

C 1 **7536** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

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 March 1979

DEPTH OF WELL 120 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3268

DRILLERS IDENTIFICATION NO. 238

OWNER: Holt LAST NAME Stearns FIRST NAME

STREET OR RFD 9332 Annapolis Rd. POST OFFICE Greenfield Md

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	
<u>Sand</u>	<u>0</u>	<u>31</u>	
<u>Gray mica Rock</u>	<u>31</u>	<u>120</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 29 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 31 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 35

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

EACH CASING _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

EACH SCREEN

1 40 FROM 8 TO 11

2 _____ FROM _____ TO _____

3 _____ FROM _____ TO _____

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F F

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

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

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 _____

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 26 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR A PISTON P TURBINE T

CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O

JET J SUBMERSIBLE S

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) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } _____ (NEAREST FOOT)

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).

Front lot line

Lot width

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) Joseph L. Mayer

SIGNATURE _____



HOWARD COUNTY HEALTH DEPARTMENT

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

October 25, 1993

Reply to:

MEMORANDUM

TO: Charlotte Drieden
Department of Public Works

FROM: Craig Williams, Program Director (CW)
Water and Sewerage Program
Bureau of Environmental Health

RE: Charles Thomas Property
10757 Judy Lane

On October 23, 1993, Charles Streaker, sanitarian from this office, made an inspection at the above referenced property to confirm the presence of an emergency condition regarding the adequacy of the petitioners water supply.

Mr. Streaker confirmed visually that the house had low water pressure to a degree that was clearly problematical. The owner, Mr. Thomas, reported that this condition has existed for some time.

CW:jr

cc: Charles Thomas
File



HOWARD COUNTY HEALTH DEPARTMENT

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

June 5, 1995

Mr. Charles Thomas
10757 Judy Lane
Columbia, MD 21044

RE: Proper Well Abandonment
10757 Judy Lane

Dear Mr. Thomas,

On October 25, 1993, this office made a favorable recommendation to the Department of Public Works that the above referenced property be considered for emergency connection to the public water supply. On October 27, 1993, this office sent a letter (copy enclosed) advising you that the existing well must be properly abandoned and sealed after connection was completed.

To date, this office has received no proof of abandonment nor has there been a request for inspection. This office is again requesting that the existing well be abandoned and sealed. This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. If this well abandonment is performed by any other private party, the work must be inspected and approved by a sanitarian from this office.

Failure to comply with this request within 15 days may be grounds for enforcement action. Please notify this office when more details are known about the abandonment status of the existing well. Thank you for your cooperation in this matter.

6/9/95 T/C w/OWNER
WELL CONNECTED TO
HOSE BIB(ONLY);

MER

cc: File

Sincerely,

Mark E. Rifkin

Mark E. Rifkin, R.S.
Water and Sewerage Program

REQUEST TO ABANDON RESCINDED

MR

1-4 pm 10/22/93

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE
C.B. @ (NOON)	10/22/93
Low pressure, @ site	10/22/93
card left with Mr. Charles Thomas	C.B.

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE
ON HOLD TO WELL	10/22/93
ABANDONED. C.B.	

RECORD OF INVESTIGATION

A24483

LOCATION 10757 ~~10757~~ Judy La (Riverside Est. Lot 20, Blk H) ZIP _____

OWNER OCCUPANT same ADDRESS same PHONE _____

COMPLAINANT Charles Thomas ADDRESS 10757 Judy Lane, Columbia PHONE (301) 596-9517

REASON FOR INVESTIGATION Has a well, buried pit, having water yield problems, going dry.

Needs site inspection, so that we can condemn his well & he can get priority connection to Public water.
Will be Home Facility - He will call tomorrow to arrange appt for us to inspect his well which is available

RECEIVED BY [Signature] DATE 10/21/93 ASSIGNED TO C.B./J.W. DATE 10/22/93

DATE OF INVESTIGATION 10/22/93 TIME 12:15-1:15 WEATHER Clear, sunny

REPORT 10/22/93 Sanitarian stopped at above address. Sanitarian discussed water well abandonment and the THOMAS'S plan to connect to public water is approved at site; C.B. "HOLD FOR A CALL WHEN WATER WELL IS ABANDONED."

12/12/94 LONG PERIOD, NO NEWS; T/C TO THOMAS'S RESIDENCE, LEFT MESSAGE MR

DATE SUBMITTED _____ SANITARIAN _____