| C 1 4562   | SEQUENCE<br>(DENV USE O |                   | STATE OF MARYLAND WELL COMPLETION REPORT   | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY NUMBER RW 50292 A |  |  |
|--|-------------------------|-------------------|--|---|--|--|
| (THIS NUMBER IS, TO BE P<br>IN COLS. 3-6 ON ALL, CARD  |                         |                   | FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE   |   |  |  |
| ST/CO USE ONLY<br>DATE Received  | DATE WELL CO            |                   | Depth of Well 22 3 0 0 26 (TO NEAREST FOOT)  | PERMIT NO. FROM "PERMIT TO DRILL WELL"  28 29 30 31 52 33 34 35 36 37                           |  |  |
| OWNER  | Rubin                   |                   | Charen   | 10 / 1  |  |  |
| STREET OR RFD  | last name /3            | 000               | Wajnuright firstland TOWN H  | 19hland   |  |  |
| SUBDIVISION  |                         |                   | SECTION  | LOT May 40, Paro 42   |  |  |
| Not required for   |                         |                   | WELL HAS BEEN GROUTED (Circle Appropriate Box)   | C 3   |  |  |
| STATE THE KIND OF<br>PENETRATED, THEIR<br>THICKNESS AND IF   | R COLOR, DEPTH          |                   | TYPE OF GROUTING MATERIAL 44 44  | PUMPING TEST HOURS PUMPED (nearest hour)  |  |  |
| DESCRIPTION (Use additional sheets if needed)  | FEET                    | Check<br>if water | CEMENT C M BENTONITE CLAY B C 45 46  | PUMPING RATE (gal. per min.   |  |  |
|  |                         | bearing           | NO. OF BAGS NO. OF POUNDS 15 46 A6 GALLONS OF WATER  | to nearest gal.)  |  |  |
| Overburden   | 0 15 15 37              |                   | DEPTH OF GROUT SEAL (to nearest foot)  | METHOD USED TO MEASURE PUMPING RATE Submersible   |  |  |
| Brown Shale<br>Gray Rock   | 37 300                  | X                 | from 48 TOP 52 ft. to 4 BOTTOM 58  | WATER LEVEL (distance from land surface)  |  |  |
| . Gray Nock  | 37 300                  | 4                 | (enter 0 if from surface)  | BEFORE PUMPING 39 1   |  |  |
| water was encour   | ntored at               |                   | casing CASING RECORD types   | WHEN PUMPING 219  |  |  |
| 70 & 280   | recred at               |                   | insert appropriate STEEL CONCRETE  | TYPE OF PUMP USED (for test)  |  |  |
|  |                         |                   | code   | A air P piston T turbine  |  |  |
|  |                         |                   | below PLASTIC OTHER  | 27 27 27  |  |  |
| , ,  |                         | ~                 | MAIN Nominal diameter Total depth  | C centrifugal R rotary O other (describe  |  |  |
|  |                         |                   | CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)   | 27 27 below)  |  |  |
|  |                         |                   | ST A BATT  | J jet S submersible   |  |  |
|  |                         |                   | 60 61 63 64 66 70  | * .   |  |  |
| , , , , , , , , , , , , , , , , , , ,  |                         |                   | C C Clark Casing (if used) C c C Clark Casing (if used) C c clark Casing (i | DUBAD INICTALL CO   |  |  |
| 700  |                         |                   | H inch from to   | PUMP INSTALLED  |  |  |
|  | . "                     |                   | Š L  | DRILLER WILL INSTALL PUMP (YES) NO (CIRCLE) (YES or NO)   |  |  |
|  |                         |                   | N G  | IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS                          |  |  |
|  |                         |                   | screen type SCREEN RECORD  | EXCEPT HOME USE   |  |  |
|  |                         |                   | or open hole ST BR HO  | PLACE (A,C,J,P,R,S,T,O)   |  |  |
|  |                         |                   | appropriate STEEL BRASS OPEN   | IN BOX - SEE ABOVE:   |  |  |
|  |                         |                   | code below PL OT   | GALLONS PER MINUTE (to nearest gallon)  |  |  |
|  |                         |                   | PLASTIC OTHER  | PUMP HORSE POWER  |  |  |
| IN HARD ROCK AREAS, IDEI   | NTIFY SPECIFICA         | LLY               |  | PUMP COLUMN LENGTH  |  |  |
| WHERE SATURATED FRACT  | TURES WERE OBS          | SERVED.           | DEPTH (nearest ft.)  | (nearest ft.)  CASING HEIGHT (circle appropriate box  |  |  |
|  | yes                     | 10                | [ NO NO 15 15 17 21  | and enter casing height)  |  |  |
| WELL HYDROFRACTU   | JRED Y                  | N                 | F <sub>2</sub>   | 49 LAND SURFACE   |  |  |
|  |                         |                   | S 23 24 26 30 32 36  | below (nearest foot)  |  |  |
| CIRCLE APPROPE   |                         | LED               | R 3  | 49 50 51 LOCATION OF WELL ON LOT  |  |  |
| WHEN THIS WELL W   | AS COMPLETED            |                   | E 38 39 41 45 47 51  | A SHOW PERMANENT STRUCTURE SUCH AS  |  |  |
| E ELECTRIC-LOG OBTA  |                         |                   | SLOT SIZE 123  | BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS                                  |  |  |
| P TEST WELL CONVERTED TO PRODUCTION WELL   |                         |                   | DIAMETER (NEAREST INCH)  | THAN TWO DISTANCES (MEASUREMENTS TO WELL)   |  |  |
| THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"  |                         |                   | 56 60<br>from to   | (MEAGOREMENTO TO WELL)  |  |  |
| AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- |                         |                   | GRAVEL PACK  |   |  |  |
| SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  |                         |                   | IF WELL DRILLED WAS FLOWING WELL INSERT  | 1100  |  |  |
| DRILLERS IDENT. NO 399   |                         |                   | F IN BOX 68  MDE USE ONLY  | House   |  |  |
| tal mill   |                         |                   | (NOT TO BE FILLED IN BY DRILLER)   | 40'   |  |  |
| DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)   |                         |                   | T (E.R.O.S.) W Q   | 70  |  |  |
| alla C. A  |                         |                   | 70 72  | √.  |  |  |
| SITE SUPERVISOR (sign. o   | of driller or journe    | yman              | TELESCOPE LOG OTHER DATA   |   |  |  |
| responsible for sitework if o  | different from per      | mittee)           | CASING INDICATOR   |   |  |  |

| Page | 1 of 1  |  |
|------|---------|--|
| Date | 9-28-94 |  |

| Review | OK | FIR | 12/ |   | 24 | 1 |
|--------|----|-----|-----|---|----|---|
|        |    |     |     | 7 | 7  | · |

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Well Permit No. HO - 94-0210  Location of property (road)  | 13950 Wainwright Road          |                       |
|--|--------------------------------|-----------------------|
| Subdivision Well Driller G. Edgar: Harr Sons' Corp.  | Lot / Block Owner Charon Rubin | Plat Sec.             |
| Depth of well 300' Distance of measuring point (M.P.) about the static water level (S.W.L.) below M.P. |                                |                       |
| I. High rate pumping reservoir drawdown  Time pump started 12:00  Total time 30 min to reach pumping   | Pumping ratewater level145     | 13.04  ft. below M.P. |

## II. Recovery pump test data - observations to be recorded every 15 minutes

| TIME (in 15<br>minute in-<br>tervals : | WATER LEVEL<br>below M.P. | PUMPING RATE<br>time to fill 5<br>gallon bucket | FLOW METER READING<br>(if used)  | CALCULATED FLOW<br>(gallons per<br>minute) |
|--|---------------------------|---|--|--|
| 1200                                   | 39'                       | 23  |  | 13.04                                      |
| 1215                                   | 60'                       | 25  |  | 12.0                                       |
| 1230                                   | 145'                      | 30  |  | 10.0                                       |
| 1245                                   | 164'                      | 30  |  | 100  |
| 1300                                   | 180'                      | 30  |  | 10.0                                       |
| 1315                                   | 189'                      | 30  |  | 10.0                                       |
| 1330                                   | 1961                      | 30  |  | 10.0                                       |
| 1345                                   | 201'                      | 30  |  | 10.0                                       |
| 1400                                   | 205'                      | 30  |  | 10.0                                       |
| 1415                                   | 209'                      | 30  |  | 10.0                                       |
| 1430                                   | 212'                      | 30  | •  | 10.0                                       |
| 1442                                   | 214'                      | 36  | ·  | 10.0                                       |
| 1500                                   | 216'                      | 30  |  | 10.0                                       |
| 1515                                   | 218'                      | 30  |  | 10.0                                       |
| 1530                                   | 219'                      | 30  |  | 10.0                                       |
|  |                           |   |  |  |
|  | ·                         |   |  |  |
| ,                                      |                           |   |  | · .  |
|  |                           |   |  |  |
|  |                           |   |  |  |
|  |                           |   | •  |  |
|  |                           |   | AND THE RESERVE OF THE PARTY OF |  |
|  |                           |   |  | 1  |
|  |                           |   |  |  |

HD-224

#### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

| New Installation Replacement   | ·  | Receipt #0_<br>Date   |
|--|--|---|
| Name of Installer Ha   | re10 L Corbin  | Telephone 252-45-48   |
| License Number   | 98<br>er Well Driller  | Registered Plumber  |
| Name of Property Owner Subdivision Site Address /3 950 wa  | Lot # Well   | Telephone <u>740 - 162</u> 0<br>11 Tag # <u>HO-94 - 0210</u>  |
| Pump  1. Type  a. Deep well jet  b. Shallow well jet  c. Submersible  2. Make  3. Model # 575 Fma-07-3 | 3. Voltage<br>a. 110<br>b. 220   | Pitless Adapter  1. Make Campbell  2. Model #  3. Depth 3'  |
| 7. What methods are used to  | ty Yes No Cutoff switch installed? Yes protect the pump and electrostors Cable guards                  | rical wiring from   |
| Tank  1. Capacity <u>g6</u> 2. Pressure relief valve? <u>yes</u>                                       | Piping  1. Type Flaxilla  2. Size 1  3. NSF and/or BOCA Code approved yes  4. Depth of supply line 240 | Well data  1. Depth _? ft.  2. Yield _/o GPM  3. Static water level _? ft.  4. Will water supply be disinfected by installer? |
|  | y responsibility to notify<br>ation is ready for inspection  | the Howard County Health  |
|  | e is true to the best of my by gnature of Applicant:   |   |
|  | gnature of Applicant:  | 9/3-/9*   |
|  | approval/status of the ins   | •   |

on the well casing at the time of the inspection.



## HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 20, 1995

Ms. Charen Rubin P.O. Box 23 Ashton, MD 20861

RE:

REPLACEMENT WELL

13000 Wainwright Road Well Permit #HO-94-0210

Dear Ms. Rubin:

We are requesting that you contact this office at (410) 313-2640 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation.

It is preferable to obtain a sample from an inside source. However, if we do not hear from you, we may elect to obtain outside samples in order to complete your required sampling obligation.

Failure to confirm the potability of this supply by completing water sampling requirements could result in an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04).

Thank you in advance for your prompt attention to this matter. Presently there is no charge for this service.

Very truly yours,

Donna K. Soe, Sanitarian Water and Sewerage Program

DKS

#### H.P. HILL

## COMMENTS MADE BY CRAIG WILLIAMS AND KIM MAISTE ON JULY 31, 1997

### LOT 1

well location subject to field review and drilling before final record plat
 or change proposed sewage easement

#### LOT 2

move sewage easement to get away from existing shed
 show drywell location per Health Department records

#### LOT 3

- show missing perc hole in middle of sewage easement

# MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

| *************  | ***********                        | *****        |
|--|------------------------------------|--------------|
| WATER WELL ABANDONMENT-SEA   |                                    |              |
| *************  | **********************             | *****        |
| SUBMIT COPIES OF COMPLETED FORM TO:  |                                    |              |
| * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address n   | eeded)                             |              |
| <ul> <li>WELL OWNER</li> <li>MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM</li> </ul>   | M                                  |              |
| DATE WELL ABANDONED: 10-7-94 (month/day/yea  |                                    |              |
| DATE WELL ABANDONED. 10 / (monunday/yea  | .,                                 |              |
|  |                                    |              |
| * PERMIT NUMBER OF ABANDONED WELL (if any)   |                                    |              |
| ⋆ PERMIT NUMBER OF REPLACEMENT WELL  | H 0 9 4 0 2                        | 1 0          |
|  |                                    | MID121       |
| * PERSON ABANDONING WELL: Maurice Dixon  | WELL DRILLERS LICENSE NUMBER:      | MWD1Z1       |
| * OWNER'S NAME:Charon_Rubin  | •                                  |              |
| * WELL LOCATION: 13950 Wainwright Road   |                                    |              |
| COUNTY: Howard   |                                    |              |
| NEAREST TOWN: Highland   |                                    |              |
| TAX MAP BLOCK PARCEL   | X                                  |              |
| SUBDIVISION: LOT:  |                                    | 4            |
| MARYLAND GRID COORDINATES  |                                    | !            |
| E 800  |                                    |              |
| BOX NUMBER 480 <   | 000                                | • .          |
|  |                                    |              |
| * TYPE OF WELL BEING ABANDONED:  | SHOW WELL LOCATION BY X WITHIN BOX | DΝ           |
| X DRILLED JETTED   |                                    |              |
| BORED/AUGUERED HAND DUG OTHER (specify)  | LOG OF SEALING                     | MATERIAL.    |
|  | LOG OF SEVERITOR                   | WATERNE      |
| * USE CODE:  | MATERIAL                           | FEET         |
| DOMESTICMUNICIPAL/PUBLIC   |                                    | FROM TO      |
| IRRIGATION INDUSTRIAL TEST/OBSERVATION   | Crushed Stone                      | 165 30       |
| * TYPE OF CASING:  | Neat Portland                      | 20           |
|  | Cement                             | 30 pit floor |
| X STEEL PLASTIC CONCRETE OTHER (specify)   |                                    | 11001        |
| Officeres of the control of th | *well is in a 4                    | pit.         |
| * SIZE OF CASING: $6$ INCHES IN DIAMETER .   |                                    |              |
| 165  |                                    | • .          |
| * DEPTH OF WELL: FEET DEEP   |                                    |              |
| * WAS ANY CASING REMOVED? YES NO if yes, length removed, in feet:  |                                    |              |
| * WAS CASING RIPPED OR PERFORATED? YESX NO   |                                    |              |
| Maurice Diha   | MWD121 10/10/94                    |              |
| SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN  | LICENSE # DATE                     |              |
|  |                                    |              |
| DENV 828 JULY 1993   | •                                  |              |

