

C1

9368

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.
COUNTY
NUMBER 13

ST/CO USE ONLY
DATE RECEIVED
12/31/98
DATE WELL COMPLETED
12 29 98
DEPTH OF WELL
22 240 26
(TO NEAREST FOOT)
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
NO 94-1996

OWNER Highland Development
STREET OR RFD Spring Ridge Drive
SUBDIVISION Big Branch Overlook SECTION TOWN Dayton LOT 46

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		check if water bearing
	FROM	TO	
Sand	0	62	
Gray Mica Rock	62	240	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 20 NO. OF POUNDS 1880
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 60 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 68

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

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT
STEEL BRASS OPEN HOLE PLASTIC OTHER

C3

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 34 ft.
WHEN PUMPING 20 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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 SDO 24
DRILLERS SIGNATURE
LIC. NO. 1 D

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

C2

DEPTH (nearest ft.)
65 240

E A C H S C 3 R E E N
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

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

PUMP INSTALLED
DRILLER INSTALLED 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. 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)
4 above } LAND SURFACE
below } 3 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Spring Ridge Dayton

B 1	0369	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-1996</u> <small>fill in this form completely</small>
Date Received (APA) <u>11/15/98</u>		OWNER INFORMATION		
8 MM DD YY 13		15 Last Name <u>Highland Development CMC</u>		
36		21 First Name <u>P.O. Box 228</u>		
57		23 SUBDIVISION <u>Clarksrille Rd 21029</u>		
70		52 NEAREST TOWN <u>Dayton</u>		
72		MILES FROM TOWN (enter 0 if in town) <u>3</u>		
74		73 M I 76 77 78		
76		B 3		
DRILLER INFORMATION		LOCATION OF WELL		
Driller's Name <u>Joseph L. Mayne</u>		8 COUNTY <u>Howard</u>		
76 License No. <u>M.S.D. 024</u>		21 <u>Big Branch Overlook</u>		
Firm Name <u>Joseph L. Mayne Well Drilling</u>		42		
Address <u>5512 Ridge Rd. Mt. Airy 21771</u>		SECTION <u>2</u> LOT <u>58</u>		
Signature <u>Joseph L. Mayne</u>		44 46 48 50		
Date <u>11/1/98</u>		52 NEAREST TOWN <u>Dayton</u>		
B 2		WELL INFORMATION		
1		2		
APPROX. PUMPING RATE (GAL. PER MIN.)		34 37		
8		DISTANCE FROM ROAD <u>240</u> FT.		
12		ENTER FT OR MI <u>FT</u>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		38 39		
14		TAX MAP <u>27</u> BLK: <u>11</u> PARCEL <u>140</u>		
20		B 4		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
<input 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 checked="" type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		1 2 TOWN 		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> HOWARD <input type="checkbox"/> 13 COUNTY NAME STATE SIGNATURE DATE ISSUED <u>12 8 98</u> 43 MM DD YY 48 NORTH GRID <u>510 000</u> 50 55		11 NEAR WHAT ROAD <u>Saphine Ridge Dr.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST 34 37 DISTANCE FROM ROAD <u>240</u> FT. ENTER FT OR MI <u>FT</u> 38 39 TAX MAP <u>27</u> BLK: <u>11</u> PARCEL <u>140</u>		
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		COUNTY NO.		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		STATE SIGNATURE		
METHOD OF DRILLING (circle one)		DATE ISSUED		
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT other _____		41 <u>12 8 98</u> CO SIGNATURE <u>SCM</u> EXP. DATE <u>12 8 98</u> 43 MM DD YY 48 NORTH GRID <u>510 000</u> 50 55		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		
<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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL		SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3.		
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		WRITE THE BOX NUMBER FROM THE MAP HERE		
41		E <u>7924</u> N <u>510</u>		
Not to be filled in by driller (MDE OR COUNTY USE ONLY)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION		
APPROX. PERMIT NUMBER		000 000 		
54		63 PERMIT NO. <u>HO-94-1996</u> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

