

C1 7289

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12 12 07

Depth of Well

22 487 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-95-1357

OWNER
last name first name
T. W. C. Mace
STREET OR RFD 1941 Sycamore Springs TOWN
SUBDIVISION Riggs Meadows SECTION LOT 11

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearingBrown
shale

0 35

Gray
Limestone

35 487

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 220

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

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

ST

06

42

60 61

63 64

66 67

70

OTHER CASING (if used)

diameter

inch

depth (feet)

from to

E
A
C
H
C
A
S
I
N
Gscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST

STEEL

BR

BRASS

HO

OPEN

PL

PLASTIC

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

S 38 39 41 45 47 51

R 38 39 41 45 47 51

E 38 39 41 45 47 51

N 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 01

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE 196L.

WATER LEVEL (distance from land surface)

BEFORE PUMPING 185 ft.

WHEN PUMPING 410 ft.

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 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) 5

PUMP HORSE POWER 1

PUMP COLUMN LENGTH (nearest ft.) 450

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 BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

30' new well
35' House
septic
Sycamore Springs

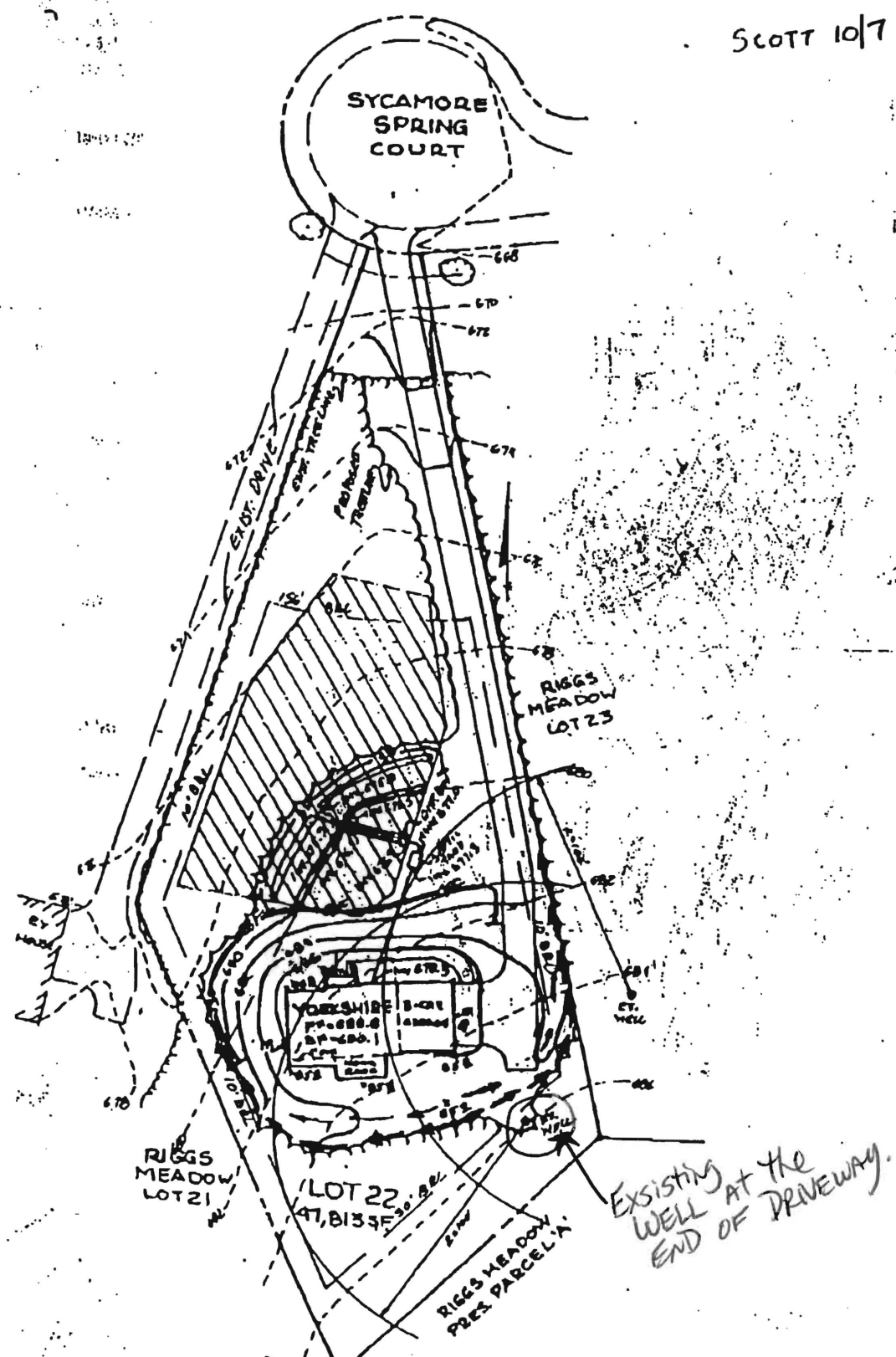
B 1 <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-weight: bold;">8085</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 1.2em; font-weight: bold;">527931</div>	STATE PERMIT NUMBER <div style="font-size: 1.2em; font-weight: bold;">H0-95-1357</div>
Date Received (APA) <div style="border: 1px solid black; padding: 2px;"> 8 MM DD YY 13 15 <u>Tewey</u> Last Name Owner First Name <u>marc</u> 34 36 <u>1941 Sycamore Springs</u> Street or RFD 55 57 <u>Cooksville md</u> Town 70 State 72 Zip 76 <u>21784</u> </div>		LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> B 3 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Riggs Meadows</u> 42 SECTION <u>2</u> 44 46 LOT <u>11</u> 48 50 52 NEAREST TOWN <u>Cooksville</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> 73 M I 76 77 78 </div>	
OWNER INFORMATION DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> Driller's Name <u>Allen Compton</u> 76 License No. <u>MSD 009</u> 81 Firm Name <u>Fogles Well Drilling</u> Address <u>580 Obrecht rd</u> Signature <u>[Signature]</u> 12-8-07 Date </div>		WELL INFORMATION <div style="border: 1px solid black; padding: 2px;"> B 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20 </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="radio"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</div> <div><input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> I INDUSTRIAL, COMMERCIAL, DEWATERING</div> <div><input type="radio"/> P PUBLIC WATER SUPPLY WELL</div> <div><input type="radio"/> T TEST, OBSERVATION, MONITORING</div> <div><input type="radio"/> G GEO-THERMAL</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px;"> COUNTY NAME <u>Howard</u> COUNTY NO. <u>A50368</u> STATE SIGNATURE <u>[Signature]</u> INSERT S → DATE ISSUED <u>12/10/07</u> 43 MM DD YY 48 CO SIGNATURE <u>[Signature]</u> 41 NORTH GRID <u>541</u> 50 000 55 EAST GRID <u>793</u> 57 000 63 EXP. DATE <u>12/10/10</u> </div>	
METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> AIR-ROTary <input type="radio"/> CABLE other _____ </div> <div> <input type="radio"/> JETTED <input type="radio"/> AIR-PERCussion <input type="radio"/> REVerse-ROTary </div> <div> <input type="radio"/> Jetted & DRIVEN <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> Drive-POINT </div> </div>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <div style="border: 1px solid black; padding: 2px;"> SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>793</u> N <u>541</u> 000 000 </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column;"> <div><input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input checked="" type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</div> <div><input type="radio"/> D THIS WELL WILL DEEPEM AN EXISTING WELL</div> </div>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="border: 1px solid black; padding: 2px;"> </div>	
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 _____ G _____ PERMIT No. <u>H0-95-1357</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

10/7

RM 0022

A.F. STAKE DRIVE

SCOTT 10/7



PLAN
SCALE 1"=50'



Penny E. Borenstein, M.D., M.P.H., Health Officer

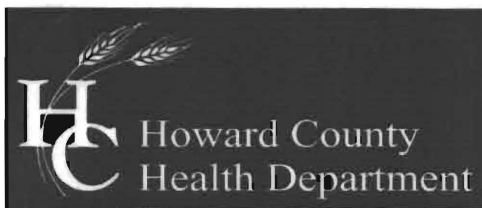
ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☐ The well site has been staked by Fogles
on 12-8-07 and is ready for site inspection.
- ☐ _____ will call the Health Department
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.
This should help improve communication allowing a more timely
service for our citizens.

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Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 15, 2009

Robert Weddle
1941 Sycamore Spring Ct.
Cooksville, MD 21723

RE: **Replacement Well**
1941 Sycamore Spring Ct.
Well Permit #: HO-95-1357

Dear Mr. Weddle:

Our records indicate a replacement well was completed on the referenced property on 12/12/07. If you have not already done so, this office is requesting that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (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.

In addition, the original water supply that served the property was a well that is no longer being used, proper disconnection and sealing must occur in order to comply with Code of Maryland Regulations. This sealing process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. The well abandonment report must be provided to our office.

If you have any questions, or would like to discuss these matters further, please contact me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Sara Sappington, R. S.
Water and Sewerage Program

cc: Community Hygiene Program
File