C 1 3815 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER A-18529

DATE Received: [ ]

DATE WELL COMPLETED: 02/08/87 (revised at 5-1-88)

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-81-1871

OWNER: MAC MURRAY (last name) MICHAEL (first name)

STREET OR RFD: 4670 TEN OAKS ROAD TOWN: DAYTON

SUBDIVISION: MAP 28 B2 P223 SECTION ______ LOT ______

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)	FEET FROM	FEET TO	Check if water bearing
Topsoil	0	1	
[illegible]	1	30	
brown mica schist	30	45	
gray mica	45	65	
brown mica schist	65	75	✓
gray mica	75	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): (Y) yes / N no

TYPE OF GROUTING MATERIAL: CEMENT (CM) / BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

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 BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.) from	to
1	HO	33	400
2			
3			

SLOT SIZE 1____ 2____ 3____

DIAMETER OF SCREEN ______ (NEAREST INCH)

GRAVEL PACK from ______ to ______

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

C 3 PUMPING TEST
HOURS PUMPED (nearest hour): 2

PUMPING RATE (gal. per min. to nearest gal.): 1

METHOD USED TO MEASURE PUMPING RATE: bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING: 55
WHEN PUMPING: 400

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 (CIRCLE) (YES or NO): 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: [ ]

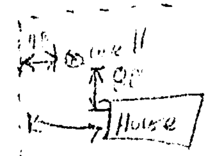
CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ]

PUMP HORSE POWER [ ]

PUMP COLUMN LENGTH (nearest ft.) [ ]

CASING HEIGHT (circle appropriate box and enter casing height): + above / − below LAND SURFACE: 2 (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 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. 40

[signature]

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Robert K. [illegible]

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T — TELESCOPE CASING [ ] (E.R.O.S.) — LOG INDICATOR [ ] WQ — OTHER DATA [ ]

HEALTH

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
April 2, 1990

Reply to: Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Michael MacMurrary
4670 Ten Oaks Road
Dayton, Maryland 21036

RE: Replacement Well
4670 Ten Oaks Road
Well Permit No. HO-81-1871

Dear Mr. MacMurray:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1871.

March 21, 1990
Date of Final Sampling

April 2, 1990
Date of Acceptance

Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
August 30, 1989
March 22, 1990

CS:cm

Bureau of Environmental Health
3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955