

C1 1745

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

A50463

ST/CO-USE ONLY
DATE Received

8						13
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DATE WELL COMPLETED

0	4	2	5	9	7
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Depth of Well

22	2	8	5			26
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(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H	0	-	9	4	-	1	1	1	2
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28 29 30 31 32 33 34 35 36 37OWNER S D C
last name SUCAMORE first name Spring R.D. TOWN COOKSVILLE
STREET OR RFD
SUBDIVISION RIGGS PROPERTY SECTION LOT 14

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
bearing

Brown Shale	0	65	
Gray Mica Rock	65	285	✓

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BCNO. OF BAGS 17 NO. OF POUNDS 1598GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 60 ft.
48 52 54 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)ST 6 69
60 61 63 64 66 70OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASINGscreen type or open hole
insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
PL BRONZE HOLE
PLASTIC OTHERIN HARD ROCK AREAS, IDENTIFY SPECIFICALLY
WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED

yes
Yno
N

C2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
from toGRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
74 75 76
70 72 OTHER DATA
TELESCOPE CASING LOG INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min. to nearest gal.) 20METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 63WHEN PUMPING 66

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 WILL INSTALL PUMP YES 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:

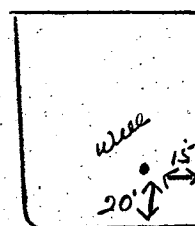
CAPACITY:
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)LAND SURFACE 02 (nearest foot)
50 51

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)

SYCAMORE SPRING R.D.

DRILLERS IDENT. NO. 024
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

B 1	7454	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-11112 <small>70 fill in this form completely 79</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS; 3-6 ON ALL CARDS)				
Date Received (APA) 033197		OWNER INFORMATION		
15 Last Name SDC		Owner First Name PO BOX 417		
36 Street or RFD ELLICOTT CITY		55 State 72 Zip 76 70 State 72 Zip 76		
DRILLER INFORMATION Driller's Name: Joseph P. Mayne Firm Name: Joseph P. Mayne Well Drilling Address: 5512 Ridge Rd. Mt. Airy Md. 21771 Signature: Joseph P. Mayne Date: 3/31/97		CIRCLE: MSD/ MGD/ MWD 77 License No. 80: 024		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		LOCATION OF WELL 8 COUNTY: HOWARD 23 SUBDIVISION: RIGGS PROPERTY SECTION: 44 46 LOT: 48 50 52 NEAREST TOWN: COOKSVILLE MILES FROM TOWN (enter 0 if in town): 1 MI		
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)		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 		
APPROXIMATE DEPTH OF WELL: 240 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 20 37 DISTANCE FROM ROAD: ENTER FT OR MI: FT TAX MAP: _____ BLK: _____ PARCEL: _____		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other: _____		NOT TO BE FILLED IN BY DRILLER: HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME: Howard COUNTY NO.: 13 STATE SIGNATURE: _____ INSERT S: _____ DATE ISSUED: 042297 DATE: 4/21/98 NORTH GRID: 540000 EAST GRID: 0792000 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER: 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE: E: 7982 N: 53240 000 000		
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-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): _____		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 (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER: _____ GAP _____ FORCE: AM INITIALS IN BOX: _____ PERMIT No.: HO-94-11112 SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				