C1 4666 SEQUENCE NO (DENV USE ONLY)

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

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.

COUNTY NUMBER 9-1394

ST/CO USE ONLY DATE Received [ ]

DATE WELL COMPLETED 3 10 92

Depth of Well ______ (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-91-400

OWNER: H. K. Alonzo (last name / first name)

STREET OR RFD: 12-84 Triadelphia Rd TOWN: Glenelg

SUBDIVISION: Rosemary Estates SECTION ______ LOT 3A

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	FEET TO	Check if water bearing
#1 dry hole backfilled & sealed	0	500'	
#2 dry hole backfilled & sealed	0	300'	
#3 dry hole backfilled & sealed	0	300'	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y no N

TYPE OF GROUTING MATERIAL: CEMENT CM BENTONITE CLAY BC

NO. OF BAGS ______ NO. OF POUNDS ______

GALLONS OF WATER ______

DEPTH OF GROUT SEAL (to nearest foot) from ______ ft. (TOP) to ______ ft. (BOTTOM) — (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

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

EACH CASING — OTHER CASING (if used): diameter inch ______ depth (feet) from ______ to ______

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

C2 EACH SCREEN — DEPTH (nearest ft.)

SLOT SIZE 1 ______ 2 ______ 3 ______

DIAMETER OF SCREEN ______ (NEAREST INCH)

GRAVEL PACK from ______ to ______

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [ ]

C3 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, T turbine, C centrifugal, R rotary, O other (describe below), J jet, S submersible

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) + above / − below 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)

Triadelphia Rd

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 IDENT. NO. 353

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) [signature]

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

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

T TELESCOPE CASING [ ] (E.R.O.S.) LOC INDICATOR [ ] W.Q. OTHER DATA [ ]

COUNTY

A# 21507 MAP 22 & 1 ...

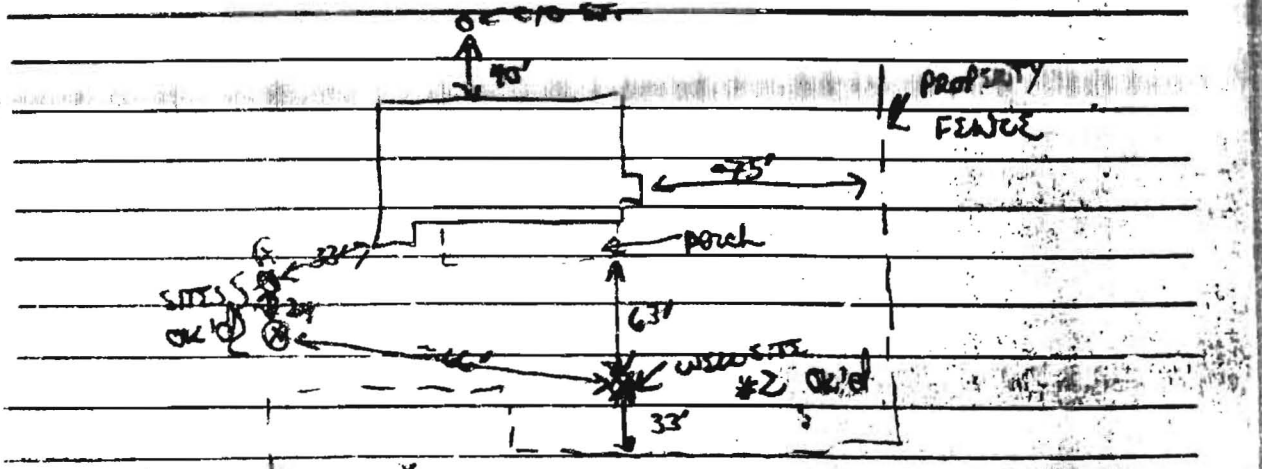
REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 12904 Triadelphia Rd. (Rosemary Estates 23A) ZIP _____
OWNER / OCCUPANT A.C. HICKS ADDRESS _____ PHONE 531-2614
COMPLAINANT Same ADDRESS _____ PHONE _____
REASON FOR INVESTIGATION Existing drilled well has gone dry. Needs a new well. Yesterday Dermont to site
CODES _____
RECEIVED BY B Nelson DATE 2/18/87 ASSIGNED TO _____ DATE _____
DATE OF INVESTIGATION _____ TIME _____ WEATHER _____
REPORT Will place at least one (probably 2 stakes) to be approved
Existing well = 270' behind house
Septic (10's not possible) = 40' in front of house
Previous owner [illegible], Brent
TRIADELPHIA RD.



DATE SUBMITTED _____ SANITARIAN _____
HD-172
existing well
NO 33/612 & 100' TO 2ND WELL