

C 1 05134

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A 58471 E

(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED

5.8.98

DATE WELL COMPLETED

MM DD YY  
4 30 98

Depth of Well

22 200 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO 94-1393

OWNER

STREET OR RFD

SUBDIVISION

first name

TOWN

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS, AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingSand  
Gray mica Rock 47  
200 ✓

## 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 17

NO. OF POUNDS 1598

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 47 ft.  
TOP 52 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
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

Total depth

of main casing

(nearest foot)

52

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST

STEEL

BR

BRASS

HO

OPEN

BRONZE

HOLE

PL

PLASTIC

OT

OTHER

C 2

DEPTH (nearest ft.)

HO 50 200  
1 2  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51

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

1008 HVA - 8

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

74 75 76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING-RATE (gal. per min.)

15

METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

30

17 20

WHEN PUMPING

79

22 25

TYPE OF PUMP USED (for test)

A air

27

P piston

27

T turbine

27

C centrifugal

27

R rotary

27

O other

27

(describe below)

J jet

27

S submersible

27

## PUMP INSTALLED

DRILLER WILL INSTALL 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)

+ above

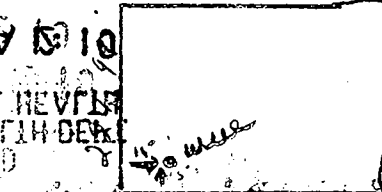
- below

LAND SURFACE

2

(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)

DRILLERS LIC. NO. 1 M S D O 2 4

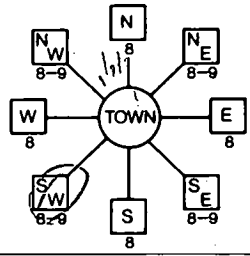
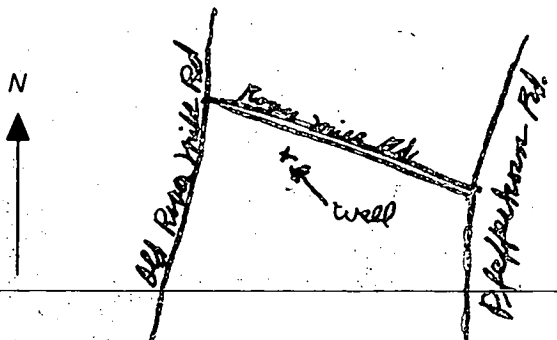
DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M S D O 2 7

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

COUNTY

B 1 <b>8039</b> 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-1393</b> fill in this form completely
Date Received (APA) <b>12/18/97</b> 8 MM DD YY 13 <b>Carter</b> 15 Last Name <b>1750 Dairy Rd.</b> 36 Street or RFD <b>Woodline</b> <b>md.</b> <b>21797</b> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 21 <b>River Mill Rd. Property</b> 23 SUBDIVISION 42 SECTION <b>II</b> LOT <b>63</b> 44 46 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>4</b> M I 73 76 77 78	
OWNER INFORMATION <b>Joseph L Mayne</b> <b>M S D O 2 Y</b> Driller's Name 76 License No. 81 <b>Joseph L Mayne Well Drilling</b> Firm Name <b>5512 Ridge Rd. Mt. Airy 21771</b> Address <b>Joseph L Mayne 12/17/97</b> Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <b>Old River Mill Road</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <b>335</b> 37 DISTANCE FROM ROAD ENTER FT OR MI <b>FT</b> 38 39 TAX MAP: <b>15</b> BLK: <b>13</b> PARCEL <b>180</b>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <b>5</b> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <b>500</b> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A5847E</b> COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED <b>1/26/98</b> <b>Jim Minto</b> <b>1/26/99</b> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>532000</b> EAST GRID <b>801000</b> 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <b>10.149 unit - 4-30-98</b> SOURCES OF DRILLING WATER 1. <b>well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>8041</b> N <b>5342</b> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <b>200</b> FEET. 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT other		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 39 <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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <b>54</b> G A P <b>63</b> FORCE <b>Km</b> WRITE INITIALS IN BOX <b>HO-94-1393</b> 67 68 PERMIT No. 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			