

C1 3726

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-36491

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for Date Received

Grid for Date Well Completed

Grid for Depth of Well

Grid for Permit No.

OWNER: R. CRAFT DONALD last name first name STREET OR RFD: WOODCAMP RD TOWN: MT AIRY SUBDIVISION: WOODCAMP FARMS SECTION: LOT: 8

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): Bruner Shale @ 76' Blue Rock 76' 205'

GROUTING RECORD: WELL HAS BEEN GROUTED (Circle Appropriate Box) 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 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD: casing types insert appropriate code below: MAIN CASING TYPE: Nominal diameter top (main) casing (nearest inch): Total depth of main casing (nearest foot): OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD: screen type or open hole insert appropriate code below: DEPTH (nearest ft.) grid with handwritten 205

SCREEN RECORD: SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid

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: HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE: WATER LEVEL (distance from land surface) BEFORE PUMPING 29 WHEN PUMPING 68 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 EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)

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)

CIRCLE APPROPRIATE LETTER 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)

B 1 5582

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

fill in this form completely

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

OWNER INFORMATION: Date Received 12/22/86 9:00 AM, Last Name, Owner, First Name, Street or RFD, Town, State, Zip

LOCATION OF WELL: COUNTY, SUBDIVISION, SECTION, LOT, NEAREST TOWN, MILES FROM TOWN

DRILLER INFORMATION: Driller's Name, License No. 80, Firm Name, Address, Signature, Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX), NEAR WHAT ROAD, ON WHICH SIDE OF ROAD, DISTANCE FROM ROAD

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.), AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME, FARMING, INDUSTRIAL, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME, OEP SIGNATURE, DATE ISSUED, CO SIGNATURE, EXP. DATE, NORTH GRID, EAST GRID

APPROXIMATE DEPTH OF WELL FEET

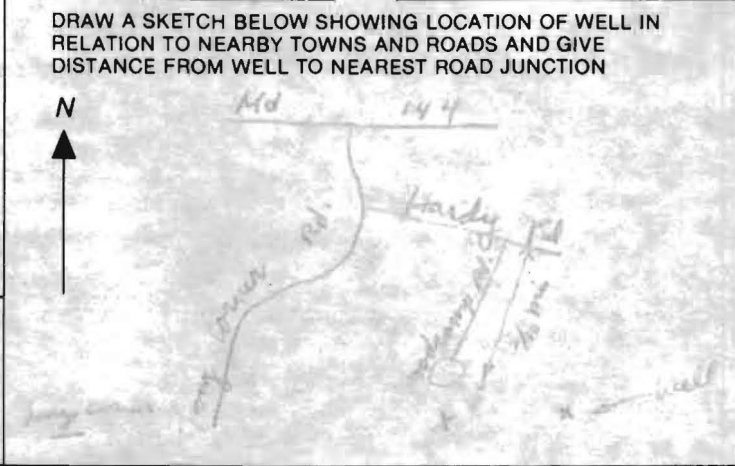
APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one): BORED, JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERCussion, ROTARY, CABLE, REVERSE-ROTary, Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE

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, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER, FORCE, PERMIT No.



SPECIAL CONDITIONS

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H9933 Name: BECRIFT, DONALD County: HOWARD

Source of Sample: WOOD CAMP FARMS LOT B Collector: HODGES
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck 6 Routine

Remarks: WOODCAMP RD H091 178 X L

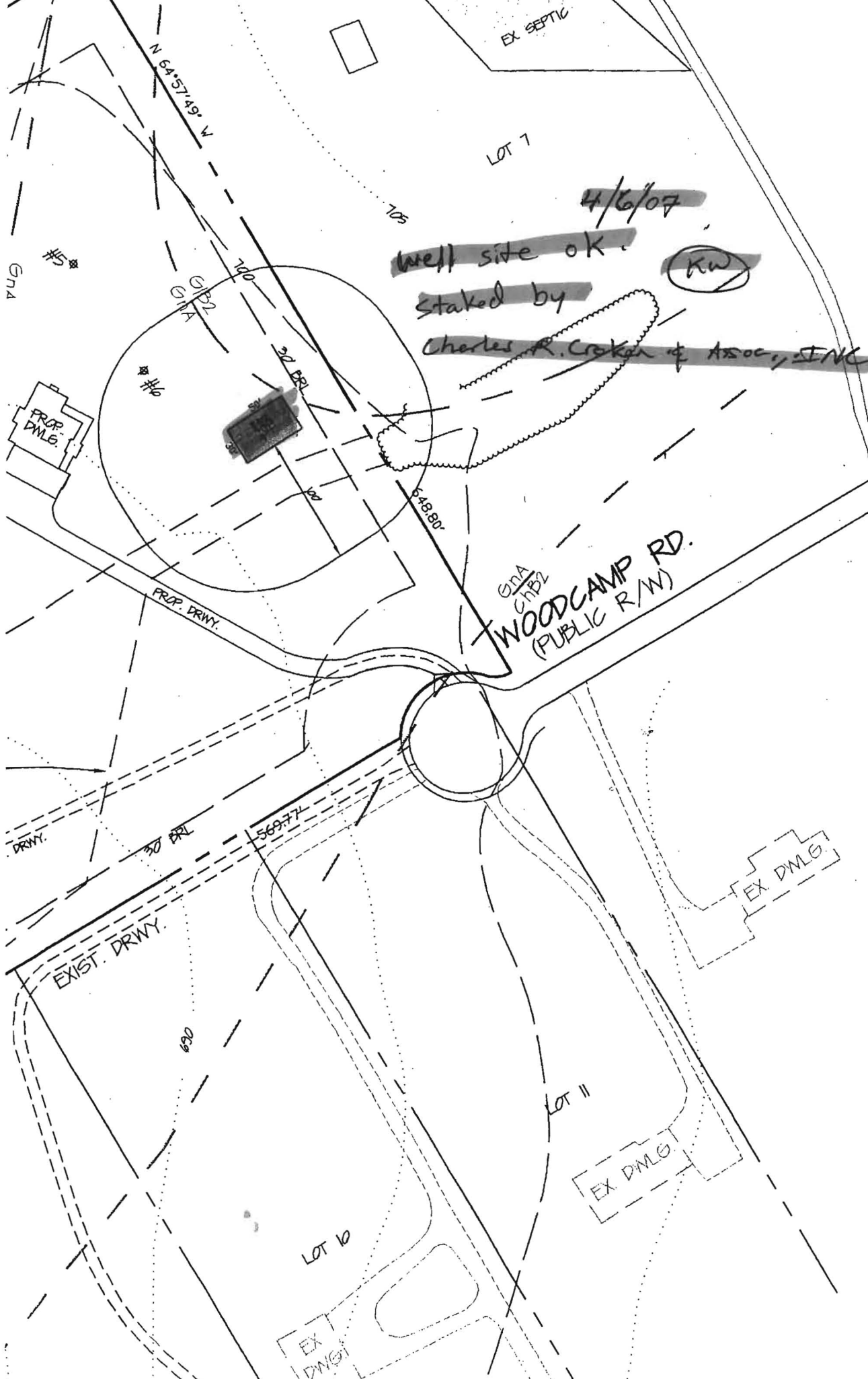
13 County Plant No. Sampling Station 121986 Date Collected 10A M Time Acid Iced

Field Data: pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071 *			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	0.2		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					
					* NO ANALYSIS CHECKED BY collector, lab checked above analysis		

* Results reported in units, all others in milligrams per liter (ppm)

Date Received DEC 2 1986 Date Reported _____ Chemist 6 Lab No. 8654



1
2
3

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration - Water Rights Division
1800 Washington Blvd. • Baltimore, Maryland 21230
(410) 537-3591 • 1-800-633-6101 • http://www.mde.state.md.us

TAG #

[] New Application [X] Change in Existing Permit

Application Number HO-81-1786

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Please complete this form carefully. A complete application will ensure faster processing. Help is available by calling the Water Rights Division at (410)537-3591 or your local extension agent. The Water Management Administration will work with you to develop estimates of water use. The assigned project manager will contact you to obtain additional information, such as acres irrigated, types of animals watered.

RAY RACHUBA (410) 442-5707

Applicant's Name Daytime Phone Number

779 CHESSIE CROSSING WAY WOODBINE, MD 21797
Applicant's Address (Street) (City) (State) (Zipcode)

County of Water Use HOWARD COUNTY

Location of Water Use

[] Same as Above Address
[X] Other location (Specify) 17518 WOODCAMP ROAD MOUNT AIRY, MD 21771

INCLUSION OF TAX MAP INFORMATION OR A DETAILED LOCATION MAP WILL EXPEDITE PROCESSING OF YOUR APPLICATION.

Tax Map Information 7 7 489
(Page) (Block) (Parcel Number)

TYPE OF APPLICATION (Check All That Apply)

- [] New Application
[X] Change in Existing Permit
[] Required Permit (10,000 gallons per day or more averaged over a year)
[] Voluntary Permit (less than 10,000 gallons per day averaged over a year)

PURPOSE (check all that apply)

- [X] Field Crop Irrigation
[] Vegetable Irrigation
[X] Livestock/Poultry Watering
[] Aquaculture
[] Horticultural Operation (specify)
[] Other (specify)

SOURCE (check all that apply)

- [] Surface Water (stream, river lake, pond)
[X] Ground Water (wells, groundwater pond)
[] Spring

SIGNATURE [Handwritten Signature]

PLEASE PRINT RAY RACHUBA OWNER 4/17/08
(Name) (Title) (Date)

4/22/08 OK to convert.
So

RAY RACHUBA 443 277-3139

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration - Water Rights Division
1800 Washington Blvd. • Baltimore, Maryland 21230
(410) 537-3591 • 1-800-633-6101 • http://www.mde.state.md.us

[X] New Application [] Change in Existing Permit Application Number _____

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Please complete this form carefully. A complete application will ensure faster processing. Help is available by calling the Water Rights Division at (410)537-3591 or your local extension agent. The Water Management Administration will work with you to develop estimates of water use. The assigned project manager will contact you to obtain additional information, such as acres irrigated, types of animals watered.

L. RAY RACHUBA 443 277-3139
Applicant's Name Daytime Phone Number
779 CHESSEE CROSSING WAY WOODBINE MD 21797
Applicant's Address (Street) (City) (State) (Zipcode)

County of Water Use HOWARD

Location of Water Use

- [] Same as Above Address
[X] Other location (Specify) 17518 WOODCAMP ROAD, MT. AIRY, MD 21771

INCLUSION OF TAX MAP INFORMATION OR A DETAILED LOCATION MAP WILL EXPEDITE PROCESSING OF YOUR APPLICATION.

Tax Map Information 7 7 489 DISTRICT - 04 ACCOUNT # -340833
(Page) (Block) (Parcel Number)

TYPE OF APPLICATION (Check All That Apply)

- [X] New Application WELL TAG # HO -81-1786
[] Change in Existing Permit
[] Required Permit (10,000 gallons per day or more averaged over a year)
[] Voluntary Permit (less than 10,000 gallons per day averaged over a year)

PURPOSE (check all that apply)

- [X] Field Crop Irrigation
[] Vegetable Irrigation
[X] Livestock/Poultry Watering
[] Aquaculture
[] Horticultural Operation (specify)
[] Other (specify)

SOURCE (check all that apply)

- [] Surface Water (stream, river lake, pond)
[X] Ground Water (wells, groundwater pond)
[] Spring

SIGNATURE [Signature]

L. RAY RACHUBA March 21, 2007
PLEASE PRINT (Name) (Title) (Date)



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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Charles R. Groten & Assoc. on _____ and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

B 1 **5808**

SEQUENCE NO. (MDE USE ONLY)

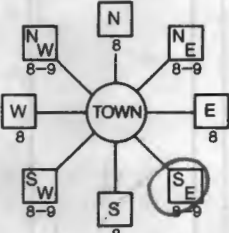

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526226 please type

STATE PERMIT NUMBER
40-95-1061
fill in this form completely

Date Received (APA) **2/6/07**
OWNER INFORMATION
8/ MM DD YY 13
Rachuba Ray
15 Last Name Owner First Name 34
946-A Marimach Ct.
36 Street or RFD 55
Eldersburg Md. 21784
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Woodcamp Farm
SUBDIVISION 42
SECTION **44 46** LOT **8/** 48 50
Mount Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **5** MI 73 76 77 78

DRILLER INFORMATION
Allen Compton MS D 009
76 Driller's Name License No. 81
Fogles Well Drilling
Firm Name
580 Obrecht rd
Address
Allen Compton 2-2-07
Signature Date

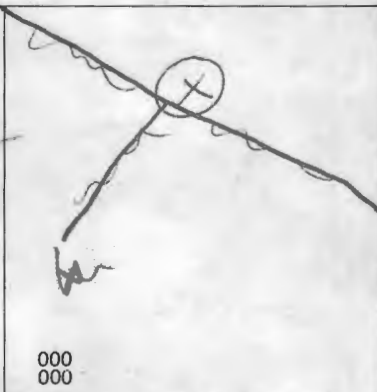
B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

17518 Woodcamp Rd 30
11 NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **760** 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: **7** BLK: **7** PARCEL **489**

B 2 WELL INFORMATION
1 2 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
 GEO-THERMAL

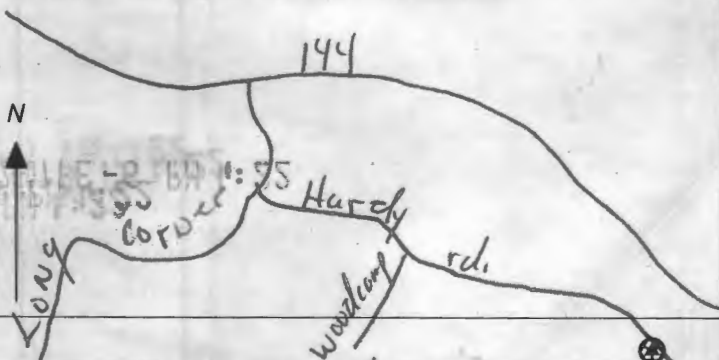
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard (13) A 525637
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S →
DATE ISSUED **4/19/07** **Min Valf** **4/19/08**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **548** 000 EAST GRID **0764** 000
59 55 57 63

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
SOURCES OF DRILLING WATER
1. **well**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **7604**
N **5408**


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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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


Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER _____ G _____
PERMIT No. **40-95-1061**
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Donald J. Becraft Donald J. Becraft
(Name)

14523 MacClintock Ct. Glenwood, MD
(Address) Ph. # 489-4762 21738

HO 81 1786
(OEP Well Permit Number)

11/26/86
(Date)

Woodcamp
Farms
? Subdivision
Historical docs.

SUBDIVISION: WOOD CAMP FARMS

LOT NUMBER: 8

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	_____ sq. ft./bedroom
		<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

200 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 3 feet below original grade.
 Bottom maximum depth 7 feet below original grade.
 Effective area begins at 3 feet below original grade.
4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE TRENCH 45' FROM THE
FAR LEFT (910.7') LOT LINE AND 190' FROM
THE LEFT-FRONT (672.4') LOT LINE AS SEEN
WHEN FACING THE PROPERTY FROM THE END OF
WOOD CAMP RD. RUN TRENCH(S) ALONG CONTOUR
TOWARD LEFT SIDE OF PROPERTY.
4/17/86 C. Williams