

SEQUENCE NO. THIS REPORT MUST BE SUBMITTED WITHIN 33 STATE OF MARYLAND (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED NUMBER PLEASE TYPE IN COLS. 3-6 ON ALL CARDS) 8/19/10 PERMIT NO. FROM "PERMIT TO DRILL WELL" ST/CO USE ONLY DATE WELL COMPLETED Depth of Well **DATE Received** 500 95-1840 DD ~ 72 29 09 26 10 -0 (TO NEAREST FOOT) 32 33 34 13 8 Rob OWNER edberr TOWN NG STREET OR RFD 19% SECTION LOT G JOUTE SUBDIVISION n **GROUTING RECORD** WELL LOG 3 Y Ν WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells PUMPING TEST STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) CEMENT CIMD BENTONITE CLAY BC check FEET DESCRIPTION (Use additional sheets if needed) f water bearing FROM TO PUMPING RATE (gal. per min.) b NO. OF POUNDS 2538 NO. OF BAGS GALLONS OF WATER, 0 419 METHOD USED TO Brown DEPTH OF GROUT SEAL (to nearest foot) MEASURE PUMPING RATE Shale from \_\_\_\_\_\_ 58 ft. 52 ft. to \_\_\_\_\_ WATER LEVEL (distance from land surface) (enter 0 if from surface) **BEFORE PUMPING** CASING RECORD casing types CONCRETE SIT 49 3200 insert WHEN PUMPING appropriate code OT TYPE OF PUMP USED (for test) below OTHER P T turbine A piston MÁIN Nominal diameter Total depth 210 top (main) casing of main casing other CASING (nearest inch)! (nearest foot) C R 0 (describe TYPE centrifugal rotary below) 4 06 63 84 70 60 61 66 S J jet submersible OTHER CASING (if used) diameter depth (feet) inch from PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) NG IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED screen type PLACE (A,C,J,P,R,S,T,O) IN BOX 29. or open hole SIT BR A O insert CAPACITY: GALLONS PER MINUTE appropriate HOLE BRONZE code PL OT 35 (to nearest gallon) below PLASTIC PUMP HORSE POWER 4 C 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH D NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 19 47 300 0 00 CASING HEIGHT (circle appropriate box F 21 WELL HYDROFRACTURED Y ND and enter casing height) + above C LAND SURFACE H CIRCLE APPROPRIATE LETTER 36 -23 24 28 30 32 WELL WAS ABANDONED AND SEALED (nearest) S below \_ 0 C foot) 50 51 39 41 51 49 Ē 45 47 ELECTRIC LOG OBTAINED R 38 TEST WELL CONVERTED TO PRODUCTION E LOCATION OF WELL ON LOT P E SLOT SIZE 1 . Δ 2 3 WELL SHOW PERMANENT STRUCTURE SUCH AS 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. BUILDING, SEPTIC TANKS, AND /OR (NEAREST DIAMETER LANDMARKS AND INDICATE NOT LESS OF SCREEN INCH) 56 60 THAN TWO DISTANCES (MEASUREMENTS TO WELL) from to Awell M 50 009 DRILLERS LIC. NO.1 GRAVEL PACK 0 WAS FLOWING WELL INSERT F IN BOX 68 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) LIC. NO.I \_\_\_ D \_\_\_ WQ Т • 70 72 74 75 76 SITE SUPERVISOR (sign. of driller or journeyman LOG TELESCOPE responsible for sitework if different from permittee) OTHER DATA

DENV-CR00

COUNTY

EMERGENCY/TEMP NO. IF ANY STATE PERMIT NUMBER SEQUENCE NO. STATE OF MARYLAND 9520 (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL -95-1840 please type 531990 12 fill in this form completely LOCATION OF WELL B Date Received (APA) 3 01 OWNER INFORMATION 8 13 8 COUN 21 DD YY MM 0 SUBDIVISION 42 Last Nam Owne 23 15 irst Name LOT SECTION 36 Street or 55 111 NEAREST 71 52 TOWN Zin Town INFORMATION DRILL FR MILES FROM TOWN (enter 0 if in town) 76 77 78 0 B 4 Driller 's License No Name 2 0800 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 30 Firm Name NORTH N 0 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N N 8-9 Address 2 E W EAST SOUTH w TOWN E 37 Signature Date 8 2 WELL INFORMATION DISTANCE FROM ROAD B APPROX. PUMPING RATE ENTER FT OR MI 39 Sw (GAL. PER MIN.) SE 8 112 S AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) TAX MAP: \_ BLK: PARCEL 14 20 NOT TO BE FILLED IN BY DRILLER USE FOR WATER (CIRCLE APPROPRIATE BOX) HEALTH DEPARTMENT APPROVAL DOMESTIC POTABLE SUPPLY & RESIDENTIAL D 007 IRRIGATION 10m COUNT COUNTY NAME FARMING (LIVESTOCK WATERING & AGRICULTURAL F STATE IRRIGATION SIGNATURE INSERT S 22 INDUSTRIAL, COMMERICIAL, DEWATERING 1 DATE ISSUED 109 PUBLIC WATER SUPPLY WELL P EXP DATE CO SIGNATURE 48 DD TEST, OBSERVATION, MONITORING T EAST NORTH 082 000 000 GRID GRID G GEO-THERMAL 50 SHOW MAJOR FEATURES OF BOX & LOCATE WELL . APPROXIMATE DEPTH OF WELL J FEET WITH AN X 28 SOURCES OF DRILLING WATER NEAREST 1. APPROXIMATE DIAMETER OF WELL INCH 2. METHOD OF DRILLING (circle one) 3. Jetted & DRIVEN JETTED BORED (or Augered) AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) WRITE THE BOX NUMBER DRive-POINT FROM THE MAP HERE CABLE **REVerse-ROTary** other (X F REPLACEMENT OR DEEPENED WELLS 000 000 (CIRCLE APPROPRIATE BOX) N N THIS WELL WILL NOT REPLACE AN EXISTING WELL DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN THIS WELL WILL REPLACE A WELL THAT WILL BE Y RELATION TO NEARBY TOWNS AND ROADS AND GIVE ABANDONED AND SEALED DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL REPLACE A WELL THAT WILL BE USED Guild 39 S AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS Ford D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 52 41 cho Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 1840 40 -95 PERMIT No. 78 79 76 SPECIAL CONDITIONS 0 TE SHEET IF NEEDED NOTE - APPROVI

DENV-Permit 97

2 COUNTY

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:

6806 Redberry rel-Road Name Well Site Location: )0gwuca Subdivision/Property Name Lot#

The well site has been staked by \_\_\_\_\_\_\_, (professional land surveyor or company employing professional land surveyors) on \_\_\_\_\_\_\_\_ (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

## **FILE INQUIRY NOTES**

**RESULTS OF REVIEW FOR FILE** DATE 11/12/15. met up will Driller on-siter (See attacked site plan ver up adjournt well 3 and reighboring septres) Guld not plack lac. @ + + + + + ( few) 11/16/09 After mon for ster review and some reporch, not all Drilles on-site again to discuss possible locator & back left at let. (see attached she plan). This is approved to droll well. well B 200' donable of reghboring septe and 100' from a possible reserve one for 6810 Red berny. (12) Also downed in our par was to allow homeowner 141, to still well hart frint at have and put sophe in back yord: ( ) 1/4/10 Pittess adapter inspected: The attached to well loutes good. arout exceptional. (see completion separt ) (Rw



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Office Map Width: 910.00 ft. Print Date: 11/10/2009 Scale: 1 in. = 100 ft.

By