

C1 2821

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)

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 06 09

Depth of Well 2X 22 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-1817

OWNER: Chlaw Paul last name first name STREET OR RFD: 12045 Lamplighters Drive TOWN: Ellicott City SUBDIVISION: SECTION: LOT: 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Dirt 0-25, Hard Gray 25-285, Med. Brown 285-320.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS (20), NO. OF ROUNDS (7000), GALLONS OF WATER (420), DEPTH OF GROUT SEAL (0-320).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (60-70), Nominal diameter top (main) casing, Total depth of main casing.

OTHER CASING (if used) diameter inch, depth (feet) from to

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MW D 304, David Kelly, DRILLERS SIGNATURE, LIC. NO.: W D 376, Jason Morrison

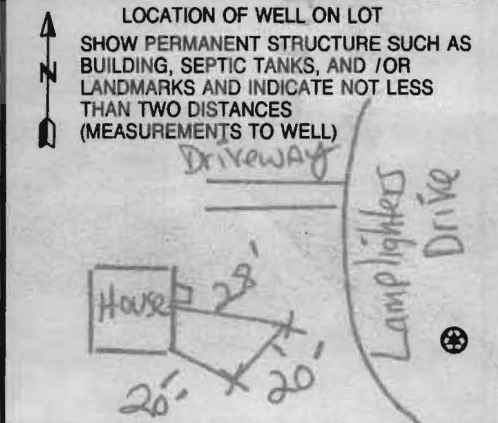
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns: Casing Height (A-E), Slot Size (1-3), Diameter of Screen (56-60), 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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (8), PUMPING RATE (11-15), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING (17-20), WHEN PUMPING (22-25), TYPE OF PUMP USED (air, piston, turbine, centrifugal, rotary, other, jet, submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES), 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), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (nearest foot)



B 1	6244	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531924 please type	STATE PERMIT NUMBER HO-95-1819 fill in this form completely
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OWNER INFORMATION

Date Received (APA) _____

8 MM DD YY 13
 15 Last Name Owner First Name 34
 36 Street or RFD 55
 57 Town 70 State 72 Zip 76

Chlan R. PAUL, JR
 12045 Lamplighters Drive
 Ellicott City Md 21042

LOCATION OF WELL

B 3
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

Howard
 Sand Hill Acres
 West Friendship
 2 Black "C"

DRILLER INFORMATION

Driller's Name 76 License No. 81
 Firm Name
 Address
 Signature Date

DAVID KELLY MW D 304
 JONES WELL DRILLING INC
 3700 Bush Rd. Jarrettsville, MD 21084
 David Kelly 9-17-09

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

1 2
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 71 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 16 BLK: 7 PARCEL 384

12045 Lamplighters Dr
 NORTH
 WEST EAST
 SOUTH

WELL INFORMATION

1 2
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

0
 0

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL 2 holes closed loop

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S →
 DATE ISSUED 10/11/09
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 10/1/10
 NORTH GRID 536 000 EAST GRID 0820 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 FEET
 320

APPROXIMATE DIAMETER OF WELL NEAREST INCH
 6

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
 1.
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820
 N 536

000
 000

METHOD OF DRILLING (circle one)

30 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROtary DRive-POINT
 other _____

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

MAP 10
 G3

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

39 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

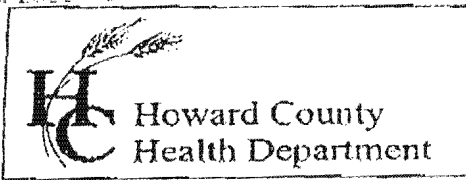
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-1819
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE COMMENTS ON SITE PLAN!!

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



7178 Columbia Gateway Drive, Columbia MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.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:

Well Site Location:

Sand Hill Acres 2 12045 Lamplighters Dr.
 Subdivision/Property Name Lot# Road Name

The well site has been staked by _____
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not 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 3/11/05

geo sites are flagged AT the site. (9/17/09)

