

C1 9392

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

MM DD YY

22 450 26 2/17/10

HO - 95 - 180

OWNER: Shaw, John, Molly; STREET OR RFD: 8762 Stonehenge Dr; TOWN: Ellicott City; SUBDIVISION: Woodbine SECTION; LOT: 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include: Shale + Brn clay (1-20), Red Sand + clay (20-60), Soft Rock + shale (60-90), Grey Rock med Hard (90-150), Hrd Drk Grey Rock (150-450). Includes handwritten note '2 closed loops'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 45 NO. OF POUNDS 2250

GALLONS OF WATER 1125

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 450 ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 97

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

Table with columns: DEPTH (nearest ft.), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH). Rows include: E 1, A 8, C 2, S 23, C 3, R 38, E 1, N

C 3

3015 Woodbine Rd

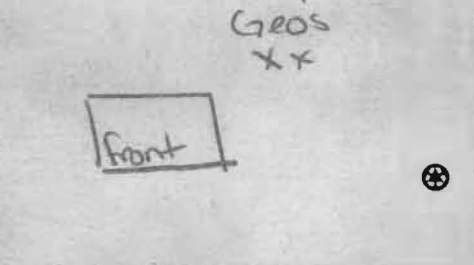
PUMPING TEST

HOURS PUMPED (nearest hour) 8; PUMPING RATE (gal. per min.) 11; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft; WHEN PUMPING 22 ft; TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] 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: [29]; CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31; PUMP HORSE POWER 37; PUMP COLUMN LENGTH (nearest ft.) 41; CASING HEIGHT (circle appropriate box and enter casing height) [49] above [ ] below LAND SURFACE (nearest foot) 50

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)



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES [Y] NO [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 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. 1 M SD 106; DRILLERS SIGNATURE; (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 204

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

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

70 TELESCOPE CASING 72 LOG INDICATOR 74 75 76 OTHER DATA

TX 4-344 995

EMERGENCY/TEMP NO. IF ANY

|     |      |                                |   |   |
|-----|------|--------------------------------|---|---|
| B 1 | 1918 | SEQUENCE NO.<br>(MDE USE ONLY) | STATE OF MARYLAND<br><b>APPLICATION FOR PERMIT TO DRILL WELL</b><br>please type<br>531916 | STATE PERMIT NUMBER<br><b>HO-95-1807</b><br><small>70 fill in this form completely 79</small> |
|-----|------|--------------------------------|---|---|

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13

15 Last Name Shaw, John + Molly Owner First Name 34

36 Street or RFD 8762 Stonehouse Dr 55

57 Town Ellicott City 70 State MD 72 Zip 21043 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21

23 SUBDIVISION Woodbine 42

SECTION 44 46 LOT 1 50

52 NEAREST TOWN Woodbine 71

MILES FROM TOWN (enter 0 if in town) 0 73 M I 76 77 78

**DRILLER INFORMATION**

Driller's Name Harshel Anette 76 License No. M S D 106 81

Firm Name Allied Environmental Serv

Address PO Box 1242, Millersville Md

Signature [Signature] Date \_\_\_\_\_

**WELL INFORMATION**

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD 3015 Woodbine Rd 30

34 DISTANCE FROM ROAD 200 37 ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 8 PARCEL: 320

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) \_\_\_\_\_ 8 \_\_\_\_\_ 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) \_\_\_\_\_ 14 \_\_\_\_\_ 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL 3 closed loops

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard (13) A33640

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED 9/24/2009 Bruce Baber 9/24/2010

48 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 535 000 EAST GRID 766 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

**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

- Drillers well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760,000 766

N 530,000 535

000 000

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM 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. HO-95-1807

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Great Well From Bottom Up

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

