

C1 8977 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER 131 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
10/9/06

Depth of Well

22 700 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT-TO DRILL WELL"
H0-95-0519
28 29 30 31 32 33 34 35 36 37OWNER Stidham Tammy
STREET OR RFD 13730 Wayside Drive
SUBDIVISION Haviland Hills SECTION TOWN Clarksville LOT 13

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 34 NO. OF POUNDS 3400

GALLONS OF WATER 254

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST
STEELCO
CONCRETEPL
PLASTICOT
OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 100
60 61 63 64 66 70EACH CASING OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST
STEELBR
BRASSHO
OPEN
HOLEPL
BRONZEOT
OTHER

PLASTIC

C 2 DEPTH (nearest ft.)

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 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

EACH CASING

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

8 9

METHOD USED TO MEASURE PUMPING RATE

11 15

WATER LEVEL (distance from land surface)

50

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

700 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 YES NO

(CIRCLE) (YES OR 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)

above

LAND SURFACE

below

(nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

wood line

wood line

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. 1 M D 040

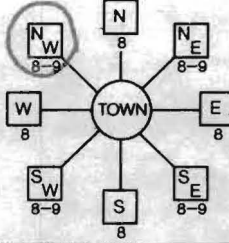
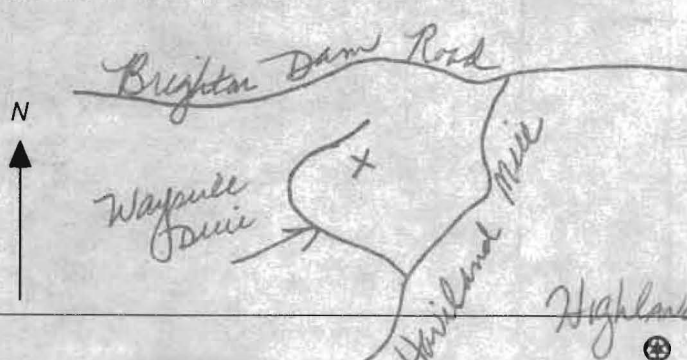
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

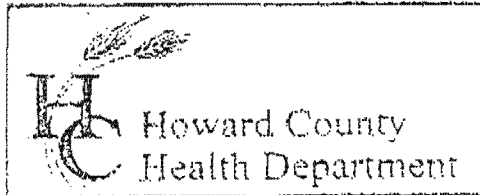
LIC. NO. 1 AW D 198

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

DENV-CR00

COUNTY

B 1 7145 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525571 please type	STATE PERMIT NUMBER HO-95-0519 fill in this form completely
Date Received (APA) 9/25/2006 8 MM DD YY 13 STIDHAM OWNER INFORMATION TAMMY 15 Last Name Owner First Name 34 13930 WAYSIDE DRIVE 36 Street or RFD 55 CLARKSVILLE, MD 21029 57 Town 70 State 72 Zip 76		LOCATION OF WELL 8 COUNTY Howard CC# Haviland Hills 23 SUBDIVISION 42 SECTION 1 LOT 13 44 46 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78	
DRILLER INFORMATION George F. Easterday Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> Date 9/21/2006		13930 Wayside Drive 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 300 34 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: 34 BLK: 13 PARCEL 220	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 8 500 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 9/29/2006 Brian Baker 9/29/2007 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 495 0 0 0 EAST 801 0 0 0 GRID 50 55 GRID 57 63	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3.	
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		WRITE THE BOX NUMBER FROM THE MAP HERE E 800 N 495 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 39 <input checked="" 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 13 G 10 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROX. PERMIT NUMBER G PERMIT No. HO-95-0519 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(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 permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by owner, Health dept & Esstentbury
(professional land surveyor or company employing professional land surveyors)
on 9-18-06 (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.

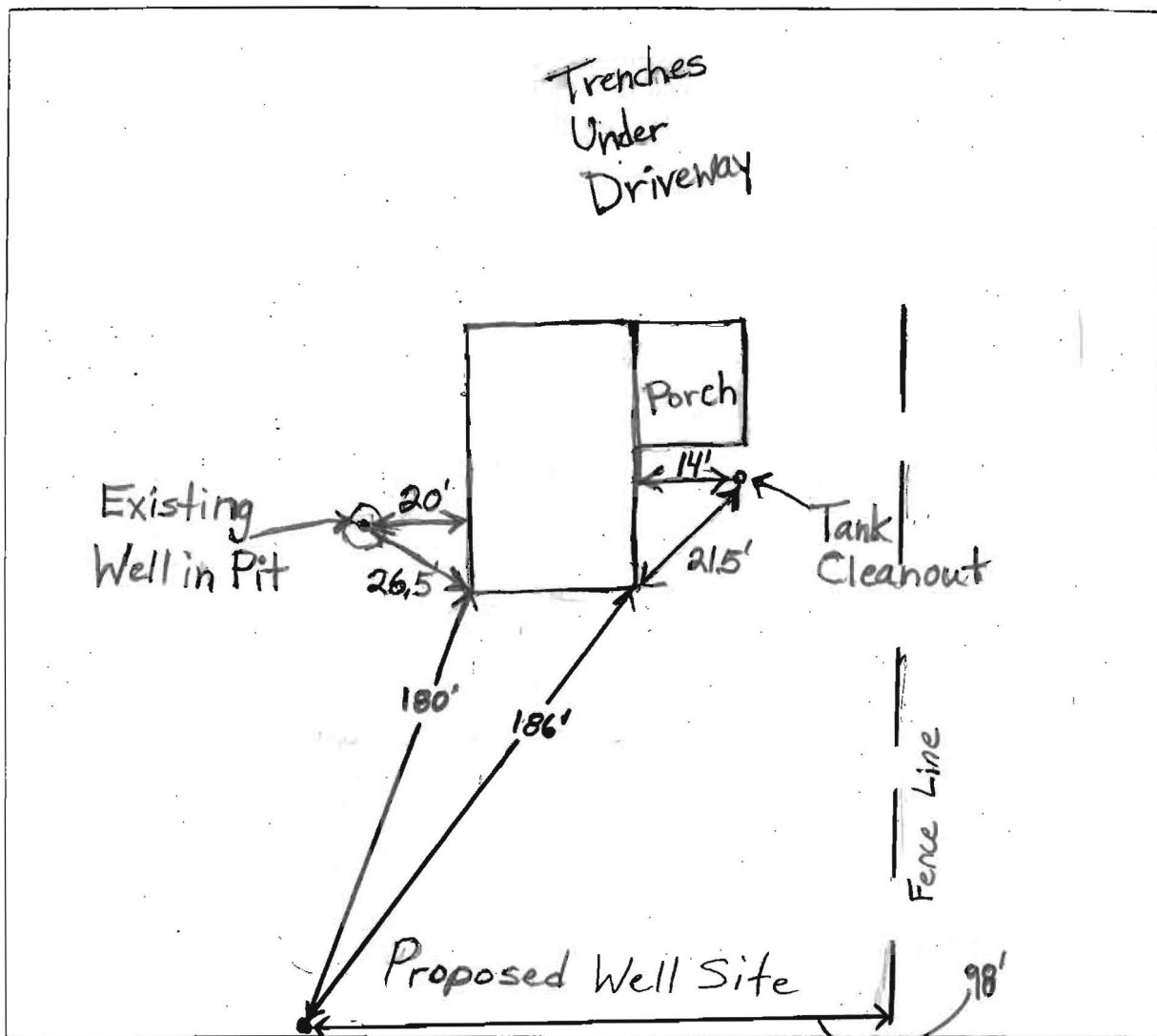
Revised 6/10/03

Jimmy Sted Ham
13930 Wayside Drive

SITE INSPECTION SHEET

OWNER: Jimmy Stedham PHONE #: 301-854-3122
ADDRESS: 13930 Wayside CONTRACTOR: Easterday
WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Need new well slot - Out of water

LOCATION DIAGRAM



COMMENTS: 9/18/06 Existing well has less than 1/2 gpm yield per Easterday. O.K. to drill at proposed site. Old well must be sealed if it is not to be used any longer. (BB)

DATE: _____ INSPECTOR: _____

8/15/06

W SI

Emergency Well

Out of Water

13930 Wayside Drive

Tammy Stadham

301-854-3122

Eastday

Monday - AM