

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 4971	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY NUMBER
ST/CO USE ONLY DATE Received MM DD YY 6 13	DATE WELL COMPLETED MM DD YY 10 23 09	Depth of Well 22 545 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HD - 45 - 1835 28 29 30 31 32 33 34 35 36 37
OWNER last name first name Fussell and		TOWN Ellicott City	
STREET OR RFD 3351 Blackberry Lane		SECTION	LOT 21
SUBDIVISION BRIAR HILL			

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	
Diast soft brown	0	3	
Hard Limestone	124	225	
Med med soft Limestone & Gray	225	545	✓

Drilled in 0' 140'

WROTE LOCATION

ABANDONED & SEALED w/ Cement GROUT

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 ⁴⁵ 23 ⁴⁶ NO. OF POUNDS ⁴⁵ 198 ⁴⁶ 3112

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot)
from _____ ft. to _____ ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	127
60 61	63 64	66 67 70

↓

OTHER CASING (if used)

ACCH CASING	diameter inch	depth (feet) from to
_____	_____	_____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

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

↓

C 2

DEPTH (nearest ft.)

1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22
110	127	545								

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 2

PUMPING RATE (gal. per min.) 1.09

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.

WHEN PUMPING 370 ft.

TYPE OF PUMP USED (for test)

<input type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: 1

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

C 2

DEPTH (nearest ft.)

1 2	3 4	5 6	7 8	9 10	11 12	13 14	15 16	17 18	19 20	21 22
110	127	545								

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

- below

LAND SURFACE 1 (nearest foot)

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 355

DRILLERS SIGNATURE _____

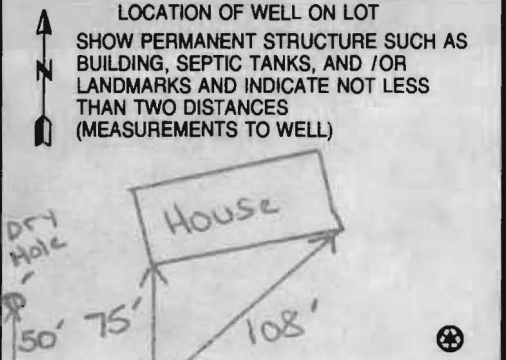
LIC. NO. MWD 559

SITE SUPERVISOR (sign. of driller or journeyman)

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 _____



B 1 2199
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
40-95-1835
70 fill in this form completely 79

Date Received (APA)
OWNER INFORMATION
8 MM DD YY 13
Fussell, Ann
15 Last Name Owner First Name 34
3551 Blackberry Lane
36 Street or RFD 55
Ellipton City, Md 21042
57 Town 70 State 72 Zip 76

B 3 HOWARD LOCATION OF WELL
8 COUNTY 21
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
NEAR FRIENDSHIP
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2.0 M I
73 76 77 78

DRILLER INFORMATION
Michael Barlow M W D 355
Driller's Name 76 License No. 81
Barlow Well Drilling Service
Firm Name
522 Underwood Ln, Bel Air, Md
Address
Signature Date 10-23-09

B 4 1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
3551 Blackberry Lane
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 100 37
DISTANCE FROM ROAD
ENTER FT. OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 1 2
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)
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, DEWATERING
 P PUBLIC WATER SUPPLY WELL
 T TEST, OBSERVATION, MONITORING
 G GEO-THERMAL

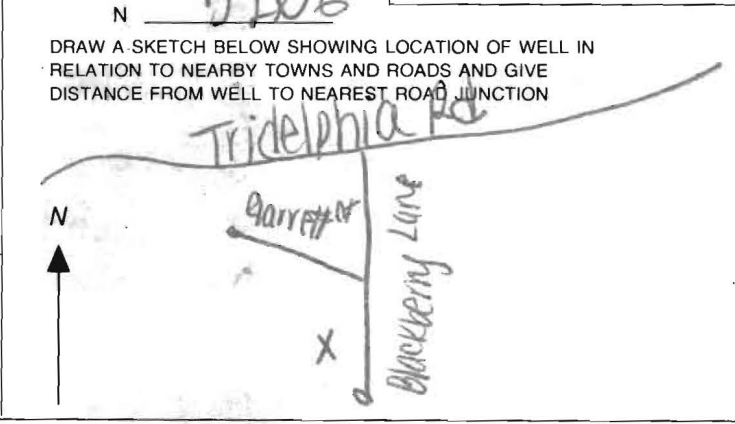
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME COUNTY NO. 13
STATE SIGNATURE INSERT S → 41
DATE ISSUED 10/26/09
43 MM DD YY 48 CO SIGNATURE Phil Way 10/26/10
NORTH GRID 526 000 EAST GRID 0813 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 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.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8103
N 5206
000
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)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 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 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. 40-95-1835
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



MICHAEL BARLOW WELL DRILLING & SERVICE, INC.
 522 Underwood Lane Bel Air, Maryland 21014
 (410) 838-6910 Fax (410) 838-3582

WELL YIELD REPORT

Date Test Completed:	November 19, 2009		
Well Depth:	545	feet	
Customer	Ann Fussell	Permit #	HO-95-1835
Road	3551 Blackberry Lane	Subdivision	
City	Ellicott City	Section	
State	Maryland	Lot #	

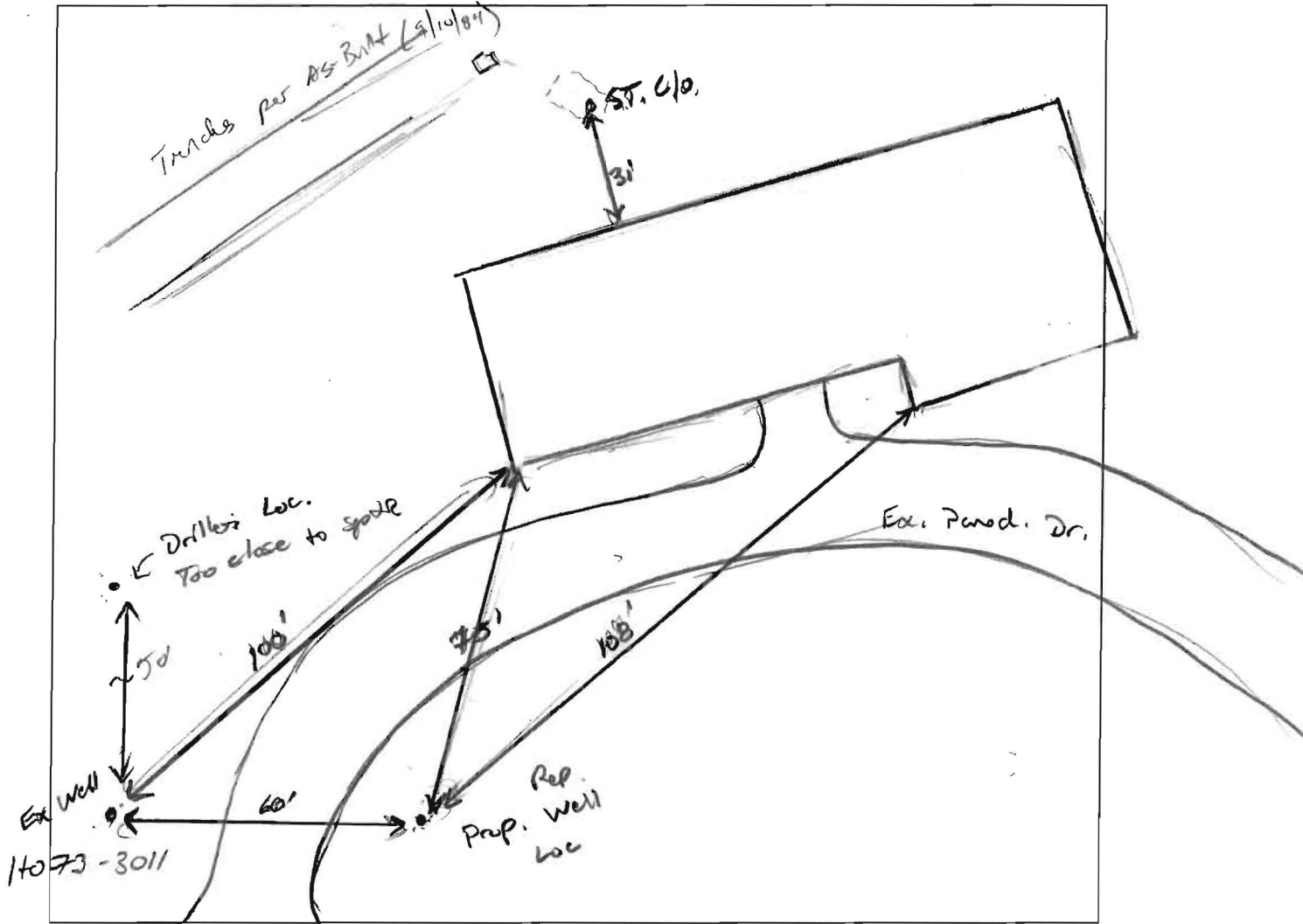
Time	Water Level feet	Time to Fill 1-gallon bucket seconds	G.P.M.
9:30 AM	50'	5	12.00
9:45 AM	110	5	12.00
10:00 AM	200	6	10.00
10:15 AM	310	55	1.09
10:30 AM	370	55	1.09
10:45 AM	370	55	1.09
11:00 AM	370	55	1.09
11:15 AM	370	55	1.09
11:30 AM	370	55	1.09
11:45 AM	370	55	1.09

This yield test report is for informational purposes only. Please note the yield may increase or decrease over time and the GPM indicated above is not a guarantee.

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 3551 Blackberry Ln CONTRACTOR: Michael Barlow
Ellicott City WELL TAG #: _____
SUBDIVISION: Briar Hill I LOT: 21 COUNTY #: _____
PROPOSAL: Well water has far too much sediment in it. Need new well.

LOCATION DIAGRAM



COMMENTS: Driller wanted to keep 50' from ex well. Too close to ex. septic. Put a loc on other side of Driveway that is operable

DATE: 10/21/09 INSPECTOR: K. Wolf