

C1 1770

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

OWNER Hendrickson, Michael STREET OR RFD 10206 Green Clover Dr TOWN Ellicott City MD SUBDIVISION Allenford SECTION LOT 13

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 entries like Red Sand & Clay, Sand & Clay, Tan clay soft mica, etc.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED [Y] [N]

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

DRILLERS LIC. NO. M D 106 DRILLERS SIGNATURE

LIC. NO. M D 204

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) CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 40 NO. OF POUNDS 2000

GALLONS OF WATER 1000

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 450 ft.

CASING RECORD

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 120

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

SCREEN RECORD

screen type or open hole [ST] [BR] [HO] [PL] [OT]

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 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) 58 60

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

C3 SM

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 [J] jet [S] submersible

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

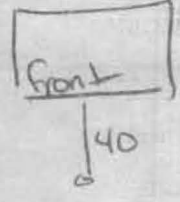
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) [ + ] above [ - ] below LAND SURFACE (nearest foot) 49 50 51

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)



Day ID: 02-246511

EMERGENCY/TEMP NO. IF ANY

B 1	1920	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 531929 please type	STATE PERMIT NUMBER HO-95-1822 <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) \_\_\_\_\_

8 MM DD YY 13

Hendrickson Michael W.  
15 Last Name Owner First Name 34  
10206 Green Clover Dr  
36 Street or RFD 55  
Ellicott City Md 21042  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3

8 COUNTY Howard 21  
23 SUBDIVISION Allenford 42  
SECTION 1 LOT 13  
44 46 48 50  
Ellicott City  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 0 M I  
73 76 77 78

**DRILLER INFORMATION**

Driller's Name Marshal Arnette M S D 106 76 License No. 81  
Firm Name Allied Environmental Services  
Address PO Box 1242, Millersville Md 21108  
Signature Marshal Arnette Date 9/3/09

**WELL INFORMATION**

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD 10206 Green Clover Dr 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 90 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39  
TAX MAP: 17 BLK: 2 PARCEL 528

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) \_\_\_\_\_ 8 \_\_\_\_\_ 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) \_\_\_\_\_ 14 \_\_\_\_\_ 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

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

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

Howard 13  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 10/6/2009 Brian Baker 10/6/2010 41  
CO SIGNATURE  
NORTH GRID 537 000 EAST GRID 838 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 450 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. Driller Well (X)  
2. \_\_\_\_\_  
3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE  
E 84638  
N 5307  
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  
 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 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-95-1822  
70 71 72 73 74 75 76 77 78 79

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

Sketch showing location of well in relation to nearby towns and roads. Includes labels for Howard, Green Clover Dr, and a north arrow.

**SPECIAL CONDITIONS**  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.  
Grant Well From Bottom Upward With Tremic Pipe

10206 GREEN CLOVER DR

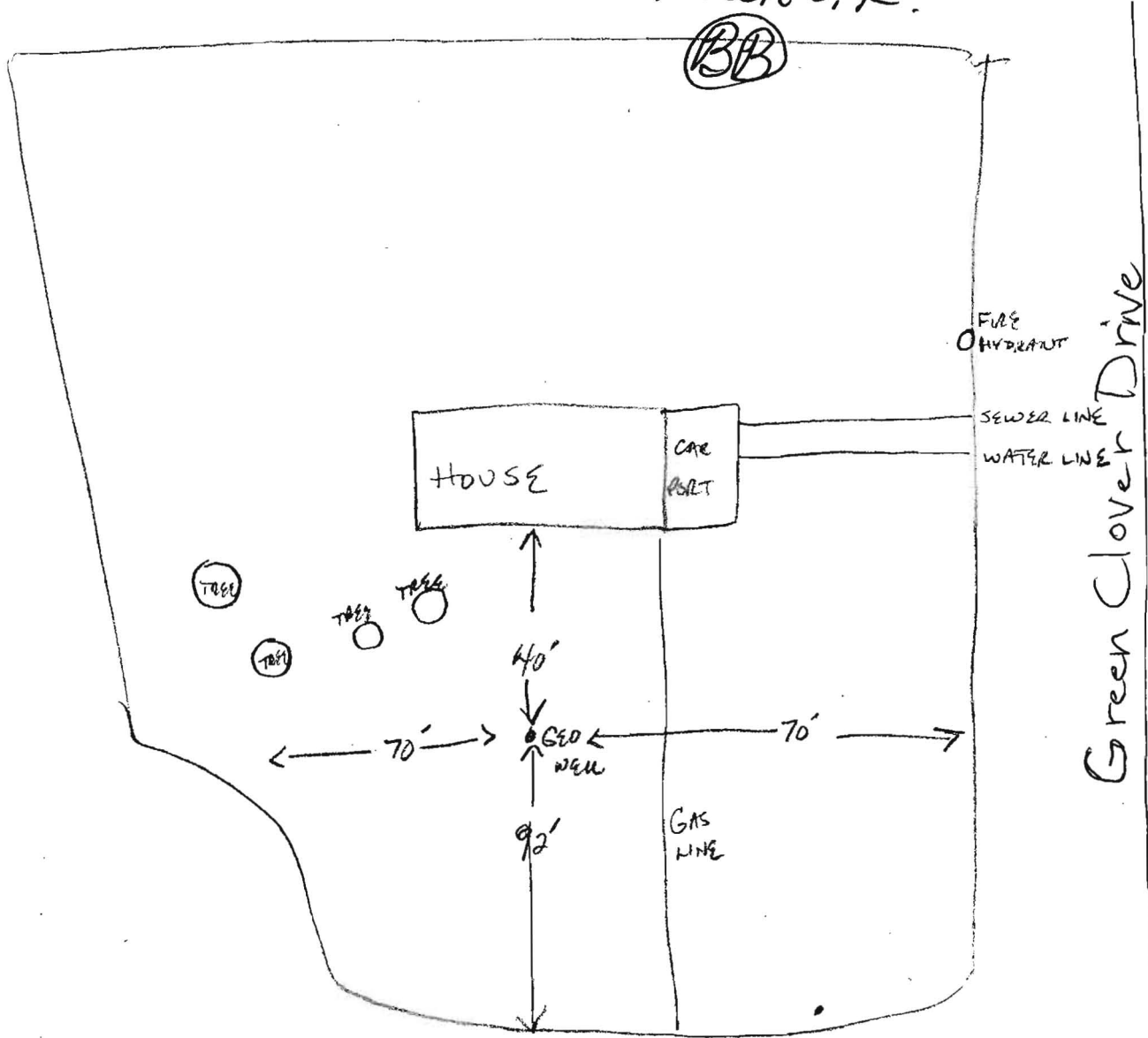
EMICOTT CT

11/6/2

10/6/09

Sketch O.K.

(BB)



WELL STAKED WITH REBAR & RIBBONS BY DRILLER & HOMEOWNER

# on check - 410-789-2711