

C 1 14489		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS 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)		DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 5/29/02		Depth of Well 22 320 26 (TO NEAREST FOOT)	
ST/CO USE ONLY		DATE RECEIVED MM DD YY		PERMIT NO. FROM "PERMIT TO DRILL WELL"		COUNTY NUMBER A58071	
OWNER last name first name SHORES 3611 34 CAMORE VALLEY RUN		TOWN GREENBELT		LOT 29		28 29 30 31 32 33 34 35 36 37	
STREET OR RFD		SUBDIVISION CATAIL CREEK COUNTRY CLUB		SECTION		LOT	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 24 NO. OF POUNDS 2400 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 100 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 320 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 78 60 61 63 64 66 70		OTHER CASING (if used) diameter depth (feet) inch. from to EACH CASING			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO check if water bearing		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER DEPTH (nearest ft.) 76 320 EACH CASING			
Top Soil 0 2							
Brown Shale 2 70							
Brown Mica 70 70 ✓							
Gray Mica 70 90							
Brown Mica 90 92							
Gray Mica 92 225							
Brown Mica 225 226 ✓							
Gray Mica 226 317							
Opening 317 318 ✓							
Gray Mica 318 320							
NUMBER OF UNSUCCESSFUL WELLS: 0							
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 WELL							
I 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 MWD 040 George F. Easterting DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. JS D 038 Paul Thompson							
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 68							
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q							
TELESCOPE CASING 70 72							
LOG INDICATOR 74 75 76							
OTHER DATA							
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) See plat							

B 1	2526	SEQUENCE (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-3388 <small>fill in this form completely</small>
Date Received (APA) 05/28/02 <small>8 MM DD YY 13</small>		OWNER INFORMATION 8966		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SHORES ELIZABETH</p> <p>15 Last Name Owner First Name 34</p> <p>3619 SYCAMORE VALLEY RUN</p> <p>36 Street or RFD 55</p> <p>GLENWOOD, MD 21738</p> <p>57 Town 70 State 72 Zip 76</p> </div> <div style="width: 50%;"> <p>LOCATION OF WELL</p> <p>Howard COUNTY 21</p> <p>Cattail Creek</p> <p>23 SUBDIVISION 42</p> <p>SECTION 44 46 LOT 29 48 50</p> <p>Glenwood</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78</p> </div> </div>				
<div style="display: flex;"> <div style="width: 45%;"> <p>DRILLER INFORMATION</p> <p>George F. Easterday M W D 040</p> <p>Driller's Name 76 License No. 81</p> <p>L. Franklin Easterday, Inc.</p> <p>Firm Name</p> <p>9265 Brown Church Rd., MT. Airy, Md. 21771</p> <p>Address</p> <p><i>George F. Easterday</i> 4/10/2002</p> <p>Signature Date</p> </div> <div style="width: 55%;"> <p>3619 Sycamore Valley Run</p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p style="text-align: center;"> <input checked="" type="radio"/> NORTH <input type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH </p> <p>34 700 37</p> <p>DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39</p> <p>TAX MAP: 21 BLK: 9 PARCEL 6</p> </div> </div>				
<div style="display: flex;"> <div style="width: 45%;"> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20</p> </div> <div style="width: 55%;"> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small></p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small></p>				
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN</p> <p><u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p><u>CABLE</u> REVERSE-ROTARY Drive-POINT</p> <p>other _____</p>				
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER _____ G _____</p> <p>PERMIT No. HO-94-3388</p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</p>				

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A58071** COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **04 12 02** *Mark E. Riffin* **4/12/03**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **000** EAST GRID **000**

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

780

520

97

10/1/03 GROUT

8:30 am

NO INSP

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION **9A9**

6/24/02
Anytime

6/25/02
File
on
MR's desk

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: Cattail Creek Lot #: 29 Well Tag #: HO-94-3388
Site Address: 3619 Sycamore Valley Run

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____

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 _____

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeved to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	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: 6/24 KN
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 N/A
Adequate grout observed below pitless adapter ☒

HD-215 (Rev. 8/00) Repl. well - attached to ex. line. Replaces HO-73-4192



Fredericktowne Labs, Inc.

3039C Ventrle Ct. • P.O. Box 245 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 2983 - 1

Field Record

Site visit performed on: Thursday, July 11, 2002 9:50 AM
 by: John Straits State ID No. 4729JS
 Affiliation: Fredericktowne Labs, Inc.
 Property Owner: Elizabeth Shores
 Property Address: 3619 Sycamore Valley Run
 Glenwood, MD. 21738
 Sample Source: Bathtub
 Treatment Devices Noted: Acid Neutralizer
 Sample taken after treatment: Yes
 Well No.: HO-94-3388
 Field pH: 6.9
 Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 7/11/02 2:30 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>E.coli. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1	<1	7/11/02 3:02 PM	9221B	KMW

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
pH - pre neutralizer	5.2			7/11/02	150.1	MM
Turbidity	6.0 NTU		10	7/12/02	180.1	CC
Nitrate-Nitrogen	4.3 mg/l		10	7/12/02	353.2	PH
Sand	<2 mg/l		5	7/13/02	0.065mm Filter	KMW
Hardness	130 mg/l			7/17/02	130.2	CC
Iron	0.2 mg/l		0.3	7/12/02	3500-Fe-D	CC

Verified by: W. H. Miller / JSP 7/17/02
 Date

4/12/02
11:00

SITE INSPECTION SHEET

OWNER: Shores

DATE REQUESTED: 4/12/02

PHONE #: _____

CONTRACTOR: Easterday

ADDRESS: 3619 Sycamore Valley Run

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: repl. well requested, reason unknown - Low flow

Replaces Ho 73-4192

LOCATION DIAGRAM

COMMENTS: 4/12/02 Need to pull plat's for adjacent development (Peace fields

@ Cattail Creek - Lot 4) (SO)

2/7/03 LATER REVIEW INDICATES REPL. WELL SITE 75' FROM EX.

SDA PEACEFIELDS @ CATTAIL CREEK (ML)

DATE: _____

INSPECTOR: _____

Date Received
(OEP use only)

DATE WELL COMPLETED
15 16 17 18 19 20

Depth of Well
285
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H-23-47

OWNER Edgewood Farms Inc. (Richardson)
last name first name
STREET OR RFD Md Rt 97 TOWN Glenwood
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 FROM TO	Check if water bearing
Brown shale	0 18	
Sand	18 23	
Gray granite	23 285	

GROUTING RECORD

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

TYPE OF GROUTING MATERIAL
CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing types
insert appropriate code below

STEEL ☒ ST CONCRETE ☐ CO
PLASTIC ☐ PL OTHER ☐ OT

MAIN CASING TYPE
☒ ST

Normal diameter top(main)casing (nearest inch) 6
Total depth of main casing (nearest foot) 28

OTHER CASING (if used)

EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or openhole
insert appropriate code below

STEEL ☒ ST BRASS ☐ BR OPEN HOLE ☐ HO
BRONZE ☐ PL PLASTIC ☐ PL OTHER ☐ OT

DEPTH (nearest ft.)

EACH SCREEN

1 26 285

2

3

SLOT SIZE 1 2 3

CIRCLE APPROPRIATE BOX

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

☐ E ELECTRIC LOG OBTAINED

☐ P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DIAMETER OF SCREEN (NEAREST INCH)
from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐ F

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

70 LOG CASING

72 LOG INDICATOR

W Q
74 75 76
OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 8

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 85

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 WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☐ Y ☒ N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

LAND SURFACE

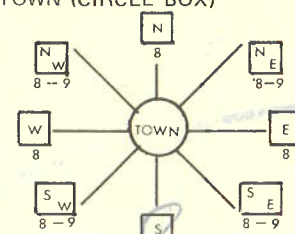
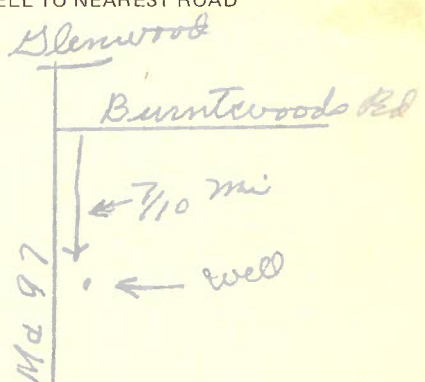
- below

(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)

House

B 1 11898	SEQUENCE NO. WRA USE ONLY	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	WRA PERMIT NUMBER 40-73-4192
(THIS NUMBER TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
DATE RECEIVED <u>6/2/82</u> <u>6/9/82</u> 8 (WRA USE ONLY) 13 OWNER INFORMATION <u>9:30 A.M.</u>		B 3 LOCATION OF WELL COUNTY <u>Howard</u> SUBDIVISION _____ SECTION <u>44</u> LOT <u>48</u> NEAREST TOWN <u>Glenwood</u> MILES FROM TOWN (enter 0 if in town) <u>1.3/10</u> M I	
LAST NAME <u>Edgewood Lanna Inc.</u> OWNER FIRST NAME _____ <u>4750 Len Oaks Rd.</u> STREET OR RFD <u>Dayton</u> <u>Md.</u> TOWN STATE ZIP		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 CONTINUED DRILLER INFORMATION <u>Joseph L. Mayne</u> <u>238</u> DRILLER'S NAME LICENSE NO. 80 <u>Joseph L. Mayne</u> <u>June 2, 82</u> SIGNATURE DATE		NEAR WHAT ROAD <u>Md. 97</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) <u>400</u> FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>750</u>		SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E <u>780</u> 9 N <u>520</u> 4 </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> E <u>780</u> 9 N <u>520</u> 4 </div>	
APPROXIMATE DEPTH OF WELL <u>180</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Method of Drilling (circle one) <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> AIR ROTARY <input type="checkbox"/> AIR PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT <input type="checkbox"/> ROTARY other _____		B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>A 31764 Z</u> COUNTY NO. EHA SIGNATURE <u>Frank Skini</u> STATE HEALTH CIRCLE BOX <u>41</u> MO <u>06</u> DAY <u>02</u> YR <u>82</u> DATE NORTH <u>524</u> EAST <u>0789</u> ELEV. (FT.) _____ GRID <u>50</u> GRID <u>57</u>	
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		SPECIAL CONDITIONS (WRA USE ONLY)	
Not to be filled in by driller (WRA USE ONLY) APPROP. PERMIT NUMBER <u>GAP</u> FORCE <u>FS</u> INITIALS <u>FS</u> CONDITIONS <u>40-73-4192</u>		SPECIAL CONDITIONS (WRA USE ONLY)	

5/26/82
3 pm

FILE Emergency Well Site Check DATE REPORTED 5/25/82

PROPERTY OWNER estate of Howard C. Clark

P.O. ADDRESS 3607 Md. Rte. 97 TELEPHONE _____

DIRECTIONS TO PROPERTY South on Rte 97 ~1 mi past Burntwoods Rd on left chain across driveway

INFORMANT Peggy Richardson 489-7035

3 tenant houses now share 1 well

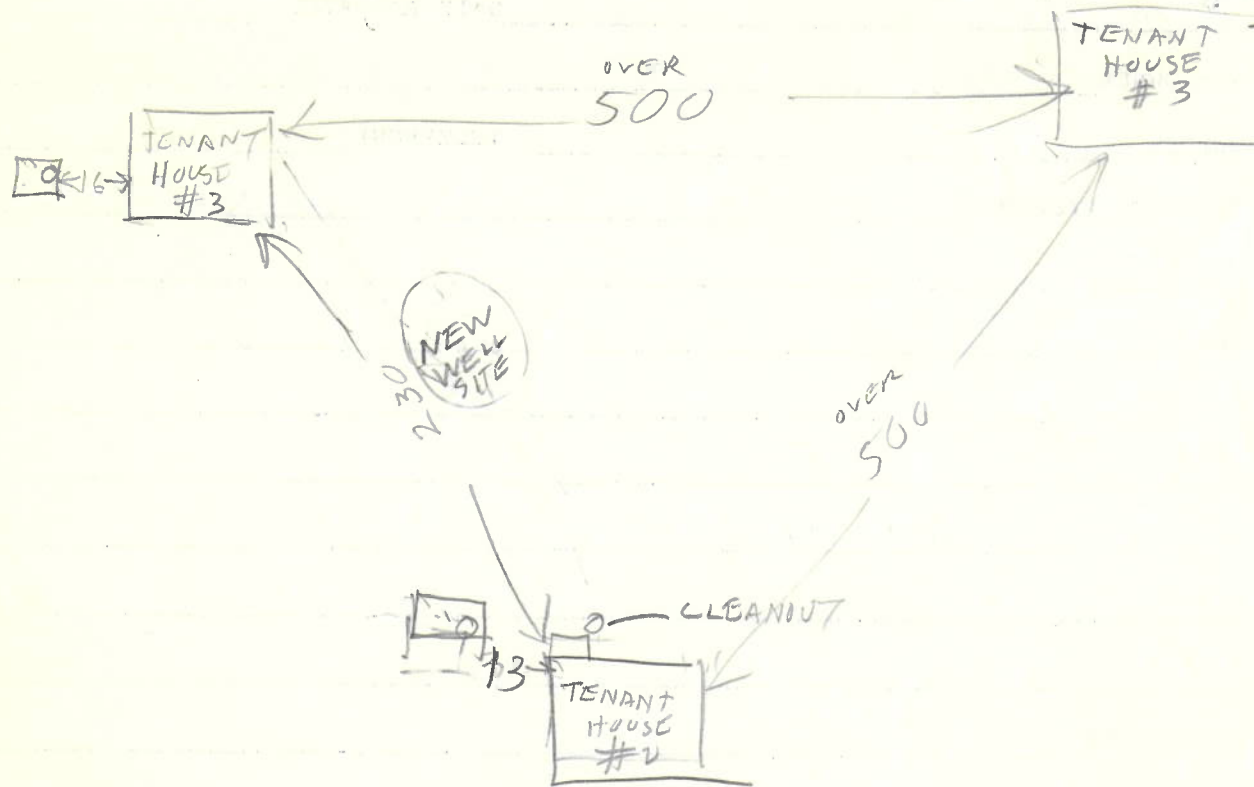
new well will service 1 house

NO RECORD OF SEPTIC SYSTEMS

CONDITION FOUND 5/26/82 TALKED TO George Richardson
agent of owner. He said they have water but
do not think it is enough for 3 houses
Propose to put a new well to serve
Tenant Houses #3 & #2. New well
to be between these two Tenant Houses
100 FT or more from the septic system

ACTION TAKEN for these two Tenant Houses
6/2/82 Tag #140-73-4192 given to Mrs. Jos. Mayne F.S.

FINAL DISPOSITION _____



lot 100 - 100 ft x 100 ft - 100 ft x 100 ft - 100 ft x 100 ft

Howard County Health Department

To: File Cattail Creek 29

File mishandled after repl. well
site insp due to uncertainty of re:
proximity of adj. SDA (Peacefields 4);
SDA concluded to be ~75' away - OK

orig permit stated original well to be
standby, but no fee paid & new
well has 100 GPM

W/owner indicates ~~new~~ orig well
maybe filled upon arrival of spring
weather; if not, fee will be
paid, allowing for release of BP for
shed

From:

Date:

HD-170

2/21/03 MR