



DRILLER: COMPLETE THIS FORM AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FIFTH COPY.

C 1 <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-weight: bold;">36433</div> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER <u>13</u>																																								
ST/CO USE ONLY DATE Received <u>MM 10 DP 11</u> <small>8 13</small>	DATE WELL COMPLETED <u>MM 9 DP 27</u> <u>YY 2006</u> <small>15 20</small>	Depth of Well <u>22</u> <u>80</u> <u>26</u> <small>(TO NEAREST FOOT)</small>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-15-0301</u> <small>28 29 30 31 32 33 34 35 36 37</small>																																								
OWNER <u>W. Creek LLC</u> WELL SITE ADDRESS <u>4979 Wild Olive Ct</u> TOWN <u>Clarksville md</u> SUBDIVISION <u>Walnut Creek</u> SECTION <u>110</u> LOT <u>110</u>																																											
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>0</td> <td>8</td> <td></td> </tr> <tr> <td>Sand</td> <td>8</td> <td>71</td> <td></td> </tr> <tr> <td>Mica Rock</td> <td>71</td> <td>80</td> <td></td> </tr> <tr> <td>Water</td> <td></td> <td>70</td> <td></td> </tr> <tr> <td colspan="4"> Dry well 140-35 Drilled material 35-0 cement </td> </tr> <tr> <td colspan="4"> Latitude 39.237295 Longitude 76.951397 </td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Clay	0	8		Sand	8	71		Mica Rock	71	80		Water		70		Dry well 140-35 Drilled material 35-0 cement				Latitude 39.237295 Longitude 76.951397				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>22</u> NO. OF POUNDS <u>2868</u> GALLONS OF WATER <u>132</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>72</u> ft. <small>48 TOP 52 54 BOTTOM 58</small> (enter 0 if from surface) CASING RECORD casing types insert appropriate code below <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>75</u> <small>60 61 63 64 66 70</small> OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G _____ SCREEN RECORD screen type or open hole insert appropriate code below <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> BZ BRONZE</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table>		<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> BZ BRONZE	<input type="checkbox"/> OT OTHER
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NUMBER OF UNSUCCESSFUL WELLS: <u>1</u> WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N CIRCLE APPROPRIATE LETTER <input checked="" type="radio"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="radio"/> E ELECTRIC LOG OBTAINED <input type="radio"/> 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. <u>MSDO 24</u> DRILLERS SIGNATURE <u>Joseph Mayne</u>		C 2 DEPTH (nearest ft.) <u>73</u> <u>80</u> E A C H C A S I N G <u>1</u> <u>8</u> <u>9</u> <u>11</u> <u>15</u> <u>17</u> <u>21</u> <u>23</u> <u>24</u> <u>26</u> <u>30</u> <u>32</u> <u>36</u> <u>38</u> <u>39</u> <u>41</u> <u>45</u> <u>47</u> <u>51</u> S L O T S I Z E 1 <u>2</u> 3 DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>																																									
C 3 PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> <small>8 9</small> PUMPING RATE (gal. per min.) <u>20</u> <small>11 15</small> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>15</u> ft. <small>17 20</small> WHEN PUMPING <u>27</u> ft. <small>22 25</small> TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED IN BOX 29 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>2</u> (nearest foot) <small>49 50 51</small>																																									
LATITUDE <u>39.237363</u> LONGITUDE <u>76.250981</u> (DEFAULT COORD. WGS 84) 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																																											

Well at 4979 Wild Olive Ct
Walnut Creek took 3 more
bags cement. tag H0-15-0301.
Please attach to well completion
sent in 9-28-2016.

Betty Mayne