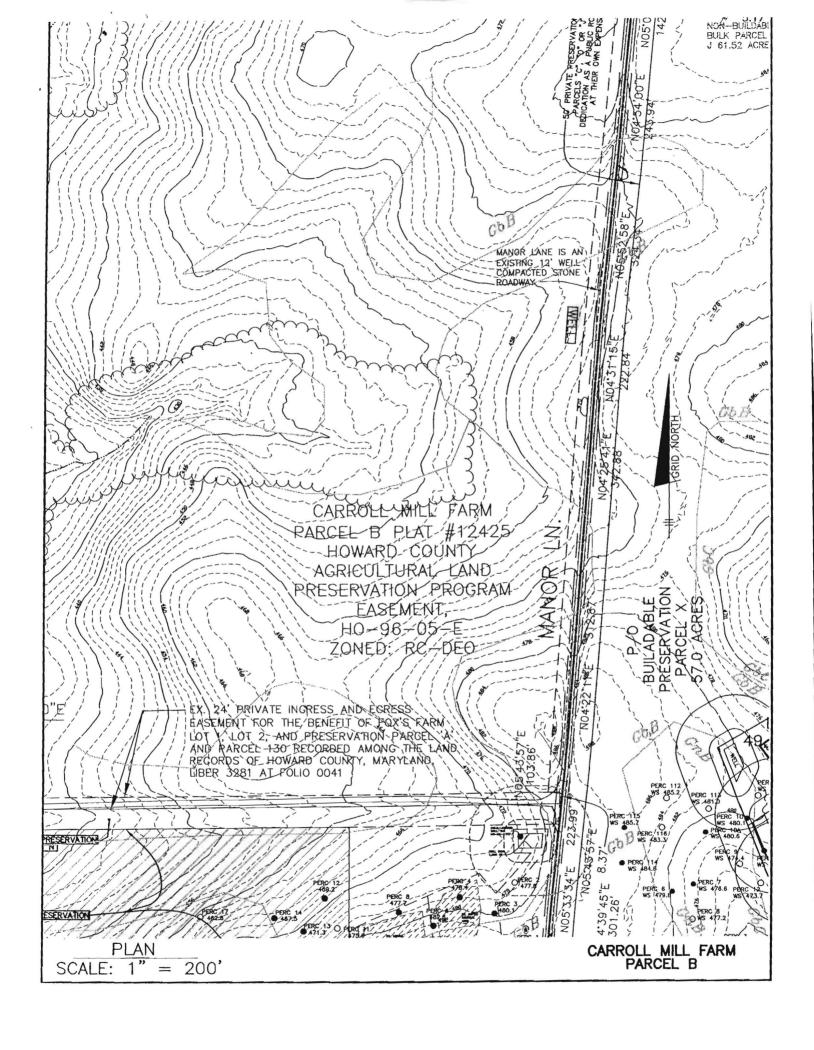
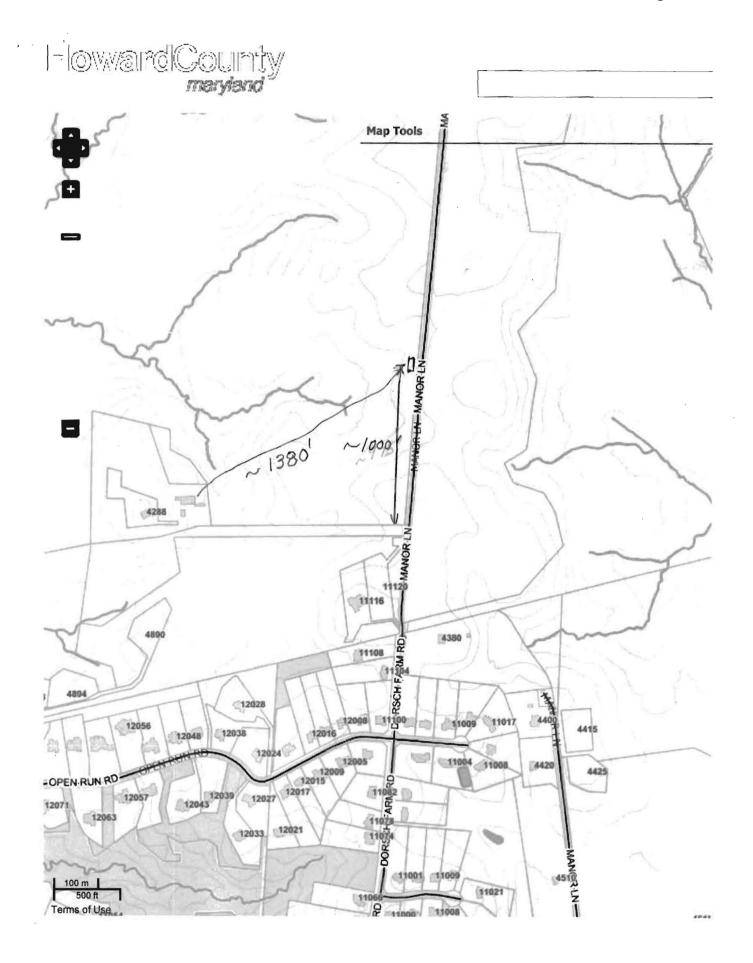
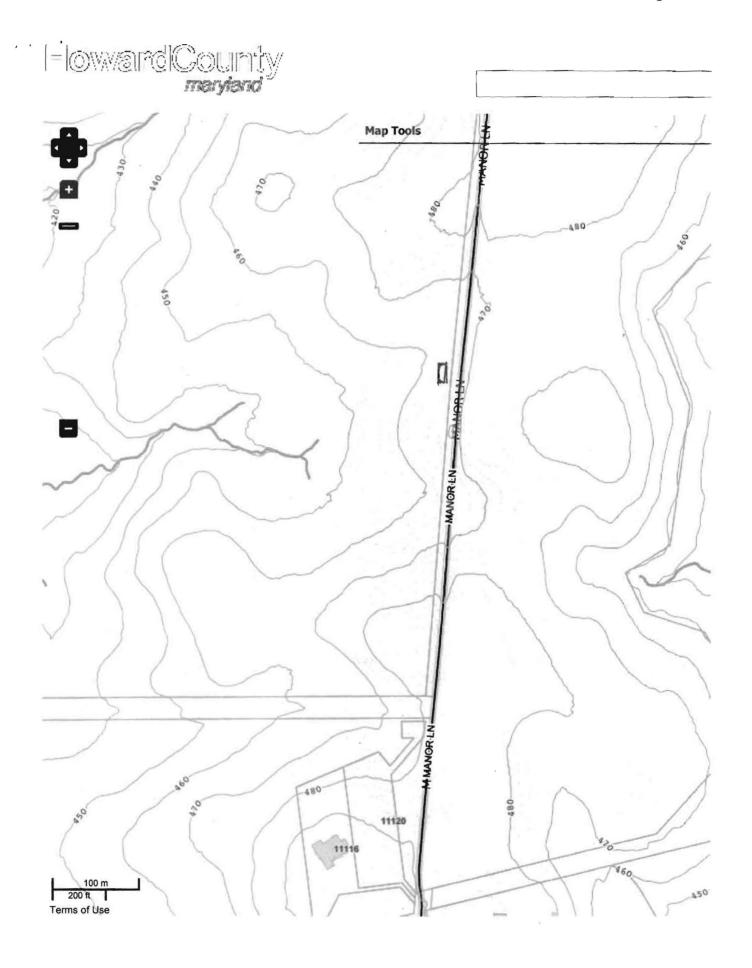
C1 26071		DE USE (STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CAPS)				FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER	
ST/CO-USE ONL DATE WELL COMPLE				Depth of Well	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13	1	5	-5 /	(TO NEAREST FOOT)	3/12/15/50/28 29 30 31 32 33 34 35 36 37	
OWNER	SC/	1124	1288	MANOR L'AND TOWN C	LLARKSVITTE	
SUBDIVISION CAR	ROLL	m	14	4ALM SECTION P-B	LOT	
WELL Not required for		rells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3	
STATE THE KIND OF FORMAT COLOR, DEPTH, THICKNESS	IONS PEN	ETRATED,	THEIR RING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use additional sheets if needed)	FROM	ET TO	check if water bearing	NO. OF BAGS NO. OF POUNDS	8, 9	
Topsoil	6	2		NO. OF BAGS NO. OF POUNDS SGALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE Bucht	
bown Shaley Mica	2	8	N and	from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) CASING RECORD	WATER LEVEL (distance from land surface) BEFORE PUMPING ft.	
Tan shaley Mica	8	15		types insert appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.	
brown slate	15	31		below PLASTIC OTHER MAIN Nominal diameter Total depth	TYPE OF PUMP USED (for test) P piston T turbine	
Sandstone	31	43		CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary Other (describe below)	
Limerock	43	58		60 61 63 64 66 70	J jet S submersible	
Gray Mica Bert	58	73		E OTHER CASING (if used) A diameter depth (feet) C inch from to	27 27	
timerock	73	145		H inch from to	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO	
Sandstone	145	458		S N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION	
Limerock	458	502		screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED	
Sandstone	502	522		or open hole ST BR HO	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29.	
Limerock	522	600		appropriate code below STEEL BRASS OPEN HOLE	CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
				PLASTIC OTHER	PUMP HORSE POWER	
NUMBER OF UNSUCCESSE	UL WELL	s: O		C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED NO N				E 1 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROP A WELL WAS ABANDON				H 2 23 24 26 30 32 36 S	49 LAND SURFACE	
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED				C 3 R 38 39 41 45 47 51	below)	
P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN				E E SLOT SIZE 1 2 3	LATITUDE 39.255409	
ACCORDANCE WITH COMAR 28.04.04 "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.			ION" AND IE ABOVE ESENTED	DIAMETER (NEAREST INCH) 56 60 from to	LONGITUDE 76.813768 (DEFAULT COORD. WGS 84) NOTES:	
DRILLERS LIC. NO.1 MW D 646				GRAVEL PACK	7/0/29 1.11/1/1	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)				WAS FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY	- 13 1/ 1/2 ABATRO, (VEKONI)	
Tric. No.1 MRD 0461				(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	₩	
SITE SUPERVISOR (sign. of driller or journeyman				70 72 74 75 76		
responsible for sitework if dif	ferent fro	m permitte	90)	TELESCOPE LUG CASING INDICATOR OTHER DATA		

	EMERGENCY/T	EMP NO. IF ANY	
	APPLICATION FOR P	MARYLAND ERMIT TO DRILL WELL se type	STATE PERMIT NUMBER H6 -15 - 00 97 fill in this form completely 79
15 Last Name Owner 4288 MANOR LANE 36 Street or RFD ELLICOTT CITY MD 21042	First Name 34 55 72 Zip. 76 M VO 040 6 License No. 81 Airy, Md. 21771 Date 5	B 3 B COUNTY 23 SUBDIVISION SECTION 44 46 Clarksville 52 NEAREST TOWN B 4 SOURCES OF DRILLING WATER 1. wells 2. 3.	LOCATION OF WELL 21 MARCH 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 37 DISTANCE FROM ROAD ENTER FT OR MI 38 3
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 USE FOR WATER (CIRCLE API D DOMESTIC POTABLE SUPPLY & RESIDE IRRIGATION) F FARMING (LIVESTOCK WATERING & AGFIRRIGATION) 10 INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL C CLOSED LOOP GEOTHERMAL	NTIAL RICULTURAL	NOT TO	BE FILLED IN BY DRILLER DEPARTMENT APPROVAL COUNTY NO. INSERT S A1 CO SIGNATURE EXP. DATE
OTHER OTHER OF DEEPE (CIRCLE APPROPRIATE IN THIS WELL WILL NOT REPLACE AN EXISTING ABANDONED AND SEALED	Circle one) Jetted & DRIVEN ROTARY (Hydraulic Rotary) DRIVE-POINT ENED WELLS BOX) ING WELL WILL BE	SHOW PERMANENT STRU ROADS AND/OR LAND	ED LOCATION OF WELL ON LOT CTURES SUCH AS BUILDINGS, SEPTIC SYST MARKS AND INDICATE NOT LESS THAN TWO CE MEASUREMENTS TO WELL HUMEWOOD REPORTS
THIS WELL WILL REPLACE A WELL THAT IN AS A STANDBY-CONTACT LOCAL APPROVING FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WITH PERMIT NUMBER OF WELL TO BE REPLACED OF (IF AVAILABLE) Not to be filled in by driller (MDE OR COMPROP. PERMIT NUMBER PERMIT NO 70 71 7. SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED	ING AUTHORITY ELL R DEEPENED 52	Now CAST	e Bridge Harm Rd.









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

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:

O	The well site has been staked by OWNEY					
	(professional land surveyor or company employing professional land surveyors)					
	on $(e-1)^{-1}$ (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

JOHN ZIRSCHKY 4288 MANOR LANE

	HOWARD COUNTY HEALTH DEPARTMENT	56486
Received	MOLL WILL DELM PHONE:	w5
☐ CASH	For Oll Pormet - 420	88 Mario
NO.	One heeroged sei	Dollars
1601	OO Received By	

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