

C1 2976

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A517963

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 380

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-0516

OWNER McAlister, last name; Florence Rd, first name; TOWN; SUBDIVISION; SECTION; LOT

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Brown Shale (0-116), Blue Rock (116-380).

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below; MAIN CASING TYPE; Nominal diameter; Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD screen type or open hole; insert appropriate code below; ST, BR, HO, PL, OT

DEPTH (nearest ft.) table with columns 1-21 and rows A, C, H, S, R, E, N

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. MSD024; DRILLERS SIGNATURE; LIC. NO. D

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

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68; MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6; PUMPING RATE (gal. per min.) 3.5; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 57 ft, WHEN PUMPING 293 ft; TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES/NO); IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS; TYPE OF PUMP INSTALLED; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH; CASING HEIGHT



B 1 1067  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
525227 please type

STATE PERMIT NUMBER  
MD-95-0516  
70 fill in this form completely 79

Date Received (APA)  
OWNER INFORMATION  
8 MM DD YY 13  
McAlister T. Jeffery + Lenda G.  
15 Last Name Owner First Name 34  
2610 Mullineux Mill Rd  
36 Street or RFD 55  
Mt. Airy Md 21771  
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 COUNTY Howard  
23 SUBDIVISION Baker Property Mockingbird Forest  
SECTION 44 46 LOT 1 48 50  
52 NEAREST TOWN Mt. Airy  
MILES FROM TOWN (enter 0 if in town) 7 M I  
73 76 77 78

DRILLER INFORMATION  
Driller's Name Joseph L. Mayne M SD 024  
76 License No. 81  
Firm Name Joseph L Mayne well Drilling  
Address 5512 Ridge Rd Mt. Airy Md 21771  
Signature Joseph L Mayne Date 8-21-06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
Florence Rd  
11 NEAR WHAT ROAD 30  
34 475 37 DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: 6 BLK: 24 PARCEL 151

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard AS17963  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S  
DATE ISSUED 9/14/06 9/14/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 543 000 EAST GRID 759 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 280 FEET  
24 28  
APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

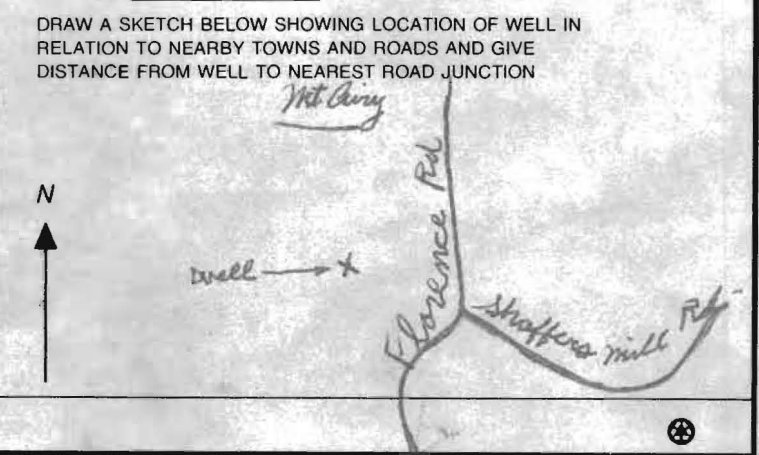
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 759  
N 543  
000  
000

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROTary DRive-POINT  
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM 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 G  
PERMIT No. MD-95-0516  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0516  
 Location of property (road) Florence Rd  
 Subdivision Mockingbird Forest - Baker Prop Lot 1 Block      Plat      Sec.       
 Well Driller Joseph Mayne Owner Jeffrey + Linda McAlister

Depth of well 380  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below M.P. 57'

I. High rate pumping -- reservoir drawdown

Time pump started 6:45 Pumping rate 20 gpm  
 Total time 30 min to reach pumping water level 293 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

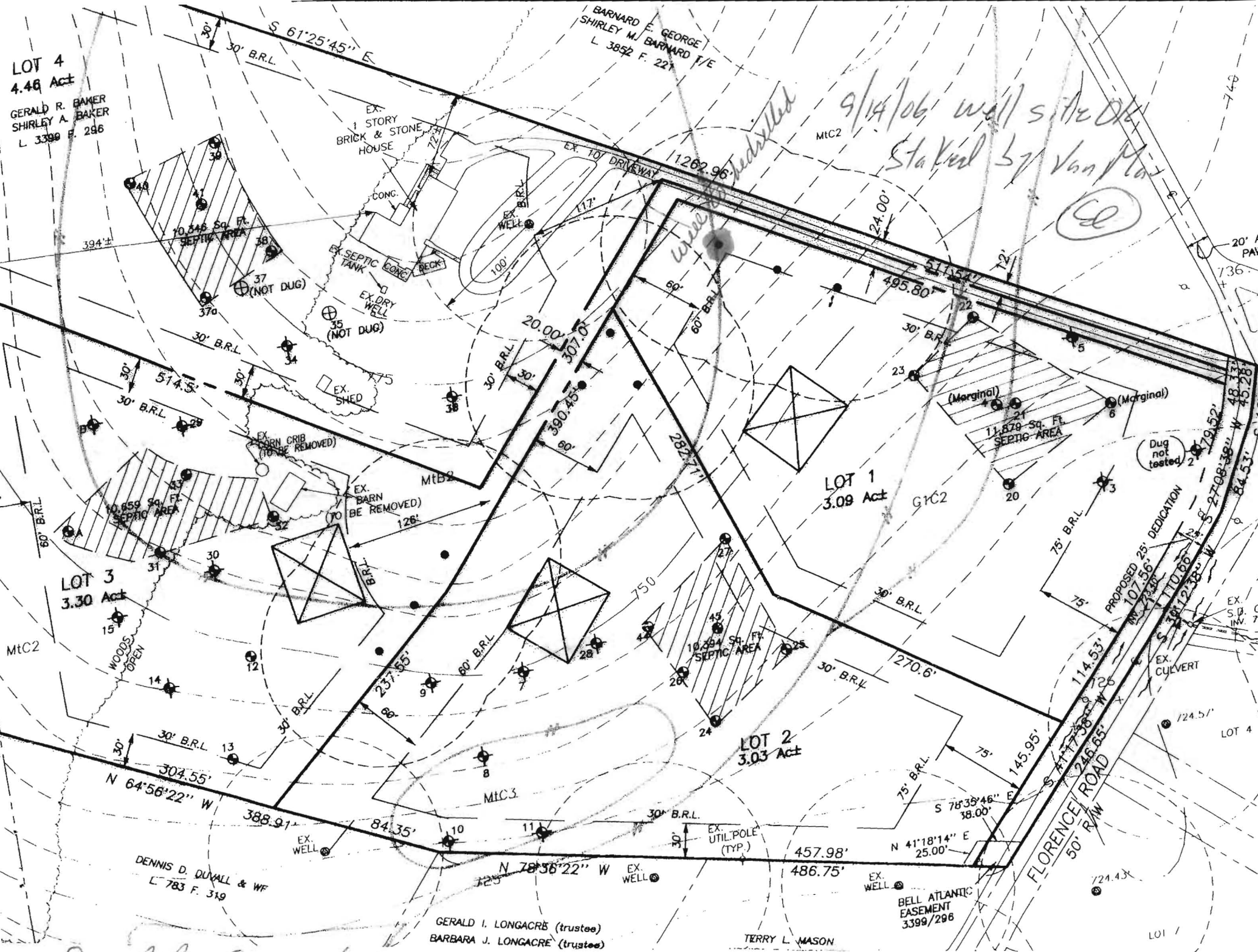
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	167	3 sec		20 gpm
7:15	293	4		15
7:30	293	17		3.5
7:45	293	17		3.5
8:00	293	17		3.5
8:15	293	17		3.5
8:30	293	17		3.5
8:45	293	17		3.5
9:00	293	17		3.5
9:15	293	17		3.5
9:30	293	17		3.5
9:45	293	17		3.5
10:00	293	17		3.5
10:15	293	17		3.5
10:30	293	17		3.5
10:45	293	17		3.5
11:00	293	17		3.5
11:15	293	17		3.5
11:30	293	17		3.5
11:45	293	17		3.5
12:00	293	17		3.5
12:15	293	17		3.5
12:30	293	17		3.5
12:45	293	17		3.5
1:00	293	17		3.5
1:15	293	17		3.5

LOT 4  
4.46 Act

GERALD R. BAKER  
SHIRLEY A. BAKER  
L 3399 F. 296

BARNARD E. GEORGE  
SHIRLEY M. BARNARD T/E  
L 3852 F. 22

*9/14/06 well site OK  
Staked by Van Plan*



DENNIS D. DUVALL & WF  
L 783 F. 319

GERALD I. LONGACRE (trustee)  
BARBARA J. LONGACRE (trustee)

TERRY L. MASON

*Signed Pro Cert 8/13/04*



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Van Mar Associates on Aug 10, 06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

*Baker Prop-*

*Lot 1, 2, 3*

*Jeff McAlister*

*301-829-7681*