

**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 A-38714

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

DATE RECEIVED

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

15						20
----	--	--	--	--	--	----

DEPTH OF WELL

22						26
----	--	--	--	--	--	----

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"
HA-88-0019

OWNER

STREET OR RFD 815 last name IRON RAIL Ct first name _____ TOWN WOODBINE

SUBDIVISION _____ SECTION _____ LOT 8

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 FROM TO Check if water bearing

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	Check if water bearing
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Sandy</u>	<u>2</u>	<u>20</u>	
<u>Sand Stone</u>	<u>20</u>	<u>25</u>	
<u>Mudstone</u>	<u>25</u>	<u>30</u>	
<u>Sand Stone</u>	<u>30</u>	<u>35</u>	<input checked="" type="checkbox"/>
<u>Mudstone</u>	<u>35</u>	<u>50</u>	
<u>Sand Stone</u>	<u>50</u>	<u>55</u>	<input checked="" type="checkbox"/>
<u>Mudstone</u>	<u>55</u>	<u>185</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS _____ NO. OF POUNDS 752

GALLONS OF WATER _____
DEPTH OF GROUT SEAL (to nearest foot)

from

48						52
----	--	--	--	--	--	----

 ft. to

54						58
----	--	--	--	--	--	----

 ft.
(enter 0 if from surface)

CASING RECORD

insert appropriate code below
 ST CO
STEEL CONCRETE
 PL OT
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

60						61
----	--	--	--	--	--	----

63						64
----	--	--	--	--	--	----

66						70
----	--	--	--	--	--	----

OTHER CASING (if used)

EACH CASING	diameter inch		depth (feet) from to	
<input type="checkbox"/>				
<input type="checkbox"/>				

SCREEN RECORD

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

C 2

EACH SCREEN	DEPTH (nearest ft.)															
1	<table border="1"><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td>9</td></tr></table>	8						9	<table border="1"><tr><td>11</td><td></td><td></td><td></td><td></td><td></td><td>15</td></tr></table>	11						15
8						9										
11						15										
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23						24										
26						30										
3	<table border="1"><tr><td>38</td><td></td><td></td><td></td><td></td><td></td><td>39</td></tr></table>	38						39	<table border="1"><tr><td>41</td><td></td><td></td><td></td><td></td><td></td><td>45</td></tr></table>	41						45
38						39										
41						45										

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

GRAVEL PACK from _____ to _____
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.) 70 72
WQ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour)

8						9
---	--	--	--	--	--	---

PUMPING RATE (gal. per min. to nearest gal.)

11						15
----	--	--	--	--	--	----

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

17						20
----	--	--	--	--	--	----

WHEN PUMPING

22						25
----	--	--	--	--	--	----

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
(CIRCLE) (YES or 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: 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

31						35
----	--	--	--	--	--	----

PUMP HORSE POWER

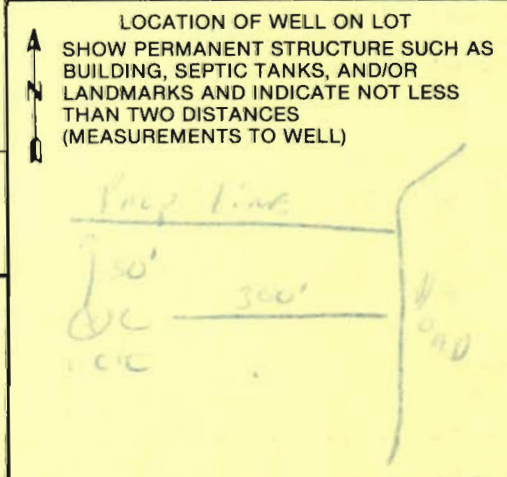
37						41
----	--	--	--	--	--	----

PUMP COLUMN LENGTH (nearest ft.)

43						47
----	--	--	--	--	--	----

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

49						51
----	--	--	--	--	--	----



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 10.17.13 "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. _____
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **7107** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-58-0017
fill in this form completely

Date Received (APA) **06/16/88**
OWNER INFORMATION
8 **REICH** 13 **MARK** 34
15 Last Name Owner First Name
36 **8307** 41 **MAIN** 46 **STREET** 55
57 **ELLICOTT** 62 **CITY** 67 **ADRIAN** 72 **MD** 77 **21043** 76
Town State Zip

B 3 LOCATION OF WELL
1 **HOWARD** 2
8 COUNTY
23 **MONTANA** 38 **STATION** 42
SUBDIVISION
SECTION **1** 44 46 LOT **8** 48 50
52 **WOODSIDE** 71
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** 73 76 77 78 **M I**

DRILLER INFORMATION
Ralph Mayne 77 License No. **223** 80
Driller's Name
WALK MAYNE (WELL DRILLING)
Firm Name
5100 Brown Church Rd. Mt Airy
Address
Ralph Mayne 6/16/88
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NORTH N
WEST W 8-9
EAST E 8-9
SOUTH S
TOWN
SE 8-9
SW 8-9
NE 8-9
NW 8-9
11 **IRON RAIL COURT** 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 E
SOUTH S
EAST E
34 **380** 37
DISTANCE FROM ROAD
ENTER FT or MI **KT** 38 39

B 2 WELL INFORMATION
1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
2 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-38714 COUNTY NO.
STATE SIGNATURE _____ INSERT S
DATE ISSUED **062388** CO SIGNATURE **B. N. N...** EXP. DATE **12/23/88**
NORTH GRID **552000** EAST GRID **0786000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET
APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROTary** 37 **AIR-PERcussion** **ROTARY** (Hydraulic Rotary)
CABLE **REverse-ROTary** **DRive-POINT**
other _____

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 **7806**
N **5502**
000 000
GROUT NOT WITNESSED!
ft of casing - 30ft pipe
ft OPENIBLE - 27ft
Bags of - 8bags
Cement
ft above ground - 1 1/2
6-30-88
SB Location OK-SB

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
Howard
well
800ft
10.

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ 54 63
FORCE **B** 67 68 INITIALS PERMIT No. **40-58-0017** 70 71 72 73 74 75 76 77 78 79 IN 90X

SPECIAL CONDITIONS

PREVIOUSLY APPROVED PERG AREA

LOT 4 THE STATION

LOT 3

LOT 2

565

LOTS 4 & 5
PLAN NO 7336

THE SOUTHERN STATION

LOTS 1 & 2
PLAN NO 7344

PREVIOUSLY APPROVED PERG AREAS

EX. DRIVEWAY TO BE ABANDONED

(A)

N 09° 05' 57" E 430.40'

215' 1100'

593

395'

LOT 7 302 AG ±

592

130° 19' 04" E 207.45'

6/7/57
w/ 2/57
BRL
CO
DASH

S 37° 26' 39" W 278.54'

492

S 68° 53' 12" N 228.22'

LOT 8 3.04 AC ±

140' 14"

415'

405'

135'

R=695; L=495

COURT

20' DRAINAGE EASEMENT

LOT 11

484

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HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 11, 1988

Mr. Mark Reich
8307 Main Street
Ellicott City, Maryland 21043

RE: Morgan Station Lot 8, Sec. 1
Iron Rail Court
Well Tag Number: HO-88-0019

Dear Mr. Reich:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 11.5 parts per million. COMAR ~~10.17.19.09~~ ^{26.04.09.09} prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent your home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

Jane Nadeau, Sanitarian
Water and Sewerage Program

C0000551878

Lab No. _____

WATER ANALYSIS

Bottle Number: H1558 Name: Reich County: Hawaii

Source of Sample: MORGAN Station Lot 8 Collector: S Pal
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H0-88-0019 WPT

County: 13 Plant No. --- Sampling Station --- Date Collected: 070888 Time: 0406 Acid Iced
 Field Data: pH* --- Chlorine Residual 00 Free 00 Total 00 Specific Conductance ---

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630	<u>115</u>		Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
✓	Color*	00081	<u>10</u>		Copper	01042	
✓	Turbidity*	00076	<u>32</u>		Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received: JUL 5 1988 Date Reported: JUL 8 1988 Chemist: P. Payne