

C 1	08009	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)																																																																																																																
ST/CO USE ONLY DATE RECEIVED MM <u>02</u> YY <u>12</u>		DATE WELL COMPLETED MM <u>12</u> DD <u>12</u> YY <u>12</u>		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>NO - 95 - 2344</u>																																																																																																												
8 13 15 20		22 <u>300'</u> 26 (TO NEAREST FOOT) <u>O.K. (PB)</u>		28 29 30 31 32 33 34 35 36 37																																																																																																												
OWNER <u>Wilcox</u> <u>John</u> WELL SITE ADDRESS <u>15505 Cattail Oak</u> TOWN <u>Glenwood Md 21738</u> SUBDIVISION _____ SECTION _____ LOT _____																																																																																																																
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD (yes no) WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> <u>Y</u> <input type="checkbox"/> <u>N</u> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> <u>CM</u> BENTONITE CLAY <input type="checkbox"/> <u>BC</u> NO. OF BAGS <u>24</u> NO. OF POUNDS <u>2556</u> GALLONS OF WATER <u>144</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>73</u> ft. (enter 0 if from surface)																																																																																																														
DESCRIPTION (Use additional sheets if needed) <u>Sand</u> <u>Mica Rock</u> <u>Water 40'</u> <u>Water 260'</u>		CASING RECORD casing types insert appropriate code below <table border="0"> <tr> <td><input checked="" type="checkbox"/> <u>ST</u> STEEL</td> <td><input type="checkbox"/> <u>CO</u> CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> <u>PL</u> PLASTIC</td> <td><input type="checkbox"/> <u>OT</u> OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>76</u> 60 61 63 64 66 70 OTHER CASING (if used) diameter inch <u>4</u> depth (feet) from <u>20</u> to <u>300</u> EACH CASING <u>PL</u>			<input checked="" type="checkbox"/> <u>ST</u> STEEL	<input type="checkbox"/> <u>CO</u> CONCRETE	<input type="checkbox"/> <u>PL</u> PLASTIC	<input type="checkbox"/> <u>OT</u> OTHER																																																																																																								
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> <u>Y</u> <input type="checkbox"/> <u>N</u> 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.		SCREEN RECORD screen type or open hole (insert appropriate code below) <table border="0"> <tr> <td><input checked="" type="checkbox"/> <u>ST</u> STEEL</td> <td><input type="checkbox"/> <u>BR</u> BRASS</td> <td><input type="checkbox"/> <u>HO</u> OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> <u>PL</u> PLASTIC</td> <td><input type="checkbox"/> <u>OT</u> OTHER</td> <td></td> </tr> </table> DEPTH (nearest ft.) <table border="0"> <tr> <td>1 <u>HO</u></td> <td>2 <u>74</u></td> <td>3 <u>300</u></td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> </tr> <tr> <td>16</td> <td>17</td> <td>18</td> </tr> <tr> <td>19</td> <td>20</td> <td>21</td> </tr> <tr> <td>22</td> <td>23</td> <td>24</td> </tr> <tr> <td>25</td> <td>26</td> <td>27</td> </tr> <tr> <td>28</td> <td>29</td> <td>30</td> </tr> <tr> <td>31</td> <td>32</td> <td>33</td> </tr> <tr> <td>34</td> <td>35</td> <td>36</td> </tr> <tr> <td>37</td> <td>38</td> <td>39</td> </tr> <tr> <td>40</td> <td>41</td> <td>42</td> </tr> <tr> <td>43</td> <td>44</td> <td>45</td> </tr> <tr> <td>46</td> <td>47</td> <td>48</td> </tr> <tr> <td>49</td> <td>50</td> <td>51</td> </tr> <tr> <td>52</td> <td>53</td> <td>54</td> </tr> <tr> <td>55</td> <td>56</td> <td>57</td> </tr> <tr> <td>58</td> <td>59</td> <td>60</td> </tr> <tr> <td>61</td> <td>62</td> <td>63</td> </tr> <tr> <td>64</td> <td>65</td> <td>66</td> </tr> <tr> <td>67</td> <td>68</td> <td>69</td> </tr> <tr> <td>70</td> <td>71</td> <td>72</td> </tr> <tr> <td>73</td> <td>74</td> <td>75</td> </tr> <tr> <td>76</td> <td>77</td> <td>78</td> </tr> <tr> <td>79</td> <td>80</td> <td>81</td> </tr> <tr> <td>82</td> <td>83</td> <td>84</td> </tr> <tr> <td>85</td> <td>86</td> <td>87</td> </tr> <tr> <td>88</td> <td>89</td> <td>90</td> </tr> <tr> <td>91</td> <td>92</td> <td>93</td> </tr> <tr> <td>94</td> <td>95</td> <td>96</td> </tr> <tr> <td>97</td> <td>98</td> <td>99</td> </tr> <tr> <td>100</td> <td>101</td> <td>102</td> </tr> </table> SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN _____ (NEAREST INCH) from _____ to _____			<input checked="" type="checkbox"/> <u>ST</u> STEEL	<input type="checkbox"/> <u>BR</u> BRASS	<input type="checkbox"/> <u>HO</u> OPEN HOLE	<input type="checkbox"/> <u>PL</u> PLASTIC	<input type="checkbox"/> <u>OT</u> OTHER		1 <u>HO</u>	2 <u>74</u>	3 <u>300</u>	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102
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DRILLERS LIC. NO. <u>M S D 024</u> <u>Joseph E. Mayne</u> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		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 _____ 70 _____ 72 _____ 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA																																																																																																														
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>7</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>46</u> ft. WHEN PUMPING <u>300</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> <u>A</u> air <input type="checkbox"/> <u>P</u> piston <input type="checkbox"/> <u>T</u> turbine <input type="checkbox"/> <u>C</u> centrifugal <input type="checkbox"/> <u>R</u> rotary <input type="checkbox"/> <u>O</u> other (describe below) <input type="checkbox"/> <u>J</u> jet <input checked="" type="checkbox"/> <u>S</u> submersible																																																																																																														
		PUMP INSTALLED DRILLER INSTALLED PUMP YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> above } LAND SURFACE <input type="checkbox"/> below } <u>2</u> (nearest foot)																																																																																																														
		LATITUDE <u>39.16.407</u> LONGITUDE <u>77.01.868</u> (DEFAULT COORD. WGS 84) NOTES:																																																																																																														

B 1	12138	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 538035 please type	STATE PERMIT NUMBER HO-95-2344 fill in this form completely	
Date Received (APA) 08/14/12 8 MM DD YY 13		OWNER INFORMATION			
15 Last Name <u>Wilcox</u>		Owner <u>John</u>		First Name <u>John</u>	
36 Street or RFD <u>15505 Cattail Oak</u>		55			
57 Town <u>Glenwood Md</u>		70 State <u>MD</u>		72 Zip <u>21738</u>	
76					
DRILLER INFORMATION					
Driller's Name <u>Joseph L Mayne</u>		76		License No. 81 <u>M S D 024</u>	
Firm Name <u>Joseph L Mayne Well Drilling</u>					
Address <u>5512 Ridge Rd Mt. Airy Md 21771</u>					
Signature <u>Joseph L Mayne</u>		Date <u>7-11-12</u>			
B 2		WELL INFORMATION			
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		4 8 12	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14		20 500	
USE FOR WATER (CIRCLE APPROPRIATE BOX)					
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL					
APPROXIMATE DEPTH OF WELL <u>300</u> FEET					
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH					
METHOD OF DRILLING (circle one)					
BORED (or Augered)		JETTED		Jetted & DRIVEN	
30 <u>AIR-ROTary</u>		AIR-PERCussion		ROTARY (Hydraulic Rotary)	
37 <u>CABLE</u>		REVERSE-ROTary		DRIVE-POINT	
other					
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)					
<input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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)					
APPROX. PERMIT NUMBER _____ G _____					
PERMIT No. <u>HO-95-2344</u>					
SPECIAL CONDITIONS					
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED					

LOCATION OF WELL

8 COUNTY

21

23 SUBDIVISION

42

SECTION 44 46

LOT 48 50

52 NEAREST TOWN

71

B 4

SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

15505 Cattail Oak

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
 34 300 37
 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13

COUNTY NAME

COUNTY NO.

STATE
SIGNATURE

INSERT S → 41

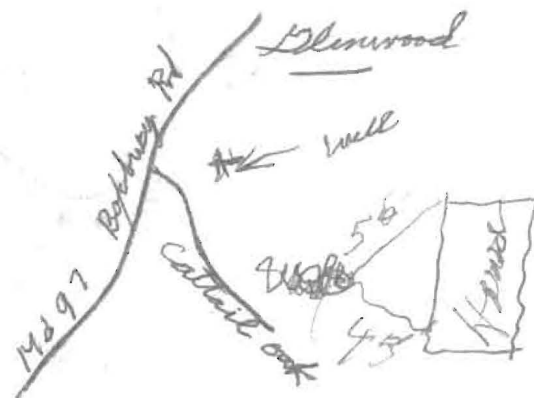
DATE ISSUED

7/11/2012 Brian Baker 7/11/2012

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

 PROPOSED LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,
 ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO
 DISTANCE MEASUREMENTS TO WELL


N





Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

September 10, 2015

Homeowner
15505 Cattail Oaks
Glenwood, MD 21738

RE: **Replacement Well Sampling**
15505 Cattail Oaks
#HO-95-2344

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, 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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well (HO-88-1129) must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

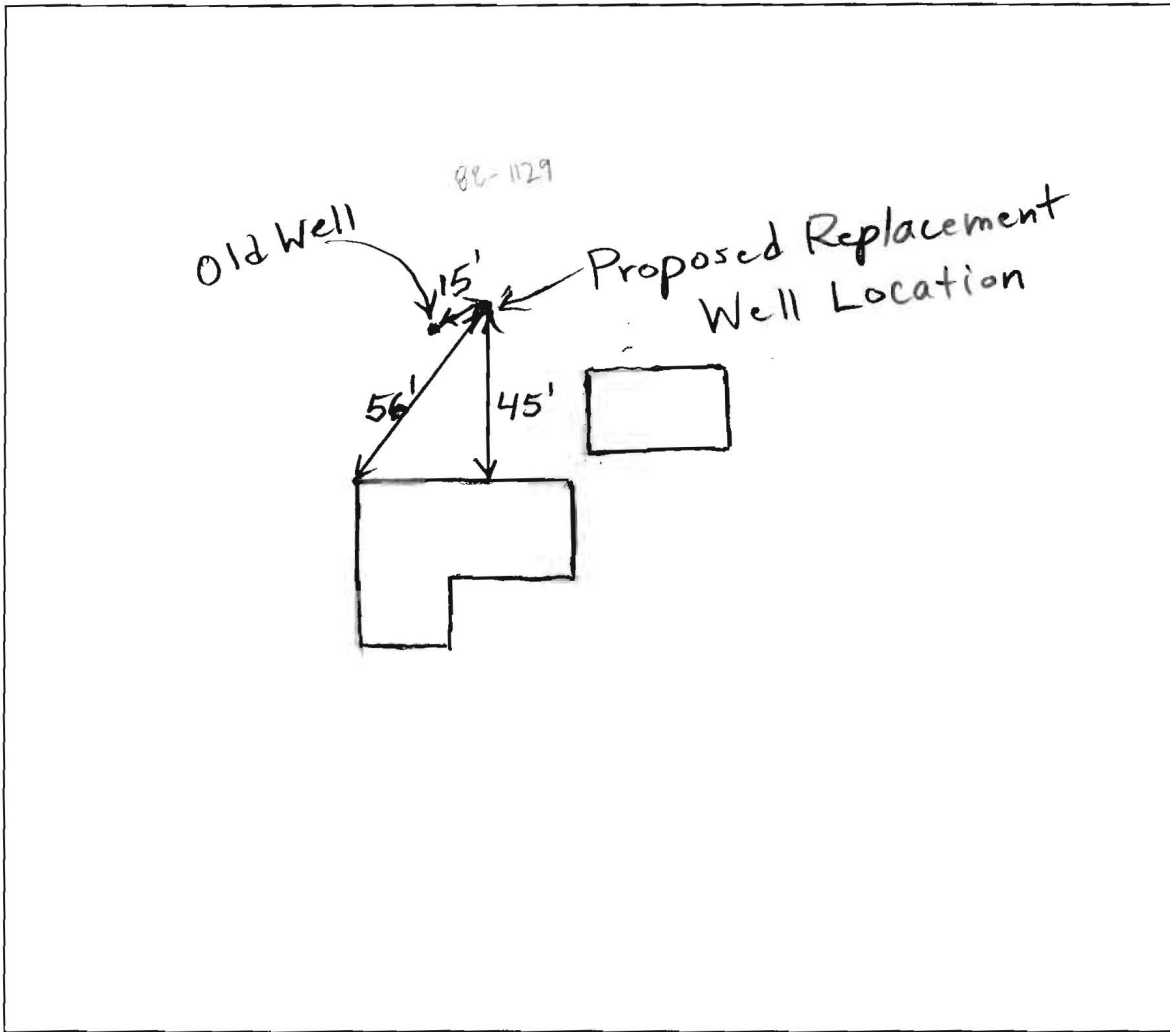
Sarah Collins
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: John Wilcox PHONE #: _____
ADDRESS: 15505 Cattail Oaks CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: Peacefields LOT: 14 COUNTY #: P50304H
PROPOSAL: Drill Replacement Well

LOCATION DIAGRAM



COMMENTS: _____

DATE: 7/11/2012 INSPECTOR: B. Baker