

C1 18693

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL 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

09 06 13

DATE WELL COMPLETED

MM DD YY
08 16 13

Depth of Well

22 480 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"
HD-95-2570

OWNER

WELL SITE ADDRESS

SUBDIVISION

SECTION

TOWN

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

Top Soil 0 1
Bin Soil 1 8
Med Hard tan Soil 8 41
Hard tan Sand 41 56
Med Hard Rock 56 480

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 64 NO. OF POUNDS 3200

GALLONS OF WATER 1600

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 480 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)GRAVEL 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 Q

70
TELESCOPE
CASING72
LOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)CASING HEIGHT (circle appropriate box
and enter casing height)

+

above

LAND SURFACE

-

below

(nearest
foot)LATITUDE 39.230816
LONGITUDE 76.935599
(DEFAULT COORD. WGS 84)

NOTES:

Geo X X
Front

JAY 05-412129

EMERGENCY/TEMP NO. IF ANY

B 1	21270	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 545104 please type	STATE PERMIT NUMBER HD -95 - 2570 fill in this form completely
Date Received (APA) 07/26/13 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Martin		34 First Name Todd A.		B 3 LOCATION OF WELL 8 COUNTY Howard 21 Chapel Woods II 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN Clarksville
36 Street or RFD 11825 Sheppards Crossing		55		
57 Town Clarksville		76 Zip 21029		
70 State MD		72		
DRILLER INFORMATION				
Driller's Name C John Hess		M W D 553		
Firm Name Allied Environmental Svcs		76 License No. 81		
Address PO Box 129 Annap Junction MD 20701		Date 7/26/13		
Signature John Hess		Date		
B 2 WELL INFORMATION				
1 2		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 checked="" 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 4 Loops				
APPROXIMATE DEPTH OF WELL 480 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
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 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 DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 - - - - - 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER - - - - - G - - - - -				
PERMIT No. HD - 95 - 2570				
SPECIAL CONDITIONS				
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - Wells must be grouted from bottom to top				

B 4

SOURCES OF DRILLING WATER

- Public
-
-

11825 Sheppards Cross
STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST
EAST
SOUTH

34 37
DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP 0029 BLK 0007 PARCEL 0086

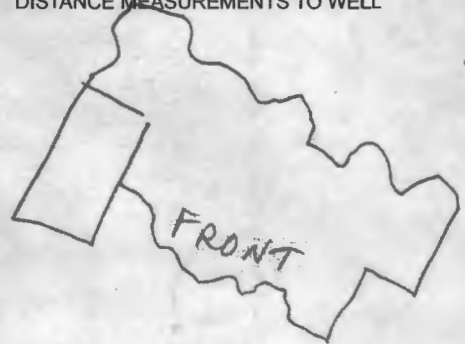
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A 3754 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

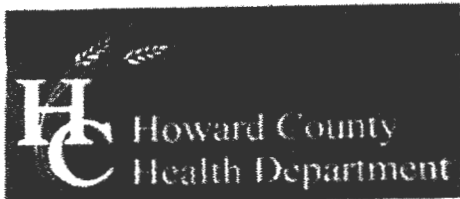
DATE ISSUED 08/05/2013 8/5/14
43 46 48 41
CO SIGNATURE EXP DATE

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



N





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2646
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: Chapel Woods Martin 18 Shephards Crossing
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Allied Env Inc
(professional land surveyor or company employing professional land surveyors)
on 7/25/13 (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