

C1 06707

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A40739

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05/05/99

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. HO-94-2209

OWNER Gawthrop last name 13334 Folly Quarters first name TOWN Glenora

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sand Stone, brown shale, Mica, Sand Stone, Mica, Quartz, Mica.

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 120. DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 55 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 64. OTHER CASING (if used) diameter inch depth (feet) from to.

SCREEN RECORD

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

DEPTH (nearest ft.) HO 62 400

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. MW D040. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION).

LIC. NO. MW D 501. DRILLERS SIGNATURE.

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) (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

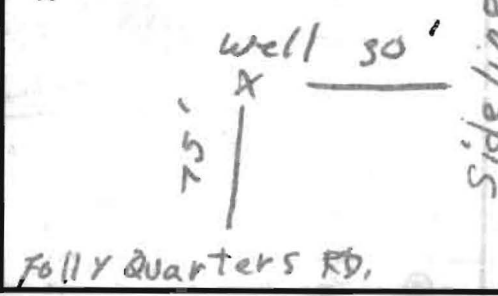
PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 3. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 400 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 WILL INSTALL 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 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 (nearest foot) 2.

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)



B 1 8758 SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
HO-94-2209  
 70 fill in this form completely 79

Date Received (APA) 03 26 99

OWNER INFORMATION RN 7795

8 MM DD YY 13

Gawthrop Owner Gil First Name 34

15 Last Name 20 Owner 25 First Name 34

13334 Folly Quarter Rd

36 Street or RFD 55

Ellicott City, Md 21042

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL CC#

Howard COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Glenelg 52 NEAREST TOWN 71

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

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airv. Md. 21771

Address

George F. Easterday 3/26/1999

Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

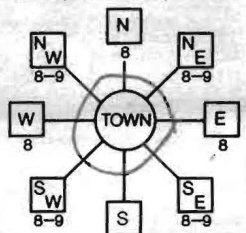
13334 Folly Quarter Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 75 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_



B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME A 40739 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 032699 A 71 9 M D 1 032600

43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE

NORTH GRID 520 0 0 0 EAST GRID 800 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 5/5/99 945

SOURCES OF DRILLING WATER

1. wells

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 000 000

N 520 000 000

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)

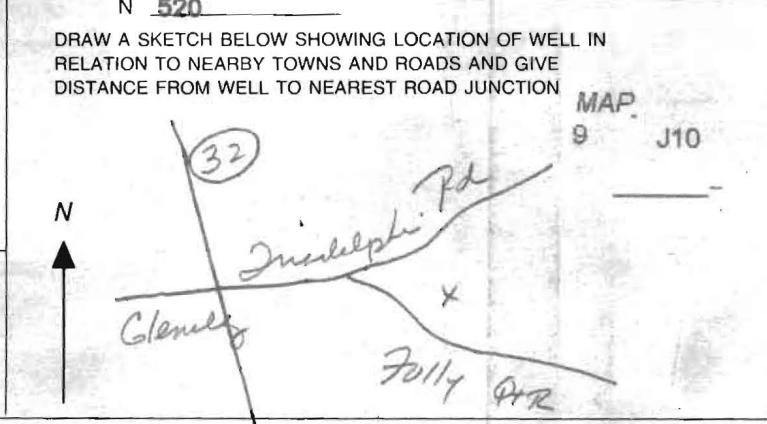
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



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

APPROP. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2209

70 71 72 73 74 75 76 77 78 79



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HOWARD COUNTY HEALTH DEPARTMENT

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Mary Sue Baker, MBA, Acting County Health Officer

July 14, 1999

Mr. Gil Gawthrop  
13334 Folly Quarter Road  
Ellicott City, MD 21042

6/19/00  
No response  
from owner  
Ad

RE: Replacement Well Sampling  
13334 Folly Quarter Road  
Well Permit # HO-94-2209

Dear Mr. Gawthrop:

This office is requesting that you forward the attached form to the plumbing contractor who is responsible for installation of the pump, water line and related plumbing in the referenced replacement well. The plumber should forward the completed form to this office via fax or mail.

This office is also requesting that you contact the Community Environmental Health Services Program at (410) 313-2644 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

Additionally, a condition of the well drilling permit was proper abandonment of the existing well. This should be completed as soon as possible to avoid delays in the issuance of potability certification. This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file a report with this office. **If this well abandonment is performed by any other party, the materials and procedures must be inspected and approved by a sanitarian from this office before any work is initiated.**

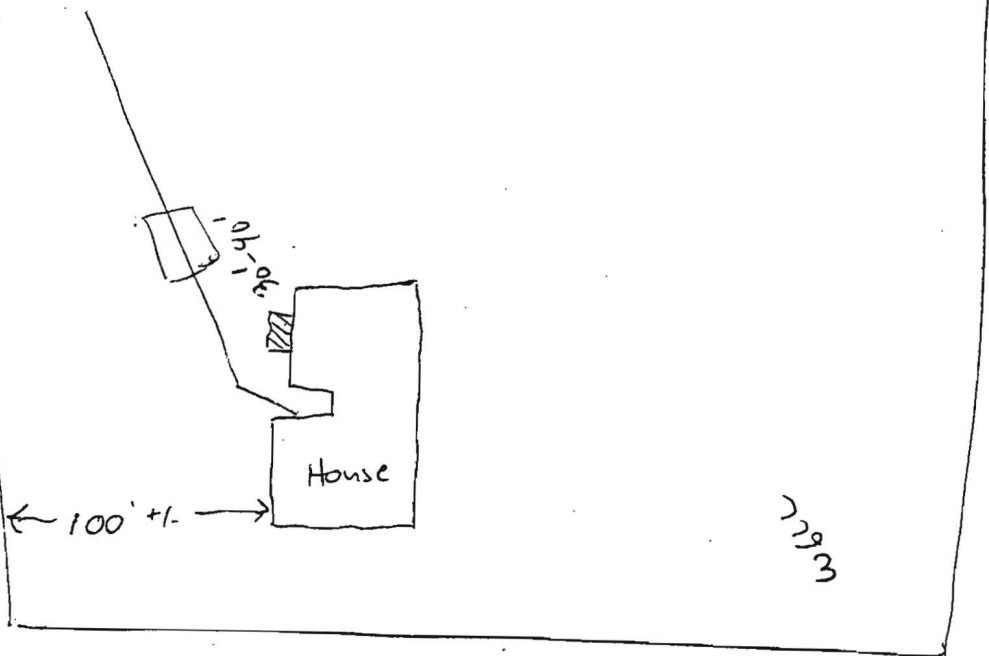
If you have any questions, please call me at (410)313-2640. Thank you for your attention to these important matters.

Approving Authority  
*Mark E. Rifkin*  
Registered Sanitarian  
Water and Sewerage Program

MR  
cc: File

2000 NO -8 PM 3:17

B00127346  
CHIMNEY  
ADEQUATE CLEARANCE  
TO WBL & SEPTIC  
11/8/00 *Cr. White*



← 100' +/- →

7793

← Folly Quarter Rd →