

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3846	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 4 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	

ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 10 14 2003	Depth of Well 22 405 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3812
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OWNER: TRAGESER last name HERBERT first name
 STREET OR RFD: 2151 WOODBINE RD TOWN: WOODBINE
 SUBDIVISION: _____ 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		check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Br. Ss	1	9	
Hard Blue Ss	9	15	
Soft Br. Ss	15	49	
Clay & Br. Ss	49	51	X
Hard/Soft Br. Ss	51	84	
Br./Blue Ss	84	86	X
Soft Br. Ss	86	97	
Hard Blue Ss	97	104	
Br. Ss	104	105	X
Hard Blue Schist/ Blue Ss	105	241	
Hard Blk. Schist	241	274	
Blue Schist	274	275	X
Hard Blk. Schist	275	318	
Hard Blue Schist	318	373	
Hard Blk. Schist	373	375	
Hard Blue Schist	375	405	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 38 NO. OF POUNDS 45 46

GALLONS OF WATER 228

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 100 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):	
<input checked="" type="checkbox"/> ST	<u>6</u>	<u>102</u>
60 61	63 64	66 70

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	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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.

DRILLERS LIC. NO.: M D 296

Ronald Kiser
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: ATWD 334

Ronald Kiser WILL OSB

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

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
E																				
A																				
H																				
C																				
S																				
R																				
E																				
N																				

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)

from 58 to 60

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

68

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

T (E.R.O.S.) _____ W Q _____

70 _____ 72 _____ 74 75 78 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 47 ft.

WHEN PUMPING 22 ft.

TYPE OF PUMP USED (for test)

S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

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) 31 35

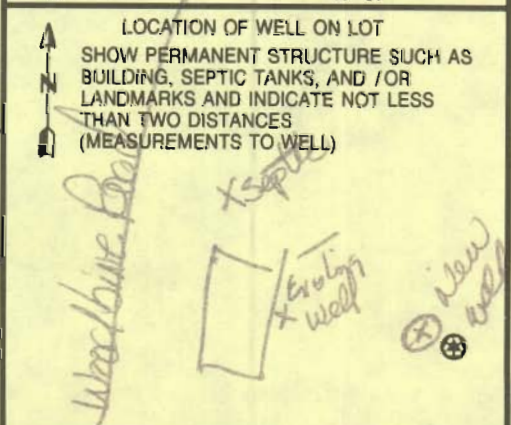
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

- below (nearest foot) 2



B 1 5728

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

519606 please type

HO-94-3812 fill in this form completely

Date Received (APA)

10 7 03

OWNER INFORMATION

8 MM DD YY 13

TRAGESER HERBERT

15 Last Name Owner First Name 34

2151 WOODBINE RD.

36 Street or RFD 55

WOODBINE MARYLAND 21797

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

RONALD KYKER M W D 296

Driller's Name 76 License No. 81

WESTMINSTER WELL DRILL INC

Firm Name

PO. BOX 861 WESTMINSTER MD. 21157

Address

Ronald Kyker OCT 1 03

Signature Date

B 3

LOCATION OF WELL

HOWARD 8 COUNTY 21

23 SUBDIVISION 42

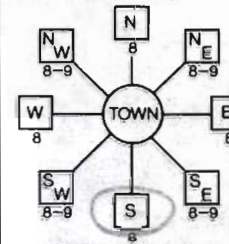
SECTION 44 46 LOT 48 50

LISBON 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOODBINE RD.

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED (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 A17475

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 10 09 03 EXP. DATE 10 07 04

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 540 000 EAST GRID 770 000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PE:Rcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

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-CONTACT LOCAL APPROVING AUTHORITY IFOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER G

PERMIT No. HO-94-3812

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

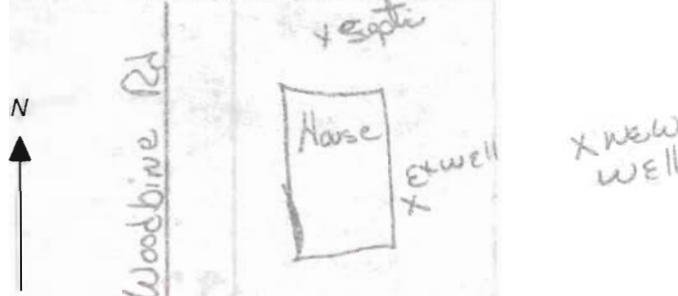
SOURCES OF DRILLING WATER

- CITY

WRITE THE BOX NUMBER FROM THE MAP HERE

E 770 540 N

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



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Herbert Trageser PHONE #: _____

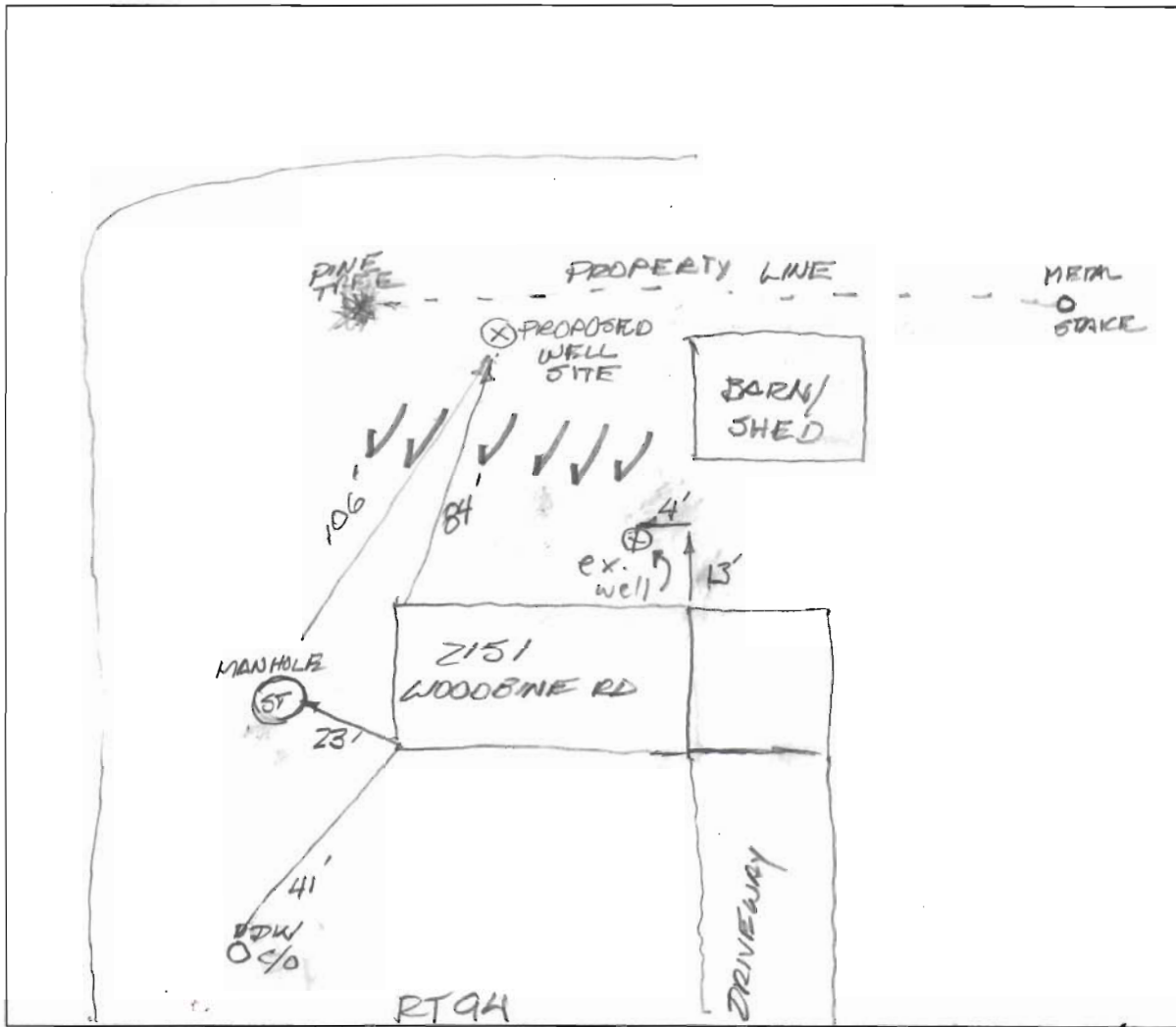
ADDRESS: 2151 Woodbine Road CONTRACTOR: Kyker / Westminster Rotary Well

WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

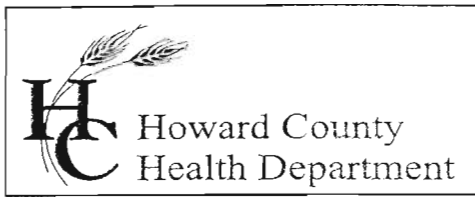
PROPOSAL: Locate new well site location. Current well full of mud; cannot correct well against house

LOCATION DIAGRAM



1323 10/2/03 Well to be located 100' from septic manhole & 84' from
 COMMENTS: SE corner of the back of house & 10' from property line
Told owner existing well to be disconnected, filled/capped & abandoned
once new well is connected. Mr. Kyker says he has permission from neighbor
to use driveway. (FA)

DATE: _____ INSPECTOR: _____



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

December 1, 2004

Herbert Trageser
2151 Woodbine Road
Woodbine, MD 21797

RE: **Replacement Well Sampling**
2151 Woodbine Road
Well Permit/Tag # - HO-94-3812

Dear Mr. Trageser:

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. There is no charge for the sampling and it is to your benefit to have your water tested.

Thank you for your attention to these important matters.

Respectfully,

Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File