

C1 27651

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 01/13/16

MM DD YY 10 30 2015

22 300 26 (TO NEAREST FOOT)

OK 1/22/16 SC 28 29 30 31 32 33 34 35 36 37 HO-15-0167

OWNER: Lumsford Dale WELL SITE ADDRESS: 8170 Murphy Rd TOWN: Fulton 20759 SUBDIVISION: SECTION: LOT:

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand, Mica Rock, and Water.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (22), NO. OF POUNDS (2068), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0 to 87 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (90).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: Y (yes), N (no)

- 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...

DRILLERS LIC. NO.: MSD024 DRILLERS SIGNATURE: Joseph L. Mayne LIC. NO.: D

C2 DEPTH (nearest ft.) table with rows A through N and columns 1 through 5. Includes slot size and diameter of screen information.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (44 ft), WHEN PUMPING (240 ft), TYPE OF PUMP USED (A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES/NO), 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), LAND SURFACE (nearest foot).

LATITUDE 39.14755 LONGITUDE 76.91943 (DEFAULT COORD. WGS 84)

NOTES:

B 1	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER
42881			10 - 15 - 0167 70 fill in this form completely 79

Date Received (APA) 10/23/15 (SEC)

OWNER INFORMATION

8 MM DD YY 13
Lunston
Lunston
Date

15 Last Name Owner First Name 34

36 8117 Murphy Rd Street or RFD 55

57 Fulton md 20759
Town State Zip 76

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN Fulton 71

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M S D 024 76 License No. 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd Mt Airy Md 21771

Signature Joseph L. Mayne 10-22-2015 Date

B 4 SOURCES OF DRILLING WATER

1. Well 8117 Murphy Rd 11 STREET ADDRESS 30

2.

3.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 950 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 46 BLK: 2 PARCEL 217

B 2 WELL INFORMATION

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

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED 10/22/15 Sat. C.M. 10/22/16
43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

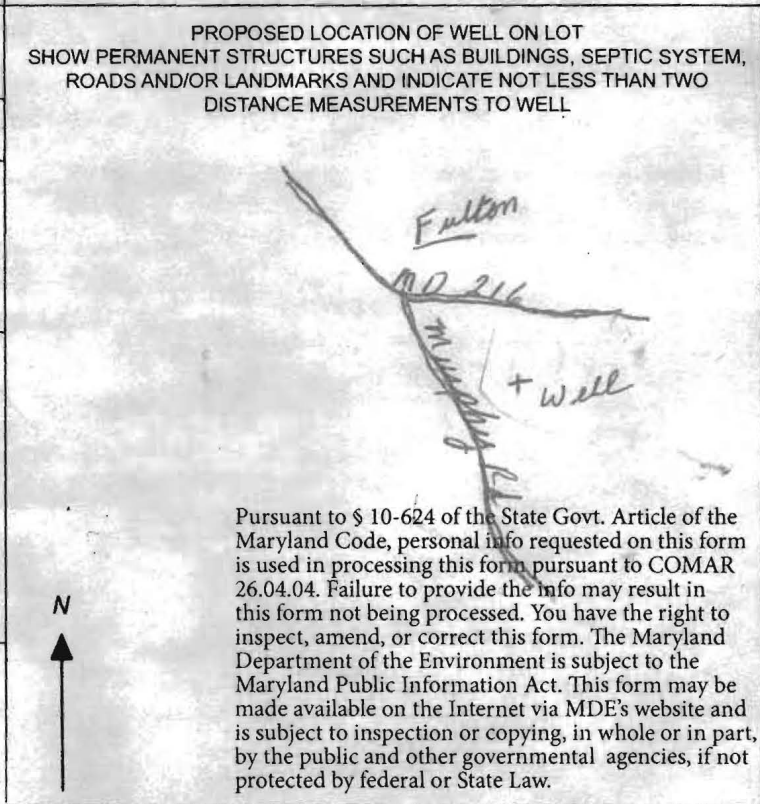
THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 10 - 15 - 0167 52

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

APPROP. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. 10 - 15 - 0167
70 71 72 73 74 75 76 77 78 79





Bureau of Environmental Health

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www.hchealth.org

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

MEMORANDUM

January 29, 2016

Mr. Lunsford
8117 Murphy Road
Fulton, MD 20759

Re: Connection of new well to house, abandonment of old well on property

Dear Mr. Lunsford,

The Health Department received a completion report from Joseph L. Mayne for the new well drilled on your property. We have no record of the new well being connected to the house. The company that completed the connection must fill out a Well Line Inspection Form detailing the materials used. Please contact the Health Department regarding the connection of the new well to the house.

The old well 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,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: File

