

C 1 16676		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 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 06 13 12		DATE WELL COMPLETED MM DD YY 04 30 12		Depth of Well 22 203 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 10/4/2012 HO 95-2270 O.K. (BB)	
OWNER WELL SITE ADDRESS SUBDIVISION		last name Renchon		first name Joseph		TOWN Sykesville	
		SECTION		LOT			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle appropriate box) Y N 44 44 TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 14 NO. OF POUNDS 136 GALLONS OF WATER 89 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 01 PUMPING RATE (gal. per min.) 8 METHOD USED TO MEASURE PUMPING RATE 1901 WATER LEVEL (distance from land surface) BEFORE PUMPING 54 ft. WHEN PUMPING 190 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
DESCRIPTION (Use additional sheets if needed) Brown Shale Gray Limestone		FEET FROM TO 0 35 35 203 ✓		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE PL 06 42 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		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 } 01 (nearest foot)	
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2 DEPTH (nearest ft.) 1 2 H0 42 203 E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 3 S 38 39 41 45 47 51 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 58 60 from to		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER		LATITUDE 39.21032 LONGITUDE 76.57999 (DEFAULT COORD. WGS 84) NOTES:	
WELL HYDROFRACTURED yes no 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		GRVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
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. 1 M SD 0091 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

B 1 <u>0619</u>		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>5367160</u>		STATE PERMIT NUMBER <u>HO-95-2270</u> fill in this form completely	
Date Received (APA) <u>03 15 12</u>				B 3 LOCATION OF WELL			
OWNER INFORMATION 8 MM DD YY 13 <u>Renahan Joseph</u> 15 Last Name Owner First Name 34 <u>751 Rt 32</u> 36 Street or RFD 55 <u>Sykesville md 21784</u> 57 Town 70 State 72 Zip 76				8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 52 NEAREST TOWN <u>Sykesville</u> 71			
DRILLER INFORMATION <u>Allen Compton</u> - <u>M SD 009</u> Driller's Name 76 License No. 81 <u>Fogles Well Drilling, LLC</u> Firm Name <u>P.O. Box 202 Woodbine md</u> Address <u>Allen Compton 3-14-12</u> Signature Date				B 4 SOURCES OF DRILLING WATER 11 <u>751 Rt 32</u> 30 STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <u>4</u> BLK: <u>22</u> PARCEL <u>25</u>			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>3/27/2012</u> <u>Bruce Baker</u> <u>3/27/2013</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" 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 type="checkbox"/> CLOSED LOOP GEOTHERMAL				APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				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 			
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO-95-2270</u> 70 71 72 73 74 75 76 77 78 79				SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C 1 16676

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)FILL IN THIS FORM COMPLETELY
PLEASE TYPECOUNTY
NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

DATE Received

MM DD YY
06 13 12MM DD YY
4 30 1222 203 26
(TO NEAREST FOOT)H0-95-2270
28 29 30 31 32 33 34 35 36 37

OWNER

WELL SITE ADDRESS

SUBDIVISION

last name

first name

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

check
if water
bearing

FROM TO

Brown
Shale

0 35

Gray
Limestone

35 203 ✓

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)☒ Y ☐ N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 14 NO. OF POUNDS 1316

GALLONS OF WATER 89

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 40 ft.

48 TOP 52 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☐ ST
STEEL☐ CO
CONCRETE☒ PL
PLASTIC☐ OT
OTHERMAIN
CASING
TYPE
PLNominal diameter
top (main) casing
(nearest inch)

06

Total depth
of main casing
(nearest foot)

42

60 61

63 64

66

70

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole
(insert
appropriate
code
below)

SCREEN RECORD

☐ ST
STEEL☐ BR
BRASS☒ HO
HOLE☐ PL
PLASTIC☐ OT
OTHER

C 2

DEPTH (nearest ft.)

1 2 H0 42 203

E 8 9 11 15 17 21

A 23 24 26 30 32 36

C 38 39 41 45 47 51

S 49 50 51 53 55 57

R 59 60 62 64 66 68

E 69 70 72 74 76 78

N 79 80 82 84 86 88

SLOT SIZE 1 2 3

DIAMETER (NEAREST INCH)

OF SCREEN 56 60

from to

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

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

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

70 72 74 75 76

TELESCOPE LOG OTHER DATA

CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 01

PUMPING RATE (gal. per min.) 8

METHOD USED TO MEASURE PUMPING RATE 194L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 54 ft.

WHEN PUMPING 190 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) YES ☒ NOIF 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 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)☒ + above LAND SURFACE☐ - below 01 (nearest foot)LATITUDE 39.21 032
LONGITUDE 76.53 999
(DEFAULT COORD. WGS 84)

NOTES:

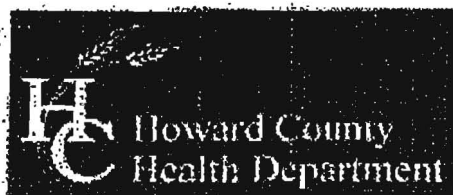
DRILLERS LIC. NO. 1 MSD 009

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

B 1 <u>0619</u> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <u>536746</u> please type	STATE PERMIT NUMBER <u>HO-95-2270</u> <small>70 fill in this form completely 79</small>
Date Received (APA) <u>03 15 12</u> <small>8 DD YY 13</small> OWNER INFORMATION <u>Renehan Joseph</u> <small>15 Last Name Owner First Name 34</small> <u>751 Rt 32</u> <small>36 Street or RFD 55</small> <u>Sykesville md 21784</u> <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL <u>Howard</u> <small>8 COUNTY 21</small> <u>751 Rt 32</u> <small>23 SUBDIVISION 42</small> SECTION <u>44</u> <u>46</u> LOT <u>48</u> <u>50</u> <u>Sykesville</u> <small>52 NEAREST TOWN 71</small>	
DRILLER INFORMATION <u>Allen Compton</u> - <u>MSD 009</u> <small>Driller's Name 76 License No. 81</small> <u>Fogles Well Drilling, LLC</u> <small>Firm Name</small> <u>P.O. Box 202 Woodbine md</u> <small>Address</small> <u>Allen Compton 3-14-12</u> <small>Signature Date</small>		B 4 SOURCES OF DRILLING WATER 1. <u>751 Rt 32</u> <small>11 STREET ADDRESS 30</small> 2. 3. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <small>NORTH</small> <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <small>SOUTH</small> </div> 34 <u>100</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> TAX MAP: <u>4</u> BLK: <u>22</u> PARCEL <u>25</u>	
B 2 WELL INFORMATION 1 <u>5</u> 12 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" 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 type="checkbox"/> CLOSED LOOP GEOTHERMAL	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <small>NEAREST</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → _____ <small>DATE ISSUED 41</small> <u>3/27/2012</u> <u>Brian Baker</u> <u>3/27/2013</u> <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> <u>Jettied & DRIVEN</u> <small>30</small> <u>AIR-ROTary</u> <u>AIR-PERCussion</u> <u>ROTARY (Hydraulic Rotary)</u> <small>37</small> <u>CABLE</u> <u>REVerse-ROTary</u> <u>Drive-POINT</u> other _____		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 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) <u>41</u> _____ <u>52</u>		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <u>G</u> _____ PERMIT No. <u>HO-95-2270</u> <small>70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS <small>NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., 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:

Subdivision/Property Name	Lot#	Road Name
		<u>Route 32</u>

- ☐ The well site has been staked by Joseph Renehan (owner)
(professional land surveyor or company employing professional land surveyors)
on 3-13-12 (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.

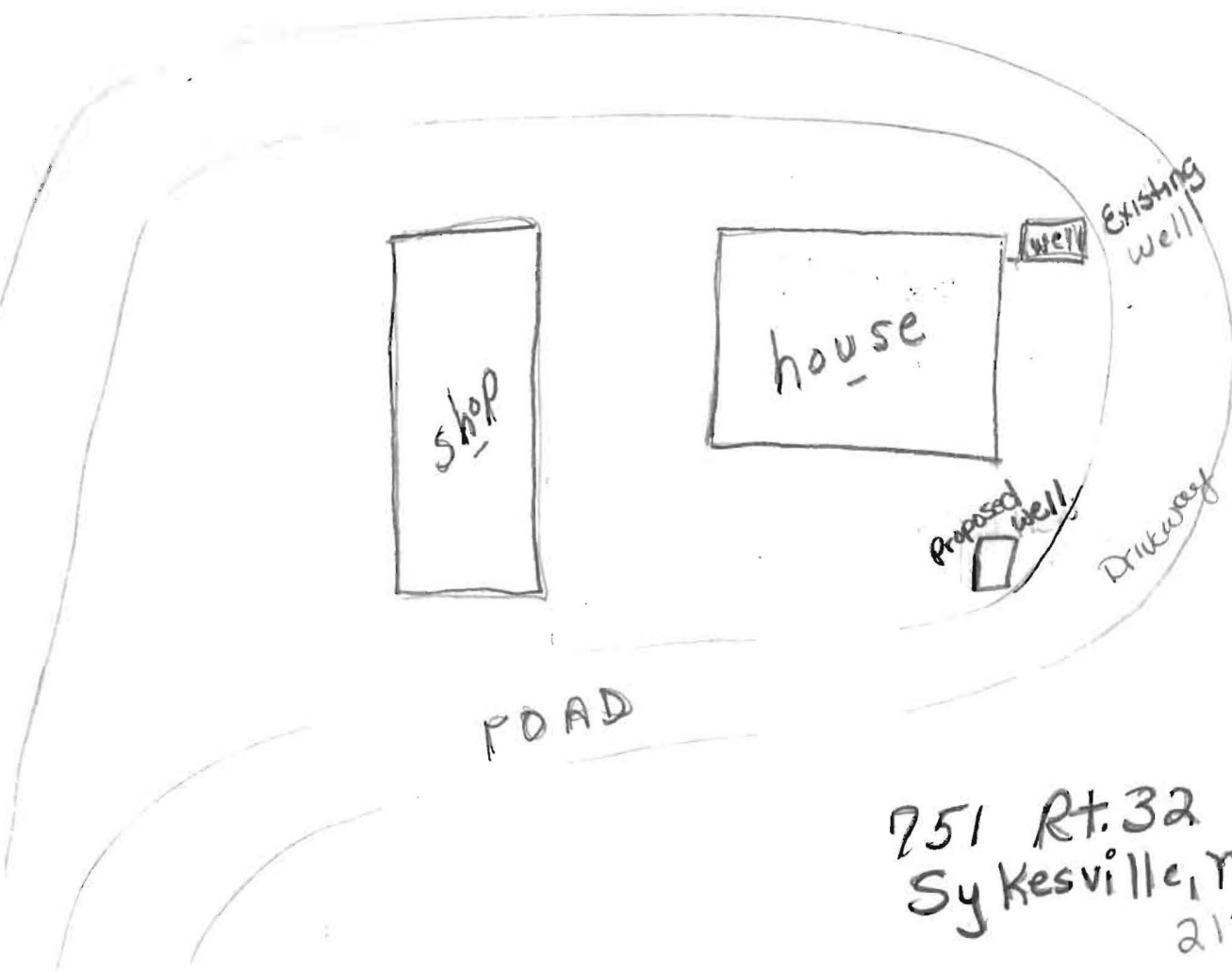
Revised 3/11/05

Attention: Tereasa

Joseph Renehan
"Jay"

410 707-3991

septic



HOWARD COUNTY HEALTH DEPARTMENT

36766

DATE
3/15/2012

W5

Received
From

Fogles Well Drilling LLC PHONE # (443) 609-4195

☐ CASH
☒ CHECK

NO.

12641

For

Well Permit - 185 Long Corner,
751 Rt 32, ~~6319 Annapolis~~
4831 Wharf Lane

Four hundred eighty ~~xx~~ // Dollars

\$

480.00

Received By

Guanita King