

C 1	1457	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A42057		
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13		15 20		28 29 30 31 32 33 34 35 36 37

OWNER	last name	first name	TOWN
STREET OR RFD	4518 RUTHERFORD WAY		DATTON
SUBDIVISION	RUTHERFORD	SECTION	LOT 12

WELL LOG 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	
Sandy	2 20	
Sand Stone	20 25	
MICKA	25 30	
Sand Stone	30 35	
MICKA	35 210	
Sand Stone	210 215	
MICKA	215 325	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	
NO. OF BAGS	NO. OF POUNDS
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
48 TOP	54 BOTTOM 58
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	ST CO
	STEEL CONCRETE
MAIN CASING TYPE	PL OT
	PLASTIC OTHER
Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)

OTHER CASING (if used)	
diameter inch	depth (feet) from to

SCREEN RECORD	
screen type or open hole insert appropriate code below	ST BR HO
	STEEL BRASS OPEN
	PL BRONZE HOLE
	PLASTIC OTHER

C 2	
DEPTH (nearest ft.)	
1 2	
1 70	28 325
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)	
from to	

GRAVEL PACK 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.)	W Q
70 72	74 75 76
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

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

PUMP INSTALLED	
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)	
LAND SURFACE	
(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)	

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 PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO. 273	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	



B 1	1402	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>40-92-0025</u> fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             15 Last Name  <u>TAGER</u> </div> <div style="width: 45%;">             Owner First Name  <u>SCHE</u> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             36 Street or RFD  <u>11088 RT 216</u> </div> <div style="width: 45%;">             55  <u>FULTON</u> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             57 Town  <u>FULTON</u> </div> <div style="width: 45%;">             70 State 72 Zip 76  <u>MD 20759</u> </div> </div> </div>		
DRILLER INFORMATION Driller's Name <u>Ralph Mayne</u> Firm Name <u>Ralph Mayne Well Drilling</u> Address <u>9120 Brown Church Rd. Mt. Airy</u> Signature <u>Ralph Mayne</u> Date <u>3/3/92</u>		LOCATION OF WELL 8 COUNTY <u>HOWARD</u> 23 SUBDIVISION <u>RUTHERFORD</u> SECTION <u>44</u> LOT <u>12</u> 52 NEAREST TOWN <u>DABYTON</u> MILES FROM TOWN (enter 0 if in town) <u>1</u> <u>M</u> <u>I</u>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NEAR WHAT ROAD <u>Rutherford way</u> DISTANCE FROM ROAD <u>255</u> ENTER FT or MI <u>FT</u>		
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) <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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A42057</u> STATE SIGNATURE <u>Raymond Hodges</u> DATE ISSUED <u>03/18/92</u> NORTH GRID <u>519000</u> EAST GRID <u>000000</u>		
APPROXIMATE DEPTH OF WELL <u>150</u> FEET APPROXIMATE DIAMETER OF WELL <u>16"</u> NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">             E <u>8027</u>              N <u>5104</u> </div> <div style="text-align: right;">             000 000           </div> </div>		
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) CABLE <u>REVerse-ROTary</u> Drive-POINT other _____		well site location OK 3-30-92 4/2/92 AM casing - 30' opening - 20' gravel - OK - 7 ft Missed pump test 4-2-92		
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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN 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 		
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER <u>G A P</u> FORCE <u>5</u> WRITE INITIALS IN BOX PERMIT No. <u>40-92-0025</u> SPECIAL CONDITIONS <u>Case 109-735-137</u>				