C 1 5333 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6	WELL COMPLETION REPORT	COUNTY
(THIS NUMBER IS TO BE PUNCHED USE COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	NUMBER 4-29415
DATE Received DATE WELL COMPLETE	D Depth of Well	PERMIT NO.
102136	22 2 2 8 26	FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER SOPER	ALAN	Q
STREET OR RFD (ast name LICE)		craksville .
SUBDIVISION REAL AIGN EST	SECTION	LOT N
WELL LOG Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED /	C 3
STATE THE KIND OF FORMATIONS	(Circle-Appropriate Box)	1 2 DIMADING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL 33 44	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Checks	CEMENT CM BENTONITE CLAY BC	8 9
additional sheets if needed) FROM TO bearing	NO. OF BAGS 100 NO. OF POUNDS 45498	PUMPING RATE (gal. per min. 2 11 15 15
Dirt 0 1	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE SUBMICESIBLE
Soft Brown Shile	DEPTH OF GROUT SEAL (to nearest foot)	WATER LEVEL (distance from land surface)
a schiet 1 36	from 6 ft. to 8 8 ft.	BEFORE PUMPING
Hard Blue Sandstone 36 39	(enter 0 if from surface)	17 20
Solf Brown &	casing CASING RECORD types	WHEN PUMPING 2 7 8
Blue Sand &	insert STEEL CONCRETE	TYPE OF PUMP USED (for test)
Clay 39 87	appropriate code PL OT	A air P piston T turbine
Soft Brown	below PLASTIC OTHER	27 27
Schist 87 93	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
Hard Blue Schiat	CASING top (main) casing of main casing	27 (describe 27 below)
& Sandstone 93 103 1	TYPE (nearest inch) (nearest foot)	J jet S submersible
Hard Black		27 27
Sandstone 103 107 Mard Green	60 61 63 64 66 70 F OTHER CASING (if used)	The state of the s
Schict 107 109	diameter depth (feet)	PUMP INSTALLED
Hard Black	inch from to	1. 1985 1985 1985 1985 1985 1985 1985 1985
Sandstone 108 142	ŝ	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)
Hard Brown	N I II I	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
Sandstone 142 M K	screen type: SCREEN RECORD	EXCEPT HOME USE
Hard Black Sandstone & 143 150 X	or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
Opening 200	Appropriate STEEL BRASS OPEN	IN BOX SEE ABOVE:
Bard Black	code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE
Sandstone 150 196	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
Hard Black	C 2	37 41
Sandstone 196 197 X	1 2 St. DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
Hard Black 197 228		CASING HEIGHT (circle appropriate box
	A 8 9 11 15 17 21	+ above and enter casing height)
BIT BROKEN WARATION	S ²	LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER	S 23 24 26 30 32 36 36 36 36 36 36 36 36 36 36 36 36 36	below
A WELL WAS ABANDONED AND SEALED	E 3 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED		SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED D TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 1 2 3 (NEAREST	BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVENTED TO PRODUCTION	OF SCREEN 56 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I MEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	from to	No.
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION	GRAVEL PACK	CEO IN
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	FLOWING WELL INSERT	X F FINN
DRILLERS IDENT. NO30	F IN BOX 68 68 0EP USE ONLY	Pt. 70
Dang-kyker	(NOT TO BE FILLED IN BY DRILLER)	
DRILL'ERS SIGNATURE	T (E.R.O.S.) WQ	Kt. 144
(MUST MATCH SIGNATURE ON APPLICATION)	74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG OTHER DATA	1
responsible for sitework if different from permittee)	CASING INDICATOR	BORY WILE - 1037

B 1 7199 SEQUENCE NO.	TATE OF MARYLAND	OEP PERMIT NUMBER
(OEP USE ONLY)	ERMIT TO DRILL WELL	MY-SH-HACH
1 2/3 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)	please print or type	70 fill in this form completely
Date Received	[B]3	LOCATION OF WELL
OWNER INFORMATION	1 2 // 1	LOCATION OF WELL
8 13 13 WELL IN OUMATION	8,COUNTY	
15 Last Name Owner First Name	HED ZIA	E ZNN ASZIII
3534 90768 15 1074	23 SUBDIVISION	42
36 Street or RFD	55 SECTION 44 46	LOT 48 50
57 Town 70State72	ZIP 76 QOOKSUI	1.66
DRILLER INFORMATION	52 NEAREST TOWN	71
dana Kyker – – – – – – – – – – – – – – – – – – –	MILES FROM TOWN (en	ter 0 if in town) 73 76 77 78
Driller's Name Westminster Rotary Well Drilli	icense No. 80 B 4	BEN PUE DE
	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
Pool Don 1961. West instant M	TOWN (CIRCLE BOX)	Mary 18 Charles of payments the state of the MORTHER
Maria Haddel 911	15/8/6 M	CN WHICH SIDE OF ROAD WITE CONTROL & APPROPRIATE BOX
Signature Date	8-9	CONOCE AFFROMIATE BOX
B 2 WELL INFORMATION	(TOWN)E	SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)		34 0 1 0 37 .
AVERAGE DAILY QUANTITY NEEDED 500	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	DISTANCE FROM ROAD
14	-20 8	ENTER FT or MI [// _j // 38 39
USE FOR WATER (CIRCLE APPROPRIATE BO)	() Landau (1) Landau	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ON		SINGE A
F FARMING (LIVESTOCK WATERING & AGRICULTURATION)	COUNTY NAME	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL	GOV. OEP SIGNATURE	STATE HEALTH INSERT S
22 L'J OTHER (REQUIRES APPROPRIATION PERMIT) —— PUBLIC OR PRIVATE WATER COMPANY (REQUIRES	DATE ISSUED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P APPROPRIATION PERMIT AND STATE HEALTH DEPA APPROVAL)	ARTMENT	O SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING (MAY REQUIR	E NORTH A A O C	O O GRID O O O
APPROPRIATION PERMIT)	50 #	557 63
APPROXIMATE DEPTH OF WELL	SHOW MAJOR FEATU BOX & LOCATE WELL	
24 28	WITH AN X	CMATER
APPROXIMATE DIAMETER OF WELL	NEAREST 1 SOURCES OF DRILLIN	GWAIER
	2.	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettee	d & <u>DRIVEN</u>	Freature OK
BORED (or Augered) 30 AIR ROTary AIR PERcussion BOTARY (Hydra	White the BOX NOW	If a b f b // seeding 1
J/Edward Park	Rive-POINT	102 Comma
. 6.	E	al- arrays and
other	N S	6 50 to 000 50 to 000 000 000 000 000 000 000 000 000
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		OW SHOWING LOCATION OF WELL IN
N THIS WELL WILL NOT REPLACE AN EXISTING WE		Y TOWNS AND ROADS AND GIVE IL TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE		23 1rang Com
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE	USED PREDE	Rick
		ed Filled angho
D THIS WELL WILL DEEPEN AN EXISTING WELL	PENDED	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEI (IF AVAILABLE) 41	T 52	10/2/186
		I'm Ll
Not to be filled in by driller (OEP USE ONLY)		RF. 70
APPROP. PERMIT NUMBER GAP	63	
FORCE WRITE INITIALS PERMIT NO. 70 71 72 73 74 75 76	77 78 79	Rt. 144
67 68 N BOX 70 71 72 73 74 75 76 SPECIAL CONDITIONS	11 10 17	

Page 1 of 1 Date October 21, 1986 Review 1931/8 de 8146-

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Location of pro Subdivision	HO - 81-17 Sperty (road) SO LICH SS DANA KYK	RED LION DR.	8 Block Plater SOPIR, ALMA)	Sec.
Distance Static v		oint (M.P.) above gr .L.) below M.P.		
Time pump Total tin	started 8:05	Am reach pumping water	Pumping rate 15 level ft. recorded every 15 minu	
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \(\mathbf{X} \) 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:05	60	4 Sec.		15
0 - 20	1.00	4 0		1 25

	TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill ½ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
اـــ ــــ	8:05	60	4 Sec.		15
	8:20	128	4 Sec.		15
	8:35	194	12 Sec.		5
	8:50	190	10 Sec.		6
ļ	9:05	189	10 Sec.		6
	9:20	187	10 Sec.		6
ļ	9:35	186	10 Sec.		6
ļ	9:50	185	10 Sec.		6
	10:05	184	10 Sec.		6
	10:20	183	10 Sec.		6
	10:35	182	10 Sec.		6
	10:50	181	10 Sec.		6
	11:05	180	10 Sec.		6
	11:20	17 9	10 Sec.	•	6
	11:35	178	10 Sec.		6
			•		
			•••		
		·			¥
				•	
					,
		·			

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
September 28, 1987

Mr. Alan Soper 14672 Red Lion Drive Woodbine, Maryland 21797

Dear Mr. Soper:

This is to advise you that the septic system was installed, inspected and approved on February 24, 1987.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1701.

Septe, ber 9, 1987 Date of Final Sampling September 23, 1987 Date of Acceptance

Jane Nadeau, Sanitarian Water and Sewerage Program

Water Sample Dates: April 3, 1987

ane Nacleau /8A

September 9, 1987

JN:JR