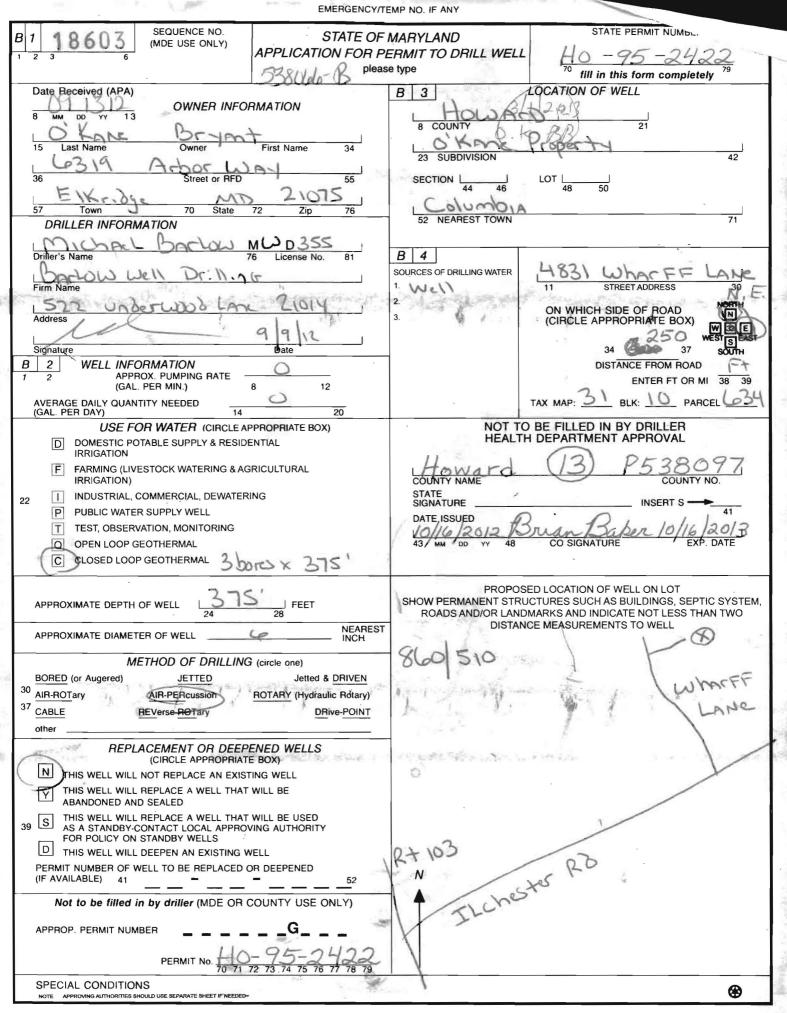
1 19788 SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNC IN COLS. 3-6 ON ALL CARDS)	CHED	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM 0 00 4 Y13 8 13	DATE WELL COMP			
OWNER DIKANE		BRIAN		
WELL SITE ADDRESS	4831 WH	ARE LANE first name TOWN ELL	LICOT CITY 21043	
SUBDIVISION			LOT	
WELL LO	-			
STATE THE KIND OF FORMATION COLOR, DEPTH, THICKNESS AN	S PENETRATED, THEIR	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST	
DESCRIPTION (Use	FEET check if water		HOURS PUMPED (nearest hour)	
	ROM TO bearing	NO. OF BAGS 46 32 NO. OF POUNDS 15 4600	PUMPING RATE (gal. per min.)	
501L	04	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE	
RED CIAL I	+ 16	fromft. toft. 48 TOP 52 ft. toft. (enter 0 if from surface)	WATER LEVEL (distance from land surface)	
brown	34 M	casing CASING RECORD	BEFORE PUMPING 17 20 ft.	
Shale	643	(appropriate code below (CONCHETE) (CONCHETE	WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test)	
SOFT GRAY	12 95	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine	
ROCK	15 12	TYPE (nearest inch)) (nearest foot)	C centrifugal R rotary O cher 27 27 27 27 27 0 centrifugal 27 cher	
man (mal		60 61 63 64 66 70 E OTHER CASING (if used)	J jét S submersible	
THEO OTHEN	15 375	A diameter depth (feet) H inch from to		
Rock	000		PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO)	
	1	Screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED	
3 hores		or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) 29 IN BOX 29. CAPACITY :	
× 375'T	Deed	Code below PLASTIC BRONZE HOLE OT OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35	
NUMBER OF UNSUCCESSFUL	WELLS:	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED	yes N	$E \frac{1}{A} \frac{1}{8} \frac{1}{9} \frac{1}{11} \frac{15}{15} \frac{1}{17} \frac{21}{21}$	CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRIA A WELL WAS ABANDONED WHEN THIS WELL WAS CON	AND SEALED	H 2 23 24 26 30 32 36 S C 3	49 LAND SURFACE (nearest)	
E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO WELL	D PRODUCTION	R  38  39  41  45  47  51    E  SLOT SIZE 1  2  3	LATITUDE 39.23969	
I HEREBY CERTIFY THAT THIS WELL H. ACCORDANCE WITH COMAR 26.04.04 "VI IN CONFORMANCE WITH ALL CONDITI CAPTIONED PERMIT, AND THAT THE HEREIN IS ACCURATE AND COMPLE KNOWLEDGE.	WELL CONSTRUCTION" AND ONS STATED IN THE ABOVE INFORMATION PRESENTED	N DIAMETER OF SCREEN 56 60 from to	LONGITUDE 7 6. 71526 (DEFAULT COORD. WGS 84)	
DRILLERS PIC NOT M	<u>225 de</u>	GRAVEL PACK		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON A	11	WAS FLOWING WELL INSERT F IN BOX 68 68 HOUSE MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
Marta I	Do <u>o 66</u> ,	T (E.R.O.S.) W Q	23 214'	
SITE SUPERVISOR (sign. of dri responsible for sitework if differe		TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA		





Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1:666-313-6300 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

## TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

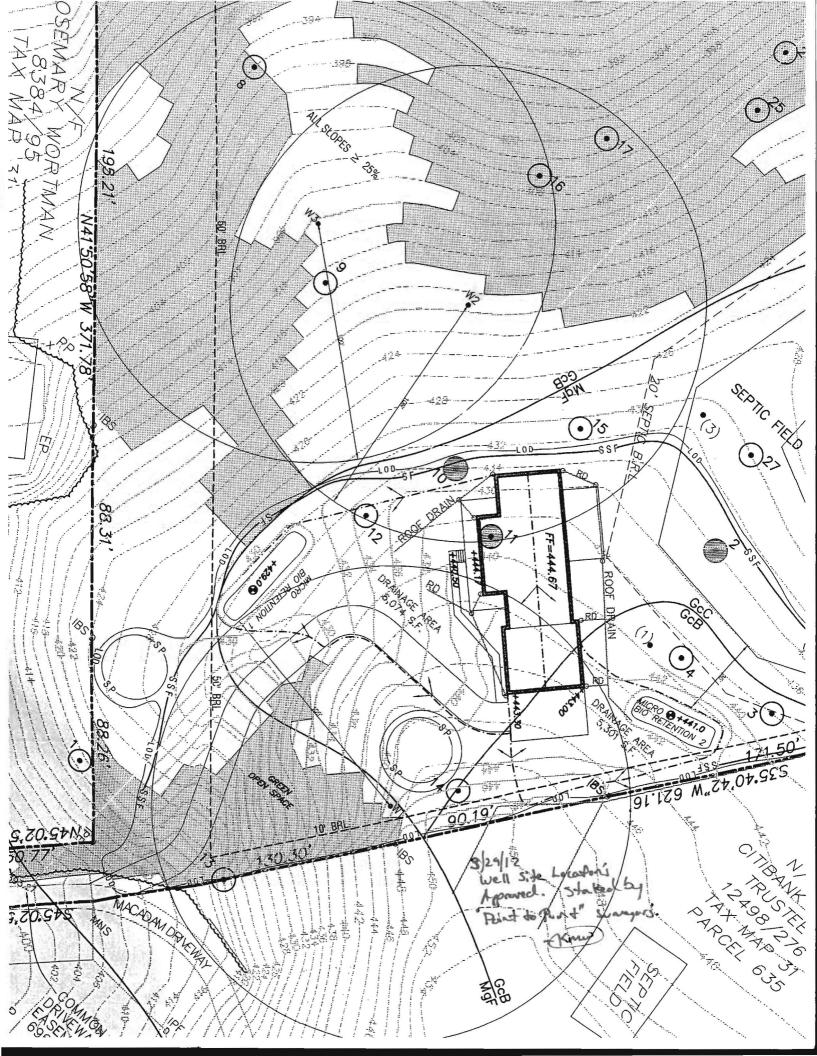
Well Site Location: O'KANC	634	4831	WHARFF	LANC
Subdivision/Property Name	Lot#	Road Name		

- The well site has been staked by <u>Point + Point Lend Surveyors</u> (professional land surveyor or company employing professional land surveyors) on <u>Jan. 13, 2012</u> (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05





## MICHAEL BARLOW WELL DRILLING 522 UNDERWOOD LANE BEL AIR, MD 21014 410-838-6910

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

,

September 9, 2012

Re: 4832 Wharff Lane, Columbia

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 ¼" IGSHPA Certification Number 12687

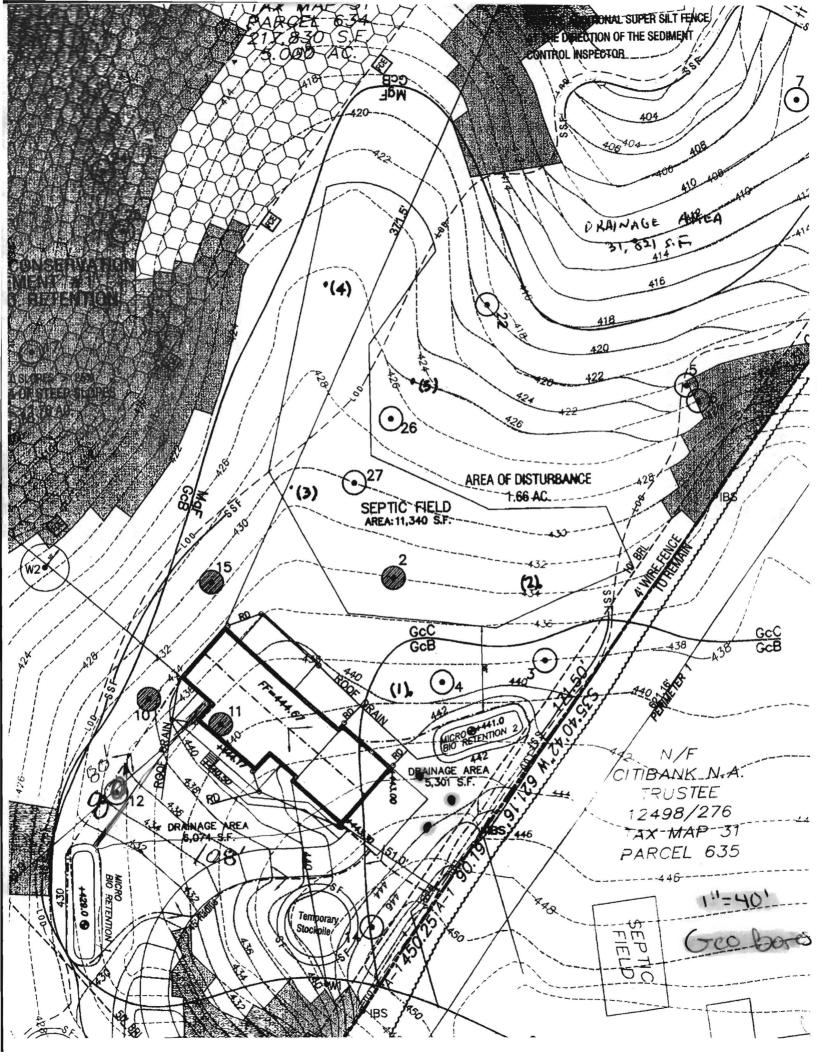
Also attached is a cross section diagram of the bore hole.

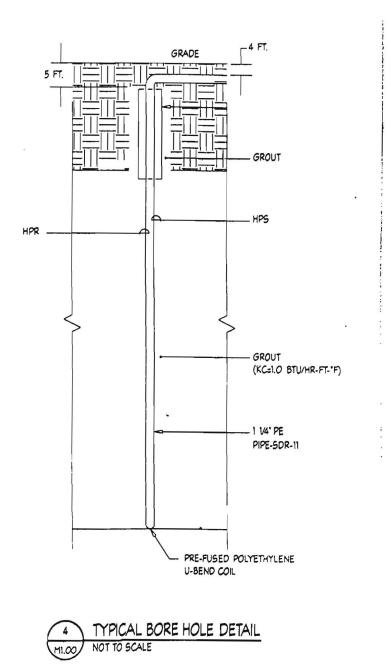
We would appreciate your help in getting this permit released as soon as possible so that we can expedite this project. If you have any questions, please do not hesitate to contact me.

Sincerely,

Mithort

Michael Barlow





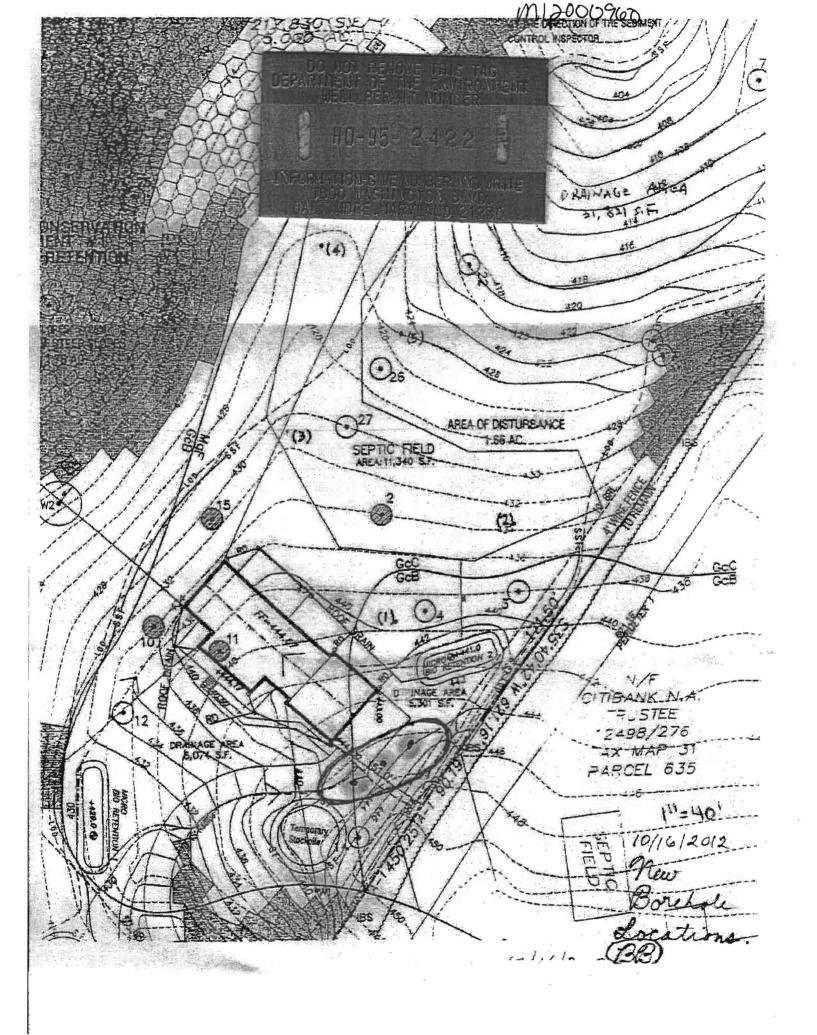
r 2 3

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## FILE INQUIRY NOTES

**RESULTS OF REVIEW FOR FILE** DATE As some difficulty would be encountered in placing (reidrawing) 100-ft radii around proposed well locations on the O'Kane Pr SDP. I asked Mike Davis if the Bureau O'Kane Property could relax the requirement for plan in the case that the engineer could complete the task at the Riveau Conference form. Mike's response was that the requirement could be relaxed for this play as the project encourpassed only this Single

200 276 EMERGENCY/TEMP NO. IF ANY E PERMIT NUMBER SEQUENCE NO STATE OF MARYLAND 8603 (MDE USE ONLY) APPLICATION FOR PERMIT TO DRILL WELL -95 please type fill in this form completely LOCATION OF WELL Date Received (APA) 8 3 OWNER INFORMATION D COU 2 24 42 15C LOT SECTION. 12 70 State Zip 76 DRILLER INFORMATION 2D 2 mail M B 4 SOURCES OF DRILLING WATER -STREET ADDRES will 2 Invisor Ti 1730 ON WHICH SIDE OF ROAD E (CIRCLE APPROPRIATE BOX) E ionature B 2 WELL INFORMATION DISTANCE FROM ROAD APPROX. PUMPING RATE (GAL. PER MIN.) 2 ENTER FT OR MI 38 39 12 TAX MAP 31 BLK 10 PARCEL AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) 14 20 NGT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL D IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL E COUNTY NAM IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING STATE 22 P PUBLIC WATER SUPPLY WELL DATE ISSUED TEST, OBSERVATION, MONITORING T LF3 OPEN LOOP GEOTHERMAL 0 100 DATE C CLOSED LOOP GEOTHERMAL 3000 × 375 PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM APPROXIMATE DEPTH OF WELL J FEET ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL NEAREST APPROXIMATE DIAMETER OF WELL METHOD OF DRILLING (dircle one) JETTED Jetted & DRIVEN Whett BORED (or Augered) 30 AIR ROTary AIR-PERcussion HOTARY (Hydraulic Rolary) 37 ANC CABLE REVerse-ROTary DRive-POINT other REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE Y 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 39 5 ILchester RD D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED. (IF AVAILABLE) 41 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. 70 SPECIAL CONDITIONS 0 MDEWMAPER 071 **ORILLER** 



10/25/12 Applications for mechanicap permits for Geothermal Sent to Hearth 10/24/12. Please attach plot plans to these applications Thank You orring Manning DIL 410-313-3960

