

SEQUENCE NO. (OEP USE ONLY)
 TO BE PUNCHED ALL CARDS

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 44A-128

DATE WELL COMPLETED
11/24/77

Depth of Well
 22 390 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
7A-81-1734

OWNER Reaser last name Henry first name
 STREET OR RFD Greenwood Rd. TOWN T. Lyman, Md
 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 | |
| <u>brn clay</u> | <u>0</u> | <u>8</u> | |
| <u>gray sand</u> | <u>8</u> | <u>11</u> | |
| <u>green clay</u> | <u>11</u> | <u>160</u> | |
| <u>brn sand</u> | <u>160</u> | <u>195</u> | |
| <u>grn clay</u> | <u>195</u> | <u>361</u> | |
| <u>brn sand</u> | <u>361</u> | <u>405</u> | <input checked="" type="checkbox"/> |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 6 NO. OF POUNDS 600
 GALLONS OF WATER 36
 DEPTH OF GROUT SEAL (to nearest foot)
 from 4 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) 4
 Total depth of main casing (nearest foot) 160

OTHER CASING (if used)
 diameter inch 2 depth (feet) from 160 to 317

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

SCREEN DEPTH (nearest ft.)
 1 PL 387 397
 2 _____
 3 _____
 SLOT SIZE 20
 DIAMETER OF SCREEN 2 (NEAREST INCH)
 from _____ to _____

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.) 70 72
 WQ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 1
 PUMPING RATE (gal. per min. to nearest gal.) 20
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 28
 WHEN PUMPING 73
 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 5
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 11
 PUMP HORSE POWER 0.5
 PUMP COLUMN LENGTH (nearest ft.) 91
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot) 1
 - below }

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)
hmv
27'
21'

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. 24
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

AREA
() EASTON, OXFORD
() CORDOVA
() ST. MICHAELS
() BAY HUNDRED
() TRAPPE

TYPE OF WELL
() NEW
() REPLACEMENT
() OTHER _____

Date 10/16/87

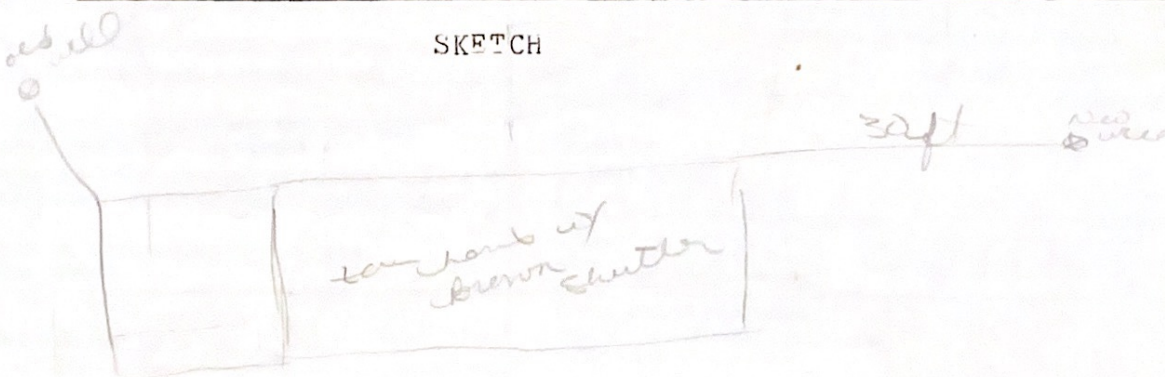
WELL LOCATION AND ANALYSIS

NAME OF WELL OWNER Henry, Pleser PHONE 886-2212

TAX MAP AND/OR DIRECTIONS Go down Rt. 33 through
telegram store left on Gibson Lane
to 10m and turn right to well on left
44A-128

AREA SEPTIC IN Town

SKETCH



CHECK IF APPLICABLE

SETBACKS: 30' FROM FOUNDATION () 10' FROM BOUNDARY () 15' FROM ROADWAY

COMMENTS: 10/17/87 inspected sets CR
12/2/87 BT 459, Chem - TA - RTE, pH 7.4 to agr grading
okay. CR
12/4/87 Chem unacceptable. CR
12/7/87 BT unacceptable CR
12/7/87 called & told him to run it a
month as possible until next month

/ckb

Date 7/21/88

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual system. The property owners must discontinue use of this individual system and connect to the community system when the community system becomes available.

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH OF PROPERTY AS DESCRIBED ON THE ATTACHED FORM.

1. OWNER Reiser, Henry Beltsontown Rd, Telghman 886-2212
Last Name First Name P.O. Address Phone No.
2. APPLICANT _____ PHONE NO. _____
3. GENERAL CONTRACTOR _____

4. Give directions to property including subdivision name and lot number.

Go down Rt 33 through Telghman, take left on Beltsontown Rd 3/4 mile then right 1/2 mile on left.

5. Size of Lot _____
6. Type of Construction: New Building connection
 Repair Remodeling Mobile Home

7. Planned use of building: Residence _____ Commercial _____

Living area _____ Sq. Ft. Bedrooms _____ Type _____

Garbage Disposal? Yes No # Persons Using - 24 hr. _____

Ground Water Heat Pump? Yes No

8. Type of sewage disposal system:

Connection to public sewer Septic tank system Other _____

9. Type of water supply Deep (over 100 ft.) _____ Shallow _____

Distance of any water supply to disposal system _____ ft.

IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE SECTION OF ENVIRONMENTAL HEALTH OF TALBOT COUNTY HEALTH DEPARTMENT.

10. Soil test results: Percolation Test: _____ minutes. Depth to porous soil _____ ft. Soil Type _____

Soil test made by _____

11. Septic tank specifications: _____

12. Tile field (if used) Total length of tile _____ ft. Number of trenches _____

Length of each trench _____ ft. Width of each trench _____ ft. Number of feet into porous soil _____

13. Seepage pits (if used) Total depth _____ ft. Size _____ ft. Effective depth _____ Number _____

14. Additional system specifications: _____

15. Recommendations: _____

I, Gary C. Reiser, hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 10.17.02 of the Dept. of Health & Mental Hygiene under the supervision of the Talbot County Health Department. I also agree to notify the Talbot County Health Department before actual construction is begun. Should this system fail, I agree to make any changes deemed necessary.

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE PROVIDED CONSTRUCTION HAS NOT BEGUN, OTHERWISE IT IS VALID FOR TWO YEARS.

17. Application approved July 29, 1988 Gary I. Rinehart R.S.
Date Sanitarian

Subdivision _____
Map 44A
Block _____
Parcel 128
Lot # _____

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

SAMPLE TYPE: Community Non-Community Private Check Sample Special

Source: Henry Kleiser
 Location: Tilghman's
 Iced: Yes No
 Treated: Yes No Time Collected: 11:08 am. pm.
 Collector #: _____ Bottle No. YY-459
 Collector Name: C. Moore County: Talbot

County: 20 Plant No. _____ Sampling Station: _____ Date Collected: 12/2/87
 pH: 7.4 Res. Cl: Free 0 Total 0 Card No. _____

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

| ml. of Sample | 10ml. | | | | |
|---------------|-------|---|---|---|---|
| Gas, 24 hours | - | - | - | - | - |
| Gas, 48 hours | + | + | + | + | + |

CONFIRMED TEST

| ml. of Sample | 10ml. | | | | |
|-------------------|-------|---|---|---|---|
| Coliforms † | + | + | + | + | + |
| Fecal Coliforms ‡ | - | - | - | - | - |

| No. of Pos. |
|-------------|
| 5 |
| 0 |

Presumptive Coliforms/100 ml. (Membrane Filter) =

* * *
 Verified Coliforms/100ml. (Membrane Filter) = _____

SPC Dilution: 1 - | Col. Counted:

Standard Plate Count §/ml. _____

- ** using m Endo-Agar LES at 35°C. incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5° C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: 12/2/87 Recd. 500
12/3/87 Exam 90
12/7/87 Rept. 90

Laboratory: ESBL
 Remarks: Saunders
 Lab No. 17

32 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

TA-81-1734

fill in this form completely

ALL CARDS)

OWNER INFORMATION
13
Owner First Name: ER HENRY
Street or RFD: SOUTHWAY Rd
Town: GERMANTOWN MD
State: 21
Zip: 671

LOCATION OF WELL
B 3
1 2
TALCROT
8 COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 48 50
TILGHMAN
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 0 MI

DRILLER INFORMATION
77 License No. 80: 24
Date: 10/1/87

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: GIBSONTOWN Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD: 37
ENTER FT or MI: MI

WELL INFORMATION
X. PUMPING RATE (GAL. PER MIN.): 10
LARGE DAILY QUANTITY NEEDED PER DAY: 1000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: Talcott COUNTY NO. 44A-128
OEP SIGNATURE: [Signature] STATE HEALTH INSERT S
DATE ISSUED: 10/2/87
CO SIGNATURE: [Signature] EXP. DATE: 04/26/88
NORTH GRID: 320000 EAST GRID: 099900

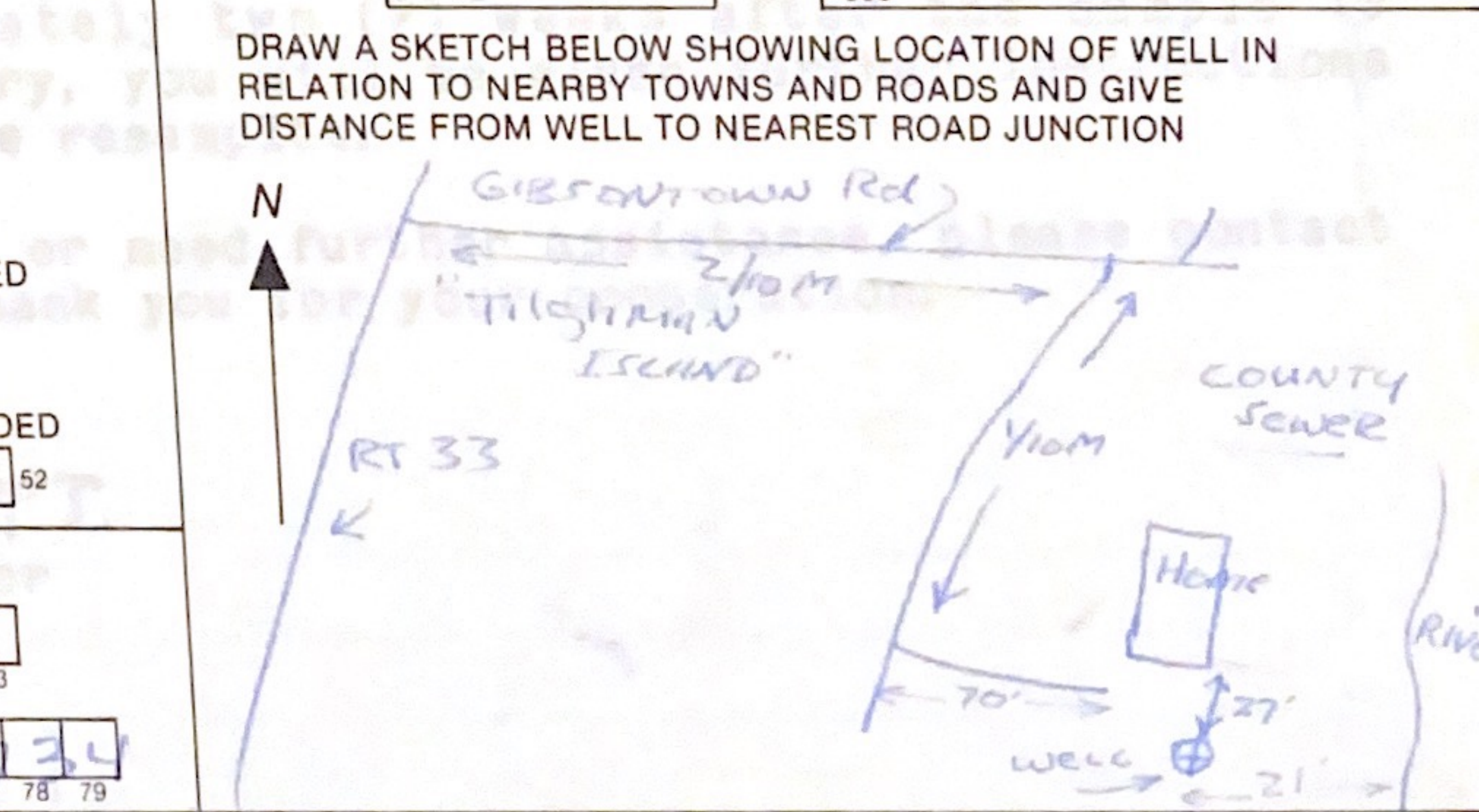
APPROXIMATE DEPTH OF WELL: 400 FEET

APPROXIMATE DIAMETER OF WELL: 4 NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary DRive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER: 1. CHoptank RIVER
WRITE THE BOX NUMBER FROM THE MAP HERE
E 991
N 317

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 DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: GAP
FORCE: 20 INITIALS IN BOX: TA-81-1734

SPECIAL CONDITIONS

Date 7/21/88

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual system. The property owners must discontinue use of this individual system and connect to the community system when the community system becomes available.

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH OF PROPERTY AS DESCRIBED ON THE ATTACHED FORM.

- 1. OWNER Reiser, Henry Beltsontown Rd, Telghman 886-2212
Last Name First Name P.O. Address Phone No.
- 2. APPLICANT _____ PHONE NO. _____
- 3. GENERAL CONTRACTOR _____

4. Give directions to property including subdivision name and lot number.

Go down Rt 33 through Telghman, take left on Beltsontown Rd 3/4 mile then right 1/2 mile on left.

- 5. Size of Lot _____
- 6. Type of Construction: New Building Repair Remodeling Mobile Home connection

7. Planned use of building: Residence _____ Commercial _____

Living area _____ Sq. Ft. Bedrooms _____ Type _____

Garbage Disposal? Yes No # Persons Using - 24 hr. _____

Ground Water Heat Pump? Yes No

- 8. Type of sewage disposal system:
 Connection to public sewer Septic tank system Other _____

- 9. Type of water supply Deep (over 100 ft.) _____ Shallow _____
Distance of any water supply to disposal system _____ ft.

IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE SECTION OF ENVIRONMENTAL HEALTH OF TALBOT COUNTY HEALTH DEPARTMENT.

- 10. Soil test results: Percolation Test: _____ minutes. Depth to porous soil _____ ft. Soil Type _____
Soil test made by _____

11. Septic tank specifications: _____

12. Tile field (if used) Total length of tile _____ ft. Number of trenches _____
Length of each trench _____ ft. Width of each trench _____ ft. Number of feet into porous soil _____

13. Seepage pits (if used) Total depth _____ ft. Size _____ ft. Effective depth _____ Number _____

14. Additional system specifications: _____

15. Recommendations: _____

X I, Gary C. Reiser, hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 10.17.02 of the Dept. of Health & Mental Hygiene under the supervision of the Talbot County Health Department. I also agree to notify the Talbot County Health Department before actual construction is begun. Should this system fail, I agree to make any changes deemed necessary.

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE PROVIDED CONSTRUCTION HAS NOT BEGUN, OTHERWISE IT IS VALID FOR TWO YEARS.

17. Application approved July 29, 1988 Gary I. Rinehart R.S.
Date Sanitarian

Subdivision _____
Map 44A
Block _____
Parcel 128
Lot # _____

32 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

7A-11-1734

fill in this form completely

DO NOT BE PUNCHED ALL CARDS)

please print or type

OWNER INFORMATION

Owner: Henry, Street: ... MD 21671

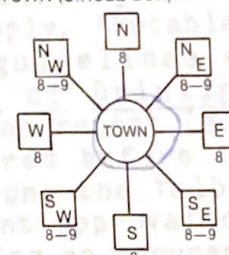
LOCATION OF WELL

8 COUNTY: TALEBOT, 23 SUBDIVISION: ... SECTION: ... LOT: ... 52 NEAREST TOWN: ... MILES FROM TOWN: ...

DRILLER INFORMATION

Driller: ... License No. 24, Date: 10/11/87

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

GIBSONTOWN Rd, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD: ...

WELL INFORMATION

PUMPING RATE: 10 GAL PER MIN, DAILY QUANTITY NEEDED: 1000 PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), FARMING, INDUSTRIAL, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: TALEBOT, COUNTY NO. 44A-128, OEP SIGNATURE: ... DATE ISSUED: 10/26/87, CO SIGNATURE: ... EXP DATE: 04/26/88

APPROXIMATE DEPTH OF WELL: 400 FEET

APPROXIMATE DIAMETER OF WELL: 4 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROtary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROtary, Drive-POINT

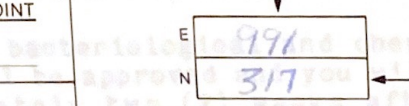
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEN AN EXISTING WELL

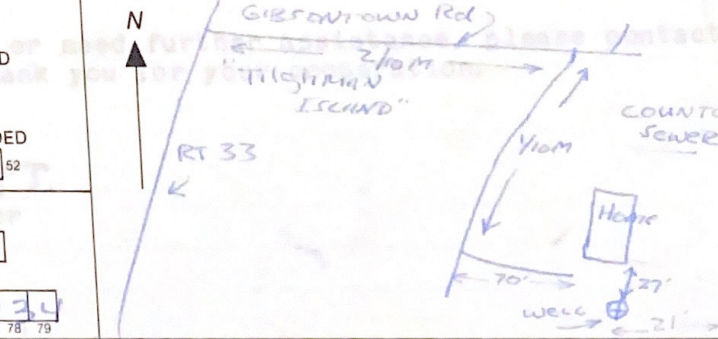
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER: 1. CHOPINIK RIVER

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



APPROX. PERMIT NUMBER: GAP, FORCE: ... PERMIT No. 7A-11-1734

SPECIAL CONDITIONS

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:

Community

Non-Community

Private

Check Sample

Special

Source: HENRY KLEESER

Location: TIGHTMAN

Iced: Yes No

Treated: Yes No

Time Collected: 11:08 am. pm.

Collector #: _____ Bottle No. YY-459

Collector Name: C. MOORE County: TALBOT

County: 20 Plant No. Sampling Station Date Collected 12 02 87

pH 7.4 Res. Cl: Free 0 Total 0 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

CONFIRMED TEST

PRESUMPTIVE TEST*

| ml. of Sample | 10ml. |
|---------------|-------|
| Gas, 24 hours | --- |
| Gas, 48 hours | ++++ |

| ml. of Sample | 10ml. |
|-------------------|-------|
| Coliforms † | +++++ |
| Fecal Coliforms ‡ | --- |

| No. of Pos. |
|-------------|
| 5 |
| 0 |

Presumptive Coliforms/100 ml. (Membrane Filter) = _____

* * *
 Verified Coliforms/100ml. (Membrane Filter) =

SPC Dilution: 1 - | Col. Counted: _____

Standard Plate Count §/ml.

** using m Endo-Agar LES at 35°C. incubation
 * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
 † using Brilliant Green Lactose Bile Broth at 35°C. incubation
 ‡ using EC Broth at 44.5° C. incubation
 § using Plate Count Agar at 35°C. incubation

Date & Hour:

12/2/87 Recd. 500

12/3/87 Exam 90

12/7/87 Rept. 90

Laboratory: ESRL

Remarks: Summers

Lab No.

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

Bottle Number: 41 8EE Name: HENRY REESER County: TAUBOT
Source of Sample: TILGHMAN Street: _____ Town or City: _____
Collector: C. MOORE

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

Field Data: County: 20 Plant No. Sampling Station Date Collected 12/02/87 Time 11:08 AM Acid Iced
pH* 7.9 Chlorine Residual Free 0.0 Total 0.0 Specific Conductance

| ANALYSIS | CODE | RESULTS | ANALYSIS | CODE | RESULTS |
|------------------------------------|------|---------|-----------|------|---------|
| pH* | 011 | 7.75 | Arsenic | 253 | ↓ |
| Alkalinity (Total) | 040 | 149.1 | 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 | 130 | 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 | 105 | Iron | 122 | 114.1 |
| Fluoride | 101 | ↓ | Magnesium | 241 | ↓ |
| Color* | 020 | ↓ | Manganese | 133 | ↓ |
| Turbidity* | 031 | 1.70 | Nickel | 391 | ↓ |
| Conductance*, SPEC. | 201 | ↓ | Potassium | 361 | ↓ |
| Silica | 210 | ↓ | Sodium | 371 | ↓ |
| Sulfate | 220 | ↓ | Zinc | 342 | ↓ |
| Total Residue | 381 | ↓ | | | |

* Results reported in units other than milligrams per liter (ppm)

TALBOT COUNTY HEALTH DEPARTMENT
100 SOUTH HANSON STREET
P.O. BOX 480
EASTON, MARYLAND 21601
820-8213

WATER TEST RESULTS

Date 1-12-88

Dear Mr. Reeser:

A sample of water from your well located at Tax Map 44A-128
was obtained on 12-28-87 & 1-6-88 & 12-2-87. The qualitative analysis
is as follows:

The sample is / ~~is not~~ acceptable bacteriologically.

The chemical sample is / ~~is not~~ acceptable according to the following analyses:

7.75 pH

The combination of pH and alkalinity determine whether or not water will be corrosive. A pH below (7) indicates an acid condition. There is no definite range for alkalinity; however, the lower the alkalinity the more corrosive the water. Where copper pipes are used, green to blue stains and bitter taste indicate corrosion.

149.1 Alkalinity

130.0 Hardness

0 to 75 p.p.m. (parts per million) is considered soft, 75 to 150 p.p.m. moderately hard, 150 to 300 p.p.m. hard, and over 300 p.p.m. very hard. 1 grain per gallon = 17.1 parts per million.

<0.2 Nitrate

Mandatory acceptable range 0.0 to 10 p.p.m. Above 10 p.p.m. is a known health hazard for infants and young children especially less than six (6) months of age.

10.5 Chloride

Acceptable recommended range 0 to 250 p.p.m. Levels higher than this may indicate salt water intrusion.

1.8 Turbidity

Mandatory acceptable range 0 to 10 units. Caused by suspended particles and may give water a cloudy appearance.

0.20 Iron

Acceptable recommended range 0.0 to 0.3 p.p.m. Above 0.3 p.p.m. may cause bad tastes, red-brown stains on laundry, fixtures, and objectionable color in water.

Some of the chemicals which may not be in the acceptable ranges as listed above are treatable with water conditioning; however, the Talbot County Health Department makes no recommendation as to the make or type of equipment used for treatment, but recommends that you contact a reputable plumber or retailer.

Additional Test Results and/or Comments: _____

Susan Galanek
ENVIRONMENTAL HEALTH OFFICE
Susan Galanek, R.S.

WELL ABANDONMENT REPORT

Date 11-24-87

Permit Number of abandoned well (if any)

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | - | | | - | | |
|--|--|---|--|--|---|--|--|

Driller's Name Shannon John T.
Last First

Owner's Name Reaser Henry
Last First

Well Location:

County Talbot
Subdivision _____
Section _____ Lot _____
Nearest Town Tilghman
Maryland Grid Location _____

Box Number E 991
N 317

| | |
|-----|-----|
| ⊗ | |
| 0/5 | 5/5 |
| 0/0 | 5/0 |

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

Depth of Well 390 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing 2 Inches

Was any case removed Yes No
if yes amount removed _____ (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

| Material | Feet | |
|---------------|-----------|------------|
| | From | To |
| <u>Cement</u> | <u>-2</u> | <u>390</u> |

Driller John T. Shannon
(Signature)

License # 22

AREA
 EASTON, OXFORD
 CORDOVA
 ST. MICHAELS
 BAY HUNDRED
 TRAPPE

TYPE OF WELL
 NEW
 REPLACEMENT
 OTHER _____

Date 10/16/87

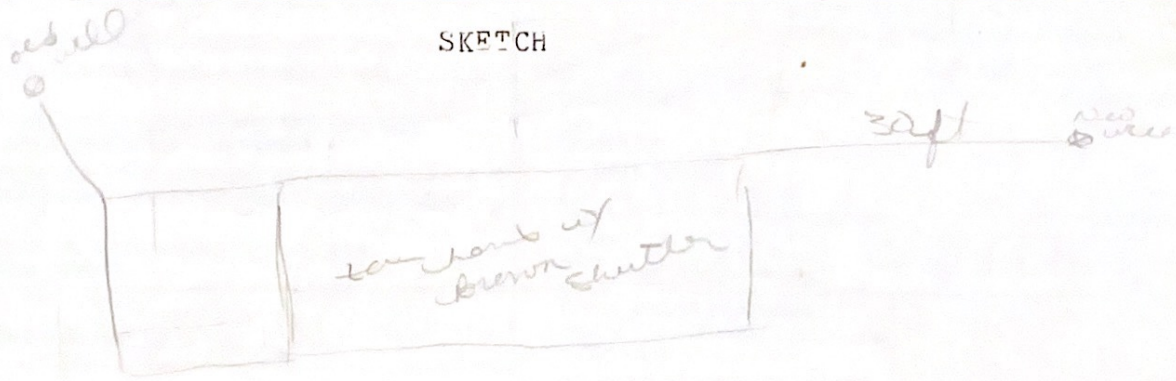
WELL LOCATION AND ANALYSIS

NAME OF WELL OWNER Henry, Pleser PHONE 886-2212

TAX MAP AND/OR DIRECTIONS Go down St. 33 through
telegram store left on Gibson Ave
to 10m and turn right to well on left
44A-128

AREA SEPTIC IN Town

SKETCH



CHECK IF APPLICABLE

SETBACKS: 30' FROM FOUNDATION () 10' FROM BOUNDARY () 15' FROM ROADWAY

COMMENTS: 10/17/87 inspected sets CR
12/2/87 BT 459, Chem - TA - RTE, pH 7.4 to agr grading
okay. CR
12/4/87 Chem unacceptable. CR
12/7/87 BT unacceptable CR
12/7/87 called & told him to run it a
month as possible until next month

/ckb