

C11529

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

123
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-5 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED
MM 08 DD 22 YY 11

DATE WELL COMPLETED
MM 7 DD 19 YY 11

Depth of Well
22 320 26 10/12/11
(TO NEAREST FOOT) O.K. *[initials]*

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-95-2156

OWNER
Sprouse Chad

STREET OR RFD
3906 St Johns Ln

TOWN
Ellicott City

SUBDIVISION

SECTION

LOT
58

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	
Topsoil	0	1	
Red Clay	1	8	
Tan Soil + Clay	8	17	
Bm Blk Soil + Sand	17	36	
Blk Clay	36	41	
Weathered Rock	41	83	
Gray Rock	83	180	
Red Rock + Shell	180	260	
Gray Rock	260	325	

GROUTING RECORD

yes no
WELL HAS BEEN GROUTED ☒ ☐
(Circle Appropriate Box) 44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 45 16 NO. OF POUNDS 45 400

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)
from 48 TOP 52 ft. to 320 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below

<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> CO CONCRETE
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER

MAIN CASING TYPE
PL Nominal diameter top (main) casing (nearest inch) 6 1/4 Total depth of main casing (nearest foot) 76

OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole
insert appropriate code below

<input checked="" type="checkbox"/> ST STEEL	<input checked="" type="checkbox"/> BR BRASS	<input checked="" type="checkbox"/> HO OPEN HOLE
<input checked="" type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	

DEPTH (nearest ft.)
T 2
E 1 8 9 11 15 17 21
A C 2 23 24 26 30 32 36
H 3 38 39 41 46 47 51
S R 3
E E
N SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
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 O
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

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 26 ft.

TYPE OF PUMP USED (for test)

<input checked="" type="checkbox"/> A air	<input checked="" type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input checked="" type="checkbox"/> C centrifugal	<input checked="" type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input checked="" type="checkbox"/> J jet	<input checked="" type="checkbox"/> S submersible	

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 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)

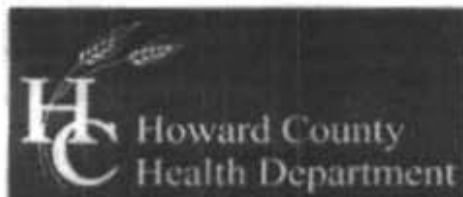
<input checked="" type="checkbox"/> + above	LAND SURFACE (nearest foot)
<input type="checkbox"/> - below	

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)
Front 34 24
X Green loops

02-293184

EMERGENCY/TEMP NO. IF ANY

<p>B 1 8891</p> <p>1 2 3 6</p>	<p>SEQUENCE NO. (MDE USE ONLY)</p>	<p align="center">STATE OF MARYLAND</p> <p align="center">APPLICATION FOR PERMIT TO DRILL WELL</p> <p align="center">please type</p>	<p align="center">STATE PERMIT NUMBER</p> <p align="center"><u>HO-95-2156</u></p> <p align="center">fill in this form completely</p>
<p>Date Received (APA)</p> <p>8 MM DO YY 13</p> <p><u>Sprouse Chad V</u></p> <p>15 Last Name Owner First Name 34</p> <p><u>3926 St Johns Lane</u></p> <p>36 Street or RFD 55</p> <p><u>Ellicott City MD 21042</u></p> <p>57 Town 70 State 72 Zip 76</p>		<p>B 3 LOCATION OF WELL</p> <p>8 COUNTY <u>Dunloggin Howard</u></p> <p>23 SUBDIVISION <u>Dunloggin</u></p> <p>SECTION <u>44</u> LOT <u>58</u></p> <p>52 NEAREST TOWN <u>Ellicott City</u></p> <p>MILES FROM TOWN (enter 0 if in town) <u>0</u> M I</p>	
<p>DRILLER INFORMATION</p> <p><u>Marshall Arnette M S D 106</u></p> <p>Driller's Name 76 License No. 81</p> <p><u>United Environmental Svc</u></p> <p>Firm Name</p> <p><u>PO Box 129 Annapolis MD 20701</u></p> <p>Address</p> <p><u>Marshall Arnette</u> 5/25/11</p> <p>Signature Date</p>		<p>B 4</p> <p>1 2</p> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p><u>(3926) St Johns Ld</u></p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>50</u> 37</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT OR MI 38 39</p> <p>TAX MAP <u>0024</u> BLK <u>0017</u> PARCEL <u>0608</u></p>	
<p>B 2 WELL INFORMATION</p> <p>1 2</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.)</p> <p>8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</p> <p>14 20</p>		<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> P PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> T TEST, OBSERVATION, MONITORING</p> <p><input checked="" type="checkbox"/> G GEO-THERMAL <u>2 Closed Loops</u></p>	
<p>APPROXIMATE DEPTH OF WELL <u>320</u> FEET</p> <p>24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p> <p>NEAREST INCH</p>		<p align="center">NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard (13) Public</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S →</p> <p>DATE ISSUED <u>6/28/2011</u> <u>Brian Baker</u> <u>6/28/2012</u></p> <p>43 MM DO YY 48 CO SIGNATURE EXP/DATE</p> <p>NORTH GRID <u>521</u> 0 0 0 EAST GRID <u>849</u> 0 0 0</p> <p>50 55 57 63</p>	
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY DRIVE-POINT</p> <p>other</p>		<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>Public Water</u></p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>8409</u></p> <p>N <u>5201</u></p> <p>000 000 X</p>	
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</p>		<p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p><u>12/10/10</u></p> <p><u>Minersville Pa</u></p>	
<p align="center">Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>G</u></p> <p>PERMIT No. <u>HO-95-2156</u></p> <p>70 71 72 73 74 75 76 77 78 79</p>			
<p>SPECIAL CONDITIONS</p> <p><u>Ground Hole Completely From Bottom Upwards</u></p>			



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:

Dunloggin 58 St Johns Lane
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Andy Trawick / Allied Well Drilling
(professional land surveyor or company employing professional land surveyors)
on 6/9/11 (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



HOWARD COUNTY HEALTH DEPARTMENT

35248

DATE 06/10/2011

W5

Received From

Allied Environmental Services Inc. PHONE # 301 776 8370

PO Box 129 Annapolis Junction MD 20701

For

Well Application

St Johns Lane Ellicott City

☐ CASH

☒ CHECK

NO.

25383

One hundred Sixty

Dollars

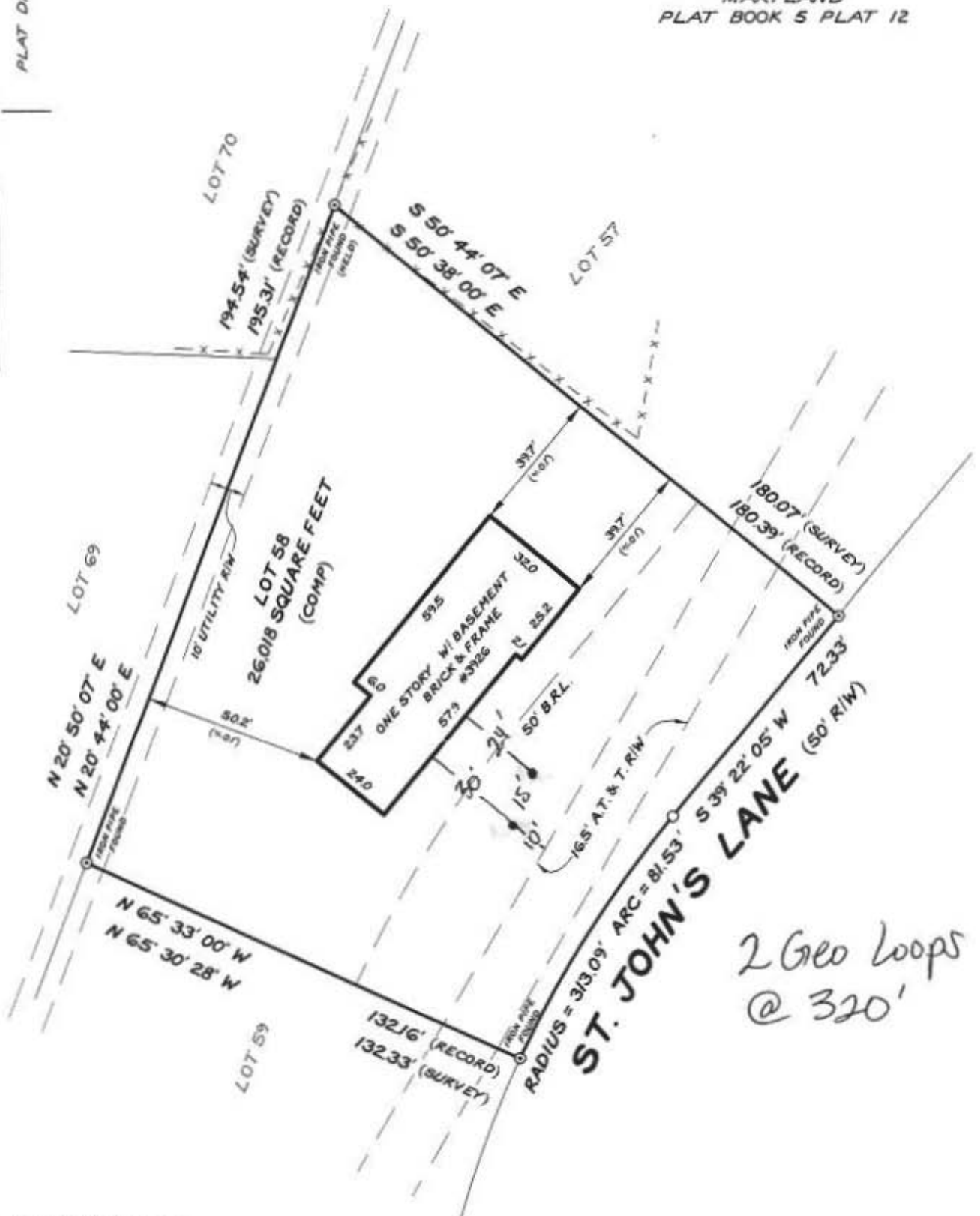
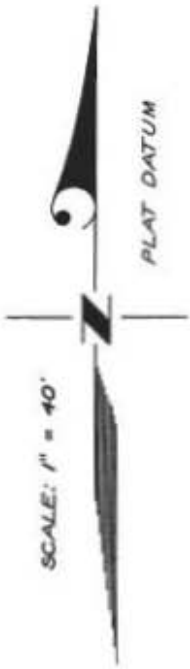
\$

160 | 00

Received By

R Mitchell

BOUNDARY SURVEY
LOT 58, SECTION TWO
DUNLOGGIN
SECOND ELECTION DISTRICT
HOWARD COUNTY
MARYLAND
PLAT BOOK 5 PLAT 12



SURVEYOR'S CERTIFICATE:

I HEREBY CERTIFY THAT I HAVE PERSONALLY MADE A CAREFUL FIELD-RUN SURVEY OF LOT 58, THAT IT IS ALL AND THE SAME PROPERTY CONVEYED BY GLENNA E. SIMERING TO CHAD R. SPROUSE AND HUI MEN BY DEED DATED APRIL 28, 2008 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 11199 FOLIO 139, AND THAT PERMANENT IRON MARKERS ARE PLACED AS INDICATED HEREON.



