

C1 5318

SEQUENCE NO. (OEP 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 A 37120

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER DEVELOPMENT Mc Cuan STREET OR RFD GATHER FARM RD. TOWN ILLICOTT CITY SUBDIVISION GATHER FARMS SECTION LOT 7

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 handwritten entries: SAND Stone 0-10, Gray Granite 10-300.

GROUTING RECORD WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 55, NO. OF POUNDS 770, GALLONS OF WATER 50, DEPTH OF GROUT SEAL 20 ft.

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING Nominal diameter 6 inch, Total depth 211 feet

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), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) grid with handwritten values: 10, 20, 30, 40, 50

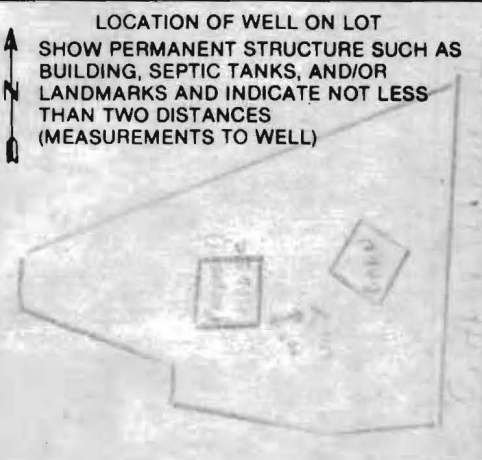
SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN 56 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST C 3 HOURS PUMPED 8, PUMPING RATE 6.5 gal. per min, TYPE OF PUMP USED C (centrifugal)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED; ELECTRIC LOG OBTAINED; 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...

DRILLERS IDENT. NO., DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 5235

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC - 1 - 16879 fill in this form completely

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

please print or type

Date Received

OWNER INFORMATION

Owner information fields: Last Name, Owner, First Name, Street or RFD, Town, State, Zip

B 3

LOCATION OF WELL

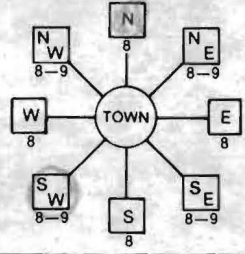
Location of well fields: COUNTY, SUBDIVISION, SECTION, LOT, NEAREST TOWN, MILES FROM TOWN

DRILLER INFORMATION

Driller information fields: Driller's Name, License No., Firm Name, Address, Signature, Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

Direction and road information fields: ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD

B 2

WELL INFORMATION

Well information fields: APPROX. PUMPING RATE, AVERAGE DAILY QUANTITY NEEDED

USE FOR WATER (CIRCLE APPROPRIATE BOX)

Use for water options: HOME, FARMING, INDUSTRIAL, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Approval fields: COUNTY NAME, OEP SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

APPROXIMATE DEPTH OF WELL

APPROXIMATE DIAMETER OF WELL

METHOD OF DRILLING (circle one)

Method of drilling options: BORED, JETTED, AIR-ROTARY, CABLE, etc.

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

Replacement or deepened wells options: THIS WELL WILL NOT REPLACE, THIS WELL WILL REPLACE, etc.

Not to be filled in by driller (OEP USE ONLY)

Permit number and force fields: APPROP. PERMIT NUMBER, FORCE, PERMIT No.

SPECIAL CONDITIONS

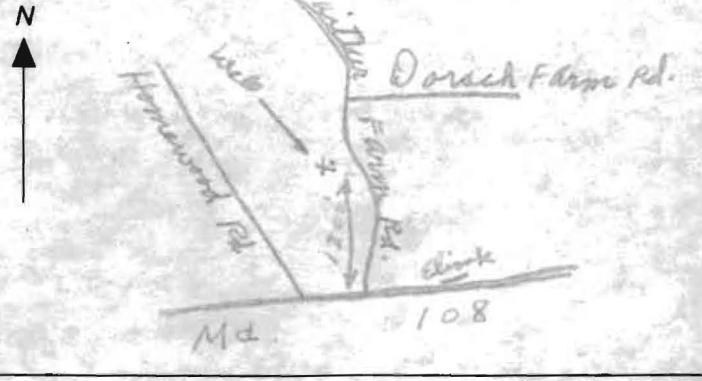
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



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







3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

July 2, 2004

Mr. & Mrs. Herbert Wilkins, Sr.  
11031 Gaither Farm Road  
Ellicott City, Maryland 21042

RE: **Well Sampling**  
Gaither Farm, Lot 26  
11031 Gaither Farm Road  
Ellicott City, Maryland 21042  
BP# B00141762

Dear Sir/Madam:

According to our records, your existing well (HO-81-1688) has been connected to the renovated barn. In order to verify the integrity of the new system, that the water supply remains potable and to comply with the Maryland Well Construction Regulation (COMAR 26.04.04), please contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling. There is currently no charge for the sampling and it is to your benefit to have it tested.

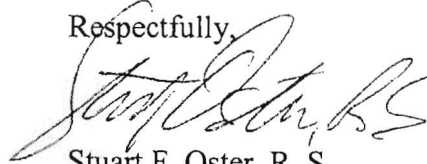
It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Also, the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 7/2/2004.**

Upon completion of the passing samples, this office will issue a recommendation for the release of the Use and Occupancy to the Department of Inspections, Licenses and Permits. That release will finalize Health Department involvement as it pertains to this installation/renovation.

If you have any questions, please call me at (410) 313-1771. Otherwise, please call the number listed above to arrange to water sampling. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in cursive script, appearing to read "Stuart F. Oster, R.S.", written in black ink.

Stuart F. Oster, R. S.  
Well & Septic Program

cc: Community Services Program  
File