

C 1 54366

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER JB Z Grey Properties LLC WELL SITE ADDRESS 2138 McHendree Road TOWN West Friendship SUBDIVISION SECTION LOT

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. Includes handwritten entries: Soft dirt & mud, G-Ray Rock, Brown seam, Hit water @ 136 + 152.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 92 BOTTOM 58 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 63 Total depth of main casing (nearest foot) 92 66 70

OTHER CASING (if used)

Other casing entries: St 10 inch diameter, 5 feet depth, 33 feet total depth.

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, E, N. Rows for casing depth and slot size.

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.22 METHOD USED TO MEASURE PUMPING RATE Watch & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 214 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) 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) 10 PUMP HORSE POWER 3/4 PUMP COLUMN LENGTH (nearest ft.) 280 CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

LATITUDE 39.312680 LONGITUDE 76.998363 (DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed.

B 1 SEQUENCE NO. (MDE USE ONLY) **67526** STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL **507283** please type **507283** STATE PERMIT NUMBER **HO-18-0175** fill in this form completely

OWNER INFORMATION
 Date Received (APA) **012320**
 8 MM DD YY 13
 15 Last Name **JB** Owner **Grey Properties, LLC** First Name **34**
 36 Street or RFD **5130 Rondel Pl** 55
 57 Town **Columbia** Md. **21044** State **72** Zip **76**

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION **1004** 42
 SECTION **44** 46 LOT **B** 48 50
 52 NEAREST TOWN **W. Friendship** 71

DRILLER INFORMATION
 Driller's Name **C. John Hess** M **4D** License No. **553** 76 81
 Firm Name **Carroll Water Service**
 Address **12047 Falls Per. Cockeysville**
 Signature **C. John Hess** Date **1/22/20**

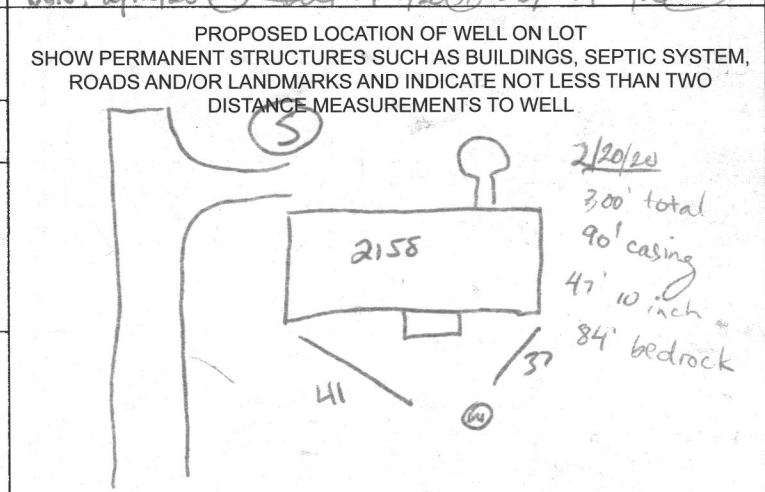
B 4 SOURCES OF DRILLING WATER
 1. **Public**
 2. **2/20/20**
 3. **2.2 gpm Static 10'**
level 214'
pump 240'
Portland Cement Type II
 11 STREET ADDRESS **2158 McKendree Rd** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **40** 37 DISTANCE FROM ROAD **17**
 ENTER FT OR MI **38** 39
 TAX MAP: **15** BLK: _____ PARCEL **50**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **400** 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **XIII**
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **02/06/2020** CO SIGNATURE _____ EXP. DATE **02/06/2020**
 43 MM DD YY 48
 DON: 2/12/20 (S) DOG: 2/20/20 (S) DOY: 2/20/20 (S)

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL _____ 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 _____

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 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ **G** _____
 PERMIT No. **HO-18-0175** 70 71 72 73 74 75 76 77 78 79

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SPECIAL CONDITIONS
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATT MEMO (STANDARD)**

CARROLL WATER SYSTEMS
12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-876-5100

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 02-20-20
Address: 2158 McKendree Road
Owner Name: Alex Gray
Well Depth: 300 Ft

Permit Number: HO-18-0175
Subdivision:
Election District:
Static Water Level: 10 Ft

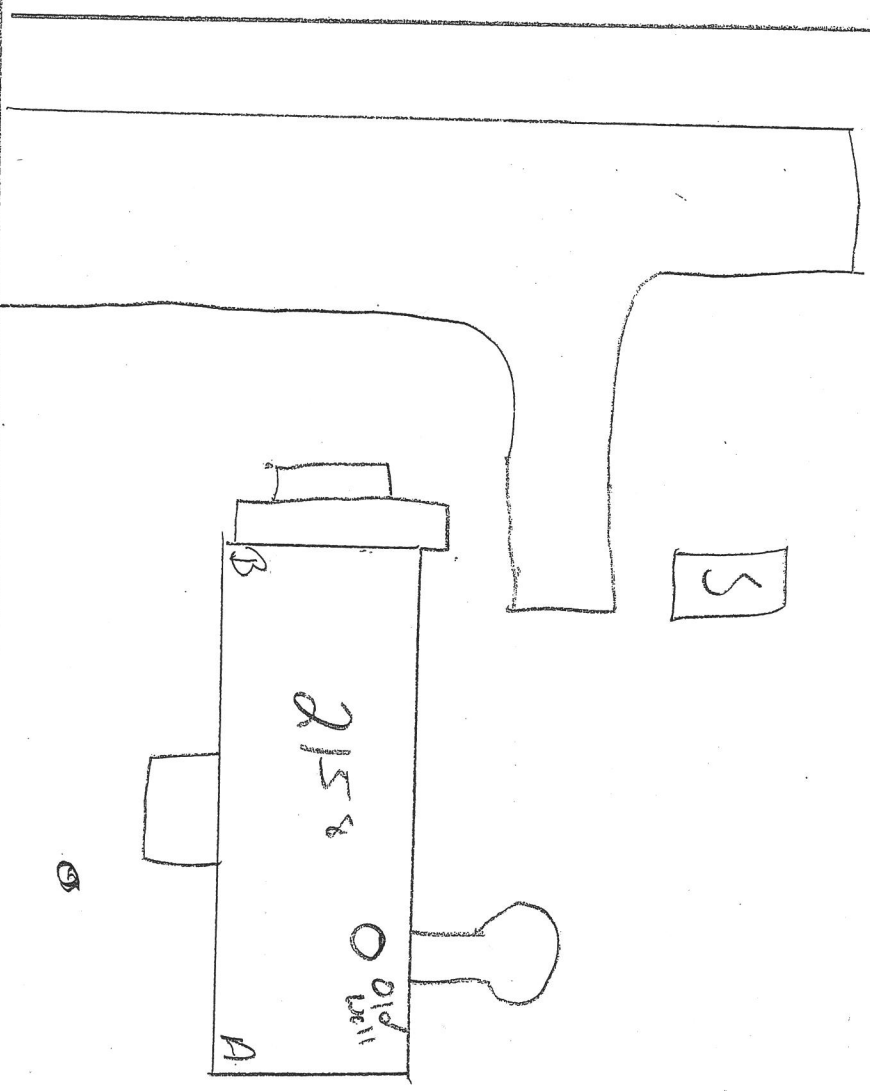
Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 1 Gallon bucket	Calculated Flow-Gallons Per Minute
1000	10 ft	21 psi	5.25 sec	11.43
1015	176	20	5.25	11.43
1030	157	20	5.25	11.43
1045	205	50	7.2	8.33
1100	214	50	27	2.22
1115	214	50	27	2.22
1130	214	50	27	2.22
1145	214	50	27	2.22
1200	214	50	27	2.22
1215	214	50	27	2.22
1230	214	50	27	2.22
1245	214	50	27	2.22
1300	214	50	27	2.22
1315	214	50	27	2.22
1330	214	50	27	2.22
1345	214	50	27	2.22
1400	214	50	27	2.22
1415	214	50	27	2.22
1430	214	50	27	2.22
1445	214	50	27	2.22
1500	214	50	27	2.22
1515	214	50	27	2.22
1530	214	50	27	2.22
1545	214	50	27	2.22
1600	214	50	27	2.22
1615	214	50	27	2.22
1630	214	50	27	2.22
1645	214	50	27	2.22
1700	214	50	27	2.22

DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
H0-18-0175
INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

Alex Grey



2158 MCKENDREE
H0-18-0195
APPROVED 2/06/2020 P. BOVIA
STATED BY DRIVER
REPLACEMENT WELL, NON
EMERGENCY



A - 37'
B - 41'
C - 40+

M W L. P. L.

C

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: Feb 24, 2020 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: C. John Hess WELL DRILLER'S LICENSE NUMBER: 553

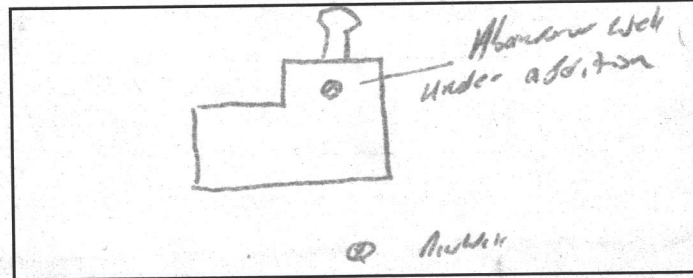
* OWNER'S NAME: Alex Gray (JBR Gray Properties Inc) CIRCLE: MWD / MSD / MGD

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP 15 BLOCK _____ PARCEL 50
 SUBDIVISION: _____
 SECTION: _____ LOT: 3
 STREET ADDRESS: 2158 McKeown Rd.

REPLACE WELL
 APPROVED
 02/28/2020
 (Signature)

X - X - X
HO - 18 - 0175

SITE LOCATION MAP



LATITUDE 3 9.312781
 LONGITUDE 7 6.998419

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Hole plus 3/8 chips	30	0

VOLUME OF MATERIAL USED

10 50lb bags

* TYPE OF WELL BEING ABANDONED:
 DRILLED _____ JETTED
 _____ BORED _____ 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: 30 FEET DEEP

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

WAS CASING RIPPED OR PERFORATED? _____ YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

C. John Hess

553 (MWD) MSD / MGS

CIRCLE ONE

DATE

2/24/20

COUNTY

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