

C 1 **1398** 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 COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 9/28/77

DEPTH OF WELL 90' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 4-7-77

DRILLERS IDENTIFICATION NO. 42

OWNER TECH-CON DEVELOPMENT INC. LAST NAME TECH-CON DEVELOPMENT INC. FIRST NAME

STREET OR RFD 314 CENTURY PLAZA POST OFFICE COLUMBIA, 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>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>SANDY</u>	<u>2</u>	<u>50</u>	
<u>SAND SLIME</u>	<u>50</u>	<u>80</u>	<input checked="" type="checkbox"/>
<u>RICH</u>	<u>80</u>	<u>90</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 12 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 50 FT.

CASING RECORD

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) 69

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
<input type="checkbox"/>				
<input type="checkbox"/>				

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

SCREEN

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	<u>40</u>		<u>67</u>	<u>90</u>
2				
3				

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING 70 LOG INDICATOR 72

OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 60

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)

WHEN PUMPING 90 (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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE + BELOW -

LAND SURFACE 2 (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).

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) L. F. EASTENBERRY

SIGNATURE L. F. Eastenberry

B 1 **0800** 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 Ho-73-2290
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 9/28/77
 9:30 A.M.
 1st

OWNER Tech Com Development Inc.
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 314 Century Plaza
 COL 36 COL. 55

POST OFFICE Columbia Md.
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 8/1/77 **LICENSE NUMBER** 42
 8 77 80

FIRST NAME S. F. Esterday **DRILLER** **LAST NAME**

SIGNATURE S. F. Esterday

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION Benson Sub. 23 42

SECTION B 44 46 **LOT** 12 48 50

NEAREST TOWN Blenheim 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 M I 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Frederick Rd. 11 NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 **AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)**

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER 54 63 65

ENGINEER REVIEW DISTRICT NO. A E N S G W Q C L U

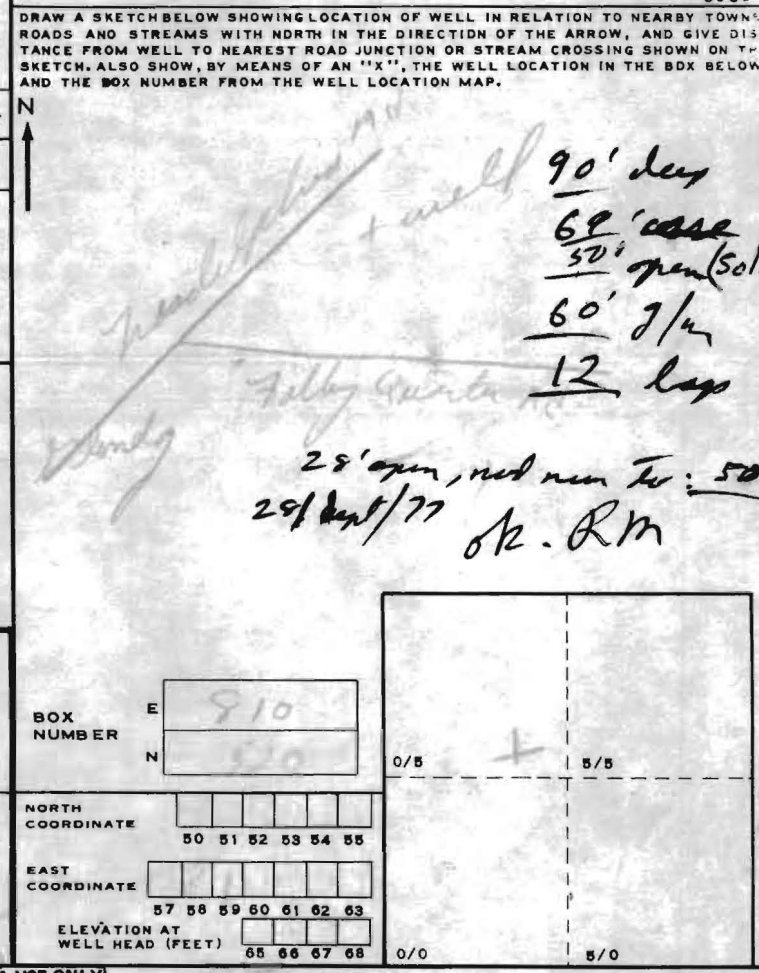
FORCE 67 68 **WRITE INITIALS IN BOX** **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) S **COUNTY NAME** Howard **COUNTY NO.** 26604

DATE MO. DAY YR. **APPROVED BY**



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1915 Old Poneytown Rd. Westminster, MD 21157 (410) 848-1014 (410) 575-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	72981	Account #:	11922
Reference:	Richard Bond	Company:	CASH ACCOUNT
Location:	3548 Lakeway Drive Ellicott City, MD 21042	Requested By:	Richard Bond
Date/ Time Collected:	9/30/2009 1210	Source:	Well Water
Date/Time Rec'd:	9/30/2009 1420	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener**
Collected By:	J. Yeager 6176JY	pH:	6.4
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/1/2009 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/1/2009 / 1000 / CCH
Nitrate	4.98	mg/L	10	601	9/30/2009 / 1600 / CCH
Chloride	5.0	mg/L	250	SM18 4500-Cl-B	10/1/2009 / 1315 / CWM

NOTES

- 1 **Sample collected prior to treatment
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH tested on-site

Reason for Test : HCHD

Post-It* Fax Note	7671	Date	10/1/09	# of pages	1
To	Robert Bricker	From	Cass		
Co./Dept.	HCHD	Co.	EVAL		
Phone #		Phone #	410-848-1014		
Fax #	410-313-2648	Fax #			

Date Reported: 10/1/2009

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.
 1403 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 376-8554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	72982	Account #:	11922
Reference:	Richard Bond	Company:	CASH ACCOUNT
Location:	3548 Lakeway Drive Ellicott City, MD 21042	Requested By:	Richard Bond
Date/ Time Collected:	9/30/2009 1210	Source:	Well Water
Date/Time Rec'd:	9/30/2009 1420	Site:	Pressure Tank
Chlorine ppm:	Free: ND Total: ND	Treatment:	Softener**
Collected By:	J.Yeager 6176JY	pH:	6.4
		Well #:	N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Ammonia - N, NH3	<0.20	mg/L	---	350.1	10/1/2009 / 1322 / AAA

NOTES

- 1 **Sample collected prior to treatment
- 2 Ammonia Detection Limit: 0.20 mg/L
- 3 mg/L = milligrams per liter (also, parts per million)
- 4 pH tested on-site
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 Subcontracted to Reference Lab #192

Reason for Test : HCHD

Post-It* Fax Note	7671	Date	10/2/09	# of pages	1
To	Robert Bricker	From	Cass		
Co./Dept.	HCHD	Co.	FVAL		
Phone #		Phone #	410-848-1014		
Fax #	410-313-2698	Fax #			

Date Reported: 10/2/2009