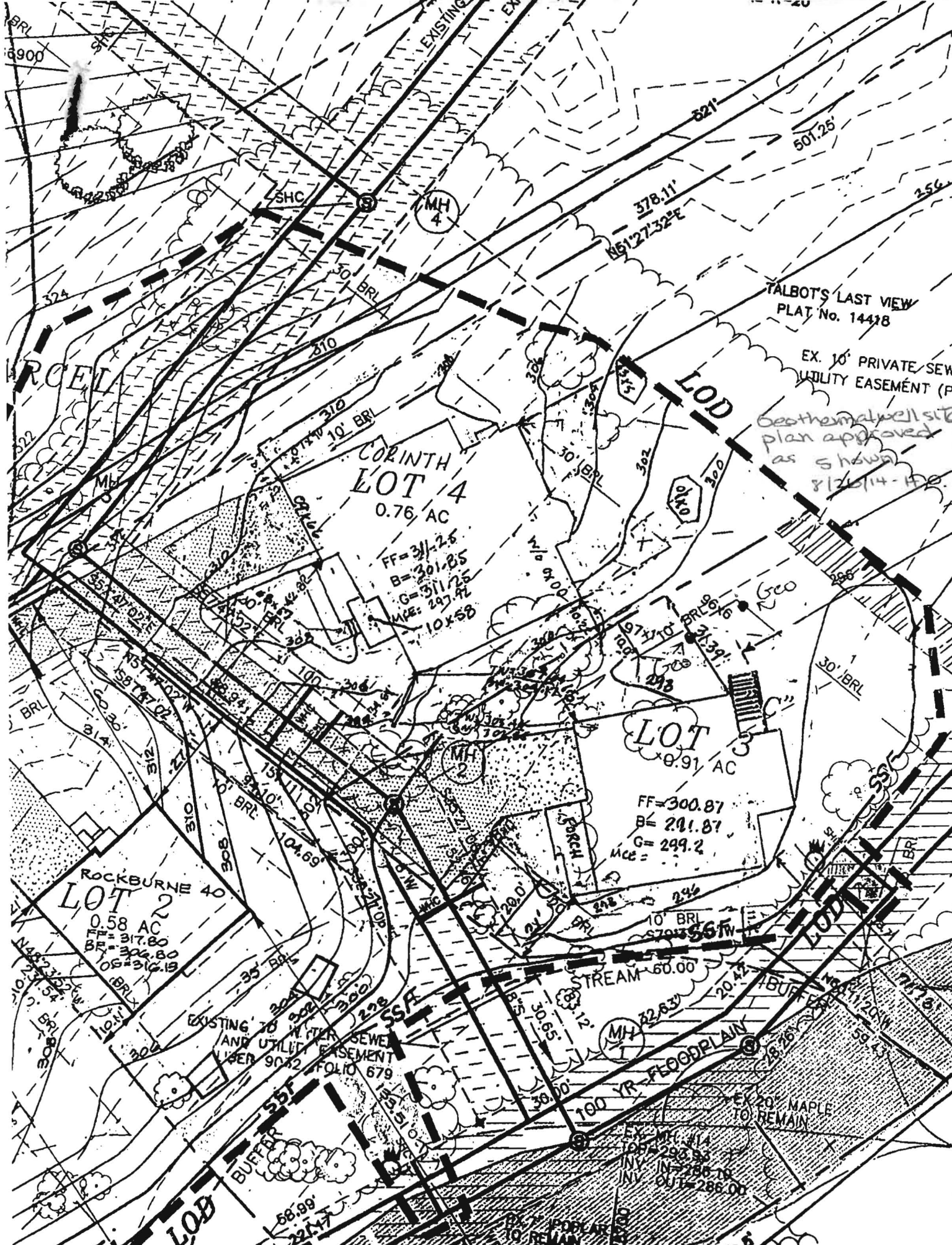


C 1 26111		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED 45 DAYS AFTER WELL IS COMPLETED	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY 02 11 15		Depth of Well 22 480 26 (TO NEAREST FOOT)		COUNTY NUMBER OK 312715SC	
ST/CO USE ONLY DATE Received MM DD YY 02 11 15		DATE WELL COMPLETED MM DD YY 12 28 14		Depth of Well 22 480 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-14-0075	
OWNER Platinum Construction		last name first name 5291 Talbots Landing Rd		TOWN Columbia		LOT 3	
WELL SITE ADDRESS Talbots Landing		SUBDIVISION Last view		SECTION		LOT	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> NO. OF BAGS 25 NO. OF POUNDS 1250 GALLONS OF WATER 625 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 480 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		DESCRIPTION (Use additional sheets if needed)		FEET FROM TO SOIL 0 6 Red clay 6 20 Sand/CLAY 20 27 Cobblestones 27 40 CLAY 40 53 Med Gray Rock 53 480 2 bores x 480		check if water bearing	
				CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN CASING TYPE ST 6 55 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 STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> DEPTH (nearest ft.) 1 2 E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		C 2 1 2 DEPTH (nearest ft.) E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
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 355 DRILLERS SIGNATURE LIC. NO. A D 902 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or 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 (nearest foot) - below }	
DRILLERS LIC. NO. M D 355		DRILLERS SIGNATURE		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		LATITUDE 39.22270 LONGITUDE 76.76576 (DEFAULT COORD. WGS 84) NOTES: 25 bags x 26 gal = 650 gal 650 gal = .35 1/4 A 480' House	

B 1	28737	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 554566 please type	STATE PERMIT NUMBER 40 - 14 - 0075 fill in this form completely
Date Received (APA) 08/24/14 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Platinum Construction		Owner First Name 2909 Preston Lane		34
36 Street or RFD Abingdon MD 21009		57 Town		70 State 72 Zip 76
DRILLER INFORMATION				
Driller's Name Michael Barlow		76 License No. MW D355		81
Firm Name Barlow Well Drilling		Address 522 Underwood Lane 21014		
Signature <i>[Signature]</i>		Date 8/4/14		
B 2 WELL INFORMATION				
1 APPROX. PUMPING RATE (GAL. PER MIN.)		8 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL				
APPROXIMATE DEPTH OF WELL <u>480</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <input type="checkbox"/> JETTED <input checked="" type="checkbox"/> Jettied & DRIVEN 30 AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input checked="" type="checkbox"/> ROTARY (Hydraulic Rotary) 37 CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM 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. 40 - 14 - 0075				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY Howard	
23 SUBDIVISION Talbots Last View	
SECTION 44 46 LOT 3 48 50	
52 NEAREST TOWN Columbia	
B 4	5291 Talbots Landing Rd
11 STREET ADDRESS 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W SOUTH	
34 500 37 DISTANCE FROM ROAD	
ENTER FT OR MI 38 39	
TAX MAP: 31 BLK: 16 PARCEL: 664	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
COUNTY NAME Howard COUNTY NO. 13 STATE SIGNATURE _____ INSERT S → DATE ISSUED 8/26/14 CO SIGNATURE H. Oswald EXP. DATE 8/26/15	
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	



TALBOT'S LAST VIEW
PLAT No. 14418

EX. 10' PRIVATE/SEW
UTILITY EASEMENT (P

Geothermal well site
plan approved
as shown
8/25/14 - H.D.

CORINTH
LOT 4
0.76 AC

FF=311.25
B=301.85
G=311.25
MCE=297.92
10x58

LOT 3
0.91 AC

FF=300.87
B=291.87
G=299.2
MCE=

ROCKBURNE 40
LOT 2
0.58 AC

FF=317.80
B=306.80
G=316.19

EXISTING 10' WATER SEWER
AND UTILITY EASEMENT
UNDER 90' 42"

STREAM 60.00

100 YR FLOODPLAIN

EX 20' MAPLE
TO REMAIN

EX. 10' 42" 114
TOP=298.95
IN=286.70
OUT=286.00

1"=30'



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Dr. Maura J. Rossman, M.D., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

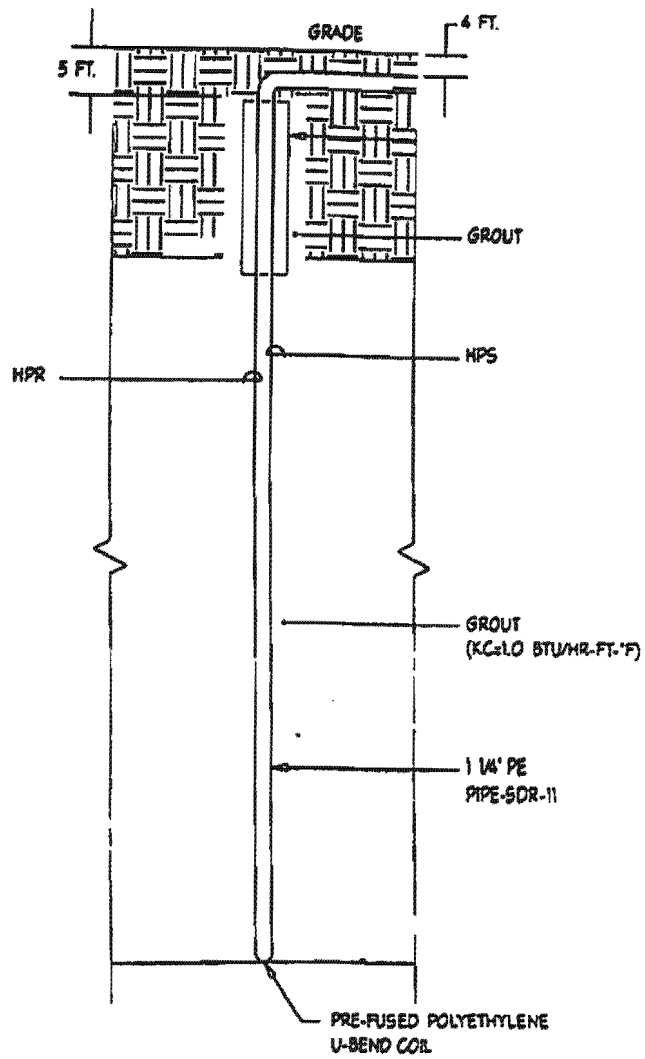
Well Site Location:

Talbots Last View	3	5291
Subdivision/Property Name	Lot #	Road Name
		Talbots Landing Rd

☒ The well site has been staked by Barlow Well Drilling
(professional land surveyor or company employing professional land surveyors)
on 8/4/2014 (date) and does not require a site inspection.

☐ The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.



4 TYPICAL BORE HOLE DETAIL
 M1.00 NOT TO SCALE