

C1 3147

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS 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

DATE WELL COMPLETED

Depth of Well 220

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0355

OWNER C. Fello Vincent STREET OR RFD 3698 Folly Quarter Rd TOWN Elkton City

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Brown Shale, Granite, and Water at 130'.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (PL), Nominal diameter (6), Total depth of main casing (78).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type or open hole, insert appropriate code below (ST, BR, HO, PL, OT).

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y), NO (N)

CIRCLE APPROPRIATE LETTER: A, E, P

DRILLERS LIC. NO. MSD 162

DRILLERS SIGNATURE: [Signature]

LIC. NO. MSD 193

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21 and rows E, A, H, C, S, R, E, N

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LOCATION OF WELL ON LOT form with fields for SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS.

B 1 6759
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0355
70 fill in this form completely 79

524412 please type

Date Received (APA)

4/17/06
8 MM DD YY 13

OWNER INFORMATION

Cifello Vince
15 Last Name Owner First Name 34
3698 Folly Quarter Road
36 Street or RFD 55
Ellicott City MD 21042
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

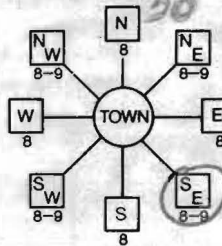
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Ellicott City
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 3 M I
73 76 77 78

DRILLER INFORMATION

Michael D. Isom M SD 162
76 License No. 81
G. Edgae Harr Sons' Corp.
Firm Name
12047 Falls Road, Cockeysville 21030
Address
Signature Date 4/13/06

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3698 Folly Quarter Road
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 300 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 23 BLK: 8 PARCEL 20

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD (13) P48158
COUNTY NAME COUNTY NO.
STATE SIGNATURE - INSERT S
DATE ISSUED 4/17/06 4/18/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 523 000 EAST GRID 823 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

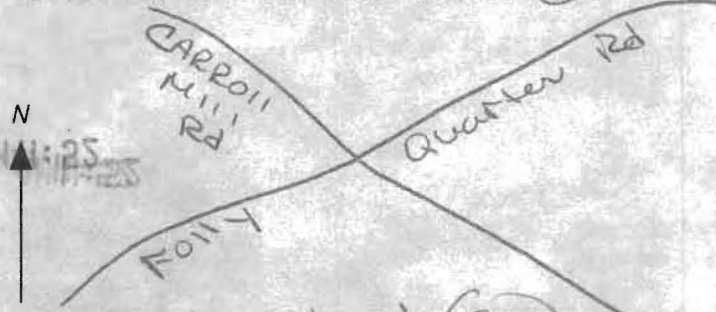
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 823
N 523

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 A/A 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G
PERMIT No. HO-95-0355
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Existing well must be sealed and abandoned. (GAC)

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/19/06 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Michael Isom

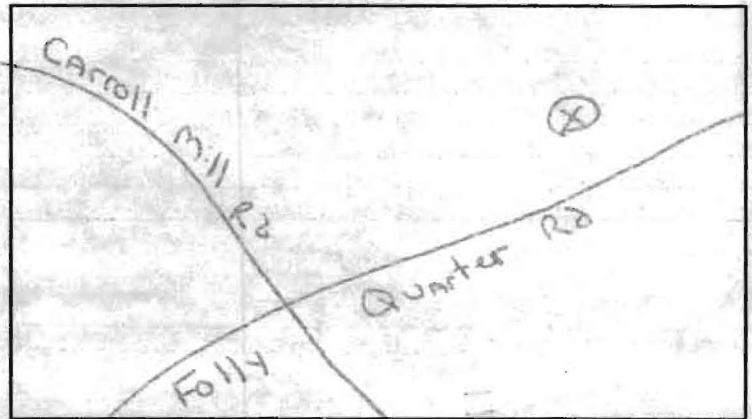
WELL DRILLERS LICENSE NUMBER: 162

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Vince C. Fello

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 3698 Folly Quarter Rd



* TYPE OF WELL BEING ABANDONED:

DRILLED _____ JETTED _____
 _____ BORED/AUGERED _____ HAND DUG _____
 _____ OTHER (specify) _____

* USE CODE:

DOMESTIC _____ MUNICIPAL/PUBLIC _____
 _____ IRRIGATION _____ INDUSTRIAL _____
 _____ TEST/OBSERVATION _____ GEOTHERMAL _____

* TYPE OF CASING:

STEEL _____ PLASTIC _____
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 100 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	100	0
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____ CIRCLE ONE _____ DATE 4/19/06

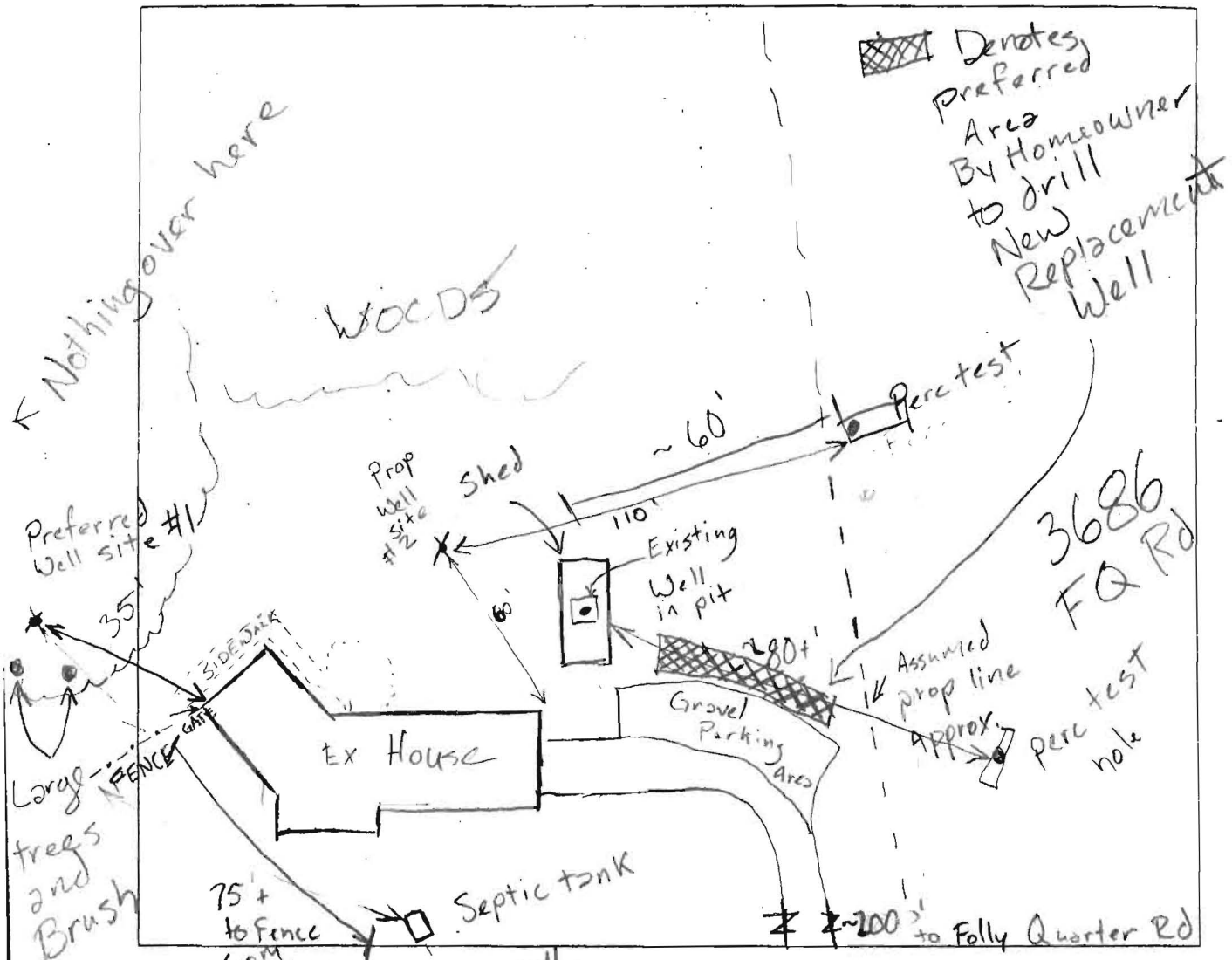
Victoria Staiman → Cell 410 707 9425
and

SITE INSPECTION SHEET

Home 410 531 7974

OWNER: Vincent Cifello PHONE #: _____
ADDRESS: 3698 Folly Quarter CONTRACTOR: Harr Well Drllg
Ellicott City MD WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: P 48158
PROPOSAL: Drill New well to replace existing well
that is Failing @ 3698 Folly Qtr

LOCATION DIAGRAM



COMMENTS: dry well Proposed adjacent Septic
area is too close to existing well. Homeowners prefer
to Drill near Driveway to avoid access issues.

DATE: 4/14/06 INSPECTOR: John A. Cifello



MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard • Baltimore MD 21230
410-537-3000 • 1-800-633-6101

Robert L. Ehrlich, Jr.
Governor

Kendal P. Philbrick
Secretary

Michael S. Steele
Lt. Governor

Jonas A. Jacobson
Deputy Secretary

FAX COVER SHEET

TO: Mike Isom PHONE: _____
FAX: 410-560-0784

FROM: Denise Swalzbrough PHONE: 410-537-3784

On-Site Systems Division FAX: 410-537-3163 Please call when faxing
Fax Maching is in another room!

REFERENCE: HO-95-0355 - depth of grout seal

DATE: 6-28-06

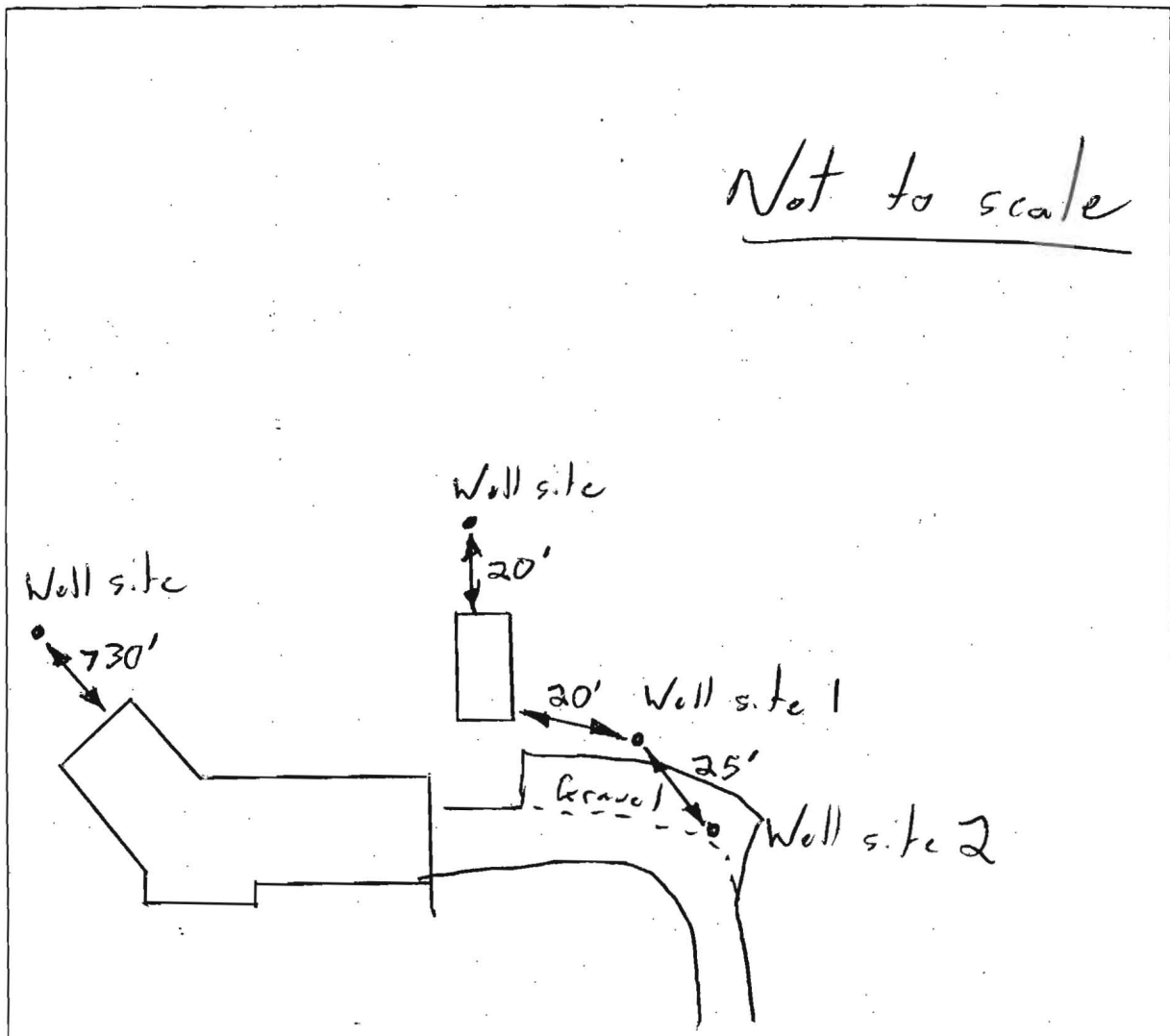
Number of pages you should receive including cover sheet: 2

If the transaction is not completed or any other difficulties arise, please contact me.

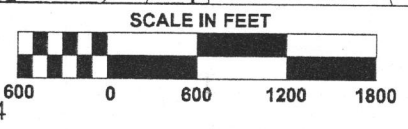
SITE INSPECTION SHEET

OWNER: Vincent Cifello PHONE #: _____
ADDRESS: 3698 Folly Quarter CONTRACTOR: _____
Ellicott City WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: Well site #1 will be the first attempt.
Well site 2 is only approvable if #1 site is dry.
Told owner Vincent Cifello that I couldn't give him
a formal written approval until we have an application.
DATE: 4/17/06 INSPECTOR: M. D. Davis



REVISOR	DATE	BY	REASON	LAST P. NO.	QUARTER-QUADRANGLE	DATE OF PHOTO	SNA GRID
	AUG. 04	AB					

