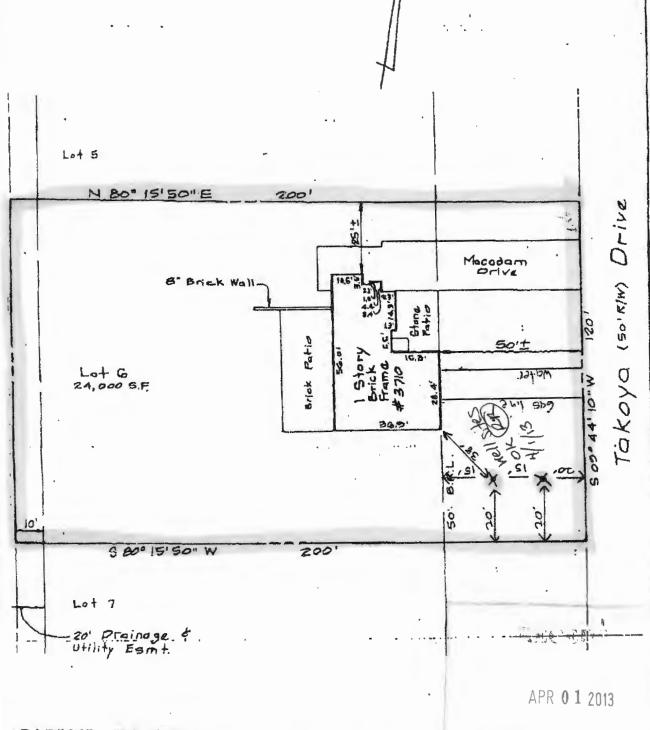
COUNTY HEALTH DEPARTMENT						
TASH	CODES	Received E ICH (Let 1 Cer.) - CHE				
HECK	() 21 f	For Will Prince 37/E Tacofa				
(rC)	Received	By Stillata Cin				

SEQUENCE NO THIS REPORT MUST BE SUBMITTED WITHIN STATE OF MARYLAND 3070 (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) PERMIT NO ST/CO USE ONLY 19112 DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" **DATE** Received 295' HO - 95 - 2506 (TO NEAREST FOOT) 29 30 31 32 33 34 35 36 37 last name 3710 first name Ellicokt TENDYO TOWN WELL SITE ADDRESS_ SUBDIVISION Cleybarn SECTION LOT WELL LOG BHILLER **GROUTING RECORD** 3 93900 WELL HAS BEEN GROUTED (Circle Appropriate Box) N 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 CM BENTONITE CLAY BC FEET DESCRIPTION (Use additional sheets if needed) if water bearing FROM TO PUMPING RATE (gal. per min.) NO. OF BAGS 46 NO. OF POUNDS 6 0 501 GALLONS OF WATER ____ METHOD USED TO 32 Brown siltrelay 6 DEPTH OF GROUT SEAL (to nearest foot) MEASURE PUMPING RATE 52 ft. to _______54 BOTTOM Grey shale/sar 32 180 WATER LEVEL (distance from land surface) (enter 0 if from surface) 180 **BEFORE PUMPING** 181 CASING RECORD Fracture casing types CO 191 250 insert WHEN PUMPING Gray shale/ appropriate 25 2 90 280 code Sandadone OIT TYPE OF PUMP USED (for test) below A air Т turbine Fracture Nominal diameter Total depth MAIN CASING top (main) casing of main casing other 3=15 2801 (nearest inch)! (nearest foot) (describe TYPE centrifugal 0 Gray shale rotary below) 63 64 66 70 60 61 **J** jet submersible OTHER CASING (if used) depth (feet) diameter Goo Thermal from inch **PUMP INSTALLED** DRILLER INSTALLED PUMP NO closed loop VES (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION no casing MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD no pump test TYPE OF PUMP INSTALLED screen type PLACE (A,C,J,P,R,S,T,O) 29 or open hole ST BR H O IN BOX 29. insert CAPACITY appropriate HOLE **BRONZE** GALLONS PER MINUTE code OT PL (to nearest gallon) 31 35 below PUMP HORSE POWER 37 41 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 CASING HEIGHT (circle appropriate box E WELL HYDROFRACTURED N and enter casing height) + above LAND SURFACE CIRCLE APPROPRIATE LETTER H 26 30 32 A WELL WAS ABANDONED AND SEALED S (nearest) WHEN THIS WELL WAS COMPLETED below C foot) 50 51 **ELECTRIC LOG OBTAINED** 39 41 45 47 38 TEST WELL CONVERTED TO PRODUCTION LATITUDE 3 WELL SLOT SIZE 1 ____ 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 LONGITUDE 7 (NEAREST DIAMETER OF SCREEN INCH) (DEFAULT COORD, WGS 84) 56 60 from NOTES: 2 - Geothermal bores to 295 DRILLERS LIC. NO. 1 M. D D 2 2 1 **GRAVEL PACK** IF WELL DRILLED
WAS FLOWING WELL BH-1 269292 8681 42 DRIFTERS SIGNATURE INSERT F IN BOX 68 N 39. 85 933 W 76. 80.5 (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO. 1 35 D 128 N 39. 26.9594/W. 76. 866 Т (E.R.O.S.) W Q 70 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 LOG INDICATOR TELESCOPE responsible for sitework if different from permittee) CASING

B 1 SEQUENCE NO. STATE OF	MARYLAND	STATE PERMIT NUM	BER
(MDE USE ONLY)		HO -95 - 2	En-
nlose plane	APPLICATION FOR PERMIT TO DRILL WELL please type		
Date Received (APA)		fill in this form comp	oletely
OWNER INFORMATION		LOCATION OF WELL	
8 MM DD YY 13	Howard co.		
1971 Singleton Kris	8 COUNTY	21	
15 Last Name Owner First Name 34	23 SUBDIVISION	5	42
37 10 Taloya Dr. Street or RFD 55	_	1071	
en it of the second	SECTION 44 46	LOT 48 50	
57 Town 70 State 72 Zip 76	Elliott city	MD	
DRILLER INFORMATION	52 NEAREST TOWN		71
Lkevin P. Weigle MWD 552			
Driller's Name MwD 552 To License No. 81	B 4		
Eichelbergers Inc.	SOURCES OF DRILLING WATER	3710 Takoya Or.	
Firm Name	1. Approved	11 STREET ADDRESS	30
LIOT TEXATO RO Mechanicsburg PA 17080	3.	ON WHICH SIDE OF ROAD	
Address	J	(CIRCLE APPROPRIATE BC	W 32 E
Signature Date		34 20	WEST S EAST
B 2 WELL INFORMATION		DISTANCE FROM R	
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12		ENTER FT	OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED		TAX MAP: BLK:	PARCEI
(GAL. PER DAY) 14 20			
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO	BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL	3
D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION	, inches	DEL MITWERT MITHOUNE	
F FARMING (LIVESTOCK WATERING & AGRICULTURAL	Howard		13
IRRIGATION)	COUNTY NAME	COU	NTY NO.
22 INDUSTRIAL, COMMERCIAL, DEWATERING	STATE SIGNATURE	INSERT S	
P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING	DATE ISSUED	1. 124 N	1111
TEST, OBSERVATION, MONITORING O OPEN LOOP GEOTHERMAL	43 MM DD YY 48	CO SIGNATURE	EXP. DATE
C CLOSED LOOP GEOTHERMAL 2 box 2 hous			
Truck May			
APPROXIMATE DEPTH OF WELL 295' FEET		ED LOCATION OF WELL ON LOT JCTURES SUCH AS BUILDINGS, S	SEDTIC SVSTEM
APPROXIMATE DEPTH OF WELL 24 28 FEET		MARKS AND INDICATE NOT LES	
APPROXIMATE DIAMETER OF WELL NEAREST	DISTAN	CE MEASUREMENTS TO WELL	
APPROXIMATE DIAMETER OF WELL INCH			
METHOD OF DRILLING (circle one)			
BORED (or Augered) JETTED Jetted & DRIVEN		House	1
AIR-PERcussion ROTARY (Hydraulic Rotary)		Mosto	
37 CABLE REVerse-ROTary DRive-POINT			
other			15
REPLACEMENT OR DEEPENED WELLS		Pato	10.
(CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL		1	100
THE WEE WILL TO THE ENDENN EXISTING WEEL	1		
ABANDONED AND SEALED	4	1	
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	Appendix 25'	has .	
FOR POLICY ON STANDBY WELLS	2	vater	X
THIS WELL WILL DEEPEN AN EXISTING WELL	20	3,	Vity Oil
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 - 52	N 25'	1609	3 0
	A	Ŭ,	2 1
Not to be filled in by driller (MDE OR COUNTY USE ONLY)	T		0
APPROP. PERMIT NUMBERG	8	1	
No RE 2EO			
PERMIT No	Tagoya	Or.	
SPECIAL CONDITIONS	moteral C: hat	was de L	⊗
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED-	muted from LET	lung to top	₩



CATION DRAWING

CERTIFICATION	SEAL	SCALE: 1"=300	DATE: 10-26-98
formation shown has been established rent acceptable survey procedures and svailable record information. This drawing be used for Title Transfer Financing, or naing Only and IS NOT to be used for stablishment of Property Lines, Location inces. Garages, Buildings, or other ig or Future Improvements.		LDE Inc. 9250 Rumsey F 9250 Ru	and 21045

Rappaport, Ryan

From:

Tom Stothoff [TStothoff@eichelbergers.com] Thursday, September 19, 2013 12:30 PM

Sent: To:

Rappaport, Ryan

Subject:

Takoya Dr.

Hi Ryan,

I checked out the completion report and you are correct the numbers are off a little. It should be 30 bags benseal = 1500lbs.

600 gallons of water give or take about 15 gals.

In a 6" bore hole and a 1 inch loop we typically can get anywhere for 20-25 feet per batch of benseal (I bag to 24 gals) depending upon formation and if we started w/ an 8" top hole to run casing.

→ cell - 717- 487-1237

Let me know if you have any questions. Sorry for any inconvenience for you and thanks for calling me before MDE.

Thank You

Tom

Thomas K. Stothoff

Project Manager

107 Texaco Rd. Mechanicsburg, PA 17050

Phone 717-766-4800 x3108 - Fax 717-691-6068

Email Tstothoff@Eichelbergers.com

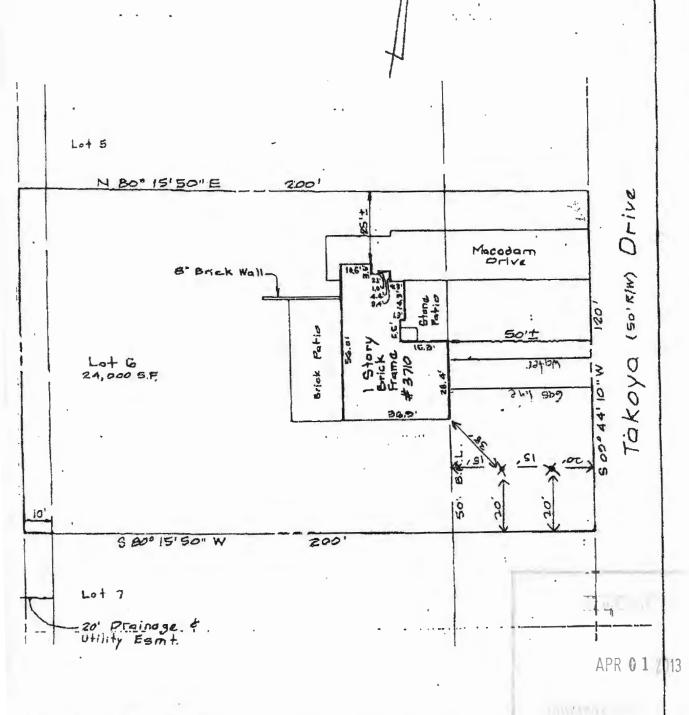


RECEIVED

SEP 19 2013

HOWARD COUNTY HEALTH DEPT.
COMMUNITY HYGIENE PROGRAM

1



CATION DRAWING

CERTIFICATION	SEAL	SCALE: 1"=30' DATE: 10-26-98
formation shown has been established rent acceptable survey procedures and available record information. This drawing be used for Title Transfer Financing, or ritablishment of Property Lines, Location and or Future Improvements.	The Carlo Survey of the Ca	LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045 (410) 715-1070 (Balt.) (301) 596-3424 (Wash) (410) 715-9540 (Fax)