



HOWARD COUNTY HEALTH DEPARTMENT

28502

DATE
2 / 19 / 08

WS

Received From Allied Environmental Services Inc. PHONE # 410-789-2711

6702 Fort Smallwood Rd. Baltimore MD 21026

For Well Permit Geo Thru

12201 Trindelphi Rd.

☐ CASH
☒ CHECK

NO.

16679

one hundred & sixty dollars ⁰⁰/₁₀₀ Dollars

\$

160

00

Received By

Cent Hx

C 1 9635		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 4 5 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 7-10-8		Depth of Well 22 400 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-45-1599	
OWNER last name first name Moyrhan Daniel W		STREET OR RFD 12201 Triadelphia Rd		TOWN O.K. B.B.			
SUBDIVISION White Sub Div		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 3 NO. OF POUNDS 45 46 15 GALLONS OF WATER 15 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)		C 3 SM 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 200 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			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! 4 Total depth of main casing (nearest foot) 28 60 61 63 64 66 65 70		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) 10 PUMP HORSE POWER 1.0 PUMP COLUMN LENGTH (nearest ft.) 285 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO Clay & Top Soil 1 10 Brown yellow clay 10 20 yellow clay 20 25 yellow shale 25 40 Soft Gray Rock 40 60 Gray Gravel 60 185 Soft Pink Rock 185 200 Hard Gray Rock 200 350 Soft Blk Rock 350 375 Gray Rock 375 400 Boiled Needed		OTHER CASING (if used) diameter depth (feet) inch from to EACH CASING		SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER	
NUMBER OF UNSUCCESSFUL WELLS:		C 2 1 2 DEPTH (nearest ft.) 28 400		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		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) Geo Field well 30' Front	
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 WELL I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN 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.		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
DRILLERS LIC. NO. 1 M S D 106 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M S D 204		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76		TELESCOPE CASING LOG INDICATOR OTHER DATA			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

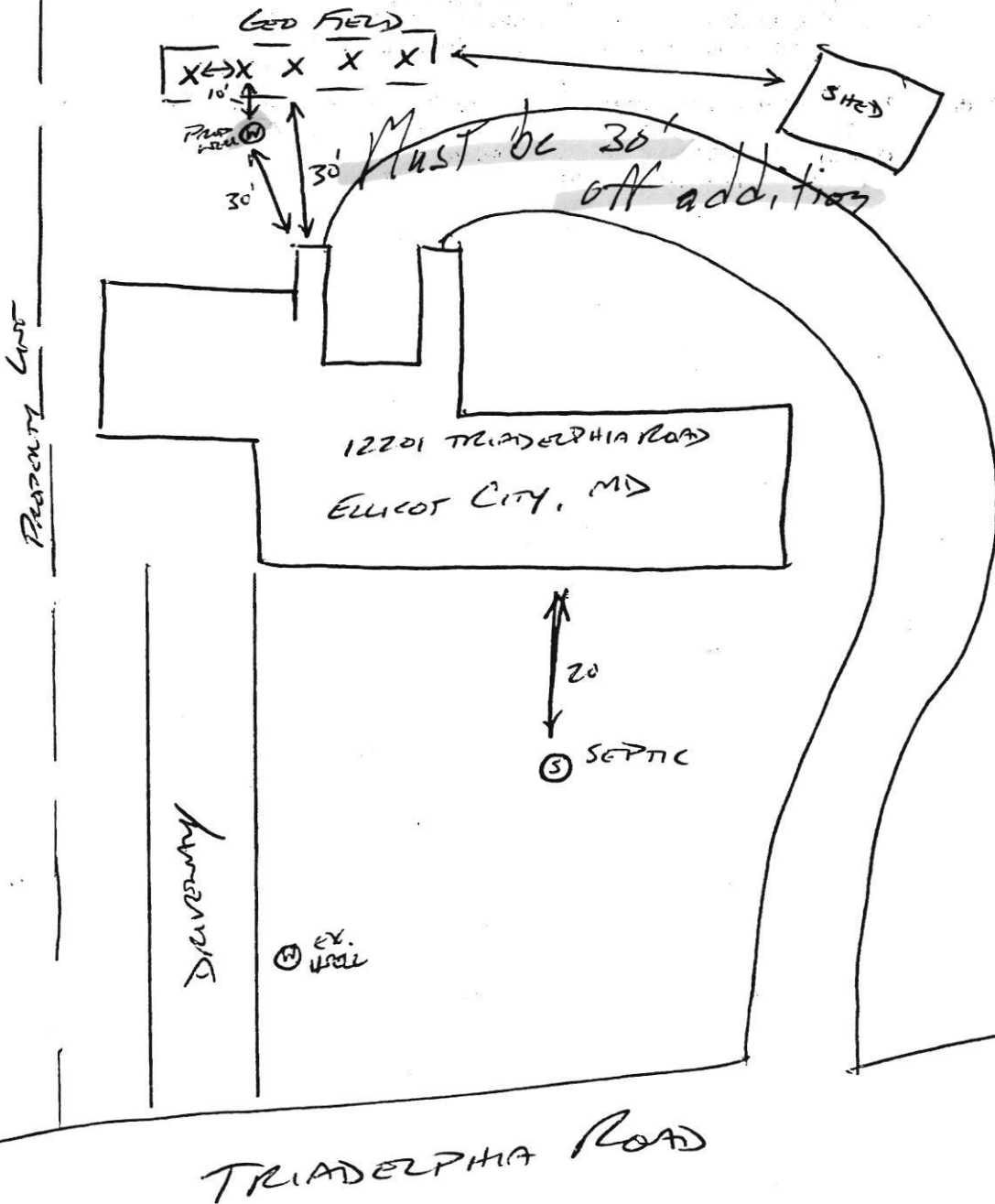
Day 10: 03-316793

EMERGENCY/TEMP NO. IF ANY

B 1	0990	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5 28863 please type	STATE PERMIT NUMBER 40 - 95 - 1599 fill in this form completely
Date Received (APA)		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name Owner First Name 34		
36 Street or RFD 55		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name 76 License No. 81		8 COUNTY 21		
Firm Name		23 SUBDIVISION 42		
Address		SECTION 44 46 LOT 48 50		
Signature Date		52 NEAREST TOWN 71		
B 2		MILES FROM TOWN (enter 0 if in town) 73 M 1 76 77 78		
WELL INFORMATION		B 4		
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		11 NEAR WHAT ROAD 30		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NORTH <input checked="" type="radio"/> N <input type="radio"/> W <input type="radio"/> E <input type="radio"/> S SOUTH		
NOT TO BE FILLED IN BY DRILLER		HEALTH DEPARTMENT APPROVAL		
COUNTY NAME		COUNTY NO.		
STATE SIGNATURE		INSERT S →		
DATE ISSUED		EXP. DATE		
NORTH GRID		EAST GRID		
APPROXIMATE DEPTH OF WELL 24 28 FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
APPROXIMATE DIAMETER OF WELL 4 INCH		SOURCES OF DRILLING WATER		
METHOD OF DRILLING (circle one)		1. Driller Well		
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other		2.		
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)		3.		
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL		WRITE THE BOX NUMBER FROM THE MAP HERE		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 52		E 818		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		N 528		
APPROX. PERMIT NUMBER		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
PERMIT No. 40 - 95 - 1599		N Philadelphia Rd Evergreen Way		
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

PROPERTY LIST

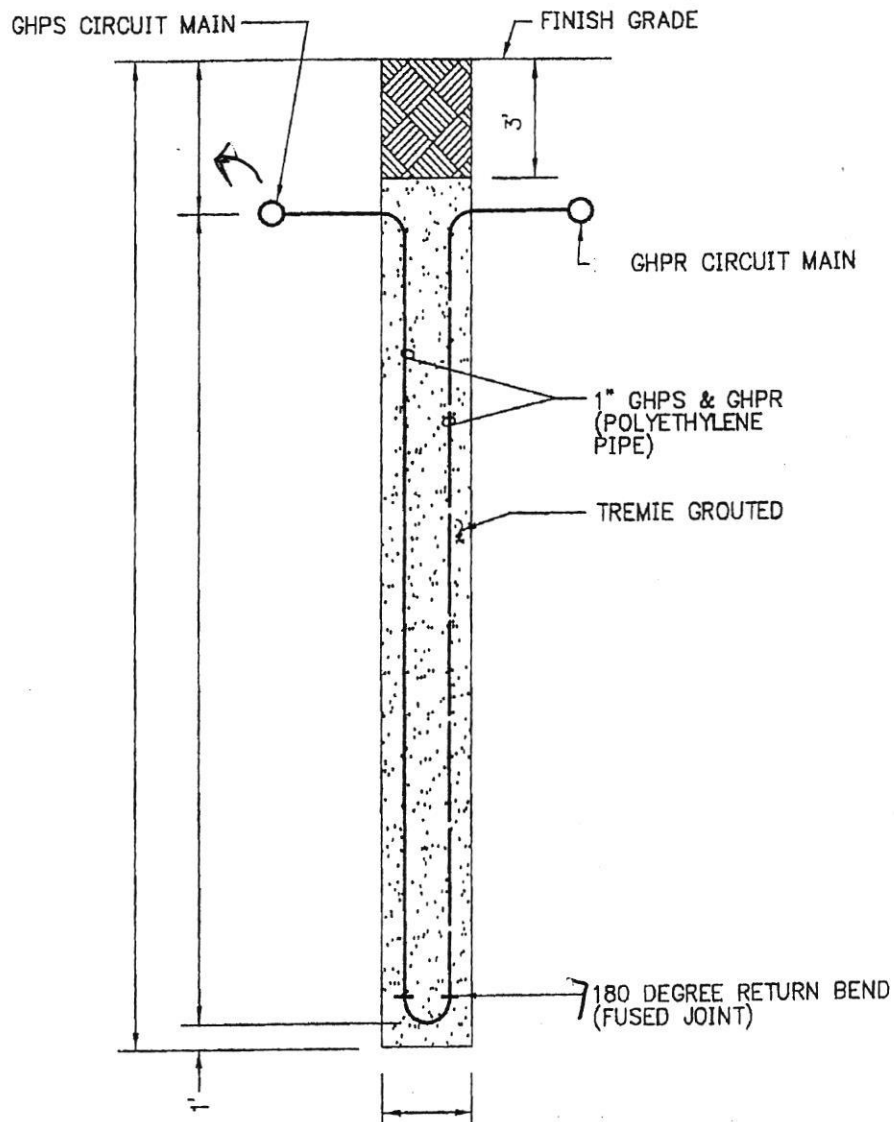
2/22/04 bro well sites OK (50)
4/2/08 - well site OK (50)



DETAIL $\frac{1}{M0.1}$

TYPICAL GHPS/GHPR CIRCUIT MAINS BELOW GRADE

NOT TO SCALE



DETAIL $\frac{2}{M0.1}$

TYPICAL VERTICAL BOREHOLE

NOT TO SCALE

*Grouted with Bentonite Clay
from bottom to top*