

C1 0818

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 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2187

OWNER last name first name DAVIS Robert STREET OR RFD TOWN WOODLINE SUBDIVISION SECTION LOT 4

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 for Brown Shale and Gray Limestone.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

casings types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER 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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M S D DRILLERS SIGNATURE LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table for DEPTH (nearest ft.) with columns for casing depth and screen depth.

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE 5 gpl. WATER LEVEL (distance from land surface) BEFORE PUMPING 37 WHEN PUMPING 40 TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other jet submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE below 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' 771 W 077° 02' 961

B 1	4813	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 535287 please type	STATE PERMIT NUMBER Ho - 95 - 2187 70 fill in this form completely 79
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OWNER INFORMATION

Date Received (APA) 070711

8 MM DD YY 13

15 Last Name Davis Owner First Name Robert 34

36 Street or RFD 991 Morgan Station rd 55

57 Town Woodbine 70 State MD 72 Zip 21797 76

LOCATION OF WELL

B 3 Howard

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION 4 LOT 4

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

Driller's Name Allen Compton MS D009 76 License No. 81

Firm Name Fogles Well Drilling

Address 580 Obrecht 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)

225 34 37 38 39

ENTER FT OR MI FT

TAX MAP: 8 BLK: 2 PARCEL 7

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)

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 (13) A526184

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 7/26/11 Ken M. Wolf 7/26/11

43 MM DD YY 48 CO SIGNATURE EXP. DATE

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

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

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 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 - 2187

70 71 72 73 74 75 76 77 78 79

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

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

SPECIAL CONDITIONS GPS coordinates required.

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Yield Test Data Sheet

County File # _____

MD Well Permit #: H0-95-2187

Subdivision Name: Robert H. Davis Property

Section _____ Lot # 4

Street Address: Morgan Station

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

Distance from MP to ground surface 2' ft.

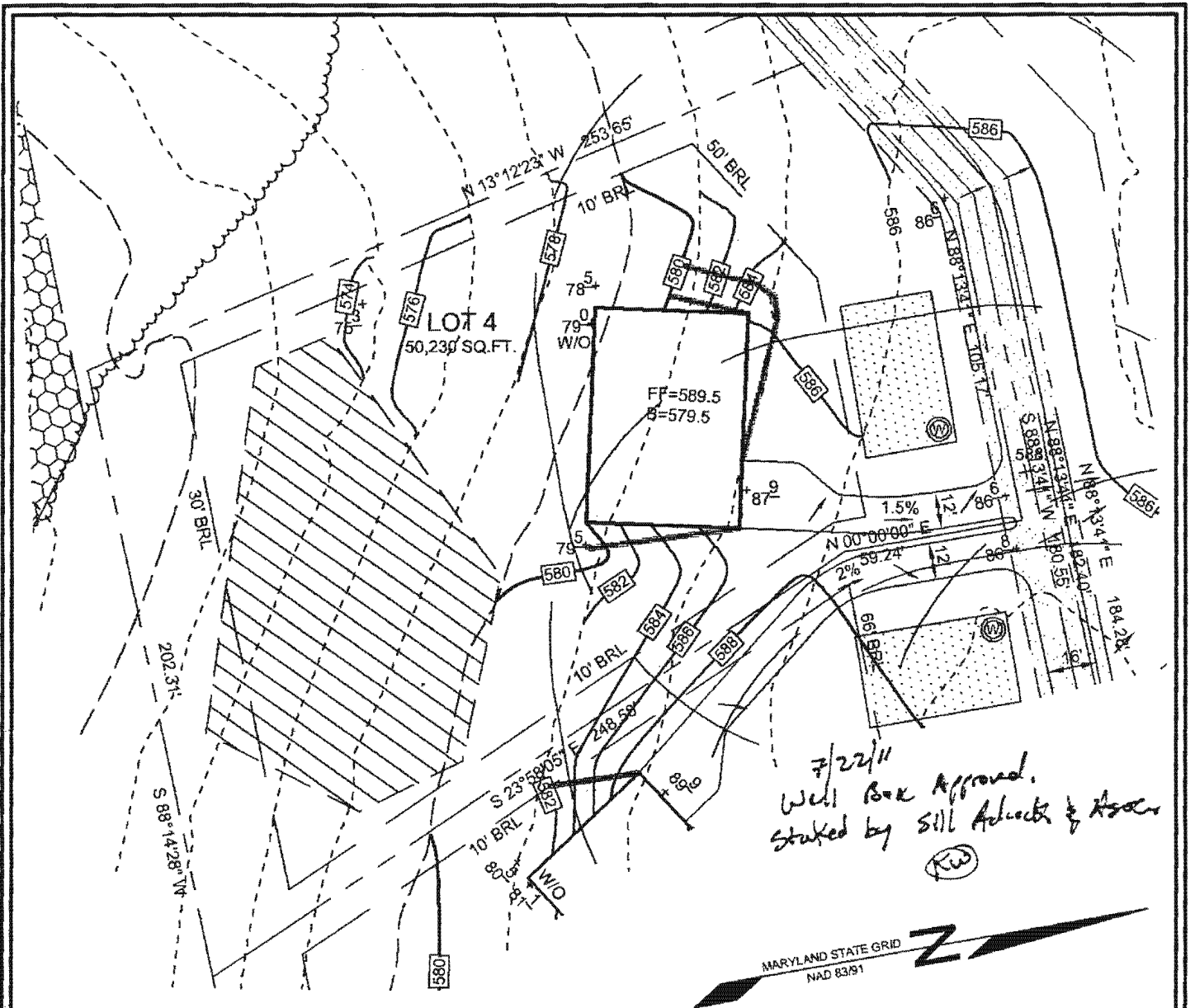
Well Depth 250 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Pump Start Time	Static Water level:	Pumping Rate	Calculated Flow (gallons per minute)	
10:00	37 ft.	() Time to fill 1 5 gal. bucket () Flow meter reading (if used)	15	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	10:00	37 ft.	20	15 GPM
2	10:15	40 ft.	20	15 GPM
3	10:30	40 ft.	20	15 GPM
4	10:45	40 ft.	20	15 GPM
5	11:00	40 ft.	20	15 GPM
6	11:15	40 ft.	20	15 GPM
7	11:30	40 ft.	20	15 GPM
8	11:45	40 ft.	20	15 GPM
9	12:00	40 ft.	20	15 GPM
10	12:15	40 ft.	20	15 GPM
11	12:30	40 ft.	20	15 GPM
12	12:45	40 ft.	20	15 GPM
13	1:00	40 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° 20.777'
W 077 02 ~~961~~
961



7/22/11
 Well Box Approval.
 Staked by Sill Adcock & Assoc.
 (KW)



Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

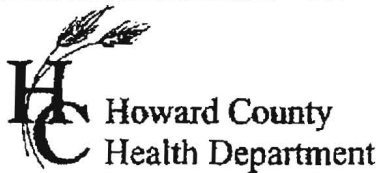
3300 North Ridge Road, Suite 160
 Ellicott City, Maryland 21043
 Phone: 443.325.7682 Fax: 443.325.7685
 Email: info@saaland.com

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 4 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. Bielson, 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>4</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