



# HOWARD COUNTY HEALTH DEPARTMENT

W5 28863

DATE

3 / 25 / 08

Received  
From

Brett J Sweeney

PHONE # 443 3365665

507 S. Kenwood Ave, Baltimore MD 21224

For

Well Permit

☐ CASH

☒ CHECK

12201 Trisdelphia Rd

NO.

502

One hundred sixty and 00/100 \_\_\_\_\_ Dollars

\$

160 | 00

Received By

Mary L Bugge

C1 9384

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
03 10 08

Depth of Well

22 400 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"40-95-1563  
28 29 30 31 32 33 34 35 36 37OWNER Thompson David  
STREET OR RFD 13201 Philadelphia Rd TOWN Ellicott City  
SUBDIVISION White Sub SECTION 1 LOT 1

## 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

Clay/Silty Top  
Soil 1 10  
Brown/Yellow  
Clay 10 20  
Soft Yellow Clay 20 25  
Yellow shale 25 40  
Soft gray rock 40 60  
Gray granite 60 185  
Soft pink rock 185 200  
Hard gray rock 200 350  
Soft black rock 350 375  
Gray rock 375 400

18.7  
Bags Per  
Borehole  
Needed  
7 Closed Loops

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

no

Y

N

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  
WELLI 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.DRILLERS LIC. NO. 1 MSD 106

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 204SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CMBENTONITE CLAY BCNO. OF BAGS 40NO. OF POUNDS 2000GALLONS OF WATER 1000

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 400 ft.  
(enter 0 if from surface)  
48 TOP 52 54 BOTTOM 58 ft.

## 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 to

## SCREEN RECORD

screen type  
or open hole(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

PL

BRONZE

PL

PLASTIC

HO

OPEN

OT

HOLE

OTHER

C 2

DEPTH (nearest ft.)

1 2  
E 1 8 9 11 15 17 21  
A 2 23 24 26 30 32 36  
C 3 38 39 41 45 47 51  
H  
S  
R  
E  
E  
N

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60  
from toGRAVEL PACK IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3 13201 Philadelphia

## 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 25 ft.

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 YES NO

(CIRCLE) (YES or 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH

(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box

and enter casing height)

+ above

LAND SURFACE

- below (nearest foot)

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)

XXXXXXX

30'

SHED

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

30'

**B 1** **0998** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** **STATE PERMIT NUMBER** **HO - 95 - 1563**  
**APPLICATION FOR PERMIT TO DRILL WELL** **528502** please type **fill in this form completely**

Date Received (APA) **8** MM **DD** **YY** **13** **OWNER INFORMATION**  
**Mornihad, David Wayne** **12201 Tridelphia Rd** **Ellicott City** **Md 21042**  
**DRILLER INFORMATION**  
**Marshall Annette** **M SD 106** **Allied Environmental Service, Inc** **PO Box 1242 Millersville, MD 21108** **2/18/08**

**B 3** **LOCATION OF WELL**  
**Howard** **White Sub Div** **Ellicott City** **NEAREST TOWN** **MILES FROM TOWN** **0** **M I**

**B 4** **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)** **ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)** **DISTANCE FROM ROAD** **ENTER FT OR MI** **TAX MAP** **16** **BLK** **19** **PARCEL** **139**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
☐ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ INDUSTRIAL, COMMERCIAL, DEWATERING  
☐ PUBLIC WATER SUPPLY WELL  
☐ TEST, OBSERVATION, MONITORING  
☒ GEO-THERMAL **5 closed loops**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**Howard** **A42830** **COUNTY NAME** **COUNTY NO.** **STATE SIGNATURE** **DATE ISSUED** **2/22/08** **CO SIGNATURE** **EXP. DATE** **2/22/09** **NORTH GRID** **528 000** **EAST GRID** **818 000**

**APPROXIMATE DEPTH OF WELL** **400** **FEET** **APPROXIMATE DIAMETER OF WELL** **5** **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**  
**other**

**REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX)**  
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
☐ THIS WELL WILL DEEPEN AN EXISTING WELL  
**PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)** **41** **52**

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
**APPROX. PERMIT NUMBER** **G** **PERMIT No.** **HO - 95 - 1563**

**SPECIAL CONDITIONS** **Grant Bottom to Top w/ COMAR approved grant**