

C1 18501 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 last name first name 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

GROUTING RECORD WELL HAS BEEN GROUTED TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

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

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

SCREEN RECORD screen type or open hole insert appropriate code below DEPTH (nearest ft.)

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 TYPE OF PUMP INSTALLED PLACE CAPACITY: GALLONS PER MINUTE PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT LAND SURFACE

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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. DRILLERS SIGNATURE LIC. NO.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE LONGITUDE (DEFAULT COORD. WGS 84)

NOTES: 3 closed loops

Jan 02-242133

B 1	<b>13766</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please type <b>537267</b>	STATE PERMIT NUMBER <b>HO - 95 - 2291</b> <small>fill in this form completely</small>
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Date Received (APA) **042312**

**OWNER INFORMATION**

8 **MM** **DD** **YY** 13

15 **Baith** **Bryan A**  
Last Name Owner First Name 34

36 **4120 Sears House Ct**  
Street or RFD 55

57 **Ellicott City Md 21043**  
Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 **Howard** 21  
COUNTY

23 **Mill Lowe Overlook** 42  
SUBDIVISION

SECTION 44 46 LOT 48 50  
**Ellicott City** 52 NEAREST TOWN 71

**DRILLER INFORMATION**

Driller's Name **C. John Hess** License No. **MW D 553** 76 81

Firm Name **Allied Environmental Svcs**

Address **Robou 139, Annapo June MD 20701**

Signature **C. John Hess** Date **4-17-12**

B 4 **SOURCES OF DRILLING WATER**

1. **Public** 11 **4120 SW Sears House Ct** 30  
STREET ADDRESS

2. **Public**

3. **Public**

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)

N
W 32 E
S
SOUTH

34 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP **0025** BLK **0013** PARCEL **0220**

B 2 **WELL INFORMATION**

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)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL **3 loops** OK

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

**Howard** COUNTY NAME COUNTY NO. **13**

STATE SIGNATURE \_\_\_\_\_ INSERT S →

DATE ISSUED **5/2/12** 43 **MM** **DD** **YY** 48 CO SIGNATURE **[Signature]** EXP. DATE **5/2/12** 41

APPROXIMATE DEPTH OF WELL **300** 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-PE 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

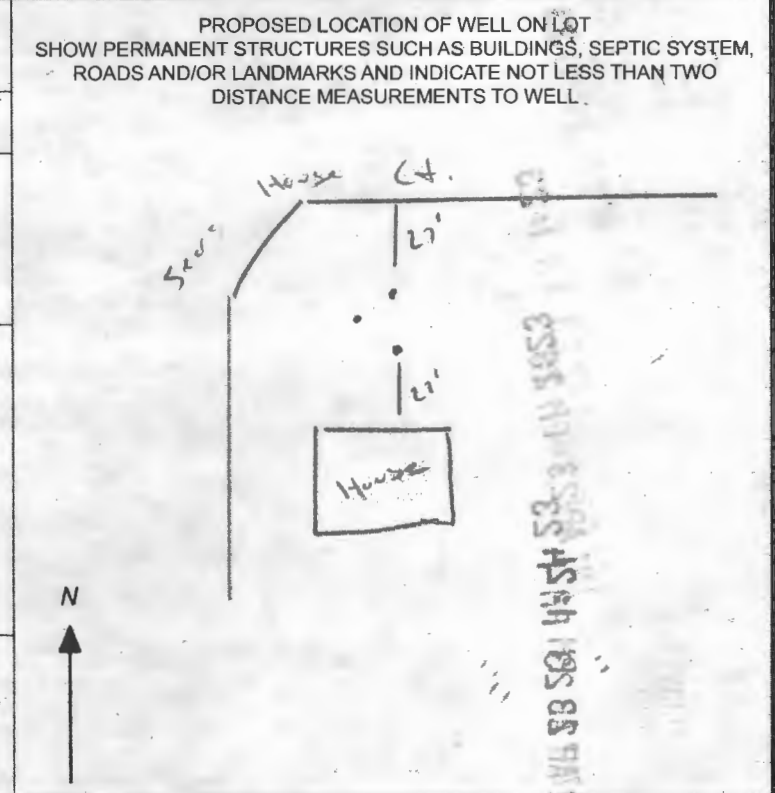
THIS WELL WILL DEEPEM AN EXISTING WELL

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. \_\_\_\_\_ 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS **Call when starting wells. must call in roots**

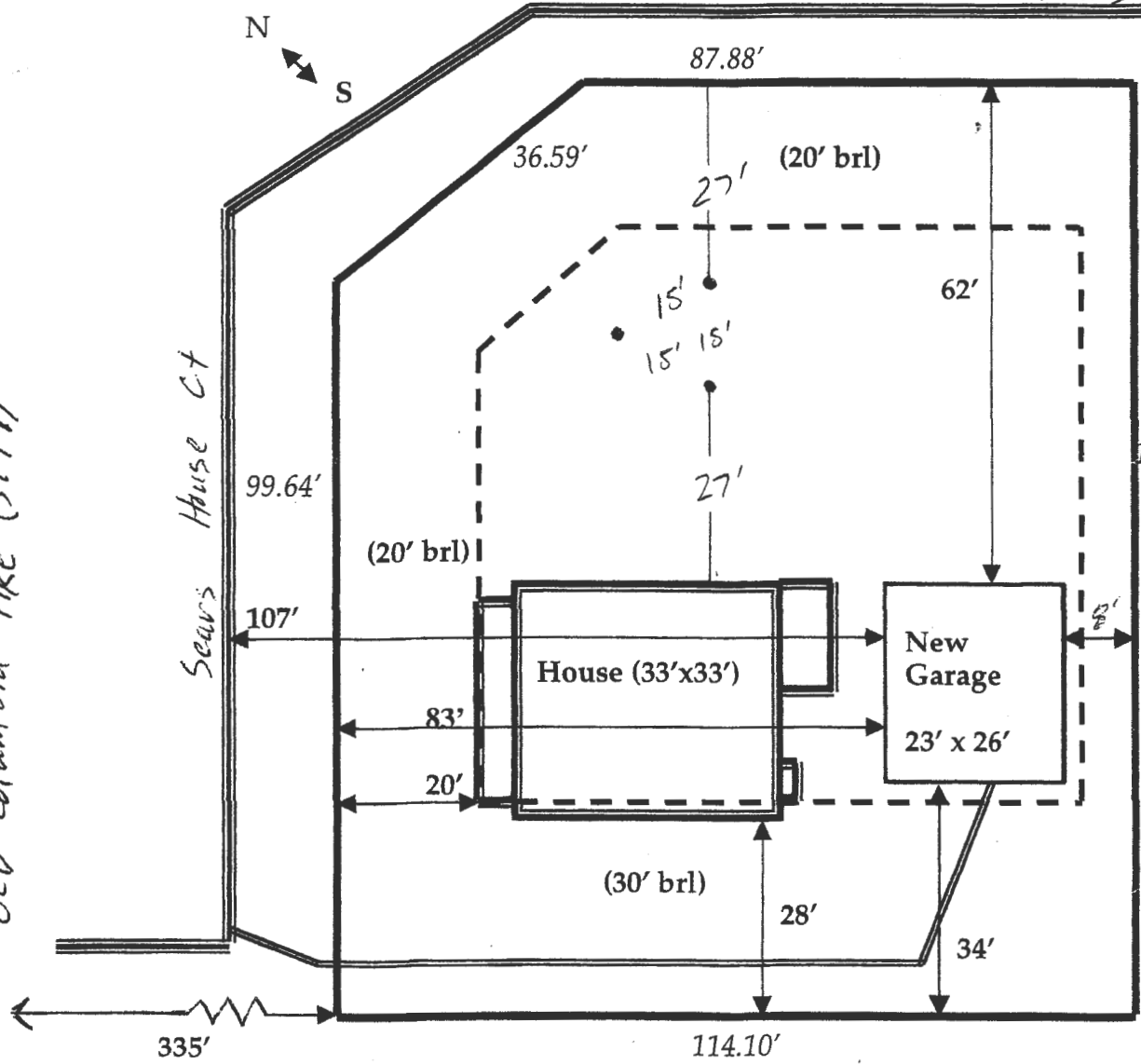
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Approved

Garage Proposal  
(Scale 1" to 25')

Sears House Ct

OLD Columbia Pike (3979)



3 Closed Loop  
Geo Wells @ 300'

Ed & Jeanette  
Wyatt

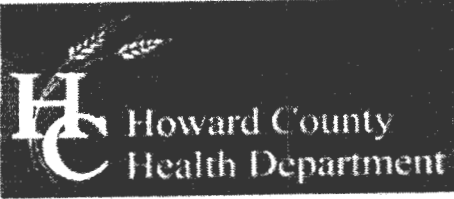
(7.5' brl)

Public H<sub>2</sub>O  
+ Sewer  
Well locations  
Approved  
(KW)

- Property Line   
(Dimensions in italics) Ernie & June Garno
- Building Restriction Line
- Sears House Ct.
- Driveway

Bryan A. Booth, Ph.D.  
4120 Sears House Ct.  
Ellicott City, MD 21043  
Lot #11  
Parcel 220  
Sq. Footage 13941

5/15/02



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:  
Mill Downe Overlook      11      4120 SW Sears House Ct  
Subdivision/Property Name      Lot#      Road Name

The well site has been staked by Andy Trewhitt  
(professional land surveyor or company employing professional land surveyors)  
on 5/12 (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



