

C1 7859 SEQUENCE NO. (DENV USE ONLY)

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

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

COUNTY NUMBER **A 517386**

ST/CO USE ONLY DATE Received [] [] [] [] [] [] [] []

DATE WELL COMPLETED **082510**

Depth of Well **100** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-95-1975**

OWNER **PATEL** (last name) **AMRISH** (first name)

STREET OR RFD **12135 FULTON Ridge Drive** TOWN **FULTON**

SUBDIVISION [] SECTION [] LOT []

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		Check if water bearing
	FROM	TO	
BR, TAN, SANDY SILT	0.0	50.0	<input checked="" type="checkbox"/>
Grey SOFT Rock	50.0	100'	<input type="checkbox"/>

10 Geothermal Wells
2 1/2 Bags, 125 lbs w/ 60 gal water Bentonite Grout FOR each Geothermal well

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS **2 1/2** NO. OF POUNDS **125**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **100** ft.

CASING RECORD
casing types insert appropriate code below

<input checked="" type="checkbox"/> ST	<input type="checkbox"/> CO
STEEL	CONCRETE
<input type="checkbox"/> PL	<input type="checkbox"/> OT
PLASTIC	OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) [] [] Total depth of main casing (nearest foot) [] [] [] []

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

SCREEN RECORD
screen type or open hole (insert appropriate code below)

<input checked="" type="checkbox"/> ST	<input type="checkbox"/> BR	<input type="checkbox"/> HO
STEEL	BRASS	OPEN HOLE
<input type="checkbox"/> PL	<input type="checkbox"/> OT	<input type="checkbox"/> HO
PLASTIC	OTHER	HOLE

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE **0**

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

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 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.

DRILLERS IDENT. NO. **MWD 344**

DRILLERS SIGNATURE **Thomas Stephens**

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

C 2

DEPTH (nearest ft.)

1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SLOT SIZE 1 **0** 2 **0** 3 **0**

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

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

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

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 } LAND SURFACE

- below } **4** (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)

12135

Fulton Ridge Dr.

RT-# 216

B 1 8742	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-95-1975</u> <small>fill in this form completely</small>
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
PATEL AMRISH

15 Last Name Owner First Name 34

36 12135 FULTON Ridge DRIVE

57 FULTON MD. 20759

70 Town 72 State 76 Zip

B 3 HOWARD LOCATION OF WELL

8 COUNTY FULTON Ridge 21

23 SUBDIVISION _____ 42

SECTION 44 LOT 7

44 46 48 50

FULTON

52 NEAREST TOWN _____ 71

MILES FROM TOWN (enter 0 if in town) 5.0 M I

73 76 77 78

DRILLER INFORMATION

Palmer Stephens M W D 344

76 License No. 81

Firm Name Palmer Stephens Drilling Assk. Inc.

Address 667 Windsor Mill Rd. Gaym Oak, MD.

Signature Palmer Stephens Date 05-03-10

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

FULTON Ridge Drive

11 NEAR WHAT ROAD _____ 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 150 37 DISTANCE FROM ROAD _____ FT.

ENTER FT OR MI 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) Geothermal

10 Bores

**NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL**

Howard (13) A 517386

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 8/31/10 for M. Hall 8/31/11

41

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID 483 0 0 0 EAST GRID 0818 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 100 FEET

24 28

APPROXIMATE DIAMETER OF WELL 4 INCH

NEAREST INCH

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 DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 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 DEEPEIN AN EXISTING WELL

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. OFFICE

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 818

N 4843

000
000

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

APPROP. PERMIT NUMBER _____ G A P _____

54 63

WRITE INITIALS IN BOX FORCE PERMIT No. HO-95-1975

67 68 70 71 72 73 74 75 76 77 78 79

