

HOWARD COUNTY HEALTH DEPARTMENT

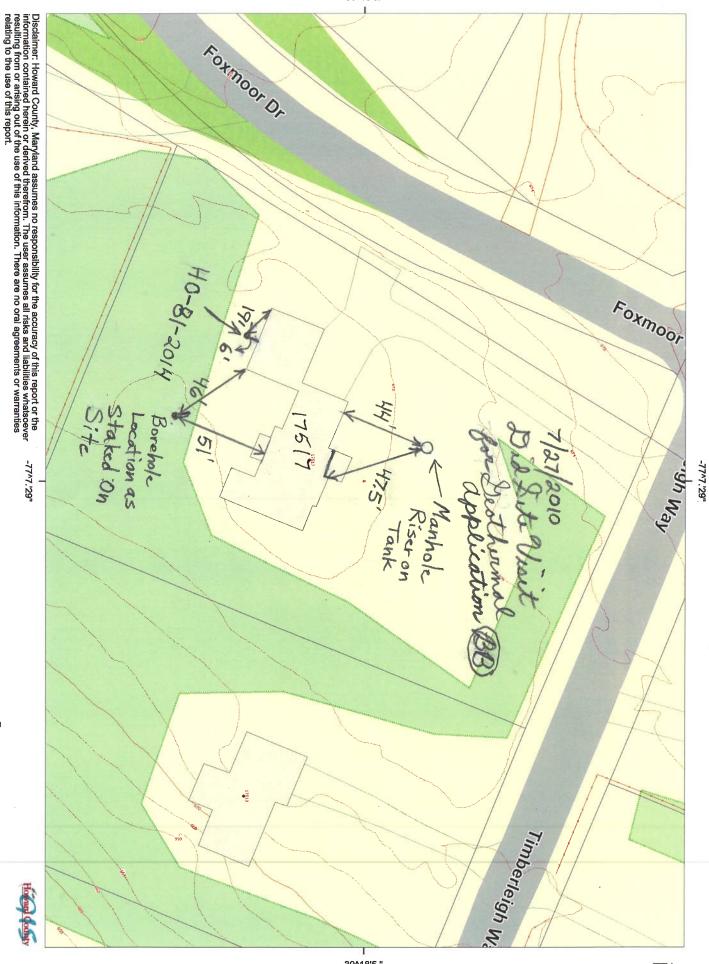
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	77 19110 1115	
Received	house + M. Heggres PHONE #	
☐ CASH	For Octo-thermal-Well Dennit Timberleigh Village Lota	
NO.	one hundred surge	Dollars
\$ Hel	Received By LIISTYNUM	

SEQUENCE NO. STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED NUMBER IN COLS. 3-6 ON ALL CARDS) **PLEASE TYPE** ST/CO USE ONLY PERMIT NO DATE WELL COMPLETED Depth of Well FROM "PERMIT TO DRILL WELL" **DATE Received** 600 0 1960 (TO NEAREST FOOT) 33 34 35 36 37 OWNER. Way first name STREET OR RFD TOWN SUBDIVISION SECTION LOT WELL LOG **GROUTING RECORD** 3 N WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) CEMENT CM check if water BENTONITE CLAY DESCRIPTION (Use additional sheets if needed) FEET FROM TO bearing NO. OF BAGS NO. OF POUNDS PUMPING RATE (gal. per min.) 15 GALLONS OF WATER METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (to nearest foot) 52 ft. to 54 BOTTOM WATER LEVEL (distance from land surface) (enter 0 if from surface) BEFORE PUMPING CASING RECORD casing types ISIT CIO insert WHEN PUMPING CONCRETE appropriate code OT TYPE OF PUMP USED (for test) below OTHER piston turbine MĂIN Nominal diameter Total depth CASING top (main) casing of main casing other TYPE (nearest inch)! (nearest foot) (describe centrifugal rotary 0 below) 60 61 63 64 66 70 **J** jet submersible OTHER CASING (if used) EACH diameter depth (feet) inch from to **PUMP INSTALLED** DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS, PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD TYPE OF PUMP INSTALLED screen type PLACE (A,C,J,P,R,S,T,O) or open hole ST BR HO IN BOX 29. insert CAPACITY: appropriate **BRONZE** HOLE GALLONS PER MINUTE code PL OT (to nearest gallon) 35 below PUMP HORSE POWER 37 41 2 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) 43 no CASING HEIGHT (circle appropriate box WELL HYDROFRACTURED N and enter casing height) + above C LAND SURFACE CIRCLE APPROPRIATE LETTER H 30 32 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED S (nearest) below C foot) E **ELECTRIC LOG OBTAINED** 39 50 51 TEST WELL CONVERTED TO PRODUCTION P LOCATION OF WELL ON LOT SLOT SIZE 1 _ 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. SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR DIAMETER (NEAREST OF SCREEN LANDMARKS AND INDICATE NOT LESS INCH) THAN TWO DISTANCES from (MEASUREMENTS TO WELL) MWDO DRILLERS LIC. NO.1. GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL
INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) (NOT TO BE FILLED IN BY DRILLER) LIC. NO. I (E.R.O.S.) W Q **(B)** 72 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 TELESCOPE LOG responsible for sitework if different from permittee) INDICATOR OTHER DATA DENV-CR00 COUNTY

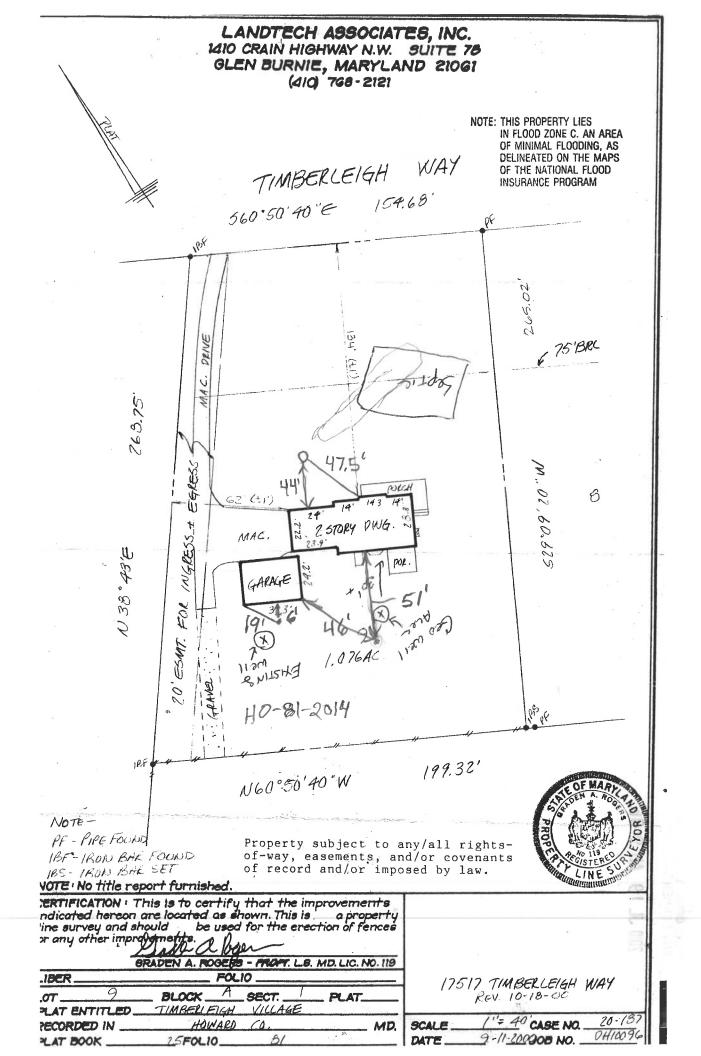
B 1 4678 SEQUENCE NO. STATE	OF MARYLAND	STATE PERMIT NUMBER
(MDE USE ONLY)	OR PERMIT TO DRILL WELL	110 05 10/0
1 2 3 6 AFFLICATION FC	1	HU -13 -1760
	please type	⁷⁰ fill in this form completely ⁷⁹
Date Received (APA) 11400	B 3 LOCA	ATION OF WELL
OT 19 70 OWNER INFORMATION	Howard	,
8 MM DD YY 13	8 COUNTY	21 ***
GREGORY TERRY	Timbadaiah Vil	
15 Last Name Owner First Name 34	23 SUBDIVISION	rage 42
17517 TIMBERLEIGH WAY	20 000014131014	42
	SECTION LA LOT	
36 Street or RFD 55	44 46	48 50
WOODBINE MD 21797	Lisbon	1
57 Town 70 State 72 Zip 76	52 NEAREST TOWN	71
DRILLER INFORMATION	MU EO EDOM TOWN /	3.5
+ George F: Easterday MW D 1040	MILES FROM TOWN (enter 0 if in	town) M 1 73 76 77 78
Driller's Name 76 License No. 81	B 4	
	1 2	/
L. Franklin Easterday, Inc.	DIRECTION OF WELL FROM	17517)Timberleigh Way
Firm Name	TOWN (CIRCLE BOX) 11	NEAR WHAT ROAD 30
9265 Brown Church Rd., MT. Airy, Md. 21771	N N N	WHICH SIDE OF ROAD
Address 9 C L 0	[W & [E] (C	IRCLE APPROPRIATE BOX)
Meane t. tasterlan 7/15/2010	8-9	Ollo West East
Signature Date	W TOWN E	34 37 30 31
B 2 WELL INFORMATION		DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE		T.
(GAL. PER MIN.) 8 12		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 500	8-9 S 8-9 TAX N	IAP: 15 BLK: PARCEL 258
(GAL. PER DAY) 14 20	8	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE I	FILLED IN BY DRILLER
DOMESTIC POTABLE SUPPLY & RESIDENTIAL	HEALTH DEF	PARTMENT APPROVAL
IRRIGATION WHESTIC POTABLE SUPPLY & RESIDENTIAL	Howard	(13) AITROU .
FARMING (LIVESTOCK WATERING & AGRICULTURAL	COUNTY NAME	COUNTY NO.
F FAHMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION	STATE	
22 I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE	INSERT S —
	DATE ISSUED	AD 1 -1 -141
P PUBLIC WATER SUPPLY WELL	7/29/2010 DILL	in/Daper 1/29/2011
T TEST, OBSERVATION, MONITORING	Appear Street	O SIGNATURE / EXP! DATE
G GEO-THERMAL	NORTH 535 000	EAST 765 000
GEO-THERMAL	50 55	57 63
	SHOW MAJOR FEATURES OF	
APPROXIMATE DEPTH OF WELL SEET	BOX & LOCATE WELL	_
APPROXIMATE DEPTH OF WELL 24 28	WITH AN X	
C NEAF	SOURCES OF DRILLING WATER	
APPROXIMATE DIAMETER OF WELL INCH		
AVETUOR OF BROWNING	2.	
METHOD OF DRILLING (circle one)	3. Wells -	The second second
BORED (or Augered) JETTED Jetted & DRIVEN		
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary	WRITE THE BOX NUMBER	7
37 CABLE REVerse-ROTary DRive-POIN	. WHITE THE BOX NOMBER	
	FROM THE MAP HERE	
other	7645	
REPLACEMENT OR DEEPENED WELLS	E	000
(CIRCLÉ APPROPRIATE BOX)	Erick for	000
THIS WELL WILL NOT REPLACE AN EXISTING WELL	N 2305	70
THIS WELL WILL REPLACE A WELL THAT WILL BE	DRAW A SKETCH BELOW SHOW	NG LOCATION OF WELL IN
ABANDONED AND SEALED	RELATION TO NEARBY TOWNS A	TOTAL CONTRACTOR OF THE PARTY O
THIS WELL WILL REPLACE A WELL THAT WILL BE USED	DISTANCE FROM WELL TO NEAF	
39 (S) AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY	10.000.000	
FOR POLICY ON STANDBY WELLS	TIMBERLEIGH	
THIS WELL WILL DEEPEN AN EXISTING WELL	way 1	(194)
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED	N	/ 6
(IF AVAILABLE) 41	N	1
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		
NOT TO BE THIELD IN BY GITHER (MIDE ON COUNTY USE ONLY)		V
APPROD DERMIT NUMBED	I	
APPROP. PERMIT NUMBER		1
40 95 1960		****
PERMIT No. 70 71 72 73 74 75 76 77 78 79	5	
	/	
SPECIAL CONDITIONS NOTE _ APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	***	⊕
	the state of the s	

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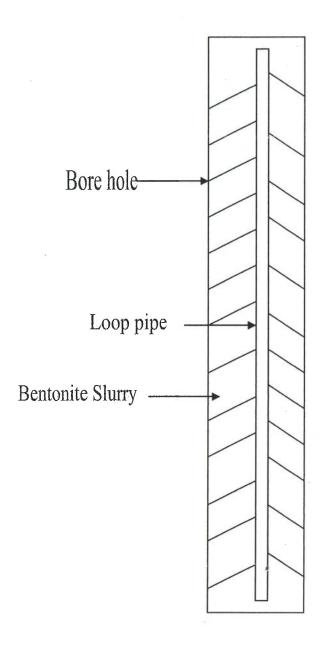
By: Office:

Map Width: 455.00 ft. Print Date: 7/28/2010 Scale: 1 in. = 50 ft.



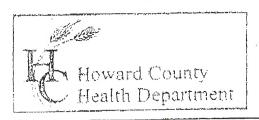
GEOTHERMAL WELL DESIGN

L. FRANKLIN EASTERDAY, INC



Owner_	TERRY	Gregor	<u> </u>	
Location_	1751	TIMB	ERLEIGH	way
Number o	of wells	<u>I</u>		
Depth	600	Loop Size	114"	

Grout Material-----Bentonite Slurry from bottom to G.L.



3525 H Ellicott Mills Drive, Ellicott City, MD 21043 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.lichealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

d	The well site has been sta	ked by OWNEY	driller
	(professional land surveyor or co	ompany employing pro	fessional land surveyors)
	on 7-14-10	(date) and does no	t require a site inspection.

The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

17517 Jinberleigh Way

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