

C 1 2275 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.

COUNTY NUMBER 58-7-81

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 7 3 21 15 20

Depth of Well 22 380 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" CO-94-1750

OWNER RETB MARY A DOUGLAS 20786 FRAZIER PI. RD. TOWN TRAYARD

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like TOP SOIL, TAN CLAY, TAN SAND & GRAVEL, GRAY CLAY, SHELL, BROWN CLAY, GRAY SAND & SHELL, BROWN CLAY, GRAY SAND & SHELL, GRAY CLAY, GRAY SAND & SHELL, GREEN CLAY, BROWN SAND.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (450), GALLONS OF WATER (275), DEPTH OF GROUT SEAL (300).

CASING RECORD: MAIN CASING TYPE (PL), Nominal diameter (4), Total depth of main casing (180).

OTHER CASING (if used): diameter (2), depth (180 to 360).

SCREEN RECORD: screen type (PL), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

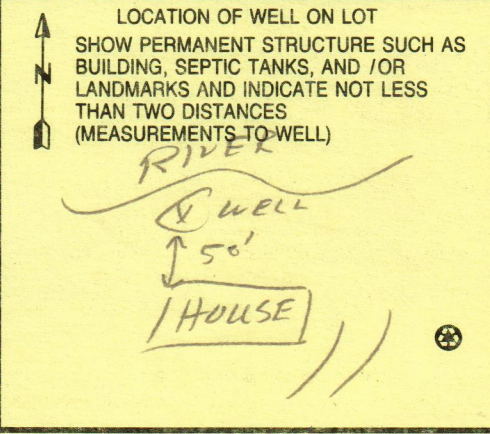
DEPTH (nearest ft.) table with rows 1-3 and columns 1-11. Includes SLOT SIZE (1: 010, 2: ) and DIAMETER OF SCREEN (4).

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (300, 380).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

PUMPING TEST: HOURS PUMPED (2), PUMPING RATE (50), METHOD USED TO MEASURE PUMPING RATE (BUCKET), WATER LEVEL (40), TYPE OF PUMP USED (A).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY: GALLONS PER MINUTE (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43).



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



58-7-81

**PLEASE DETACH THIS PART AND MAIL WITH REMITTANCE TO:**

Make checks payable to: WTL  
 P.O. Box 696, Bel Air, MD 21014 (410) 893-5257  
 113 High Street, Salisbury, MD 21801 (410) 546-1318  
 5 Riggs Avenue, LL4, Severna Park, MD 21146 (410) 647-7737  
 P.O. Box 712, Stevensville, MD 21666 (410) 643-7711  
 P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

**Invoice Number** 0901A003

**Date Issued:** 9/13/2001

Item	Amount
Bacteria Test	80
Paid Chk/VISA/MC No: 275	(80.00)
<b>Total Due:</b>	<b>\$0</b>

To: Mary Reb  
 18 Laurel Street  
 Easton, md 21601

**Water Testing Labs of Maryland, Inc.**

Annapolis	(410) 269-7755	Prince Frederick	(410) 535-2665
Bel Air	(410) 838-8411	Salisbury	(410) 546-1318
Burke, VA	(703) 250-7711	Severna Park	(410) 647-7737
Chesertown	(410) 778-3613	Stevensville	(410) 643-7711
Easton	(410) 820-8485	Timonium	(410) 628-2855
Likton	(410) 398-2413	Westminster	(410) 876-2035

**Tracking Number** 0901A003

<b>Address:</b>	20/86 Frazier Point Preston, Md	<b>Date Sampled:</b>	9/11/2001
<b>Source:</b>	hose bib at well	<b>Time Sampled:</b>	1:30pm
<b>Well No:</b>	CO 94-1750	<b>Collector:</b>	Bruce Gordon 7096BG
<b>Permit No:</b>		<b>pH:</b>	8.0
		<b>Free Cl:</b>	0
		<b>Total Cl:</b>	0
		<b>Chemical:</b>	Yes
		<b>Bacteria:</b>	Yes
		<b>Iced:</b>	Yes

**Report Generated:** 9/13/2001

**ANALYTICAL RESULTS**

Parameter & Units	MCL	Detection Level	Result
Total Coliform Bacteria (/100 ml)	Present	A/P	Absent
Sand	Present	A/P	Absent
Turbidity (NTU)	10	0.5	ND
Nitrate (ppm)	10	1.0	ND

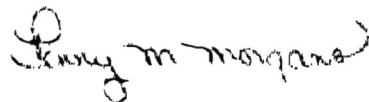
**Notes:**

1. ND - Not Detected
2. Sample received and examined within EPA recommended holding times. SM and EPA methods used for lab analyses. SM Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 19th ed.
3. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is for aesthetic quality only. Please check you local regulations for additional limits.

**Comments:**

Bacteriological analysis indicates this water is **safe** for human consumption.

Reported by



Penny Morgans, Laboratory Manager

Water Quality Laboratories certified by the Maryland, Delaware and Virginia State Health Departments  
 Aardvark Labs is a registered trade name of Water Testing Labs of Maryland, Inc.  
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I CAPP 9-14-01

B 1	3107	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER CO - 94 - 1750 fill in this form completely
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Date Received (APA) 5/21/01  
 8 MM DD YY 13

OWNER INFORMATION  
 15 Last Name Reb Owner Mary & Douglass 34  
 36 Street or RFD 18 Laurel St 55  
 57 Town Easton 70 State MD 72 Zip 21601 76

B 3 LOCATION OF WELL  
 8 COUNTY Caroline 21  
 23 SUBDIVISION \_\_\_\_\_ 42  
 SECTION 44 LOT 46  
 44 46 48 50  
 52 NEAREST TOWN Tanyard 71  
 MILES FROM TOWN (enter 0 if in town) 2 M I  
 73 76 77 78

DRILLER INFORMATION  
 Driller's Name Ben Wood MS D 141  
 76 License No. 81  
 Firm Name Lifetime Well Drilling Co  
 Address 24321 Shore Hwy, Denton, MD 21629  
 Signature Ben Wood Date 5/16/01

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 11 NEAR WHAT ROAD 20780 Frazier Pt Rd 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH WEST EAST  
 34 700 37  
 DISTANCE FROM ROAD ENTER FT OR MI 38 39  
 TAX MAP: 58 BLK: 7 PARCEL 51

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE 10  
 8 (GAL. PER MIN.) 12  
 AVERAGE DAILY QUANTITY NEEDED 300  
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

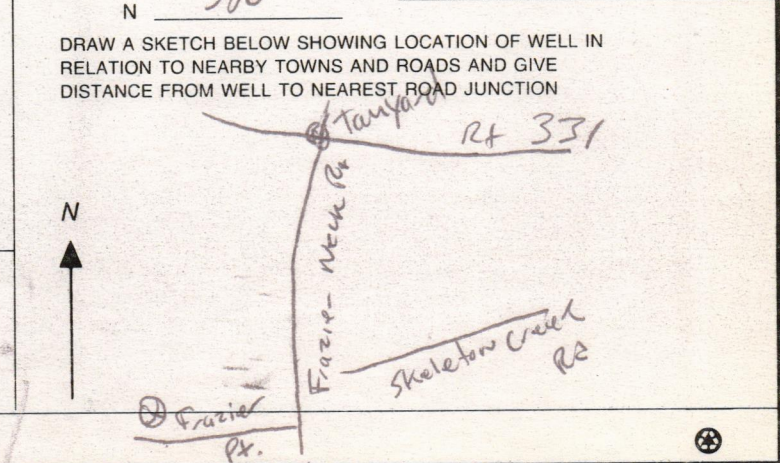
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Caroline COUNTY NO. 58-7-81  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 05 20 01 DATE 5-20-01  
 43 MM DD YY 48 CO SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 NORTH GRID 320 000 EAST GRID 1088 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 380 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 4 INCH  
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X →  
 SOURCES OF DRILLING WATER  
 1. Surf  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 1088  
 N 320  
 000  
 000

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)  
 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. CO - 94 - 1750  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Permit # 16327

TNH 5845





TO BE COMPLETED BY THE WELL DRILLER AND MADE A PART OF THE PERMIT TO DRILL WELL

Property Owner: Mary + Dan Reb

Driller: Ben Wood License #: \_\_\_\_\_

Location of property (911 address): 20780 Franer St Rd

Circle applicable box(es):

- [Y] The existing well will be abandoned and sealed under my license
- [A] The pitless adaptor will be installed under my license
- [P] The pump will be installed under my license

FOR REPLACEMENT WELLS A SCALED DRAWING OF 1"= \_\_\_\_\_ feet is shown on the back identifying the proposed well site. All septic systems and sewage reserved areas within 150' of proposed well site are shown on the drawing. The proposed well site has been staked on the property.

All well construction operations will be carried out and completed in accordance with the regulations of the State of Maryland (COMAR 26.04.04, COMAR 26.04.02, COMAR 26.05.01).

Date: 5/16/01

Driller's Signature: [Signature]

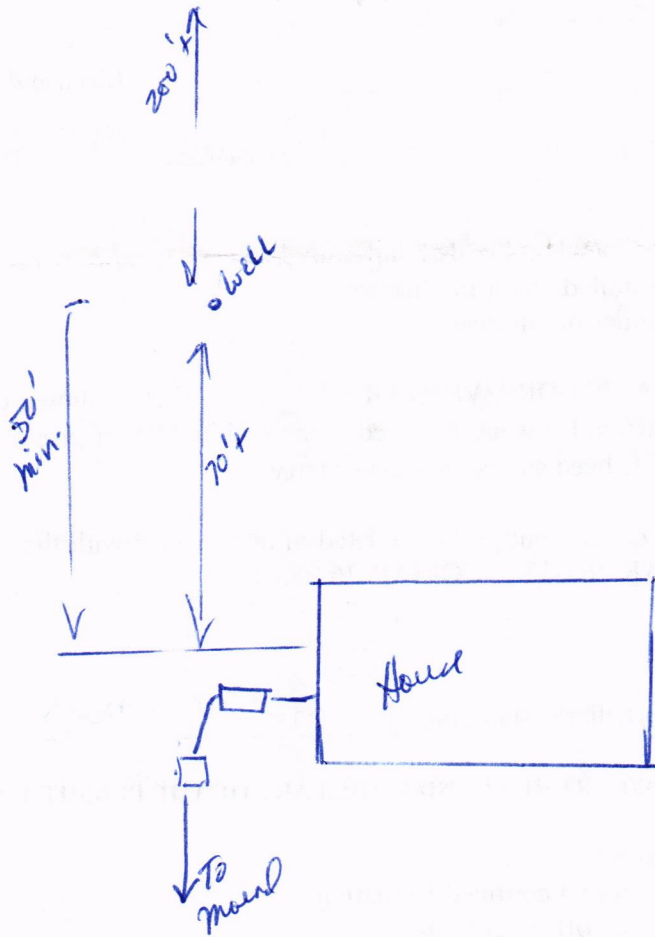
\*\*\*\*\*TO BE COMPLETED BY HEALTH DEPARTMENT AND MADE PART OF THE PERMIT TO DRILL WELL\*\*\*\*\*

Special Conditions - circle applicable box(es):

- [C] Water supplying this well shall be from a confined formation.  
The unconfined strata must be sealed off by grouting
- [A] The well being replaced is required to be filled and sealed in accordance with COMAR 26.04.04.  
Complete and return the attached Well Abandonment Report with the Completion Report.
- [S] The separation between the well and sewage reserved area to be a minimum of [50'] [100'] [150']
- [O] Other:

Check with homeowner about exact well location!

River



Revision  
7-2-01  
Rsb  
0-94-1750