

C1 0086

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 350

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2230

OWNER Ross Robert WELL SITE ADDRESS 3926 Clarks Meadow Dr TOWN Glenwood

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for topsoil, soft tan soil, brn soil w/ chips, hard tan weathered rock, gray rock, and 3 closed loops.

GROUTING RECORD form with fields for YES/NO, GROUTED status, TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (STEEL ST, CONCRETE CO, PLASTIC PL, OTHER OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to. Includes entries for 6 1/4 inch casings.

SCREEN RECORD form with fields for screen type (STEEL ST, BRASS BR, BRONZE PL, PLASTIC PL, OPEN HOLE HO, OTHER OT), DEPTH (nearest ft.).

Table with columns: A, C, H, S, R, E, N and rows for SLOT SIZE 1, 2, 3 and 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (BEFORE/WHEN PUMPING), TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED PLACE, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

LATITUDE 39.261027 LONGITUDE 77.016595 (DEFAULT COORD. WGS 84) NOTES: Front, 25' fradaps, X X X, #1 #2 #3

B 1 13189

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 536041

STATE PERMIT NUMBER

140-95-2230 fill in this form completely

Date Received (APA)

11 25 11

OWNER INFORMATION

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

B 3

LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Clarks Meadow 42
SECTION 44 46 LOT 10 48 50
52 NEAREST TOWN Glenwood 71

DRILLER INFORMATION

76 Driller's Name M D License No. 81
Firm Name Allied Environmental Services
Address PO Box 129, Annapolis MD 20701
Signature John Hess Date 11-21-11

B 4

SOURCES OF DRILLING WATER

1. Public
2.
3.

3926 Clarks Meadow Rd
11 STREET ADDRESS 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 37 DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP 0021 BLK 0017 PARCEL 0274

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 3 Loops OK

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A517904
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 12/2/11
43 MM DD YY 49 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 350 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROP. PERMIT NUMBER G

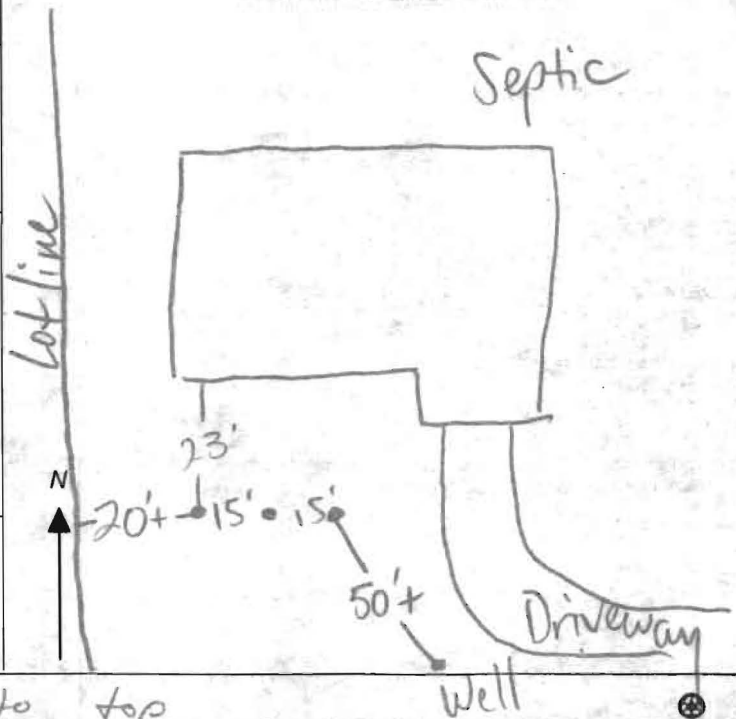
PERMIT No. 140-95-2230

SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Great wells bottom to top

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



04-370902

B 1 13189 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
530041 please type

STATE PERMIT NUMBER
40-95-2230
70 III in this form completely 79

Date Received (APA)
8 11 21 13

B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Clarke Meadow 42
SECTION 44 46 LOT 10 48 50
52 NEAREST TOWN Leeswood 71

OWNER INFORMATION
15 Last Name Robert Owner First Name Robert 34
36 Street or RFD 1103 Pilgrimage Court 55
57 Town Towson 70 State MD 72 Zip 21114 76

DRILLER INFORMATION
Driller's Name C. John Hess M/D 553 76 License No. 81
Firm Name Allied Environmental Services
Address 1414 179 Annapolis Ave MD 20701
Signature C. John Hess Date 11-21-11

B 4 SOURCES OF DRILLING WATER
1. Public 3926 Clarke Meadows 30
2. STREET ADDRESS 11
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP 0021 BLK 0017 PARCEL 0371

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 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 30' deep

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard (13) A 513904
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 12/2/11
 43 45 47 49 GO SIGNATURE EXP. DATE 12/2/12

APPROXIMATE DEPTH OF WELL 350 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jettied & 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
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 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. 40-95-2230
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Great wells bottom to top.

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.



PLAN

SCALE: 1" = 100'

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/1/11 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Robert P Copsy WELL DRILLERS LICENSE NUMBER: 1601
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Dorsey Mill LLC

* WELL LOCATION: 3726 Clark's meadow Dr.
 COUNTY: Howard
 NEAREST TOWN: Glenwood
 TAX MAP 21 BLOCK 17 PARCEL 0271
 SUBDIVISION: _____
 SECTION: _____ LOT: 10
 NEAREST ROAD: _____

000	
000	

SHOW WELL LOCATION
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E _____
 N _____

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 10 INCHES IN DIAMETER

* DEPTH OF WELL: 15 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 15

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Bentonite clay</u>	<u>15</u>	<u>0</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Robert Copsy LICENSE # 1601 CIRCLE ONE MWD/MSD/MGD DATE 4/1/11