

C1 14572 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER 13 A512653

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

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

DATE WELL COMPLETED MM DD YY 8/18/02 repl. well

DEPTH OF WELL 22 360 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-94-3442

OWNER CONKEY SKIP STREET OR RFD 1575 Marriottsville Road TOWN Marriottsville SUBDIVISION SECTION Parcel 34 LOT W-2

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Sand stone, Gray Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD (ST) (CO) (PL) (OT) MAIN CASING TYPE (ST) Nominal diameter 6 Total depth 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole

DEPTH (nearest ft.) 1 110 38 360

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 360 TYPE OF PUMP USED (for test) A piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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. 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 below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (N)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS LIC. NO. 1 MWD 090 DRILLERS SIGNATURE Bruce Thompson

LIC. NO. 1 JS D 038

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**B 1** 2143 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER HO-94-3442  
**APPLICATION FOR PERMIT TO DRILL WELL** please type W-P21948 fill in this form completely

**OWNER INFORMATION** **9086**  
 Date Received (APA) 07 05 02  
 8 MM DD YY 13  
 15 Last Name CONREY SKIP Owner First Name 34  
 36 1575 MARRIOTTVILLE RD Street or RFD 55  
 57 MARRIOTTVILLE, MD 21104 Town 70 State 72 Zip 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY Howard 21 CCH  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT W-2 48 50  
 52 NEAREST TOWN Marriottsville 71  
 MILES FROM TOWN (enter 0 if in town) 0 M I  
 73 26 77 78

**DRILLER INFORMATION**  
 Driller's Name George F. Easterday **MND** 76 License No. 0840  
 Firm Name L. Franklin Easterday, inc.  
 Address 9265 Brown Church Rd., MT. Airy, Md. 21771  
 Signature George F. Easterday Date 7/2/2002

**B 4**  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 1575 Marriottsville Rd 30  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 300 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 10 BLK: 16 PARCEL 34

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

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
HOWARD COUNTY NAME COUNTY NO. A512653  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 07-18-02 Karen Thomas 7-18-02  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 544 000 EAST GRID 830 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 308 FEET  
 24 308  
 APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. wells  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 830 544  
 N 544 820  
 000  
 000

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

**REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 6A11

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
 PERMIT No. HO-94-3442  
 70 71 72 73 74 75 76 77 78 79

SITE INSPECTION SHEET

OWNER: Skip Conrey

DATE REQUESTED: 12/22/99 10:00

ADDRESS: 1575 Mariottsville Rd  
(em. Tenant house)

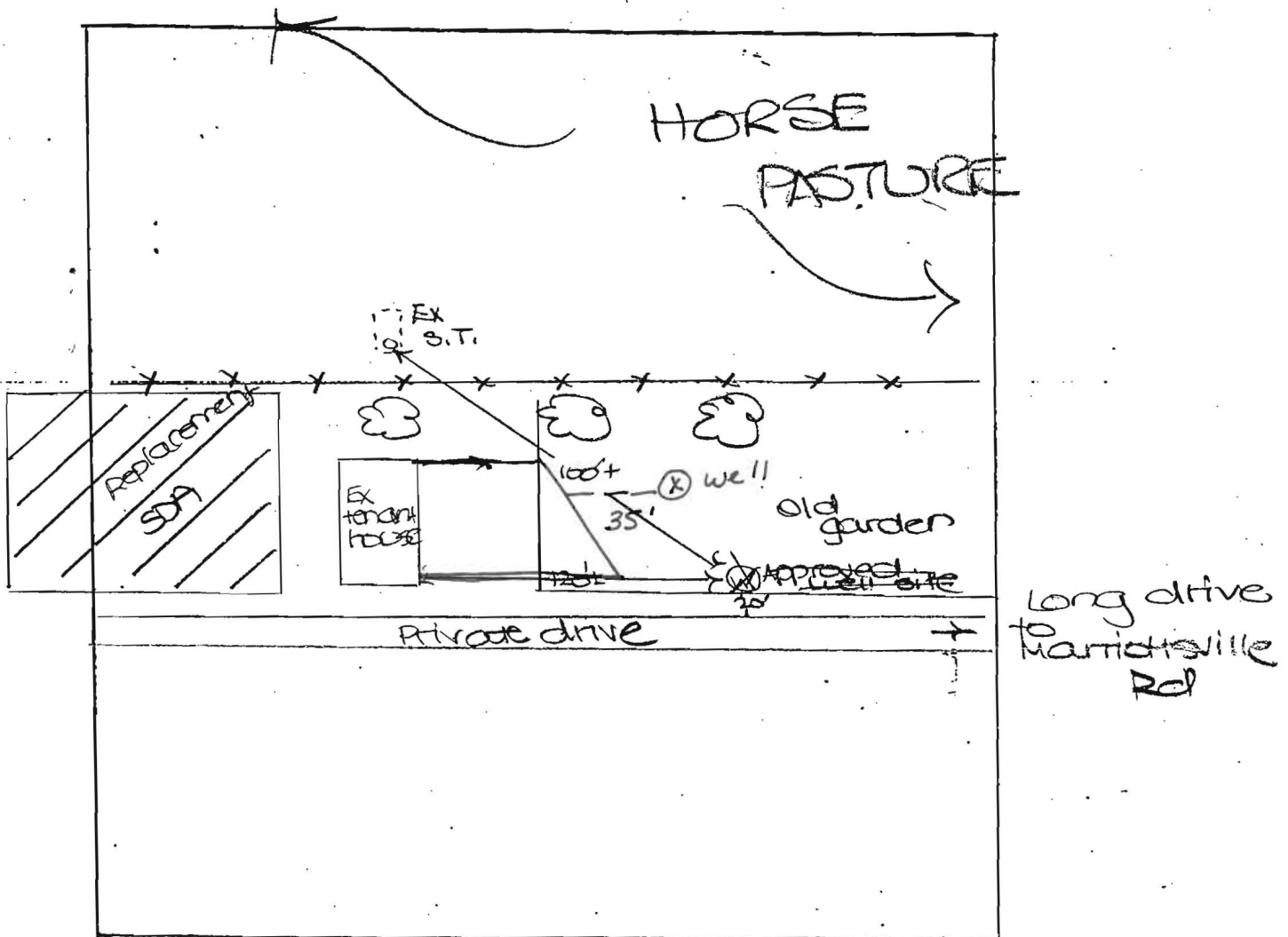
DRILLER: S. Easterday

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: Inspection of well site for repl. well - ex tenant house sharing well with main house

LOCATION DIAGRAM



COMMENTS: Well site for repl. <sup>new</sup> well approved as stalked.  
Percolation testing for repl. SDA performed Dec '99.

DATE: 12/22/99

INSPECTOR: (DKS)



## 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., Howard County Health Officer*

September 5, 2002

Richard Conrey  
1575 Marriottsville Rd.  
Marriottsville, MD 21104

RE: **Replacement Well Issues**  
1575 Marriottsville Road  
Well Permit #: HO-94-3442

Dear Mr. ~~Pundzak~~ <sup>Conrey</sup>

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is 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). **Currently, there is no charge for this sampling.**

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.

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,

*Steven R. Krieg*  
Steven R. Krieg, Registered Sanitarian  
Well & Septic Program

Enclosure  
cc: Community Environmental Health Program  
File



B 1 2 3 6  
09603

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

10-94-2527  
fill in this form completely

Date Received (APA)  
12/23/99  
8 MM DD YY 13

OWNER INFORMATION RN 8126

B 3 HOWARD LOCATION OF WELL CCH

15 Last Name Conrey Owner First Name Skip 34  
36 Street or RFD 1575 Marriottsville Rd 55  
57 Town Marriottsville, Md. 21104 70 State 72 Zip 76

8 COUNTY 21  
23 SUBDIVISION \_\_\_\_\_ 42  
SECTION 44 46 LOT 48 50  
Marriottsville  
52 NEAREST TOWN \_\_\_\_\_ 71  
MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ 76 77 78

DRILLER INFORMATION

61 Driller's Name George F. Easterday M W D 040 License No. 81  
Firm Name L. Franklin Easterday, Inc.  
Address 9265 Brown Church Rd., MT. Airv. Md. 21771  
Signature George F. Easterday Date 12/23/1999

B 4  
1 2 DIRECTION OF WELL FROM TOWN (CHOOSE BOX)  
NORTH  
N W 8 N E 8-9  
W 8 TOWN E 8  
S W 8-9 S 8 S E 8-9  
SOUTH  
34 37  
1575 Marriottsville Rd  
1 NEAR WHAT ROAD \_\_\_\_\_ 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
N  
WEST 32 EAST  
SOUTH  
S  
DISTANCE FROM ROAD FL  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) \_\_\_\_\_ 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) \_\_\_\_\_ 50  
14 \_\_\_\_\_ 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

13 COUNTY NAME HOWARD COUNTY NO. \_\_\_\_\_  
STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_ 41  
12/29/99 DOWN 12/29/99  
43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
NORTH GRID 543 0 0 0 EAST GRID 0830 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 \_\_\_\_\_ 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

36 BORED (or Augered) \_\_\_\_\_ JETTED \_\_\_\_\_ Jetted & DRIVEN \_\_\_\_\_  
37 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 \_\_\_\_\_ 52

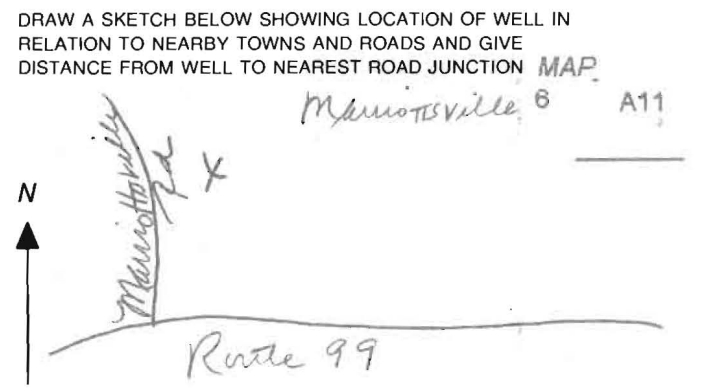
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_ 63  
PERMIT No. 10-94-2527  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. wells  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 820  
N 540  
000  
000



**WELL PERMITS**

start to start house



SITE INSPECTION SHEET

OWNER: Skip Conrey

DATE REQUESTED: 12/22/99 10:00

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(em. Tenant house)

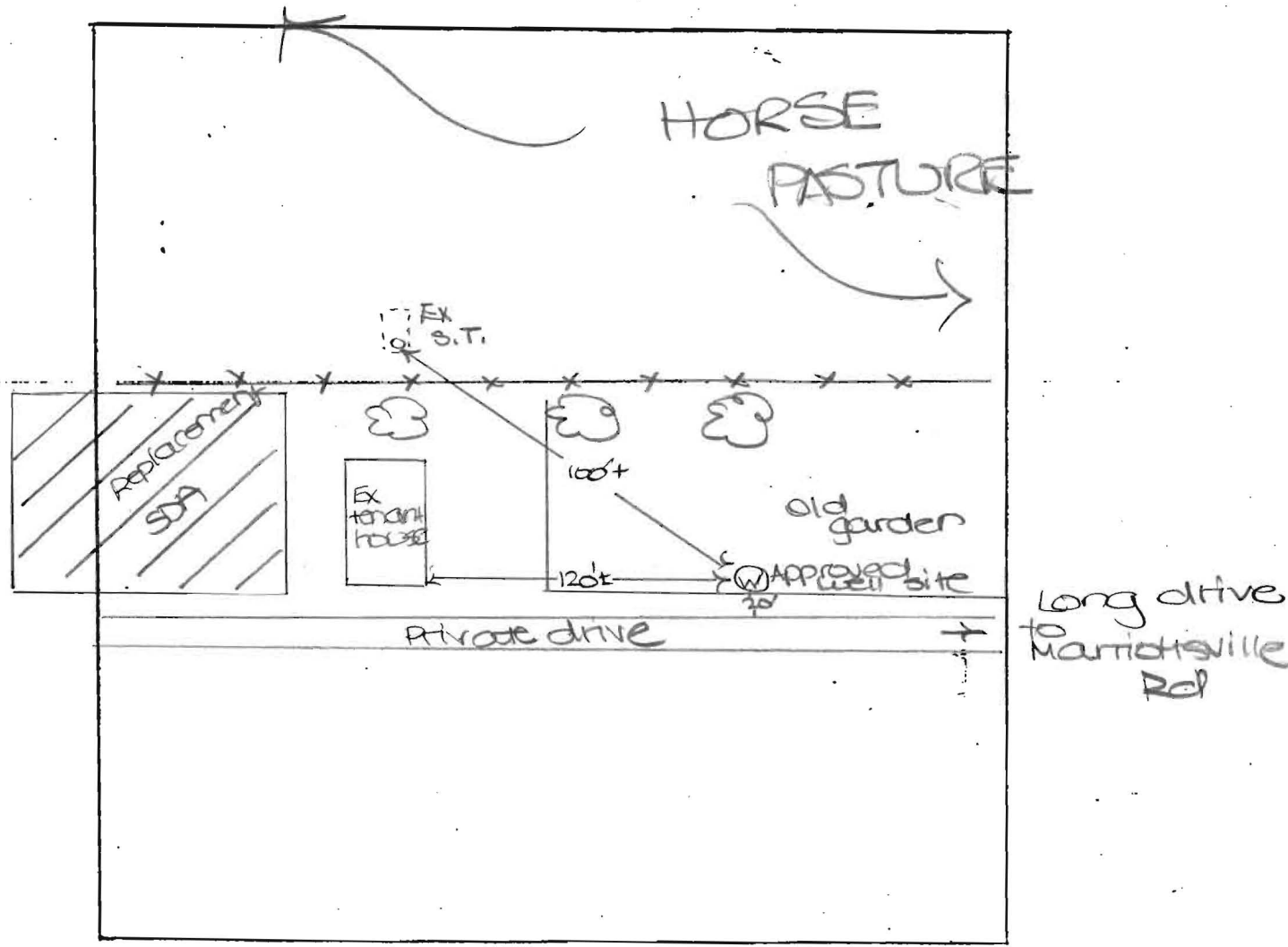
DRILLER: S. Easterday

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_  
*new*

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LOCATION DIAGRAM



COMMENTS: Well site for repl. <sup>new</sup> well approved as staked.  
Percolation testing for repl. SDA performed Dec '99.

DATE: 12/22/99

INSPECTOR: (DKS)