

C1 3112

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 13

ST/CO USE ONLY

DATE RECEIVED  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
7 7 2008

Depth of Well

22 540' 26 5/20/08  
(TO NEAREST FOOT) O.K. (RB)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-95-1592

OWNER

STREET OR RFD 1645 Lee Old Annapolis Rd TOWN Woodbine 21797  
SUBDIVISION SECTION LOT

## 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 TOcheck  
if water  
bearingBrown Shale 0 37  
Blue Rock 37 540  
Dry well 350' back filled  
350-40 Drilling materials  
40-0 Cement

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes  
[Y] 44  
no  
[N] 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 45 12 NO. OF POUNDS 45 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 38 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below[ST]  
STEEL[CO]  
CONCRETE[PL]  
PLASTIC[OT]  
OTHERMAIN  
CASING  
TYPE  
[ST]Nominal diameter  
top (main) casing  
(nearest inch) 6Total depth  
of main casing  
(nearest foot) 41

60 61 63 64 66 70

## OTHER CASING (if used)

EACH CASING diameter depth (feet)  
inch from to

## SCREEN RECORD

screen type  
or open hole  
insert  
appropriate  
code  
below[ST]  
STEEL[BR]  
BRASS[HO]  
OPEN  
HOLE[PL]  
BRONZE  
PLASTIC[OT]  
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED

yes  
[Y]no  
[N]

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELLI 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, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C3

## PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 52 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 29CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH  
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box  
and enter casing height)

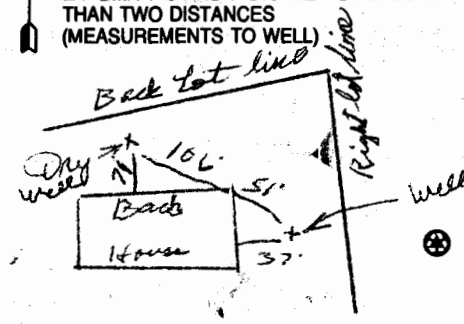
[+] above

LAND SURFACE

[-] 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)

3/25/08

The attached well  
permit application  
& completion report  
have never been  
scanned.

Please scan along  
with new well entry.  
Thanks

Sent to

DILPers

No FAX #

Close ✓

Log ✓

RECEIVED  
HAWAII COUNTY DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
2008 HY -2 AM 8:07

B 1	<b>9818</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 528858 please type	STATE PERMIT NUMBER <b>H0-95-1592</b> <small>fill in this form completely</small>
Date Received (APA) 3/24/2008 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name <u>Hayek</u>		Owner First Name <u>Lee</u>		34
36 Street or RFD <u>1645 Old Annapolis Rd</u>		55		
57 Town <u>Woodbine</u>		70 State <u>Md</u>		72 Zip <u>21797</u>
DRILLER INFORMATION				
Driller's Name <u>Joseph E. Mayne</u>		License No. <u>M5 D024</u>		
Firm Name <u>Joseph E. Mayne Well Drilling</u>				
Address <u>5512 Ridgely Rd Mt Airy Md 21771</u>				
Signature <u>Joseph E. Mayne 3-24-08</u>				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE <u>Brian Baber</u> INSERT S <u>41</u> DATE ISSUED <u>3/24/2008</u> CO SIGNATURE <u>Brian Baber</u> EXP. DATE <u>3/24/2009</u> NORTH GRID <u>544 000</u> EAST GRID <u>768 000</u> 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>280</u> FEET		NEAREST INCH		
APPROXIMATE DIAMETER OF WELL <u>6</u>				
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)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>H0-73-0309</u> 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER <u>G</u>				
PERMIT No. <u>H0-95-1592</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION \_\_\_\_\_ 42

SECTION 44 LOT 46

52 NEAREST TOWN Mt Airy 71

MILES FROM TOWN (enter 0 if in town) 4 1/2 M I  
73 76 77 78

B 4

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 1645 Old Annapolis Rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐

34 400 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 7 BLK: 14 PARCEL 343

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

E 770

N 540

000 000

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

C 1 <b>8581</b> (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON-ALL CARDS)	SEQUENCE NO. (DWR USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b> <b>WELL COMPLETION REPORT</b>	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION  <b>FILL IN THIS FORM COMPLETELY</b>  COUNTY NUMBER
DATE RECEIVED (DWR USE ONLY)	DATE WELL COMPLETED <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> <span>6</span> </div>	DEPTH OF WELL <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">10</span> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <span>22</span> <span>(TO NEAREST FOOT)</span> <span>26</span> </div>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <div style="display: flex; align-items: center; justify-content: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>28</span> <span>29</span> <span>30</span> <span>31</span> <span>32</span> <span>33</span> <span>34</span> <span>35</span> <span>36</span> <span>37</span> </div>
		DRILLERS IDENTIFICATION NO.	

OWNER John R. Hart LAST NAME FIRST NAME  
STREET OR RFD \_\_\_\_\_ POST OFFICE 1

<b>WELL LOG</b>			<b>WELL DESCRIPTION</b>			<b>GROUTING RECORD</b>			<div style="display: flex; justify-content: space-between;"> <span>C 3</span> <span>(SEQ. NO.) 6</span> </div>		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)			YES <input checked="" type="checkbox"/> Y 44	NO <input type="checkbox"/> N 44	<b>PUMPING TEST</b>			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)			<b>FEET</b> FROM      TO		CHECK IF WATER BEARING	TYPE OF GROUTING MATERIAL (CIRCLE BOX):			HOURS PUMPED (TO NEAREST HOUR)		
						<input type="checkbox"/> C <input type="checkbox"/> M	<input type="checkbox"/> B <input type="checkbox"/> C				

CEMENT 45 46 PORTLAND CEMENT 45 46

NO. OF BAGS 3 NO. OF POUNDS 500

GALLONS OF WATER 33

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 6 FT.

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE 1

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 1 (NEAREST FOOT)

(ENTER 0 IF FROM SURFACE) <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">                     Casing Types                      INSERT                      Appropriate                      Code                      Below                 </div>	<b>CASING RECORD</b> <table style="margin: 10px auto; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; margin: 5px;">S</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">T</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">C</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">O</td> </tr> <tr> <td colspan="2">STEEL</td> <td colspan="2">CONCRETE</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px; margin: 5px;">P</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">L</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">O</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">T</td> </tr> <tr> <td colspan="2">PLASTIC</td> <td colspan="2">OTHER</td> </tr> </table>	S	T	C	O	STEEL		CONCRETE		P	L	O	T	PLASTIC		OTHER		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">17</td> <td style="width: 50%;">20</td> </tr> <tr> <td>WHEN PUMPING</td> <td>(NEAREST FOOT)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">22</td> <td style="border: 1px solid black; text-align: center;">25</td> </tr> </table> <p><b>TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 5px; margin: 5px;">A</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">P</td> <td style="border: 1px solid black; padding: 5px; margin: 5px;">T</td> </tr> <tr> <td>AIR</td> <td>PISTON</td> <td>TURBINE</td> </tr> <tr> <td style="text-align: center;">27</td> <td style="text-align: center;">27</td> <td style="text-align: center;">27</td> </tr> </table>	17	20	WHEN PUMPING	(NEAREST FOOT)	22	25	A	P	T	AIR	PISTON	TURBINE	27	27	27
S	T	C	O																														
STEEL		CONCRETE																															
P	L	O	T																														
PLASTIC		OTHER																															
17	20																																
WHEN PUMPING	(NEAREST FOOT)																																
22	25																																
A	P	T																															
AIR	PISTON	TURBINE																															
27	27	27																															

MAIN CASING TYPE <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px;"></div>	<input type="radio"/> C CENTRIFUGAL	<input type="radio"/> R ROTARY	<input type="radio"/> O OTHER (DESCRIBE BELOW)
			<input type="radio"/> J JET	<input type="radio"/> S SUBMERSIBLE	

E A C H C A S I N G	60		61		63		64		66		70	
	OTHER CASING (IF USED)											
	DIAMETER		DEPTH		FROM		TO					
	(INCH)		(FEET)									

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

29

YES NO

Y

N

**DRILLER WILL INSTALL PUMP**  
(CIRCLE APPROPRIATE BOX)

**CAPACITY:**

<p>SCREEN TYPE OR OPEN HOLE</p> <div style="border: 1px solid black; border-radius: 50%; width: 80px; height: 80px; margin: 0 auto; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <p>INSERT APPROPRIATE CODE BELOW</p> </div>	<p><b>SCREEN RECORD</b></p> <table style="width: 100%;"> <tr> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">H</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div> </td> </tr> <tr> <td style="text-align: center;">STEEL</td> <td style="text-align: center;">BRASS OR BRONZE</td> <td style="text-align: center;">OPEN HOLE</td> </tr> </table> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">L</div> </td> <td style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div> </td> </tr> </table>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">H</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div>	STEEL	BRASS OR BRONZE	OPEN HOLE	<div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">L</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div>	<p>GALLONS PER MINUTE (TO NEAREST GALLON)</p> <div style="border-bottom: 1px solid black; width: 100%; position: relative;"> <span style="position: absolute; right: 0; top: -10px;">31</span> <span style="position: absolute; right: 0; top: -10px;">35</span> </div> <p>PUMP HORSE POWER</p> <div style="border-bottom: 1px solid black; width: 100%; position: relative;"> <span style="position: absolute; right: 0; top: -10px;">37</span> <span style="position: absolute; right: 0; top: -10px;">41</span> </div> <p>PUMP COLUMN LENGTH (NEAREST FOOT)</p> <div style="border-bottom: 1px solid black; width: 100%; position: relative;"> <span style="position: absolute; right: 0; top: -10px;">43</span> <span style="position: absolute; right: 0; top: -10px;">47</span> </div> <p><b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX)</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">H</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div>								
STEEL	BRASS OR BRONZE	OPEN HOLE								
<div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">L</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">O</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">T</div>									

<div style="display: flex; justify-content: space-around;"> <span>PLASTIC</span> <span>OTHER</span> </div>		<div style="display: flex; justify-content: space-around;"> <span> <input type="checkbox"/> ABOVE  <input type="checkbox"/> BELOW         </span> <span>           AND ENTER CASING HEIGHT)             LAND SURFACE            (NEAREST FOOT)         </span> </div>	
C	2		
1	2	3	6
		(SEQ. NO.)	
DEPTH (NEAREST WHOLE FOOT)			
FROM		TO	
1	8	9	21
EACH			

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND

<p><b>CIRCLE APPROPRIATE BOXES</b></p> <p><input type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED</p> <p><input type="checkbox"/> E ELECTRIC LOG OBTAINED</p> <p><input type="checkbox"/> F TEST WELL CONVERTED TO PRODUCTION WELL</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SCREEN</p>	<p>2 <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> _____ 26 _____ 30 _____ 32 _____ 36</p> <p>3 <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table> _____ 38 _____ 39 _____ 41 _____ 45 _____ 47 _____ 51</p> <p>SLOT SIZE 1, _____ 2, _____ 3, _____</p>
--	---	---

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.	<table style="width: 100%;"> <tr> <td style="width: 40%;">DIAMETER OF SCREEN</td> <td style="width: 20%; text-align: center;">56</td> <td style="width: 20%; text-align: center;">60</td> <td style="width: 20%;">(NEAREST INCH)</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">FROM TO</td> </tr> <tr> <td>GRAVEL PACK</td> <td colspan="3"></td> </tr> <tr> <td>IF WELL DRILLED WAS A FLOWING WELL</td> <td colspan="3">CIRCLE BOX 68 <input checked="" type="checkbox"/> F</td> </tr> </table>	DIAMETER OF SCREEN	56	60	(NEAREST INCH)		FROM TO			GRAVEL PACK				IF WELL DRILLED WAS A FLOWING WELL	CIRCLE BOX 68 <input checked="" type="checkbox"/> F		
DIAMETER OF SCREEN	56	60	(NEAREST INCH)														
	FROM TO																
GRAVEL PACK																	
IF WELL DRILLED WAS A FLOWING WELL	CIRCLE BOX 68 <input checked="" type="checkbox"/> F																
DRILLERS NAME _____  (PLEASE PRINT) _____  SIGNATURE _____	<table style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)</td> </tr> <tr> <td style="text-align: center;">T</td> <td style="text-align: center;">(E.R.O.S.)</td> <td style="text-align: center;">W Q</td> </tr> <tr> <td style="text-align: center;">70 <input type="checkbox"/></td> <td style="text-align: center;">72 <input type="checkbox"/></td> <td style="text-align: center;">74 75 76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">TELESCOPE</td> <td style="text-align: center;">LOG</td> <td style="text-align: center;">OTHER DATA AVAILABLE</td> </tr> </table>	DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)			T	(E.R.O.S.)	W Q	70 <input type="checkbox"/>	72 <input type="checkbox"/>	74 75 76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TELESCOPE	LOG	OTHER DATA AVAILABLE				
DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)																	
T	(E.R.O.S.)	W Q															
70 <input type="checkbox"/>	72 <input type="checkbox"/>	74 75 76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
TELESCOPE	LOG	OTHER DATA AVAILABLE															

<b>B 1</b> 3506 SEQUENCE NO. (DWR USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		<b>STATE OF MARYLAND</b> <b>DEPARTMENT OF WATER RESOURCES</b> <b>STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>		<b>DWR PERMIT NUMBER</b>  <b>FILL IN THIS FORM COMPLETELY</b>	
<b>DATE RECEIVED</b> (DWR USE ONLY)  <b>OWNER</b> COL 15 LAST NAME FIRST NAME COL. 34 <b>STREET OR RFD</b> COL 36 COL. 55 <b>POST OFFICE</b> COL 57 COL. 76					
<b>B 1</b> CONTINUED 1 2 3 (SEQ. NO.) 6 <b>DATE</b> FIRST NAME DRILLER LAST NAME <b>SIGNATURE</b>		<b>B 3</b> LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78			
<b>B 2</b> WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20 <b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		<b>B 4</b> 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 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39			
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL (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)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. N 7/11/73 20' casing 14' open hole 5 bags cement OK DWR			
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)					
NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) APPROPRIATION PERMIT NUMBER 54 63 65 FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79 ENGINEER REVIEW DISTRICT NO. 65		BOX NUMBER E 140 N 140			
<b>B 4</b> CONTINUED 1 2 3 (SEQ. NO.) 6 41 STATE HEALTH (CIRCLE BOX) MO. DAY YR. DATE 43 48 <b>HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME COUNTY NO. APPROVED BY SPECIAL CONDITIONS 8-63 (DWR USE ONLY)		NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/5 5/5 0/0 5/0			

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 95-1592  
Site Address: 1645 Old Annapolis

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

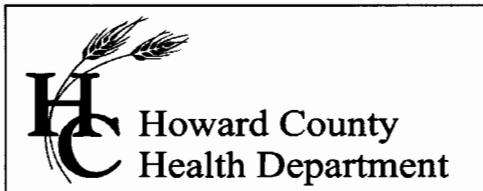
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/30/08 BB  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒  
Two piece cap installed and attached to casing securely ☒  
Elec. conduit extends at least 18" below grade/attached to cap properly ☒  
Safety rope installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒



7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

---

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

May 27, 2008

Mr. and Mrs. Hajek  
1645 Old Annapolis Road  
Woodbine, MD 21797

RE: **Replacement Well**  
1645 Old Annapolis Road  
Well Permit # HO-95-1592

Dear Mr. and Mrs. Hajek:

According to our records your replacement well has been connected to the dwelling and this connection was inspected. This office is also requesting that you contact the Community Health Program at (410) 313-1792 to schedule an initial water sampling for the referenced replacement well as required by Maryland code. There is currently no charge for the sampling and it is to your benefit to have your well tested.

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, the old well should be kept in use and must be properly maintained so that the groundwater in your area is not contaminated. Maryland code states that any well that does not serve a purpose or is not properly maintained must be sealed by a licensed well driller. If you have any questions about well sealing you can call me at (410) 313-1771. Otherwise, call Community Health at the number above for the water sample.

Sincerely,

Brian Baker, R.S.  
Well and Septic Program

cc: Community Health Program  
File

3/28/08 Contractor reported another dry hole @ site #2.

3/31/08 Well drilled deeper at location #2. Driller reports 1.5 GPM. (BB)



SITE INSPECTION SHEET

OWNER: Paul + Lee Hajek

PHONE #: \_\_\_\_\_

ADDRESS: 1645 Old Annapolis Rd

CONTRACTOR: J Mayne

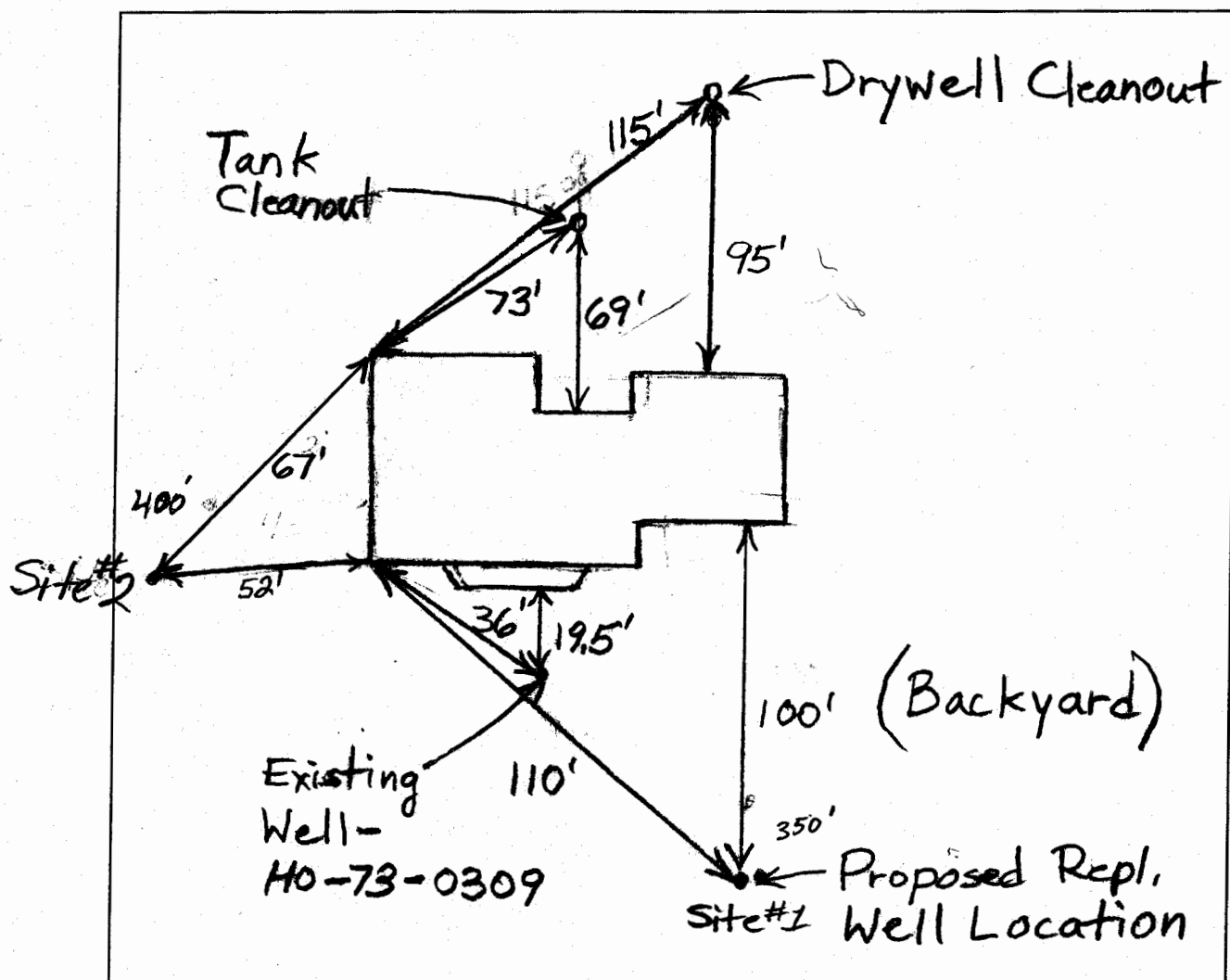
WELL TAG #: \_\_\_\_\_

SUBDIVISION: Harmony Hills LOT: 3

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

PROPOSAL: Out of Water

LOCATION DIAGRAM



COMMENTS: Wish to keep existing well for barn  
usage. Sediment getting into water. O.K. to drill  
new well at location above. 3/25/08 350' dry hole  
at site 1 will try at site 2. (BB)

DATE: 3/24/08

INSPECTOR: B. Baker

over →

## Search Result for HOWARD COUNTY

View Map			View GroundRent Redemption				View GroundRent Registration			
Tax Exempt:			Special Tax Recapture:							
Exempt Class:			AGRICULTURAL TRANSFER TAX							
Account Identifier:			District - 04 Account Number - 312791							
Owner Information										
Owner Name:			HAJEK PAUL N HAJEK LEILA L			Use:		AGRICULTURAL		
Mailing Address:			1645 OLD ANNAPOLIS RD WOODBINE MD 21797-8207			Principal Residence:		YES		
						Deed Reference:		/01002/ 00158		
Location & Structure Information										
Premises Address:			1645 OLD ANNAPOLIS RD WOODBINE 21797-0000			Legal Description:		6.7751 A 1645 OLD ANNAPOLIS RD WOODBINE		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0007	0014	0343		0000				2017		Plat Ref:
Special Tax Areas:										
					Town:		NONE			
					Ad Valorem:		100			
Tax Class:										
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
1973		1,805 SF				6.7700 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	SIDING	2 full/ 1 half	1 Attached					
Value Information										
			Base Value		Value		Phase-in Assessments			
					As of 01/01/2017		As of 07/01/2018		As of 07/01/2019	
Land:			202,800		202,800					
Improvements			202,400		173,500					
Total:			405,200		376,300		376,300		376,300	
Preferential Land:			2,800						2,800	
Transfer Information										
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								

3/31/92 ASAP

Per ID - 04 - 312791

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47955

A REPAIR

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

DATE

DATE SYSTEM APPROVED

INSPECTOR

April 92

RH

John W. Goodman

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS 2900 Old Washington Boulevard, Westminster, MD PHONE 875-2517

SUBDIVISION Harmony Hills LOT 2 ROAD 1645 Old Annapolis Road

PROPERTY OWNER Paul Hajek  
1645 Old Annapolis Road  
ADDRESS Woodbine, Maryland

SEPTIC TANK CAPACITY ~~1000~~ <sup>NA</sup> GALLONS

125