

C1 2975

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A517963

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED

Depth of Well 22 440 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" No - 95 - 0518

OWNER Mc Alister Linda Jeffrey STREET OR RFD Florence Rd TOWN Mt. Airy Rd SUBDIVISION Mockingbird Forest SECTION LOT 3

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. Entries: Brown Shale 0 69, Blue Rock 69 440.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC) NO. OF BAGS 16 NO. OF POUNDS 1504

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 6 Total depth 72

SCREEN RECORD

DEPTH (nearest ft.) 71 440

C 3

PUMPING TEST

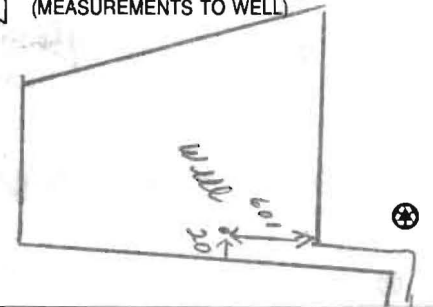
HOURS PUMPED 6 PUMPING RATE 1.4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 53 ft. BEFORE PUMPING 401 ft. WHEN PUMPING TYPE OF PUMP USED S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH 43 47 CASING HEIGHT 49 above LAND SURFACE 1 (nearest) foot below

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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

DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE

LIC. NO. 1 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) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 1069

SEQUENCE NO. (MDE USE ONLY)

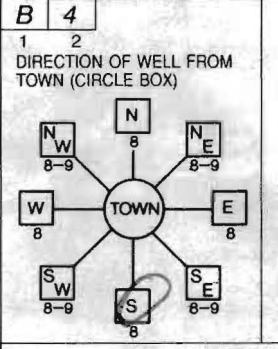
STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525227 please type

STATE PERMIT NUMBER MD-95-0518 fill in this form completely

OWNER INFORMATION: Date Received (APA), 8 MM DD YY 13, Mc Ahstut, Jeffrey + G. Lenda, 2610 Mullinix Mill Rd, Mt. Airy Md 21771

LOCATION OF WELL: Howard, 8 COUNTY, 21 Mockingbird, 23 SUBDIVISION, SECTION 44 46, LOT 3, 52 NEAREST TOWN, MILES FROM TOWN (enter 0 if in town) 7 M I

DRILLER INFORMATION: Driller's Name Joseph H. Mayne, M SD 024, Firm Name Joseph H. Mayne Well Drilling, 5512 Ridge Rd Mt. Airy Md 21771, Signature Joseph H. Mayne, Date 8-21-06



Florence Rd, 11 NEAR WHAT ROAD, 30, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 34 550 37, DISTANCE FROM ROAD FT, ENTER FT OR MI 38 39, TAX MAP: 6 BLK: PARCEL 151

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard, AS17963, COUNTY NAME, COUNTY NO., STATE SIGNATURE, DATE ISSUED 9/14/06, CO SIGNATURE, EXP. DATE 9/14/07, NORTH GRID 543 000, EAST GRID 758 000

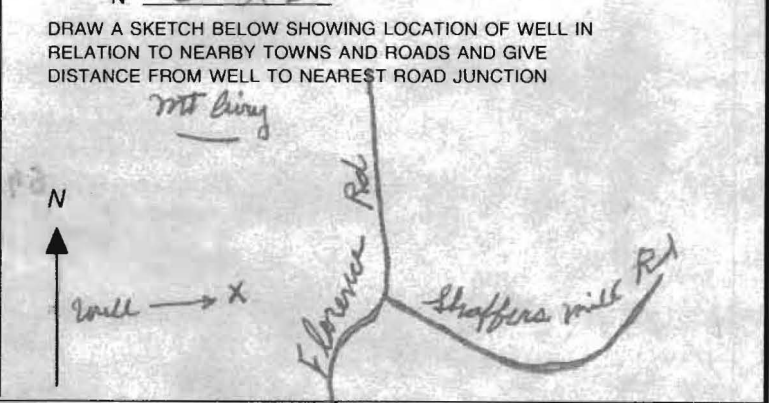
USE FOR WATER (CIRCLE APPROPRIATE BOX): D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION), I INDUSTRIAL, COMMERCIAL, DEWATERING, P PUBLIC WATER SUPPLY WELL, T TEST, OBSERVATION, MONITORING, G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 280 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER 1. well, WRITE THE BOX NUMBER FROM THE MAP HERE, E 758, N 543, 000, 000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D THIS WELL WILL DEEPEAN AN EXISTING WELL, PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER G, PERMIT No. MD-95-0518

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



1:15 393  
1:30 393  
1:45 393

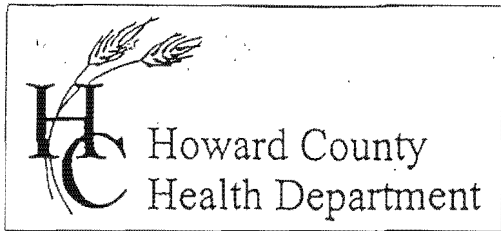
43 sec  
43  
43

1.4 ppm  
1.4  
1.4

RECEIVED  
EMARD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH

2006 OCT 30 PM 3:34





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