

HOWARD COUNTY HEALTH DEPARTMENT

29484

7 /14 / 08

Received A	1118d Environments / Servin, Inc. PHONE # 410-788-27
670	2 Fort Smallwood Rd.
	For Geo. theinal Well.
☐ CASH ☐ CHECK	8492 Tipton Dr.
NO.	
17480	One hundred & sixty dollars 1xx - Dollars
\$ 160	Received By Cof The

C1 1/12 (MDE USE ONLY)	STATE OF MARYLAND	45 DAYS AFTER WELL IS COMPLETED.							
1 2 3 (THIS NUMBER IS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY							
IN COLS. 3-6 ON ALL CARDS)	PLEASE TYPE	NUMBER							
ST/CO USE ONLY DATE WELL COMPL	ETED Depth of Well	FROM "PERMIT TO DRILL WELL"							
MM 00 W 08 04 6	8 2 300 ²⁸	HO 95-1650							
8 13, 15 20 (TO NEAREST FOOT) 728 29 30 31 32 33 34 35 38 37									
STREET OF RED 8492 Suptant) ASS TOWN LAURE									
STREET OR RFD 8492 SUPPLY TOWN SECTION LOT 1									
WELL LOG	GROUTING RECORD YES NO	C 3 8492 Dipton Q1							
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2							
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST							
	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)							
DESCRIPTION (Use additional shoots if needed) FROM TO bearing	NO. OF BAGS 430 NO. OF POUNDS 7500	PUMPING RATE (gal. per min.)							
Brown 0 27	GALLONS OF WATER 750	METHOD USED TO							
Gravel 27 35	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE							
Brown Schiet 35 70	from 48 TOP 52 ft. to 54 BOTTOM 58	WATER LEVEL (distance from land surface)							
	(enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING R.							
Cray Brante 70 300	Cooning	17 20							
	insert appropriate STEEL CONCRETE	WHEN PUMPING th							
	code below PL OT	TYPE OF PUMP USED (for test)							
	CASTIC OTHER	A air P piaton T turbine							
Contract of the Contract of th	CASING top (main) casing of main casing	Zī Zī Zī other							
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)							
	60 61 63 64 66 70	27							
140	E OTHER CASING (If used)	J jet S submersible							
	diameter depth (feet)	977							
	<u> </u>	DRILLER INSTALLED PUMP YES NO							
		(CIRCLE) (YES or NO)							
	G - C - C - C - C - C - C - C - C - C -	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.							
	screen type SCREEN RECORD or open hole COLT TO LOT	TYPE OF PUMP INSTALLED							
	SII BIN NO	PLACE (A,C,J,P,R,S,T,O) IN BOX 29.							
	appropriate STEEL BRASS PPEN HOLE	CAPACITY: GALLONS PER MINUTE							
	below PL OT	(to nearest gallon) 31							
2 Clased doors	PLASTIC OTHER	PUMP HORSE POWER							
	C 2 DEPTH (nearest (C)	PUMP COLUMN LENGTH							
NUMBER OF UNSUCCESSFUL WELLS:		(nearest ft.)							
WELL HYDROFRACTURED	A B B 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)							
CIRCLE APPROPRIATE LETTER	G H 25 34 26 30 32 36	LAND SURFACE							
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	8	below (nearest)							
E ELECTRIC LOG OBTAINED	C 3 R 38 38 41 45 47 51	49 50 51 foot)							
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 2 3	LOCATION OF WELL ON LOT							
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.64 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR							
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	OF SCREEN INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES							
KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)							
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March James 10	F WELL DRILLED, WAS FLOWING WELL NISERT F IN BOX 50								
MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY								
LIC. NO.1 JSD 1 04	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	A STATE OF THE STA							
Lagrest Marks		FRONT							
SITE SUPERVISOR (sign. of driller or journeyman	70 72 74 68 78	1							
responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA								
DENV-CR00	ODICINAL	. /							

BI 9 478 SOLUENCE NO. ORDER INCOME STATE OF MARYLAND APPLICATION FOR PERPENTITO OFFILL WELL PAPELOR TOWN OF PERPENTITO OF ILL WELL PAPELOR TOWN OF PERPENTITO OF ILL WELL PAPELOR TOWN OF PERPENTITO OF WELL SOURCE FROM TOWN	14x # 06 - 4/28/0 EMERGENCY/TEMP NO. IF ANY								
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