

<b>C1</b> 7732	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	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 <b>A 30767</b>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>40-81-1922</b>
DATE Received	DATE WELL COMPLETED	Depth of Well	
8 13	15 20	22 26	28 37
	<b>030687</b>	<b>280</b> (TO NEAREST FOOT)	

OWNER <u>Pharmacia</u>	last name	first name	TOWN <u>40 81 1922</u>
STREET OR RFD			
SUBDIVISION	SECTION	LOT <u>9 D</u>	

<b>WELL LOG</b> Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	Check if water bearing
TOP SOIL	0 2	
BR. MICA	2 6	
TAN MICA	6 26	
SANDSTONE	26 50	✓
GRAY MICA	50 54	
SANDSTONE	54 58	✓
GRAY MICA	58 59	
SANDSTONE	59 62	✓
GRAY MICA	62 64	
SANDSTONE	64 66	✓
GRAY MICA	66 68	
SANDSTONE	68 70	✓
GRAY MICA	70 72	
SANDSTONE	72 280	✓

<b>GROUTING RECORD</b>	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes <b>Y</b>	no <b>N</b>
TYPE OF GROUTING MATERIAL	
CEMENT <b>CM</b>	BENTONITE CLAY <b>BC</b>
NO. OF BAGS <u>12</u>	NO. OF POUNDS <u>1200</u>
GALLONS OF WATER <u>65</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft.	
(enter 0 if from surface)	
<b>CASING RECORD</b>	
casing types insert appropriate code below	<b>ST CO</b> STEEL CONCRETE <b>PL OT</b> PLASTIC OTHER
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<b>S 6</b>	<b>0 6</b>
60 61	63 64
OTHER CASING (if used)	
diameter inch	depth (feet) from to
<u>  </u>	<u>  </u>
<u>  </u>	<u>  </u>
<b>SCREEN RECORD</b>	
screen type or open hole	<b>ST BR HO</b> STEEL BRASS OPEN HOLE <b>PL OT</b> PLASTIC OTHER
insert appropriate code below	
<b>C 2</b>	
DEPTH (nearest ft.)	
1 8 9 11 15 17 21	
2 23 24 26 30 32 36	
3 38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN	(NEAREST INCH)
<u>  </u>	<u>  </u>
from to	
<u>  </u>	<u>  </u>

<b>C 3</b>	<b>PUMPING TEST</b>
	HOURS PUMPED (nearest hour) <u>3</u>
	PUMPING RATE (gal. per min. to nearest gal.) <u>12</u>
	METHOD USED TO MEASURE PUMPING RATE <u>  </u>
	WATER LEVEL (distance from land surface)
	BEFORE PUMPING <u>31</u>
	WHEN PUMPING <u>36</u>
	TYPE OF PUMP USED (for test)
	<b>A</b> air <b>P</b> piston <b>T</b> turbine
	<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)
	<b>J</b> jet <b>S</b> submersible

<b>PUMP INSTALLED</b>
DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
<b>+</b> above <b>LAND SURFACE</b>
<b>-</b> below (nearest foot)

<b>CIRCLE APPROPRIATE LETTER</b> <b>A</b> WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<b>E</b> ELECTRIC LOG OBTAINED
<b>P</b> TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT. NO. <u>40</u>
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

<b>GRAVEL PACK</b>
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

<b>LOCATION OF WELL ON LOT</b>
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
<u>194.58</u> ↑ <u>501</u> ↓ <u>65'</u>

B 1 **6025** SEQUENCE NO.  
(OEP USE ONLY)STATE OF MARYLAND  
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**40-81-1922**

fill in this form completely

Date Received

OWNER INFORMATION

1/9/87 - 12:30 PM

15 Last Name **DILLON** Owner **CHARLES E** 34  
 36 **8287** Street or RFD **MARY LEE LANE** 55  
 57 **LAWRENCE** Town **MD 20707** Zip **76**

## DRILLER INFORMATION

George P. Easterday

40

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name  
9265 Brown Church Rd., Mt. Airy, Md. 21771Address  
1/24/87Signature *George P. Easterday* Date

## WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12AVERAGE DAILY QUANTITY NEEDED  
(GAL. PER DAY) **500** 14 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** 24 28 FEETAPPROXIMATE 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)

- ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
☐ D THIS WELL WILL DEEPEMED AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 **40-81-1922** 52

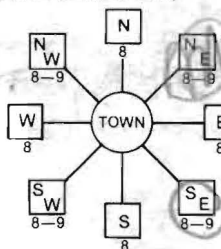
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **G A P** 54 63FORCE **BA** WRITE INITIALS IN BOX PERMIT NO. **40-81-1922** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

## LOCATION OF WELL

1 **40** 2 **WARD** 8 COUNTY 21  
 23 SUBDIVISION **TALBOT'S EAST 341 FT** 42  
 SECTION **44** 46 LOT **48** 50  
 52 NEAREST TOWN **ELLICOTT CITY** 71  
 MILES FROM TOWN (enter 0 if in town) **3** 73 76 77 78

B 4  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)DISTANCE FROM ROAD  
**280** 34 37ENTER FT or MI **FT** 38 39NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

COUNTY NAME

COUNTY NO.

OEP  
SIGNATURESTATE HEALTH  
INSERT S

DATE ISSUED

**02/19/87** *B. N. N. N.* **08/19/87**NORTH  
GRID**506000** 43 48 55EAST  
GRID**0865000** 57 63

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **WELL**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8645**  
 N **5046**

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

N

