

C1 1631 SEQUENCE NO. (MDE USE ONLY)

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

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

1 2 3 4 5 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED  
02 20 09  
Depth of Well  
2 X 22 300 28  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
10-95-1740  
28 29 30 31 32 33 34 35 36 37

OWNER Huson Denise  
STREET OR RFD 13800 Forsythe Rd. TOWN Sykesville  
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	
Soft Red	0	20	
Hard Red	20	39	✓
Hard Tan	39	74	
Hard Gray	74	77	
Hard Tan	77	79	
Hard gray	79	117	
Hard Tan	117	125	✓
Hard gray	125	180	
Hard Tan	180	182	
Hard gray	182	248	
Fractured Hard green	248	250	✓
Hard green	250	300	

NUMBER OF UNSUCCESSFUL WELLS: 0

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 LIC. NO. MWD 304  
David Kelly  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 897  
Jash Holmes

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

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL (Circle one)  CM CEMENT  B BENTONITE CLAY  
NO. OF BAGS 25 NO. OF POUNDS 1250  
GALLONS OF WATER 525  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 52 ft. to 300 BOTTOM 58 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) from to  
\_\_\_\_\_ inch \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
screen type or open hole (insert appropriate code below)  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

**C2** DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	28	30	32	36
3	38	39	41	45	47	51
SLOT SIZE	1	2	3			

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q  
70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

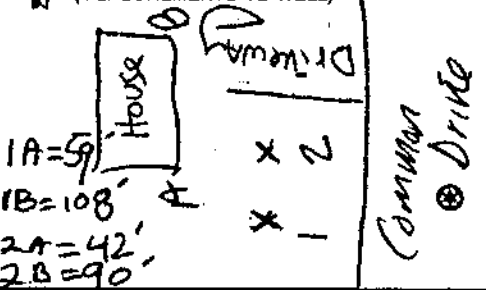
**C3** **PUMPING TEST**

HOURS PUMPED (nearest hour) 8 9  
PUMPING RATE (gal. per min.) 11 15  
METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 17 20 ft.  
WHEN PUMPING 22 25 ft.  
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 INSTALLED PUMP (CIRCLE) YES NO  
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) IN BOX 29 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 36  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE (nearest foot)  
 - below }

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)



B 1 **6046**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
530295. please type

STATE PERMIT NUMBER

**HO-95-1740**  
fill in this form completely

Date Received (APA)

OWNER INFORMATION

**HUSON Denise**  
13880 Forsythe Road  
Sykesville MD 21784

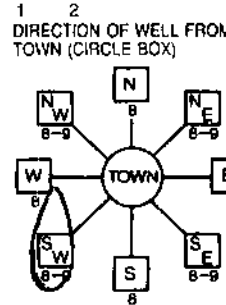
B 3 **Howard** LOCATION OF WELL

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

DRILLER INFORMATION

**David Kelly** M W D 304  
Jones Well Drilling, Inc.  
3700 Kusch Rd. Larr. MD 21084  
**David Kelly** 1/29/09

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**13880 Forsythe Road**  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **300** 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI: 38 39  
TAX MAP: **9** BLK: **1** PARCEL **70**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 0  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 0

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
  - GEO-THERMAL
- Closed Loop 2-Boreholes*

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **A41845**  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED **2/10/09** **Stubbins** 2/10/09  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID **550** 0.0 EAST GRID **801** 0.0  
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER  
1.  
2.  
3.

METHOD OF DRILLING (circle one)

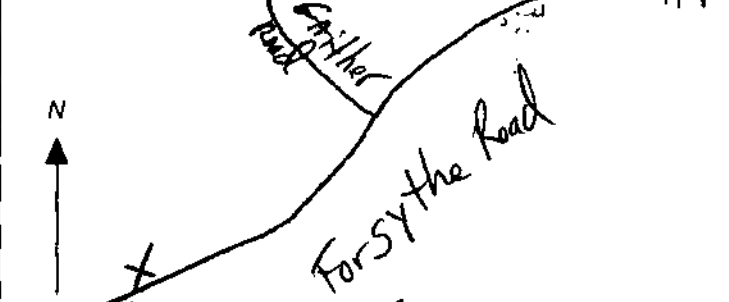
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTARY **AIR-PERCussion** ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTARY DRive-POINT  
other

WRITE THE BOX NUMBER FROM THE MAP HERE  
E **801**  
N **550**

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
  - 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

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



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

APPROX. PERMIT NUMBER  
PERMIT No. **HO-95-1740**

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITY SHOULD USE IF SPECIAL PERMITS ARE NEEDED

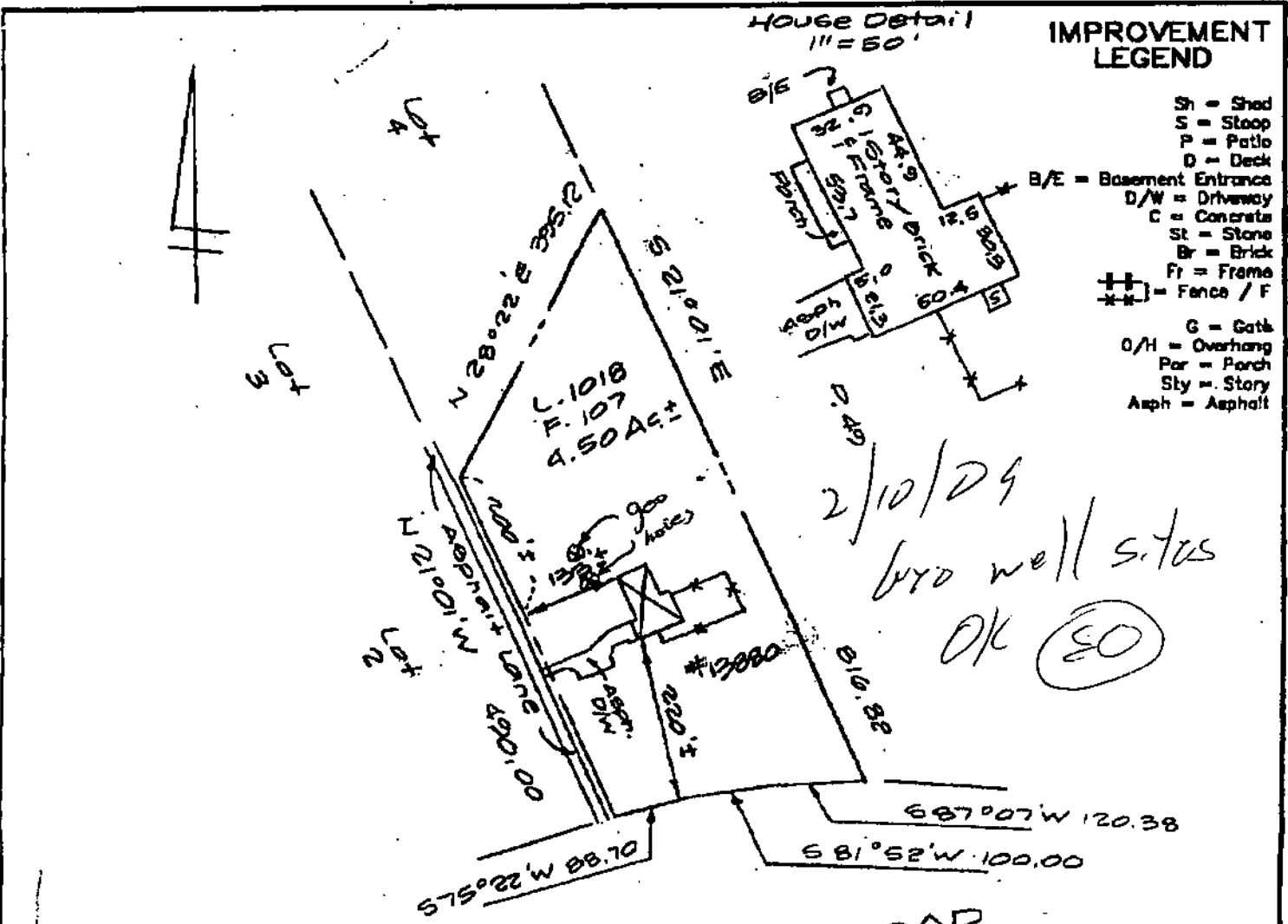
*Grant w/ COMAR approval grant bottom to top*

# LAPENSEE

CASE NO. **040257**

NOTE: THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE ON THE PLAN.

NOTE: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location



Location of House  
**RUTH N. YOUNG**  
**PROPERTY**  
 Liber 1018 Folio 107  
 Howard County, MD.

**FORSYTHE ROAD**

owner: Denise HUSON  
 contact **PATRICK LAPENSEE**  
 13880 Forsythe Rd.  
 Sykesville MD 21784

FLOOD ZONE C PER FEMA MAP

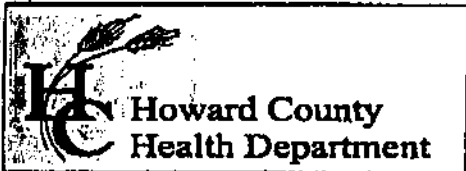
**CERTIFICATE**  
 I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.

*[Signature]*  
**DAVID L. HALLER**  
 MARYLAND R.P.L.S. No. 240

REFERENCED	
PLAT BK	
PLAT NO	
LIBER	1018
FOLIO	107

<b>HALLER-BLANCHARD &amp; ASSOCIATES</b> P.O. BOX 1774 FREDERICK, MARYLAND 21702 (301)228-2288 FAX: (301)228-2348		
		DATE OF PLANS
WALL CHECK:		DRAWN BY: <b>BB</b>
FILE LOC: <b>5-5-04</b>		JOB NO.: <b>04-25105</b>
BOUNDARY:		

THIS LOCATION FOR MORTGAGE PURPOSES FOR HUSON



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:

Ruth N. Young Prop      13880 Forsythe Rd.  
 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.

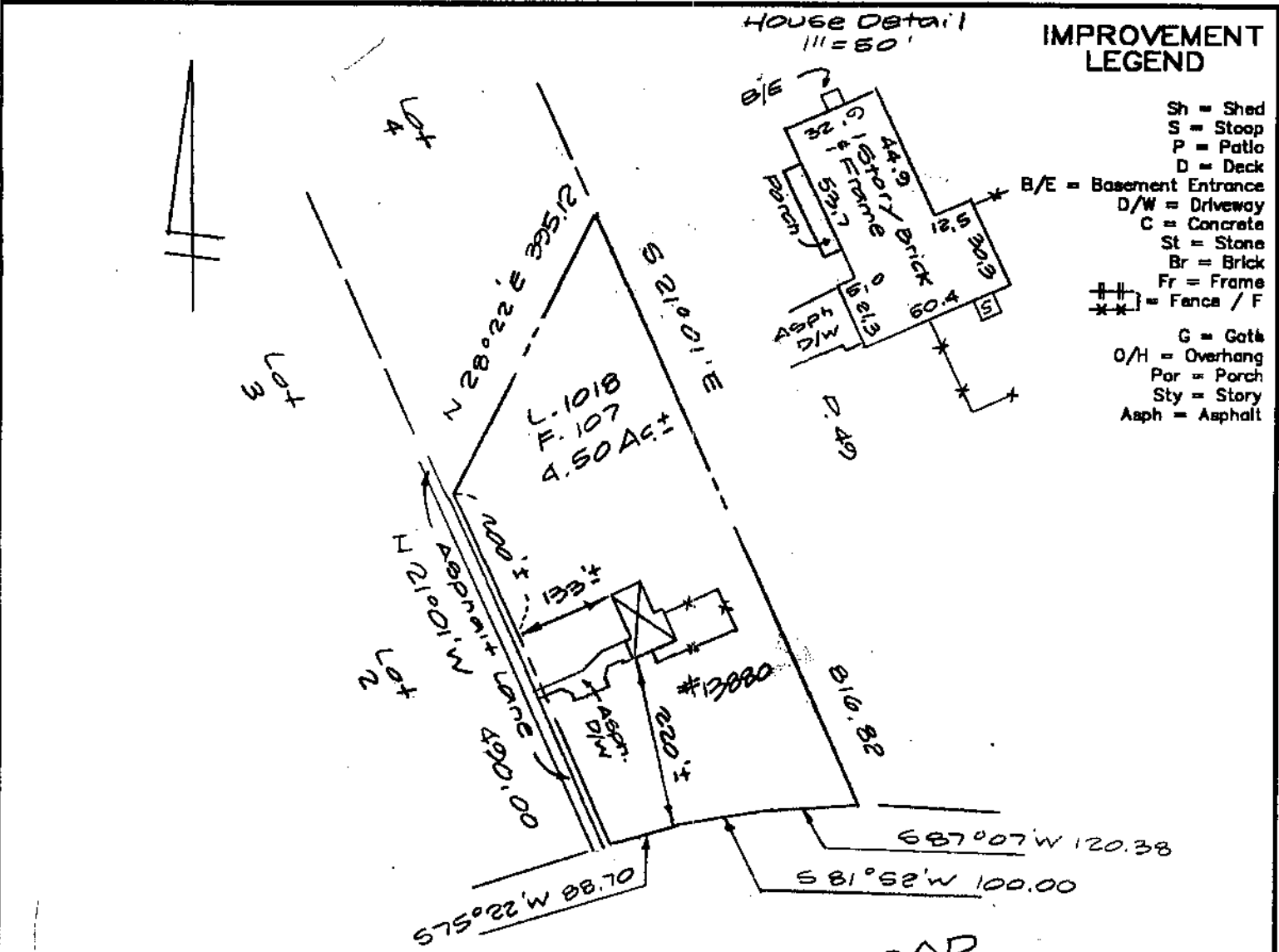
Revised 3/11/05

*2/10/09 Spoke to well driller  
 by phone 2 Geo sites OK*

CASE NO. 040257

NOTE: THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE ON THE PLAN.

NOTE: This location for title purposes only - not to be used for determining property lines. Property corner Markers Not guaranteed by this location



FORSYTHE ROAD

Location of House  
RUTH N. YOUNG  
PROPERTY  
Liber 1018 Folio 107  
Howard County, MD

FLOOD ZONE C PER FEMA MAP

**CERTIFICATE**  
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*[Signature]*  
DAVID L. HALLER  
MARYLAND R P L S No. 240

REFERENCES	
PLAT BK	
PLAT NO	
LIBER	1018
FOLIO	107

**HALLER-BLANCHARD & ASSOCIATES**  
P.O. BOX 1774  
FREDERICK, MARYLAND 21702  
(301)228-2268 FAX: (301)228-2248

DATE OF PLANS: \_\_\_\_\_ SCALE: 1" = 200'

WALL CHECK: \_\_\_\_\_ DRAWN BY: BB

HSE. LOC.: 5-5-04

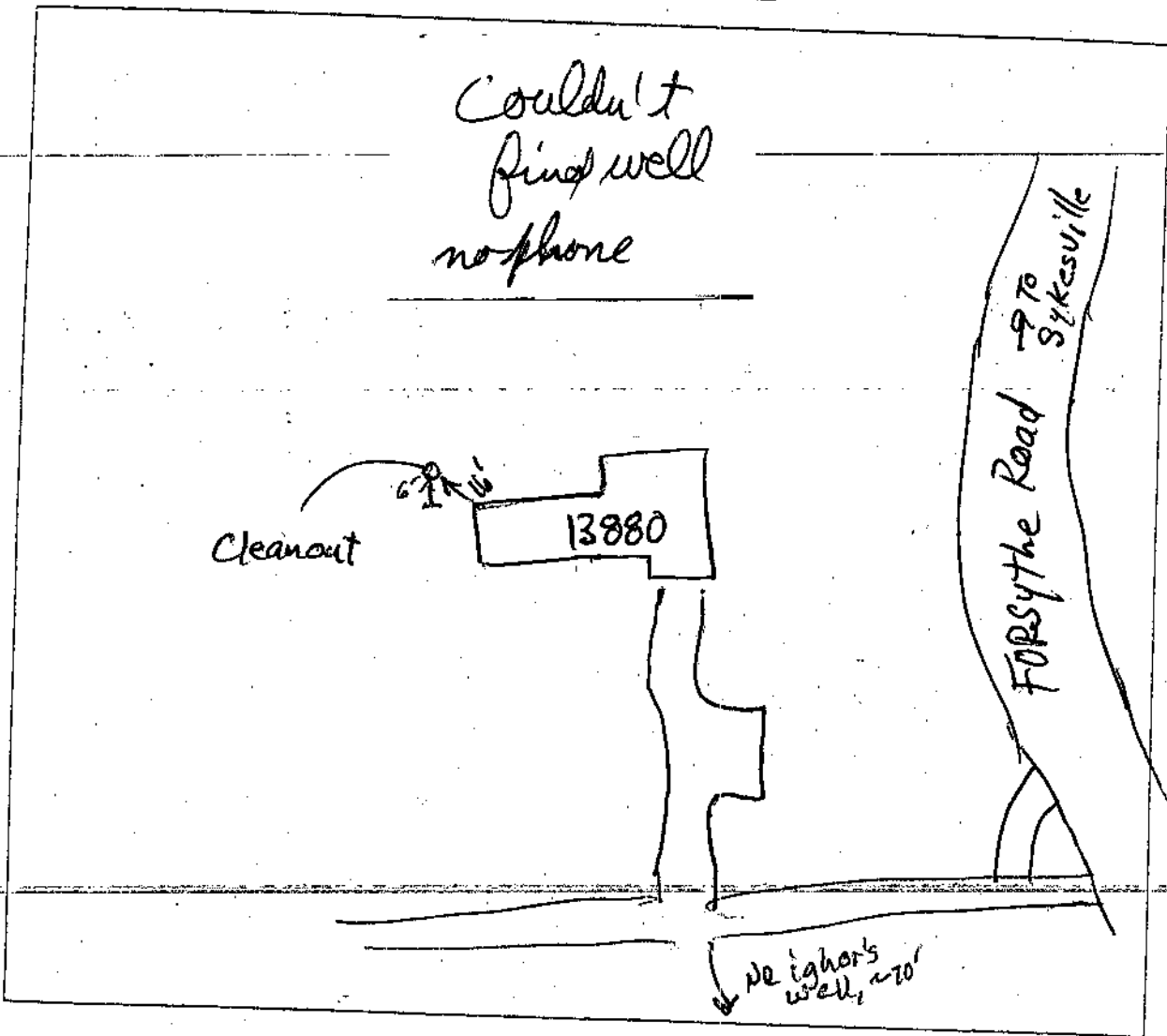
BOUNDARY: \_\_\_\_\_ JOB NO.: 04-25105

THIS LOCATION FOR MORTGAGE PURPOSES FOR Huson

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
PROPOSAL: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_