

C1 24146

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY  
03 04 13

DATE WELL COMPLETED

MM DD YY  
11 24 13

Depth of Well

22 300 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

H0 - 95 - 7364

OWNER PROBUILT CONSTRUCTION

WELL SITE ADDRESS 390 DAISY ROAD

TOWN GLENWOOD

SUBDIVISION REMEMBRANCE PROPERTY

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

FROM TO

check  
if water  
bearing

Soil 0 6  
Red clay 6 23  
Brown shale 23 51  
Red clay 51 76  
Schist 76 300 ✓  
200 ✓  
250 ✓  
22 bags = 2.6 bags/10' ✓  
8.6

## 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 22 NO. OF POUNDS 2208

GALLONS OF WATER 137

DEPTH OF GROUT SEAL (to nearest foot)

from 0 TOP 52 ft. to 86 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

ST 60 61 63 64 66 86 70

## OTHER CASING (if used)

diameter depth (feet)  
inch from to

EACH CASING

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN HOLEPL  
PLASTICOT  
OTHER

C 2

DEPTH (nearest ft.)

1 2  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN (NEAREST  
INCH)56 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70 72 74 75 76  
TELESCOPE LOG  
CASING INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12.0

METHOD USED TO  
MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 41 17 20 ft.

WHEN PUMPING 52 22 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O other  
J jet S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP 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 47CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above  
- below  
LAND SURFACE  
(nearest foot)

LATITUDE 39.28179  
LONGITUDE 77.07343  
(DEFAULT COORD. WGS 84)  
NOTES:

DRILLERS LIC. NO. 1 MWD355

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 AW D 902

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

B 1	2422	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>40-95-2364</u> <small>fill in this form completely</small>
Date Received (APA) <u>08 Dec 12</u>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name First Name		
36 Street or RFD		55		
57 Town		70 State 72 Zip 76		
DRILLER INFORMATION				
Driller's Name		76 License No. 81		
Firm Name				
Address				
Signature Date				
B 2 WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)				
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>250</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input checked="" 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 <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)				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER				
PERMIT No. <u>40-95-2364</u>				
SPECIAL CONDITIONS <u>Grants must be called in 24 hrs. prior</u>				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.				

B 3

LOCATION OF WELL

8 COUNTY

23 SUBDIVISION

SECTION

LOT

52 NEAREST TOWN

B 4

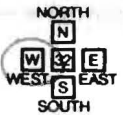
SOURCES OF DRILLING WATER

1. Well

2.

3.

3190 DAISY ROAD

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)34 400 37  
DISTANCE FROM ROAD

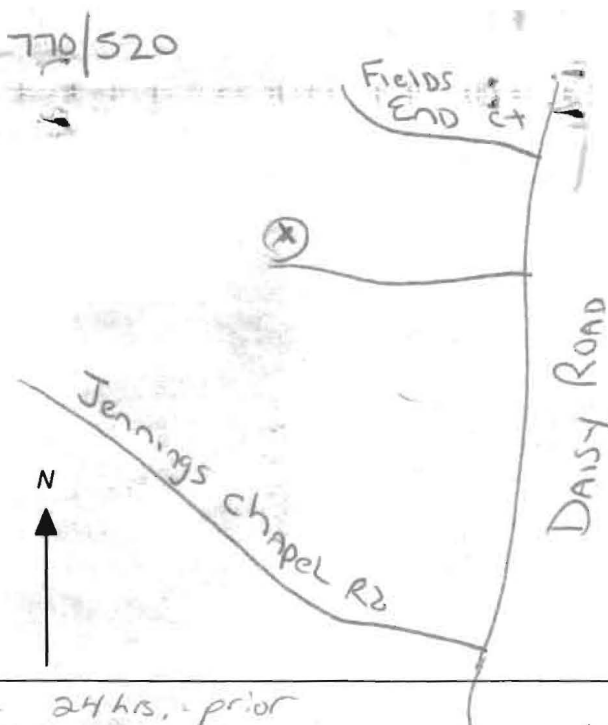
ENTER FT OR MI 38 39

TAX MAP: 20 BLK: 6 PARCEL 122

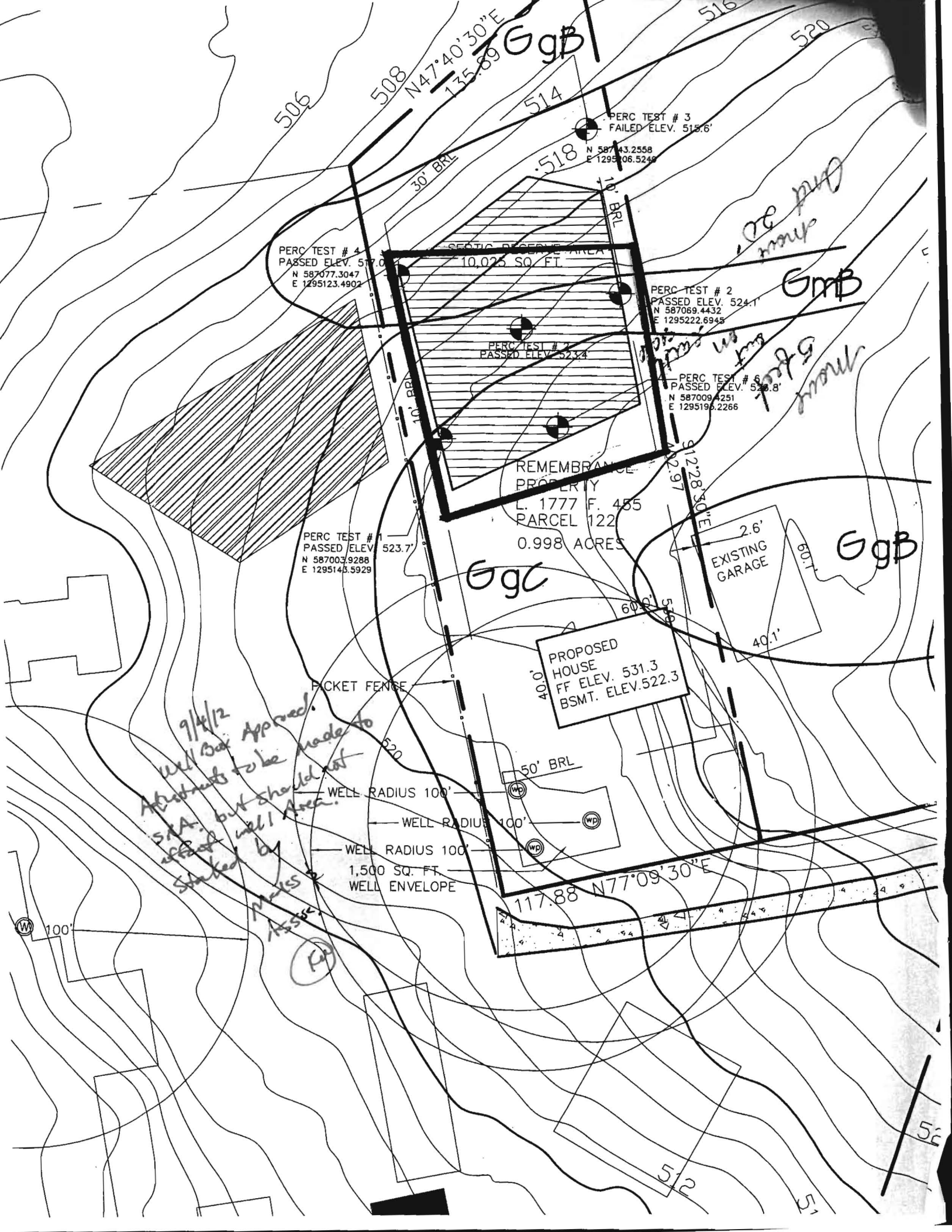
NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard (13) (4537271)  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S → 41  
 DATE ISSUED 8/29/12  
8/29/12 CO SIGNATURE EXP. DATE

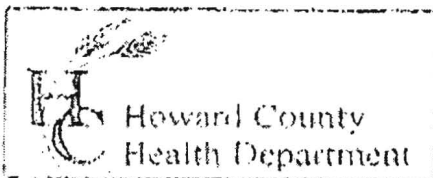
PROPOSED LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM,  
 ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO  
 DISTANCE MEASUREMENTS TO WELL



This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.		
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3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

Penny E. Borenstein, 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: 3190 DAWY ROAD

- ☒ The well site has been staked by MARKS + ASSOC,  
(professional land surveyor or company employing professional land surveyors)  
on 8/29/12 (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 6/10/03