

C1 60291

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED

06 06 2022 APPROVED 150 26

HO-20-0116

OWNER BGE WELL SITE ADDRESS last name Baltimore National Pike first name TOWN Elkton City SUBDIVISION Chestnut Hill Substation SECTION LOT Bare 1

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 275

GALLONS OF WATER 275

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 150 ft.

(enter 0 if from surface)

CASING RECORD

cases types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 61 Total depth of main casing (nearest foot) 36 70

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

screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

Table with columns for casing depth (1-21, 23-36, 38-51) and slot size (1-3).

DIAMETER OF SCREEN (NEAREST INCH) from to

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 49 51

LATITUDE 39.299135 LONGITUDE 76.792890 (DEFAULT COORD. WGS 84)

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NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES NO Y 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

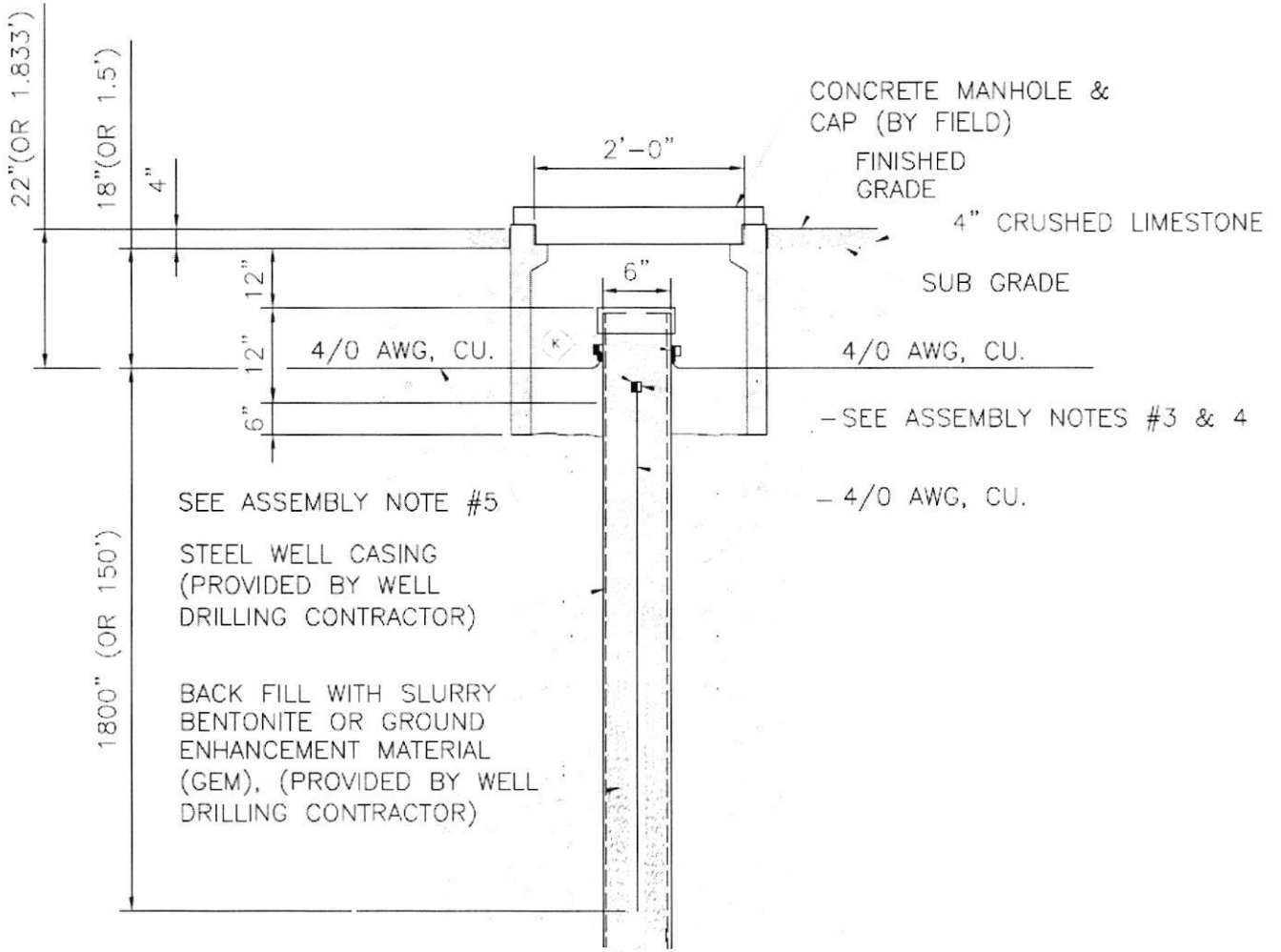
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WRD113

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

B 1	SEQUENCE NO. (MDE USE ONLY) <u>79538</u>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <u>541524</u>	STATE PERMIT NUMBER <u>HO-20-0176</u> <small>70 fill in this form completely 79</small>
1 2 3 6	OWNER INFORMATION Date Received (APA) <u>04/28/22</u> <small>8 MM DD YY 13</small> Last Name <u>BGE</u> Owner First Name _____ Street or RFD <u>PO Box 1475</u> Town <u>Baltimore</u> State <u>MD</u> Zip <u>21203</u>		B 3 LOCATION OF WELL COUNTY <u>Howard</u> SUBDIVISION <u>Chestnut Hill Substation</u> SECTION _____ LOT <u>Box # 1</u> NEAREST TOWN <u>21144 City</u>
DRILLER INFORMATION Driller's Name <u>Michael Barlow</u> License No. <u>MW D355</u> Firm Name <u>Barlow Well Drilling</u> Address <u>522 UNDERWOOD Lane 21014</u> Signature _____ Date <u>4/29/22</u>		B 4 SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ STREET ADDRESS <u>Baltimore National Pike</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>1400</u> FT ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
1 2	B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) _____ AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>(13)</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>5/17/22</u> CO SIGNATURE _____ EXP. DATE <u>5/17/23</u>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <u>Electrical Ground Wells</u> <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL		APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH	
METHOD OF DRILLING (circle one) BORED (or Augered) _____ JETTED _____ Jetted & DRIVEN _____ AIR-ROTARY _____ AIR-PERCussion _____ ROTARY (Hydraulic Rotary) _____ CABLE _____ REVerse-ROTary _____ DRive-POINT _____ other _____		PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER _____ G _____ PERMIT No. <u>HO-20-0176</u>			
SPECIAL CONDITIONS <small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			



GENERAL NOTES



HOWARD COUNTY HEALTH DEPARTMENT

71524

WS

DATE 4/28/24

Received From

Michael Barlow

PHONE #

410 838-10910

For

Well permit - Baltimore

Mat Peke (4 lots)

- CASH
- CHECK

NO.

3212

Sex hundred forty

Dollars

\$

640.00

Received By

King