

C1 05921

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 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

DATE WELL COMPLETED MM DD YY

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, SUBDIVISION, SECTION, LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown mud, Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

Diagram for casing types (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

C2 DEPTH (nearest ft.), E A C H C A S I N G, SLOT SIZE, DIAMETER OF SCREEN

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 TELESCOPE CASING, 72 LOG INDICATOR, 74 75 76 OTHER DATA

C3

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.3344765, LONGITUDE 76.9479523 (DEFAULT COORD. WGS 84)

NOTES:

B 1	13927	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 545047	STATE PERMIT NUMBER Ho-95-2524 <small>fill in this form completely</small>
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DATE RECEIVED (APA)
05/21/13

OWNER INFORMATION

8 MM DD YY **13**

15 Last Name **Sterling, Roger** Owner First Name **34**

36 Street or RFD **12570 Indian Hill Dr.** **55**

57 Town **Sykesville md** **70** State **27** Zip **76**

B 3 LOCATION OF WELL

8 COUNTY **Howard** **21**

23 SUBDIVISION **Indian Hill Est.** **42**

SECTION **44** **46** LOT **43** **48** **50**

52 NEAREST TOWN **Sykesville** **71**

DRILLER INFORMATION

Allen Compton **M.S D009**
Driller's Name License No.

Fogles Well Drilling, LLC
Firm Name

P.O. Box 202 Woodbine, Md
Address

Allen Compton **5-13-13**
Signature Date

B 4 SOURCES OF DRILLING WATER

11 STREET ADDRESS **12570 Indian Hill Dr** **30**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH
 WEST
 EAST
 SOUTH

34 **100** **37**
DISTANCE FROM ROAD
ENTER FT OR MI **38** **39**

TAX MAP: **0009** BLK **0012** PARCE **0136**

B 2 WELL INFORMATION

APPROX. PUMPING RATE **5**
(GAL. PER MIN.) **8** **12**

AVERAGE DAILY QUANTITY NEEDED **500**
(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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME COUNTY NO. **15**

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **5/20/13** **Ph. M. Way** **5/20/13**
43 MM DD YY **48** CO SIGNATURE EXP. DATE **41**

APPROXIMATE DEPTH OF WELL **300** FEET **24** **28**

APPROXIMATE DIAMETER OF WELL **6** INCH **NEAREST**

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

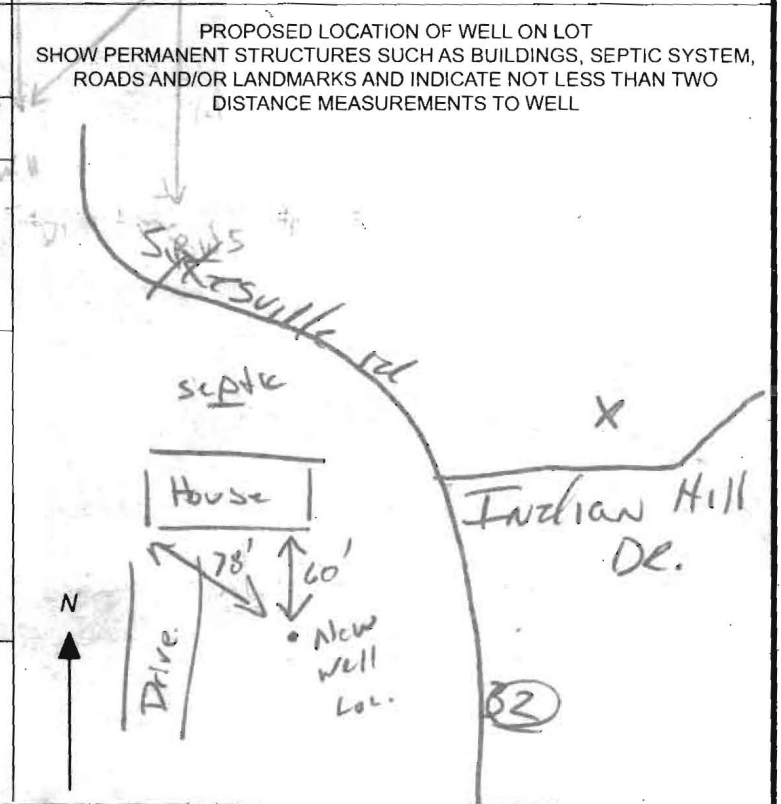
THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

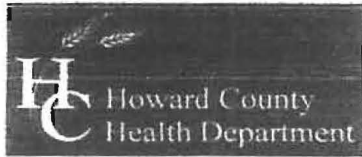
APPROX. PERMIT NUMBER _____ **G** _____

PERMIT No. **Ho-95-2524**
70 **71** **72** **73** **74** **75** **76** **77** **78** **79**



SPECIAL CONDITIONS **Ex. Well must be sealed.**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2137
(410) 313-2630 Fax (410) 313-2645
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, 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:

Indian Hill 43 Indian Hill Dr.
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. Monday 5/20/13 @ 12:00

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/1/05