



HOWARD COUNTY HEALTH DEPARTMENT

31863

DATE
8 / 3 / 09

115

Received
From

Michael Barlow Well Drilling PHONE #410.838.10910

☐ CASH
☒ CHECK

NO. 9137
9167

For gto-thornhill well -
6045 Stevens Forest Rd

one hundred sixty-

Dollars

\$

160 00

Received By

Liliana [Signature]

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY, SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 4931		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.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 08 28 09		Depth of Well 22 400 26 31210 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1702	
OWNER STREET OR RFD SUBDIVISION		last name first name STEVENS FOREST ELEMENTARY 10415 STEVENS FOREST RD		TOWN Columbia		LOT	
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N 44 44				HOURS PUMPED (nearest hour) 8 9	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC 45 46 45 46				PUMPING RATE (gal. per min.) 11 15	
FEET FROM TO		NO. OF BAGS 20 NO. OF POUNDS 1000 GALLONS OF WATER 500				METHOD USED TO MEASURE PUMPING RATE	
0 3 Soddy Brown 3 35 Med Tan 35 65 Hard Grey 65 400		DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface) 2 400				WATER LEVEL (distance from land surface)	
		CASING RECORD				BEFORE PUMPING 17 20 ft.	
		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				WHEN PUMPING 22 25 ft.	
		MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 60 61 63 64 66 70				TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible	
		OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to				PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR NO)	
		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				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
NUMBER OF UNSUCCESSFUL WELLS: 0		C 2				TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N		DEPTH (nearest ft.) 1 2				CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 C 38 39 41 45 47 51 R E N				PUMP HORSE POWER 37 41	
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.		SLOT SIZE 1 2 3				PUMP COLUMN LENGTH (nearest ft.) 43 47	
DRILLERS LIC. NO. 1 MWD355		DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to				CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE (nearest foot) - below }	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 559		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68				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)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q				71' 98'	
		TELESCOPE CASING 70 72 74 75 76					

B 1	2145	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531863 please type	STATE PERMIT NUMBER 40 - 95 - 1792 fill in this form completely
Date Received (APA) 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name		Owner		34 First Name
36 Street or RFD		55		
57 Town	70 State	72 Zip	76	
DRILLER INFORMATION				
Driller's Name		M W D		355
Firm Name		License No.		81
Address		Date		
Signature		Date		
B 2	WELL INFORMATION			
1	APPROX. PUMPING RATE (GAL. PER MIN.)		12	
2	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input 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 checked="" type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME: Howard COUNTY NO. 13 STATE SIGNATURE: _____ INSERT S → DATE ISSUED: 8/11/09 CO SIGNATURE: _____ EXP. DATE: 8/11/10 NORTH GRID: 501 000 EAST GRID: 0840 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL		FEET		
APPROXIMATE DIAMETER OF WELL		NEAREST INCH		
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
AIR-ROTary		AIR-PERCussion		ROTARY (Hydraulic Rotary)
CABLE		REVERSE-ROTary		DRIVE-POINT
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 DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. 40 - 95 - 1792				
SPECIAL CONDITIONS				



Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NGWA & IGSHPA Certified

July 16, 2009

Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Fax: 410-313-2648

Re: Steven's Forest Elementary
6045 Steven Forest Rd
Columbia, MD 21045

Dear Department of Environment:

Please note unless otherwise specified all geothermal bores installed by our company will be installed as follows:

Grout: Bentonite Grout 20% solids minimum ✓
Manufacture(s): Baroid or Wyo-Ben .
Will be grouted from the bottom to the top with grout material -

Piping: Polyethylene SDR 11 160 PSI as recommended per IGSHPA ✓
Manufacture: EnDot or Charter Plastics or equal, Size 1" or 1 1/4"
IGSHPA Certification Number 12687

OK

Also attached is a cross section diagram of the bore hole.

We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael Barlow



