

ST/CO USE ONLY
DATE Received: 09/13/99

DATE WELL COMPLETED
MM 8 DD 26 YY 99

Depth of Well
22 200 28
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HD 94-2372

OWNER Bodnyk

STREET OR RFD 12523 Scaggsville Rd

TOWN Highland

SUBDIVISION SECTION LOT

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		check if water bearing
	FROM	TO	
Sand	0	56	
Gray mica Rock	56	200	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ Y ☐ N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 55 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

MAIN CASING TYPE ☒ ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

screen type or open hole insert appropriate code below

SCREEN RECORD ☒ ST ☐ BR ☐ HO ☐ PL ☐ OT

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
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DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

GRUEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT P IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.

WHEN PUMPING 148 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 (CIRCLE) (YES or NO) 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 LAND SURFACE

- below 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

30 ft well

Existing house

Rt 216

Date Received (ABA)
0820 99

OWNER INFORMATION

8 MM DD YY 13
Bodnyk Ann
15 Last Name Owner First Name 34
12523 Rt 216
36 Street or RFD 55
Highland Md 20777
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name
Joseph L. Mayne MS D 24
76 License No. 81

Firm Name
Joseph L. Mayne Well Drilling

Address
5512 Ridge Rd Int. Hwy Md 21771

Signature
Joseph L. Mayne 8/20/99
Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE
(GAL. PER MIN.)
5
8 12

AVERAGE DAILY QUANTITY NEEDED
(GAL. PER DAY)
500
14 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

APPROXIMATE DEPTH OF WELL
311005 0005772-2806
24 28 FEET

APPROXIMATE DIAMETER OF WELL
6
NEAREST INCH

METHOD OF DRILLING (circle one)

☒ BORED (or Augered) ☐ JETTED ☐ Jetted & DRIVEN

☒ AIR-ROTARY ☐ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary)

☐ CABLE ☐ REVerse-ROTary ☐ Drive-POINT

other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

☐ THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED
(IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER
54 GAP 63

PERMIT No. HO-94-2372
70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Highland 71

MILES FROM TOWN (enter 0 if in town) 1 1/2
73 01/26/27/78/1/99

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD Md 216 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 130 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard Co A39024
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 082099 A.M. Miller 082000

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 480 000 EAST GRID 810 000
50 55 57 63

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

810 000
N 480

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.

Sketch showing location of well in relation to nearby towns and roads. Includes labels for Highland, Rt 216, Bluffs Bridge Rd, and Savageville Rd.



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., Acting County Health Officer

June 19, 2002

**Ms. Anita Collins
12523 Scaggsville Drive
Highland, MD 20777
(301) -854-9897**

**Re: REPLACEMENT WELL
12523 Scaggsville Drive**

Dear Ms. Collins :

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted.

The water sample submitted for testing on **June 13, 2002** was free of coliform and E. coli bacteria and was bacteriologically safe for drinking at the time of sampling.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of **COMAR 26.04.04 "Well Regulations"** have been met for the water supply system installed. The well owner accepts his responsibilities under **COMAR 26.04.04.10.**

Date of Final Sampling: June 13, 2002

Approving Authority,

**Bert Nixon, Director
Community Services Program**

**Water Sample Dates: June 13, 2002 & May 1, 2002 (Bacteria)
June 13, 2002 & December 6, 1999 (Chemical)**