

C1 0836 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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 250 26 9/27/11 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2185

OWNER last name Davis first name Robert STREET OR RFD Morgan Station TOWN WOODBINE SUBDIVISION Robert Davis SECTION LOT 2

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Brown Shale (0-121), Gray Limestone (121-250).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 40 NO. OF POUNDS 360 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 124 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 126

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.) table with columns for casing height and screen diameter.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 5 gal WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 87 ft. TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES 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 01 (nearest foot)

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) N 39° 20' 774 W 077° 02' 930

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES (Y) NO (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 SD 009 DRILLERS SIGNATURE 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 4810 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 4810
 APPLICATION FOR PERMIT TO DRILL WELL please type 535287 HO-95-2185
 70 fill in this form completely 79

Date Received (APA) 070711
 8 MM DD YY 13
 OWNER INFORMATION
 15 Last Name Davis Owner First Name Robert T 34
 36 910 Morgan Station Street or RFD 55
 57 Woodbine Town 70 State MD 72 Zip 21797 76

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION _____ 42
 SECTION _____ LOT 2
 44 46 48 50
 52 NEAREST TOWN Woodbine 71
 MILES FROM TOWN (enter 0 if in town) 2 M I
 73 76 77 78

DRILLER INFORMATION
 76 Driller's Name Allen Compton License No. M.S.D. 009 81
 Firm Name Fogles Well Drilling
 Address 580 Obercht rd. 21784
 Signature Allen Compton Date 7-7-11

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Morgan Station 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST WEST EAST EAST
 SOUTH SOUTH
 34 400 37 DISTANCE FROM ROAD 700 FT
 ENTER FT OR MI 38 39
 TAX MAP: 8 BLK: 2 PARCEL 7

B 2 WELL INFORMATION
 1 2 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
 GEO-THERMAL

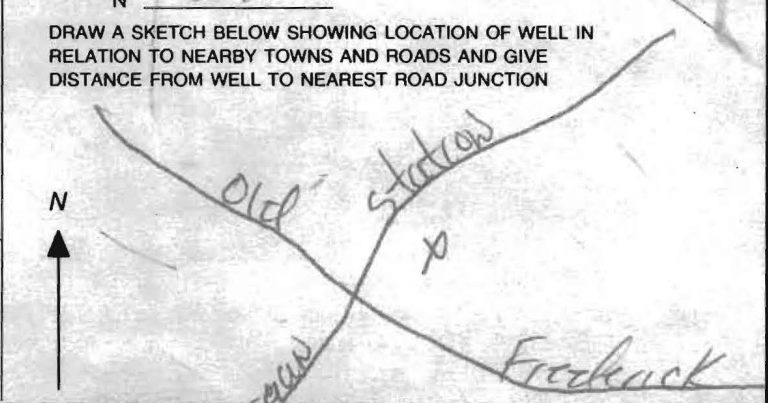
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME COUNTY NO. (13) A526184
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED 7/26/11 41
 43 MM DD YY 48 CO SIGNATURE John M. Wolf EXP. DATE 7/26/12
 NORTH GRID N/A 000 EAST GRID N/A 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 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 780
 N 540
 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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 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 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)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-95-2185
 70 71 72 73 74 75 76 77 78 79

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

Yield Test Data Sheet

County File # A526184

MD Well Permit #: HO-95-2185

Subdivision Name: Robert H. Davis Property

Section _____ Lot # 2

Street Address: Morgan Station

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 250 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Pump Start Time <u>2:00</u>	Static Water level: <u>42</u> ft.	Pumping Rate () Time to fill <u>15</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>15</u> 12.5
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

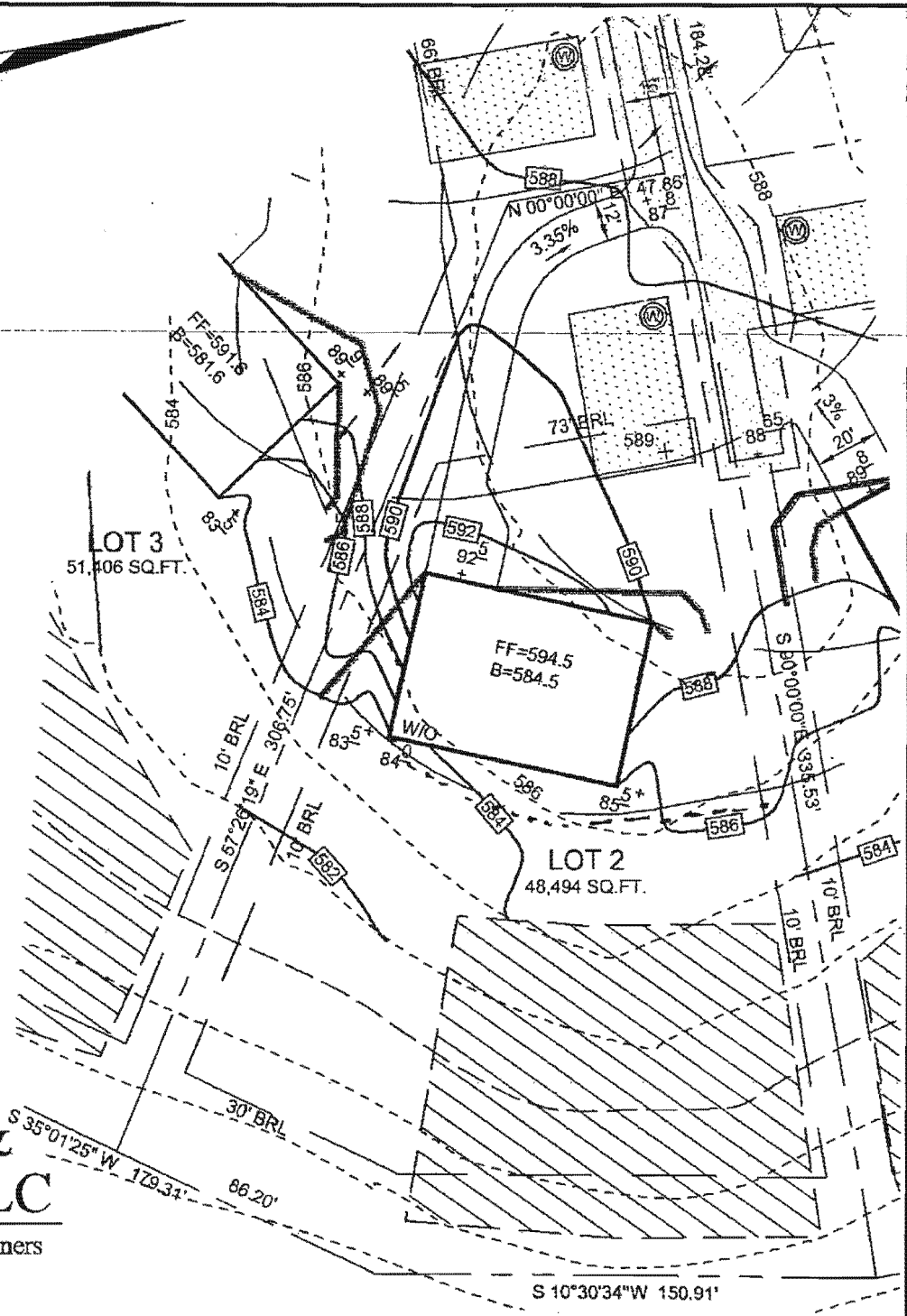
TIME	WATER LEVEL BELOW M.P.	PUMPING RATE	CALCULATED FLOW (GPM)
1 2:00	42 ft.	20 sec	15 GPM
2 2:15	80 ft.	20	15 GPM
3 2:30	87 ft.	20	15 GPM
4 2:45	87 ft.	20	15 GPM
5 3:00	87 ft.	20	15 GPM
6 3:15	87 ft.	20	15 GPM
7 3:30	87 ft.	20	15 GPM
8 3:45	87 ft.	20	15 GPM
9 4:00	87 ft.	20	15 GPM
10 4:15	87 ft.	20	15 GPM
11 4:30	87 ft.	20	15 GPM
12 4:45	87 ft.	20	15 GPM
13 5:00	87 ft.	20	15 GPM
14	ft.		GPM
15	ft.		GPM
16	ft.		GPM
17	ft.		GPM
18	ft.		GPM
19	ft.		GPM
20	ft.		GPM
21	ft.		GPM
22	ft.		GPM
23	ft.		GPM
24	ft.		GPM
25	ft.		GPM
26	ft.		GPM
27	ft.		GPM
28	ft.		GPM
29	ft.		GPM
30	ft.		GPM

NOTES:
 N 39° 20 774
 W 077 02 930

MARYLAND STATE GRID
NAD 83/91



7/22/11
Well site OK
staked by
Sill-Adcock
(Kw)



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

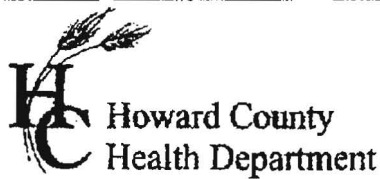
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@saaland.com

DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY: PS
SCALE: 1"=50'
DATE: JULY 6, 2011
PROJECT #: 07-115
SHEET #: 1 OF 1

ROBERT H. DAVIS PROPERTY, LOT 2 WELL PERMIT PLAN

TAX MAP 8 GRID 2
FOURTH ELECTION DISTRICT

PARCEL 7
HOWARD COUNTY, MARYLAND



7178 Columbia Gateway Dr., Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Bielensohn, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

<u>Robert H. Davis Property</u>	<u>2</u>	<u>Morgan Station Road</u>
Subdivision/Property Name	Lot #	Road Name

- The well site has been staked by Sill-Adcock & Associates,
(professional land surveyor or company employing professional land surveyors)
on 07/06/11 (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 3/11/07