

C1 15599

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: BLYUKHER, VLADIMIR; WELL SITE ADDRESS: 4655 MANOR LANE; TOWN: COLUMBIA

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Sandy mica, Grey mica, Brown mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL); Nominal diameter top of casing; Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter, depth (from, to)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below

C2

DEPTH (nearest ft.)

Table for depth measurements with columns: 1, 2, 3, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH)

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

C3

PUMPING TEST

HOURS PUMPED; PUMPING RATE; METHOD USED TO MEASURE PUMPING RATE; WATER LEVEL; BEFORE PUMPING; WHEN PUMPING; TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED; CAPACITY; GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT

LATITUDE 39.242954; LONGITUDE 76.887585; (DEFAULT COORD. WGS 84)

NOTES:

B 1	15026	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 545048	STATE PERMIT NUMBER HO - 95 - 2525 fill in this form completely
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12452

Date Received (APA) **05 21 13**

OWNER INFORMATION

BLYUKHER VLADIMIR

15 Last Name Owner First Name 34

4655 MANOR LANE

36 Street or RFD 55

ELLCOTT CITY, MD 21042

57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Columbia

52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M VD 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday 5/17/2013

Signature Date

SOURCES OF DRILLING WATER

1. wells

2.

3.

4655 Manor Lane

11 STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
WEST EAST
SOUTH

34 210 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 **(1 bore hole)**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED **05/29/2013** **5/29/14**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **450** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

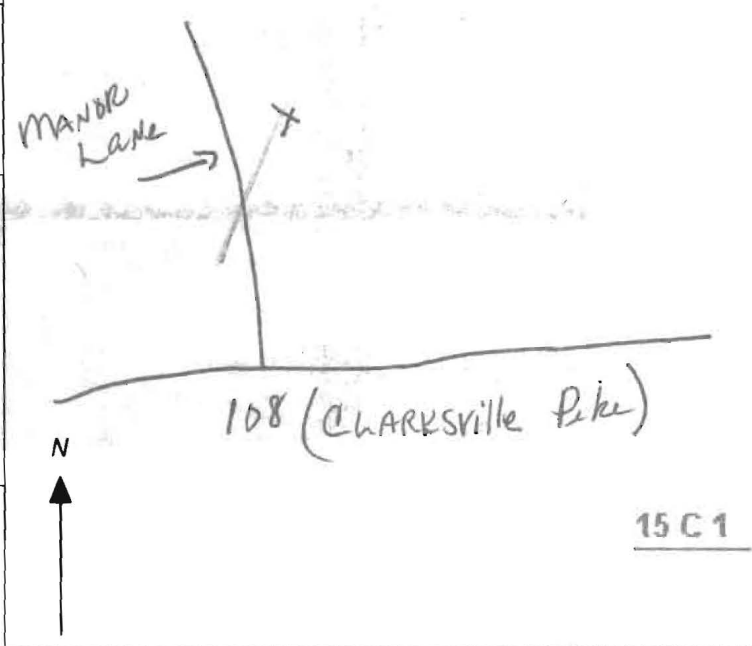
METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

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)

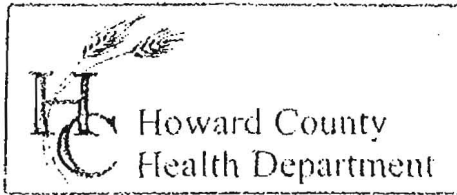
APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO - 95 - 2525**

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **Well must be grouted from bottom to top**



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.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:

- The well site has been staked by OWNER / EASTWARDAYS,
(professional land surveyor or company employing professional land surveyors)
on 5-17-13 (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 6/10/03

4655 MANOR Lane
VLADIMIR Blyukher
Geo & Closed Loop well

1/4

1 1/4