

C1 0144  
 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.  
 COUNTY NUMBER 13 AS18028-B

ST/CO USE ONLY DATE Received 11/16/05  
 DATE Well Completed 11/14/05  
 Depth of Well 22 500' 26 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0169

OWNER Greenfield Homes, Inc  
 STREET OR RFD 11793 Frederick Rd  
 TOWN Ellicott City  
 SUBDIVISION Buell SECTION Map 16 Grid 14 Par 2 Part 2

**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	
Sand	0	48	
Gray Mica Rock	48	500	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 14 NO. OF POUNDS 1316  
 GALLONS OF WATER 84  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 48 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 S.T. Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 52

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

**SCREEN RECORD**  
 screen type or open hole  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER  
 DEPTH (nearest ft.)  
 1 2 3  
 1 50 500

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. 1 M SD024  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

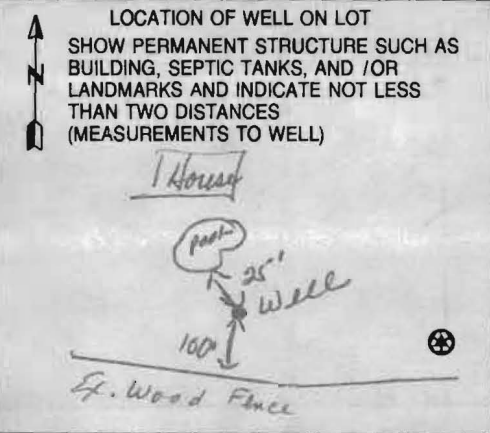
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 7.5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 32 ft.  
 WHEN PUMPING 303 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 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  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 2 (nearest foot)



<b>B 1</b>	<b>8135</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 523596 please type	STATE PERMIT NUMBER <b>HO-95-0169</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) 11/01/05

8 MM DD YY 13

15 Last Name Greenfield Homes Inc Owner First Name 34

36 Street or RFD 6656 Lueth Dr. 55

57 Town Highland Md 70 State 20777 Zip 76

**B 3** LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION Buell-Greenfield 42

SECTION 44 46 LOT 48 50 Part 2

52 NEAREST TOWN West Friendship 71

MILES FROM TOWN (enter 0 if in town) 2 1/2 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne MS D 024 License No. 76 81

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Int. Dring Md 21771

Signature Joseph R. Mayne Date 10/30/05

**B 4**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11793 Frederick Rd NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 340 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP: 16 BLK: 14 PARCEL 273

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 6 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1200 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

GEO-THERMAL

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

HOWARD COUNTY NAME COUNTY NO. (13) AS18028-B

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 11/3/05 CO SIGNATURE Richard A. Crighton EXP. DATE 11/4/05

43 MM DD YY 48 NORTH GRID 532 000 EAST GRID 822 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 400 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 822

N 532

000 GAC 000

**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 DEEPEMED WELLS** (CIRCLE APPROPRIATE BOX)

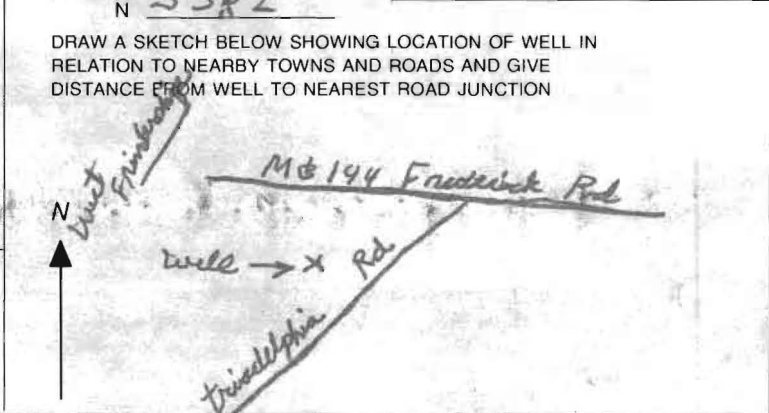
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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 DEEPEMED AN EXISTING WELL

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

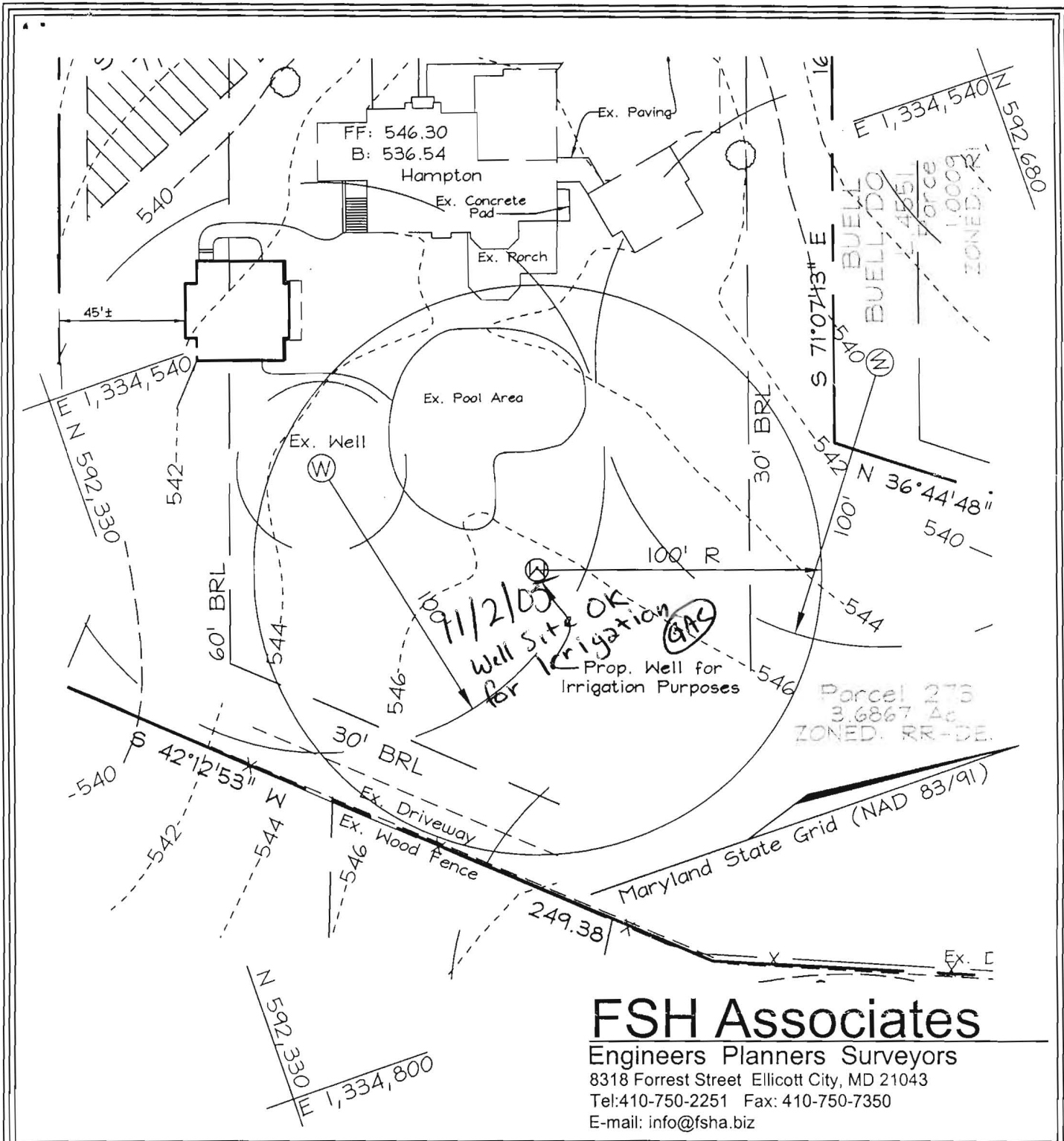


**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO-95-0169 70 71 72 73 74 75 76 77 78 79





# FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

Tel: 410-750-2251 Fax: 410-750-7350

E-mail: info@fsha.biz

DESIGN BY: PS  
 DRAWN BY: CD  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Oct. 25, 2003  
 W.O. No.: 3158  
 SHEET No.: 1 OF 1

## WELL PERMIT PLAN BUELL/GREENFIELD

PARCEL 273

TAX MAP 16 GRID 14  
 3RD ELECTION DISTRICT

PARCEL 273  
 HOWARD COUNTY, MARYLAND



Howard County  
Health Department

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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH on 10-18-05 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

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