

C 1 18589

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER

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

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, WELL SITE ADDRESS, TOWN, 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 entries like Topsoil, Brn Clay, Bkn White Clay, etc.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing, SCREEN RECORD (ST, BR, HO, PL, OT)

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) ST, BR, HO, PL, OT

DEPTH (nearest ft.)

Table for DEPTH with columns: 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

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

C 3

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, 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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LATITUDE 39.185892, LONGITUDE 76.835256 (DEFAULT COORD. WGS 84)

NOTES: front, 36', Geolops

Day 16-092398

EMERGENCY/TEMP NO. IF ANY

B 1 **05393** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER  
 1 2 3 6  
**544502** APPLICATION FOR PERMIT TO DRILL WELL please type **-95-2473**  
 70 fill in this form completely 79

Date Received (APA) **01/07/13**  
 8 MM DD YY 13  
**Meyers Roy J.** OWNER INFORMATION  
 15 Last Name Owner First-Name 34  
**9502 Angelina Cir**  
 36 Street or RFD 55  
**Columbia Md 21045**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**Howard**  
 8 COUNTY 21  
**Vil Owen Brown**  
 23 SUBDIVISION 42  
 SECTION **4** LOT **79**  
 44 46 48 50  
**Columbia**  
 52 NEAREST TOWN 71

DRILLER INFORMATION  
**C John Hess** M W D **553**  
 Driller's Name 76 License No. 81  
**Allied Environmental Svcs**  
 Firm Name  
**PO Box 129 Annapolis MD 20701**  
 Address  
**C John Hess** 12/28/12  
 Signature Date

B 4 SOURCES OF DRILLING WATER  
**9502 Angelina Cir**  
 11 STREET/ADDRESS 30  
 1. **Public**  
 2.  
 3.  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 N  
 S  
 E  
 W  
 34 **20** 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP **0036** BLK: **0022** PARCEL **0387**

B 2 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)  
 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 **2 Loops**

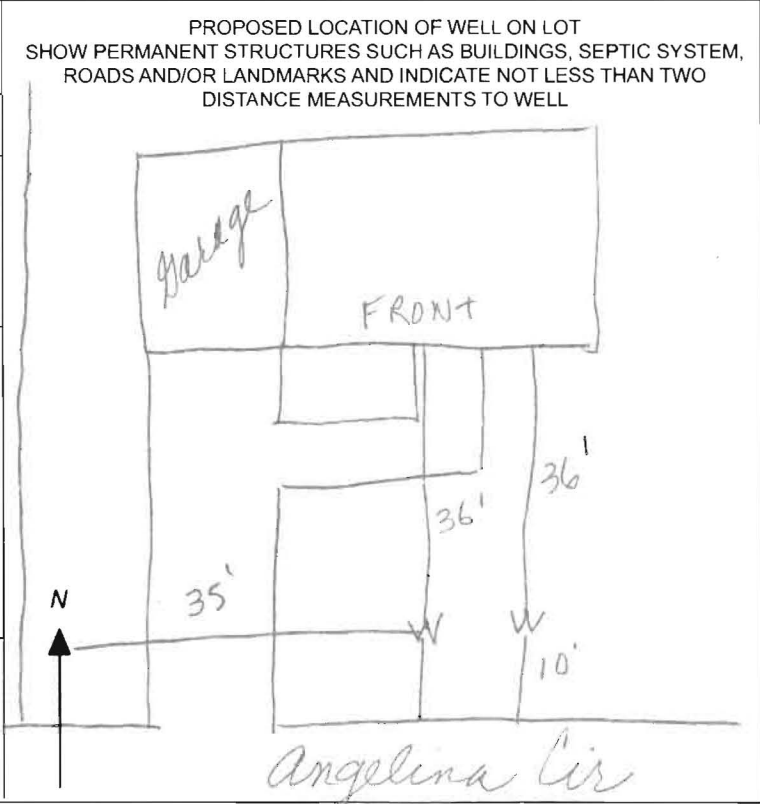
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard (Public) 13**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED **1/18/2013** **Brian Baber** 1/18/2014  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL **400** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 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 \_\_\_\_\_

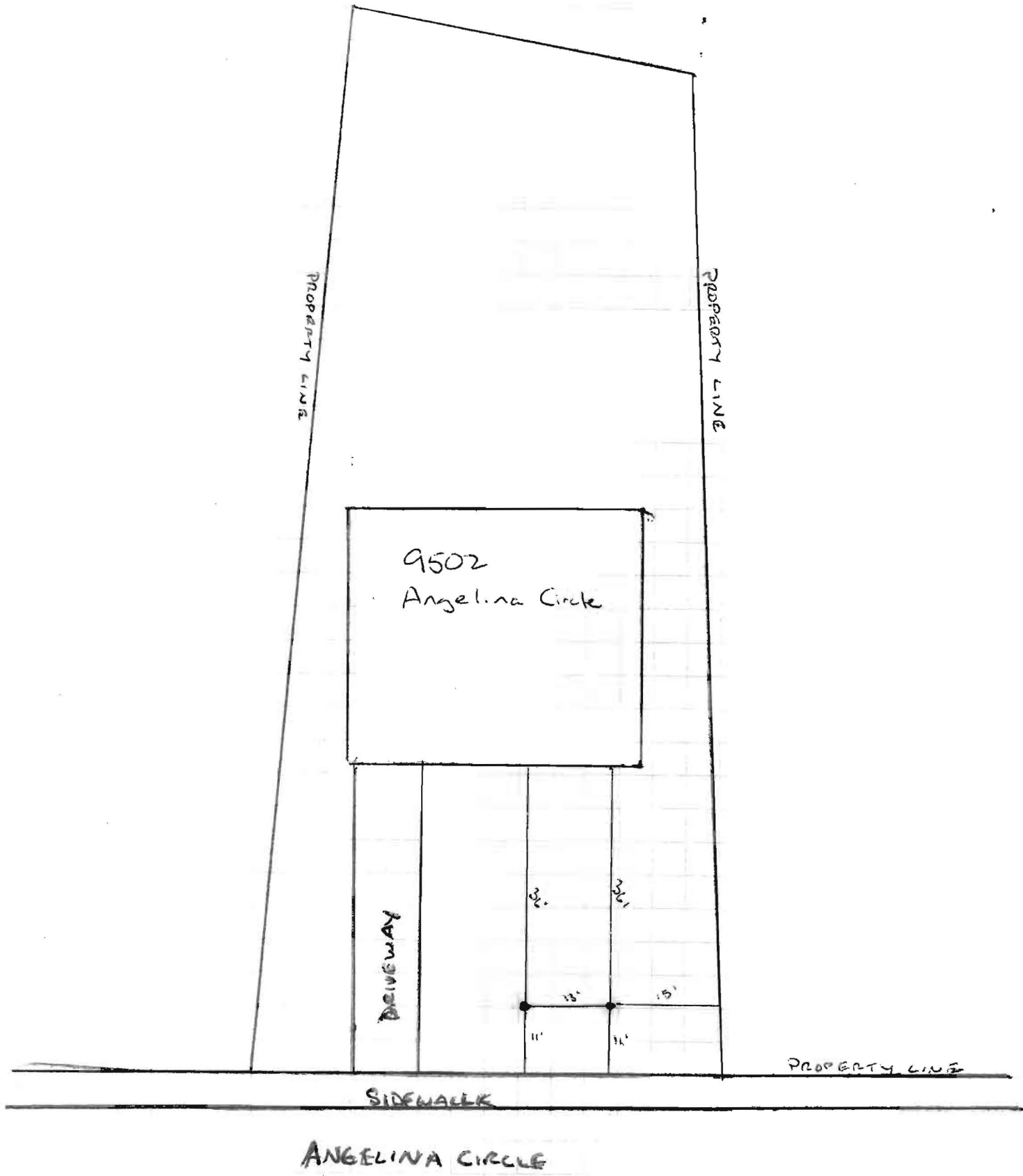
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEAN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

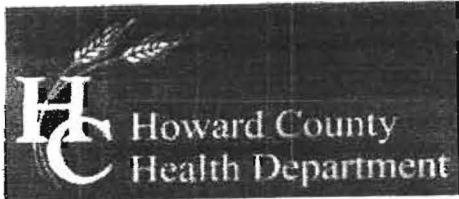
Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_  
 PERMIT No. \_\_\_\_\_  
 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **~19 Bags per Borehole**  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED  
 COUNTY

Scale: 1" = 20'





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](http://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:  
*Owen Brown Meyers* *79* *Angelina Cir*  
 Subdivision/Property Name Lot# Road Name

- The well site has been staked by *Allied Env Svcs* (professional land surveyor or company employing professional land surveyors) on *1/3/13* (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