

C 1 **3467** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 11/26/76

DEPTH OF WELL 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-83-11729

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

OWNER Wilson Rd LAST NAME Box 32 FIRST NAME Arlton Md.

STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Shaly</u>	<u>2</u>	<u>25</u>	
<u>MICK</u>	<u>25</u>	<u>200</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 7 NO. OF POUNDS 700

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 26 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW: S T C O

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 28

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: S T B R H O

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

SCREEN

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____

1 40 26 200

2 _____ _____ _____

3 _____ _____ _____

SLOTSIZE: 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING T W Q

LOG INDICATOR 72

OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 200 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

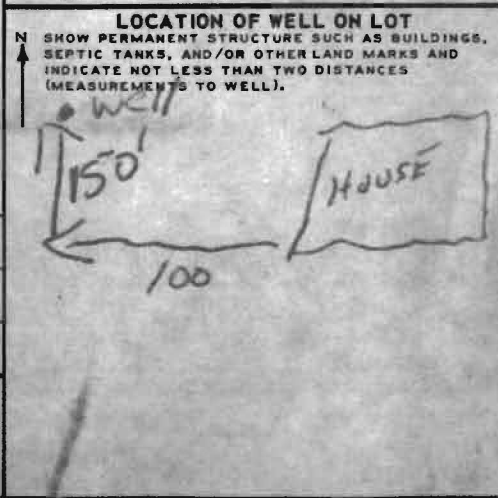
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2

BELOW } _____



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME L. F. Rutherford

(PLEASE PRINT) _____

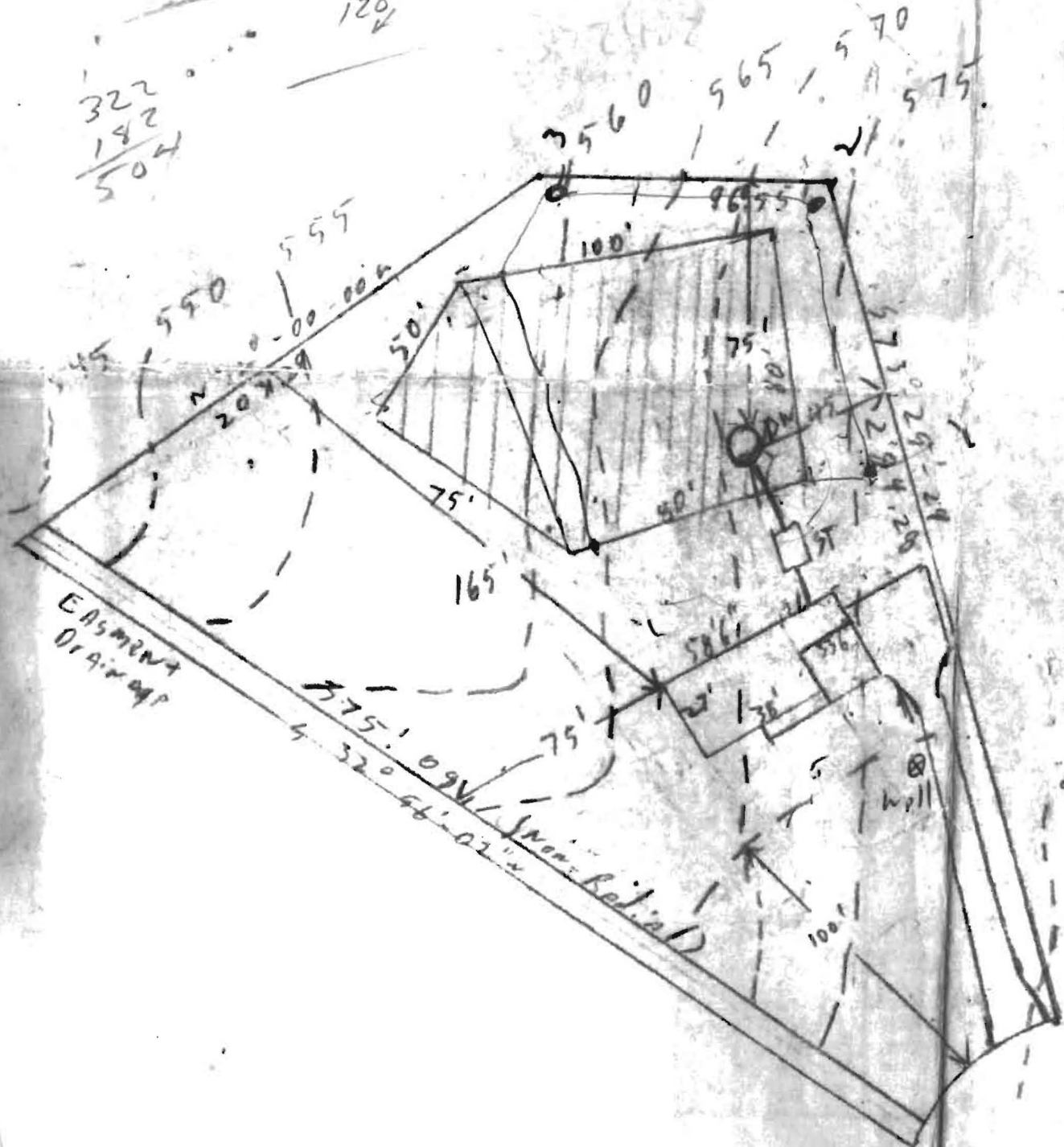
SIGNATURE L. F. Rutherford

2

46 #6
6.5

HO 83 1729

120
322
142
504

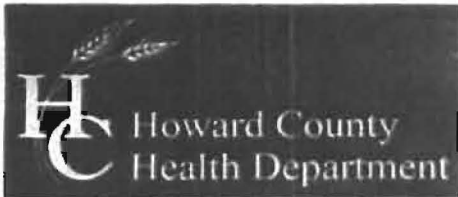


EASMENT
Or Airway

Snow Bed

Well

Watson



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
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:

Lynden Chapel Hill **8** **Centaurus Ct.**
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

JERNIGAN'S

ENVIRONMENTAL SERVICES, INC.

heatingandcoolingbygeothermal.com

Land Clearing • Excavating
Demolition • Geothermal Looping

Troy Jernigan

Cell 240.446.4353

Office 301.790.0450 • troyjernigan@me.com

22725 Stevenson Road • Smithsburg, Maryland 21783



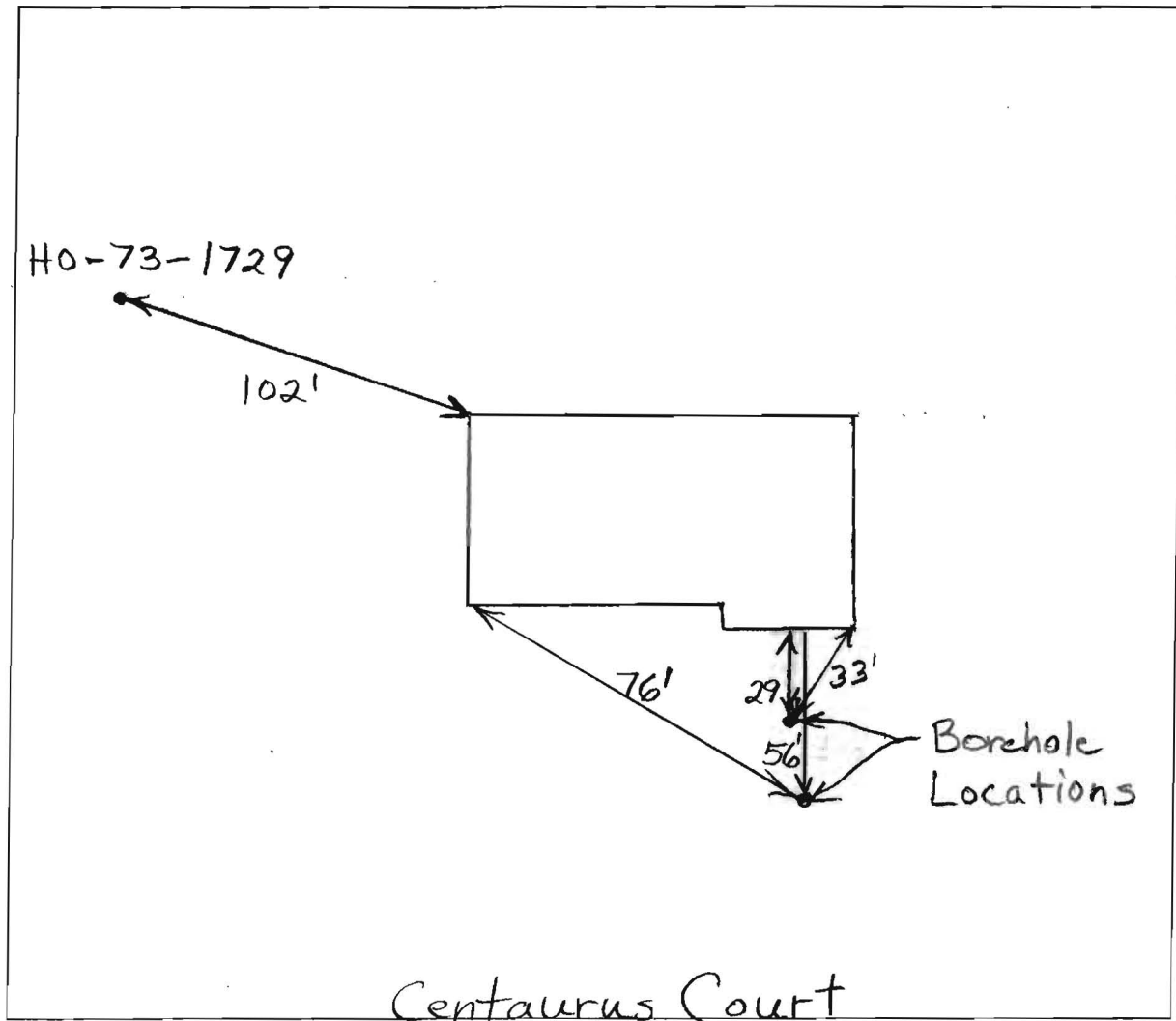


See me in action at www.cleartheland.com

SITE INSPECTION SHEET

OWNER: Kathryn Reynolds PHONE #: _____
ADDRESS: 4999 Centaurus Ct. CONTRACTOR: _____
WELL TAG #: _____
SUBDIVISION: Linden Chapel Hill LOT: 8 COUNTY #: A25350
PROPOSAL: 2 Geothermal Bore holes

LOCATION DIAGRAM



COMMENTS: _____

DATE: 3/7/2011 INSPECTOR: B. Baker