

C 1 19717

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY  
09 20 12

DATE WELL COMPLETED

MM DD YY  
06 15 12

Depth of Well

22 375 26  
(TO NEAREST FOOT)

11/2/2012

O.K. (BB)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-95-2261

OWNER BURKE TOM

WELL SITE ADDRESS 8904 WILTON AVE TOWN Ellicott City, MD 21043

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)

FEET  
FROM TO

check  
if water  
bearing

Soil 0 10  
Clay 10 23  
Brown shale 23 52  
Gray Rock 52 375

2 bores  
x 375

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 20 NO. OF POUNDS 1000

GALLONS OF WATER 500

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 375 ft.  
(enter 0 if from surface)

CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

(ST)

(CO)

STEEL

CONCRETE

(PL)

(OT)

PLASTIC

OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top (main) casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type  
or open hole  
(insert  
appropriate  
code  
below)

SCREEN RECORD

(ST)

(BR)

(HO)

STEEL

BRASS

OPEN

BRONZE

HOLE

(PL)

(OT)

PLASTIC

OTHER

C 2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

E A C H S C R E E N

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

23 24 26 30 32 36

38 39 41 45 47 51

53 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100

SCREEN SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

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 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

70 72 74 75 76

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

8 9

PUMPING RATE (gal. per min.)

11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

22 25 ft.

TYPE OF PUMP USED (for test)

(A) air (P) piston (T) turbine

(C) centrifugal (R) rotary (O) other (describe below)

(J) jet (S) submersible

27 27 27 27 27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP YES 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.

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

(+) above

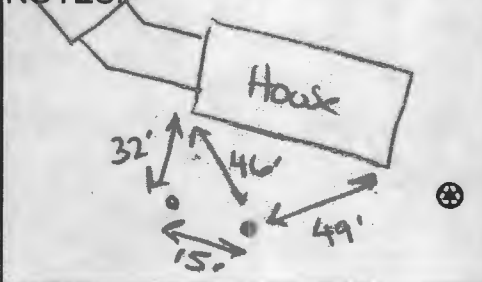
LAND SURFACE

(-) below

(nearest foot)

LATITUDE 39.29963  
LONGITUDE 76.81879  
(DEFAULT COORD. WGS 84)

NOTES:



B 1	<b>11714</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W536713</i> please type	STATE PERMIT NUMBER <b>H0-95-2261</b> <small>fill in this form completely</small>
Date Received (APA) <i>01/27/12</i>		OWNER INFORMATION		
8 MM DD YY 13 <i>01 27 12</i>		15 Last Name <i>Burke</i> Owner First Name <i>Tom</i> 34 36 <i>8904 W. Hon Ave</i> Street or RFD 55 57 <i>Ellicott City MD</i> Town 70 State 72 Zip <i>21043</i> 76		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <i>Michael Barlow</i> 76 License No. <i>MWD 355</i> 81 Firm Name <i>Barlow Well Drilling</i> Address <i>322 Underwood Lane</i> Signature <i>[Signature]</i> Date <i>1-20-12</i>		B 3 8 COUNTY <i>Howard</i> 21 23 SUBDIVISION <i>Wilton Farm Acres</i> 42 SECTION <i>44</i> 46 LOT <i>20</i> 48 50 52 NEAREST TOWN <i>Ellicott City</i> 71		
B 2 WELL INFORMATION		B 4		
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 <i>0</i> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 <i>0</i> 20		SOURCES OF DRILLING WATER 1. <i>Well</i> 2. 3.		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		8904 W. Hon Ave 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST <input checked="" type="checkbox"/> EAST SOUTH 34 75 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: <i>17</i> BLK: <i>12</i> PARCEL <i>240</i>		
22 <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input checked="" type="checkbox"/> CLOSED LOOP GEOTHERMAL <i>3 Bores x 250</i>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i> Public STATE SIGNATURE _____ INSERT S → DATE ISSUED <i>2/10/2012</i> <i>Brian Baker</i> 2/10/2013 43 MM DD YY 48 CO SIGNATURE EXP. DATE		
APPROXIMATE DEPTH OF WELL <i>250</i> FEET		PROPOSED LOCATION OF WELL ON LOT		
APPROXIMATE DIAMETER OF WELL <i>6</i> INCH		SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL		
METHOD OF DRILLING (circle one)		<i>850/530</i> 		
BORED (or Augered) JETTED Jettied & DRIVEN 30 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
39 <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> 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"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <i>H0-95-2261</i> 70 71 72 73 74 75 76 77 78 79				

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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

January 24, 2012

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

Re: 8904 Wilton Avenue, Ellicott City, MD

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 1/4"  
IGSHPA Certification Number 12687

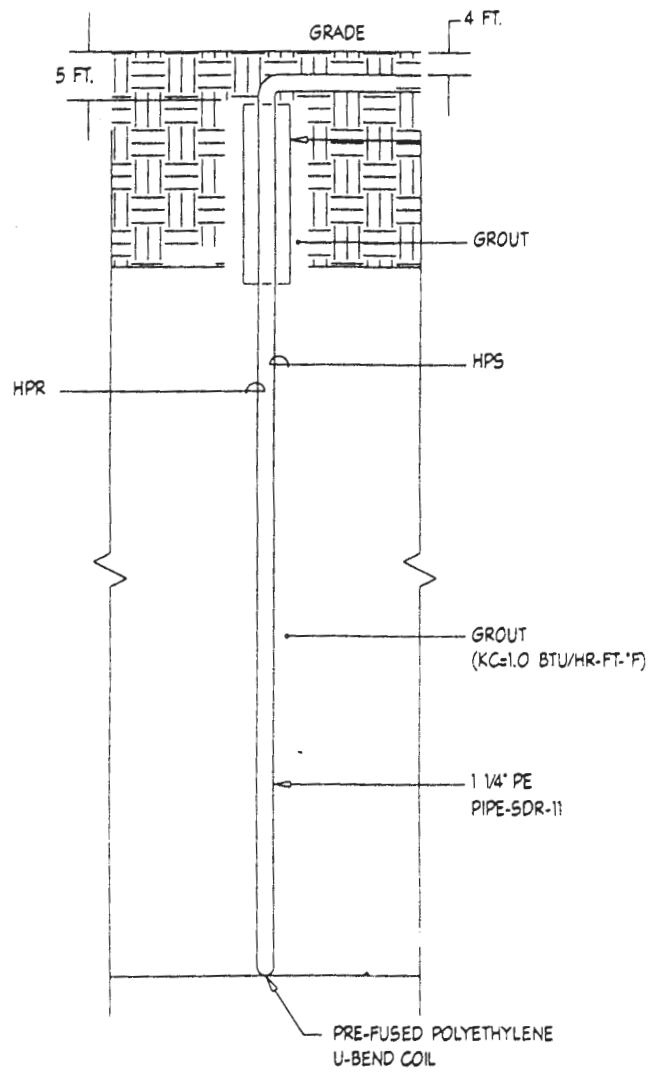
Also attached is a cross section diagram of the bore hole.

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,



Michael Barlow



4 TYPICAL BORE HOLE DETAIL  
 M1.00 NOT TO SCALE