

C1 3255

SEQUENCE NO. (OEP USE ONLY)

STATE OF TENNESSEE  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 26927

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-73-4257

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

Date Received (OEP use only)

DATE WELL COMPLETED

7 8 8 2

Depth of Well

200 (TO NEAREST FOOT)

OWNER last name

Ballantine

first name

Robert A

STREET OR RFD

14766 Justifiable Court

TOWN

Cookeville

SUBDIVISION

Justifiable

SECTION

LOT

4

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

Brown Shale 0 37  
Gray granite 37 200

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 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

Normal diameter top(main)casing (nearest inch)

Total depth of main casing (nearest foot)

ST 6 41

OTHER CASING (if used)

diagram showing casing diameters and depths

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS, BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.) 40 39 200  
slot size 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH) from to

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 42

WHEN PUMPING 48

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

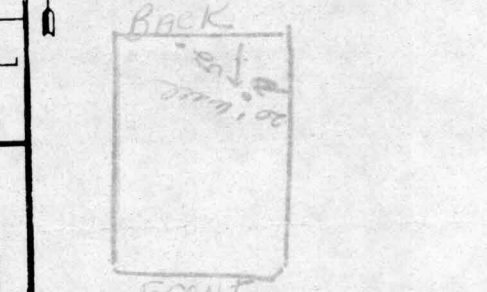
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

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)



CIRCLE APPROPRIATE BOX

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 10.17.13 "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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 12316

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-4257

(THIS NUMBER IS TO BE PUNCHED IN COLS. 8-6 ON ALL CARDS)

please print or type

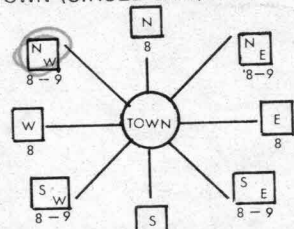
fill in this form completely

DATE RECEIVED 9/8/82 08-16-82  
 Pump Test 8 (WRA USE ONLY) 13  
 3 hr. Start 9:00  
 Grant to follow.

OWNER INFORMATION  
 Ballantini A- Robert  
 LAST NAME 15 OWNER 34 FIRST NAME 34  
 1797 Dorsey Rd.  
 STREET OR RFD 55  
 Hanover Md. 21076  
 TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL  
 COUNTY Howard 21  
 SUBDIVISION Justifiable 42  
 SECTION 4 44 46 48 50  
 NEAREST TOWN Cooksville 52 71  
 MILES FROM TOWN (enter 0 if in town) 1 1/2 MI 73 76 77 78

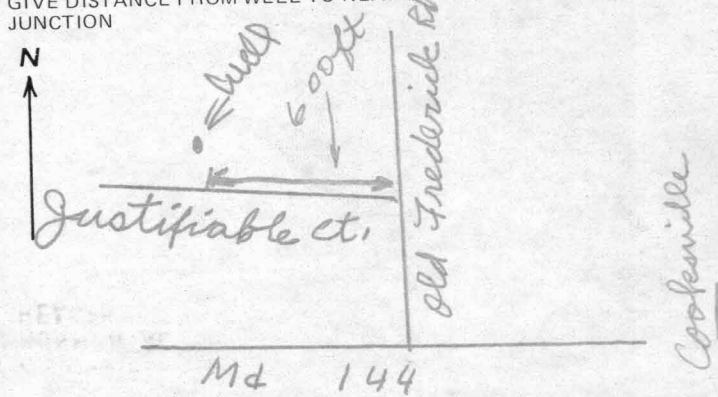
B 1 CONTINUED DRILLER INFORMATION  
 Driller's Name Joseph L. Wayne 238  
 77 LICENSE NO. 80  
 Signature Joseph L. Wayne DATE Aug 16, 82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD Justifiable Court 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST 32 EAST 34 SOUTH 36 NORTH 38  
 555  
 34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN) 5 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750 14 20

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
 Location OK  
 41' casing  
 2' above jr  
 38' open  
 9' bag cement  
 9/8/82 JS  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 7901  
 N 5404

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 Md 144  
 Cooksville

APPROXIMATE DEPTH OF WELL 180 FEET 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH 30 32

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  
 THIS WELL WILL DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (WRA USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE INITIALS IN BOX ES WRITE CONDITIONS HO-73-4257  
 A E N S G W Q C L U  
 70 71 72 73 74 75 76 77 78 79

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME HOWARD COUNTY NO. A 26927  
 STATE HEALTH CIRCLE BOX 41  
 EHA SIGNATURE Frank Shriver DATE 8/24/82  
 MO DAY YR 08 24 82  
 CO SIGNATURE DATE  
 NORTH GRID 5444 EAST GRID 0791 ELEV. (FT.)

B 5 SPECIAL CONDITIONS (WRA USE ONLY) 8-63

GRID 50 55 GRID 57 63 65 68







Robert A. Ballentine

1797 Dorsey Rd.

Hanover Md.

21076

Steve Smith

465-5833



RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
AUG 16 12 01 PM '87  
DIVISION OF  
ENVIRONMENTAL  
HEALTH