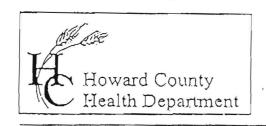
C 1 08086 (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 2/795
ST/CO USE ONLY DATE Received B 13 DATE WELL COMPL MM - P9 - 2 15	LETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL" 10 1
OWNER	Paisy Rd first name TOWN	woodbine 21797
SUBDIVISION	SECTION	LOT
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FEET check if water bearing	CEMENT CM BENTONITE CLAY BC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A Stale 0 96	NO. OF BAGS 45 40 NO. OF POUNDS 43 79 A GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE Ducket
Oporononale	from 48 TOP 52 ft. to 90 ft.	WATER LEVEL (distance from land surface)
Blue Rock 96 220 -	casing CASING RECORD types	BEFORE PUMPING $\frac{39}{17}$ ft.
Water 185	insert appropriate code STEEL CONCRETE	WHEN PUMPING 22 25 ft.
water	below PLASTIC OTHER MAIN Nominal diameter Total depth	TYPE OF PUMP USED (for test) A air P piston T turbine
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe below)
	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible
	A diameter depth (feet) H inch from to	PUMP INSTALLED
	A S I	DRILLER INSTALLED PUMP YES (CIRCLE) (YES or NO)
	screen type SCREEN RECORD	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED
Markov O. 1122 - Andrew State Control (18)	insert appropriate STEEL BR BRASS OPEN BRONZE	PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY:
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35
NUMBER OF UNSUCCESSFUL WELLS:	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER PUMP COLUMN LENGTH
WELL HYDROFRACTURED yes Y N	E 1 #0 98 220 A 8 9 11 15 17 21	(nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	C H 2 23 24 26 30 32 36	49 LAND SURFACE
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below)
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.	E SLOT SIZE 1 2 3 DIAMETER (NEAREST INCH)	LATITUDE 3 9 . 30 5 6 4 _ LONGITUDE 7 7 . 0 5 9 9 1 _ (DEFAULT COORD. WGS 84)
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to	NOTES:
DRILLERS LIC. NO. 1 M D D D 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	
LIC. NO. 1 PS D 2.21	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	The problem of the same
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	70	•
MDE/AIMA/DED 074	Charles and Charle	

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Addieses Agriculture Date Signature Date Sig	Driller's Name 76	License No. 81		
Address Signature Particle	Joseph & Margal Well Vie	lling		2425 Dayy Rd
Addiests March Single Properties Pr	ECIA DI ANTA DI	in pioni		
Signature B 2 WELL INFORMATION	Address Address	my 11/11	3.	ON WHICH SIDE OF HOAD
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7178 Columbia Gateway Drive, Columbia, MD 21046 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well pennit application for a proposed well for new

construction, please indicate one of the following:
Well Site Location: Subdivision/Property Name Lot# Road Name
The well site has been staked by, (professional land surveyors) on (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 C-44/3-742-8926
Staked by Joseph & Mayne well I riele. 5-8-2014
Well for barn.

Well for Barn Property Map Existing House Existing Driveway HO#91-26E Deed Lots 1 & 2 (formerly) Robert Warfield, et. a HO#96-02E

Not to Scale

