  Total

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

PRESUMPTIVE TEST\*

CONFIRMED TEST

ml. of Sample	10ml.
Gas, 24 hours	++ ++ ++ ++
Gas, 48 hours	

ml. of Sample	10ml.
Coliforms	† † † † † † †
Fecal Coliforms	‡ † † † † † †

No. of Pos.
5
5

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count s/ml.

Check Resample

- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. DEC 6 1978 9:30 Exam DEC 6 1978 10-

Rept. DEC 8 1978 11- Bacteriologist Caari

Remarks \_\_\_\_\_

Central

Laboratory

Lab No. 10460

DHMH - 86 12/77

*Richard Not in File?*

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community \_\_\_\_\_ Other Public \_\_\_\_\_ Private

Source Anders

Bottle No. 2695 Time Collected 12:06

Iced: Yes  No  Collector \_\_\_\_\_ County HOWARD

Trans Type  County 13 Plant No. 9999 Sampling Station 9999

Date Collected 01/03/79 Card No.

pH  Res. Cl: Free  Total

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.
Gas, 24 hours	+ + + +
Gas, 48 hours	

ml. of Sample	10ml.
Coliforms	+ + + + +
Fecal Coliforms	+ - - - -

No. of Pos.
5
1

Coliforms/100 ml (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count  $\mu$ /ml.

Check Resample

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour Recd. JAN 3 1979 3:50 Exam. JAN 3 1979 4

Rept. JAN 5 1979 4- Bacteriologist Cain

Remarks \_\_\_\_\_

Centers for Disease Control  
Laboratory 18608

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community \_\_\_\_\_ Other Public \_\_\_\_\_ Private

Source Anders

Bottle No. 7695 Time Collected 1206

Iced: Yes  No  Collector \_\_\_\_\_ County HOWARD

Trans Type    
  13 County    
  9909 Plant No.    
  9909 Sampling Station

010379 Date Collected    
  + Card No.

pH  -  +    
 Res. Cl: Free  -  +    
 Total  -  +

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml
Gas, 24 hours	<u>+</u> <u>+</u> <u>+</u> <u>+</u>
Gas, 48 hours	

ml. of Sample	10ml.
Coliforms	<u>+</u> <u>+</u> <u>+</u> <u>+</u> <u>+</u>
Fecal Coliforms	<u>+</u> <u>-</u> <u>-</u> <u>-</u>

No. of Pos.
<u>5</u>
<u>1</u>

Coliforms/100 ml (Membrane Filter) =  1

Dilution: 1- | Col. Counted:

Standard Plate Count 5/ml:

Check Resample

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour. Recd. JAN 5 1979 3:50 Exam. JAN 1 1979 4

Rept. JAN 5 1979 4- Bacteriologist Cran

Remarks \_\_\_\_\_

Centers II 18608

Laboratory Lab No. \_\_\_\_\_

January 17, 1979

Mr. Anders  
4749 Ilchester Road  
Ellicott City, Md. 21043

Dear Mr. Anders:

The water sample taken from your water supply shows the presence of bacteria that may be harmful to your health.

In order to correct this, you should have the well checked for breaks in the lines or seals or other structural defects. Then, you should have the well disinfected as shown in the enclosed literature.

When you have done this, call the Health Department and we will be glad to arrange for further testing.

Very truly yours,

Richard A. Biggs

RAB:ds

Kiowa

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HOWARD COUNTY HEALTH DEPARTMENT

Ellicott City, Maryland 21043

Phone: 992-2333

To:

Roland Anders  
9749 Ilchester  
EC 21043

747-9264

has hand dug well with  
wash in - seems to be  
that he recently made up his  
mind to drill a new well.  
probably needs one, is carrying  
From: water

Date: \_\_\_\_\_