

C1 0316 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.(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

ST/CO USE ONLY

DATE Received

MM DD YY
08 08 11

DATE WELL COMPLETED

MM DD YY
07 30 11

Depth of Well

22 380 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

10/14/2011
Should Be 19 Bags
140 - 95 - 2157

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

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
bearingMoist stiff
Brown fine
Sandy micaceous
silt

0 41'

Weathered
Rock

45' 60'

Rock
(Schist)

60' 380'

2 x Geothermal
wells

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes

no

Y

N

CIRCLE APPROPRIATE LETTER

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. M 410 500

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE 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 CM

BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 400

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0' ft. to 380' ft.
(enter 0 if from surface)

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 67

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

STEEL

BR

BRASS

HO

OPEN
HOLE

PL

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

1

2

E

8

9

11

15

17

21

A

23

24

26

30

32

36

C

38

39

41

45

47

51

R

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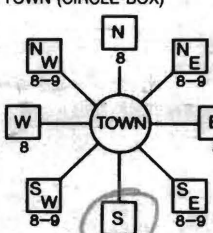

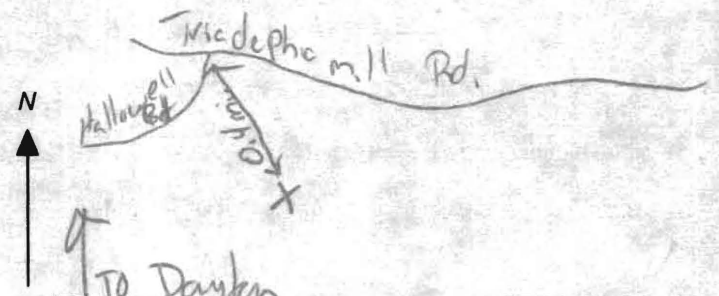
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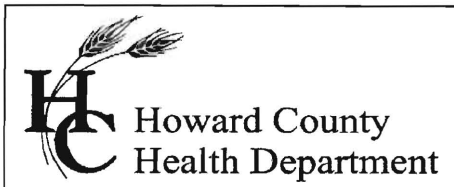
45

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51

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">1905</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="border: 1px solid black; padding: 2px; display: inline-block;">535251</div>	STATE PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-95-2157</div> <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 29 11</div>		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Triadelphia Mill Farms</u> 42 SECTION <u>44</u> 46 LOT <u>5</u> 48 50 52 NEAREST TOWN <u>Dayton</u> 71 MILES FROM TOWN (enter 0 if in town) <u>1 1/4</u> 73 76 77 78	
OWNER INFORMATION 15 Last Name <u>Barlow</u> Owner First Name <u>Edward</u> 34 36 <u>13756 Triadelphia Mill Rd.</u> Street or RFD 55 57 <u>Clarksville</u> 70 State <u>MD</u> 72 Zip <u>21029</u> 76		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name <u>Edward Gross</u> 76 License No. <u>MWD 581</u> 81 Firm Name <u>Long Green Energy, Inc.</u> 410-409-2260 Address <u>11959 Harford Rd. Glen Arm MD 21057</u> Signature <u>[Signature]</u> Date <u>5/26/11</u>		11 NEAR WHAT ROAD <u>Triadelphia Mill Rd.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 37 DISTANCE FROM ROAD <u>550</u> 38 39 ENTER FT OR MI <u>FT</u> TAX MAP: <u>28</u> BLK: <u>19</u> PARCEL <u>300</u>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>8</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>14</u> 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>(13) A523126</u> COUNTY NAME COUNTY NO. STATE SIGNATURE <u>[Signature]</u> INSERT S → 41 DATE ISSUED <u>6/28/2011</u> <u>Brian Baker</u> <u>6/28/2012</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>505</u> 000 EAST GRID <u>802</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> P PUBLIC WATER SUPPLY WELL <input type="checkbox"/> T TEST, OBSERVATION, MONITORING <input checked="" type="checkbox"/> G GEO-THERMAL		APPROXIMATE DEPTH OF WELL <u>375</u> FEET APPROXIMATE DIAMETER OF WELL <u>1"</u> NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>AIR-ROTary</u> JETTED <u>AIR-PERCussion</u> Jetted & DRIVEN <u>ROTARY</u> (Hydraulic Rotary) 30 <u>CABLE</u> 37 <u>REverse-ROTary</u> <u>Drive-POINT</u> other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Private</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>80x2</u> N <u>5035</u> 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S 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"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-95-2157</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small> <u>Grant Barlow in Entirety With Jamie Pige</u>			





Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – June 8th, 2012

December 8th, 2011

Homeowner
13756 Triadelphia Mill Road
Clarksville, MD 21029

**RE: Phelps Property, Lot 5
13756 Triadelphia Mill Rd
Building Permit: B10003948
Well Permit: HO-95-2157**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/8/2011**. Final approval of the well line connection to the dwelling was granted on **12/6/2011**. The well construction was completed on **7/30/2011**. Water samples were collected on **12/1/2011**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2157. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File