

7092

SEQUENCE NO. (MDE USE ONLY)

# 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 **13-A 50952**

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

ST/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

**062996**

Depth of Well

**400**

(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

**HO-94-0818**

OWNER **Scranton** last name **Windsor Forest Rd** first name **Robert**  
STREET OR RFD **Long Corner** TOWN  
SUBDIVISION **Hubert Mullin aux Property** SECTION **Parcel 1** LOT

### 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	
Top Soil	0	1	
Brown Shale	1	6	
Blue Shale	6	70	
Blue Slate	10	70	
Brown Shale	70	80	✓
Blue Slate	80	200	
Flint Rock	200	210	✓
Blue Slate	210	400	

### GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

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

NO. OF BAGS **6** NO. OF POUNDS **300**

GALLONS OF WATER **38**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **20** ft.

### CASING RECORD

casing types insert appropriate code below

**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **24**

### OTHER CASING (if used)

EACH CASING 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

**C 2**

### DEPTH (nearest ft.)

**HO** **29** **99**

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T \_\_\_\_\_ W Q \_\_\_\_\_  
70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

### PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **2**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **75** ft.  
WHEN PUMPING **205** 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

### PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **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

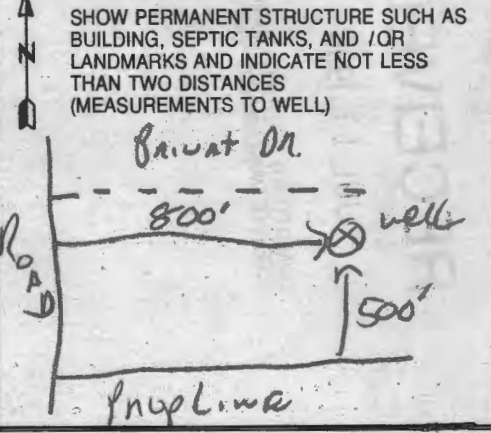
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_

CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } **2** (nearest foot)

### LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **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.

TYPE: MWD/MSD/MGD **116**  
DRILLERS LIC. NO. **Thall Marie**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**Thall Marie**  
LIC. NO. **117**

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

**B 1** **8212** SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-99-0818**  
 fill in this form completely

Date Received (APA) **05/16/96**  
**OWNER INFORMATION**  
 SCRANTON ROBERT  
 650 MARIANNE LN  
 BALTIMORE MD 21228

**B 3** LOCATION OF WELL  
 HOWARD  
 COUNTY  
 HOBART MULLINEAUX PROP.  
 23 SUBDIVISION  
 SECTION 44 46 LOT 48 50  
 LONG CORNER  
 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION** CIRCLE: MSD MGD/MWD  
 RALPH MAYNE  
 Driller's Name  
 RALPH MAYNE WELL DRILLING  
 Firm Name  
 9120 BROWN CHURCH RD. MT. AIRY  
 Address  
 RALPH MAYNE 5/16/96  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 WINDSOR FOREST RD.  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 800  
 DISTANCE FROM ROAD  
 ENTER FT OR MI  
 TAX MAP: BLK: PARCEL

**B 2** WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **5000**

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL  
 Howard  
 13-A50952  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED  
 Howard 6/18/96  
 CO SIGNATURE EXP. DATE  
 NORTH GRID 545000 EAST GRID 0750000

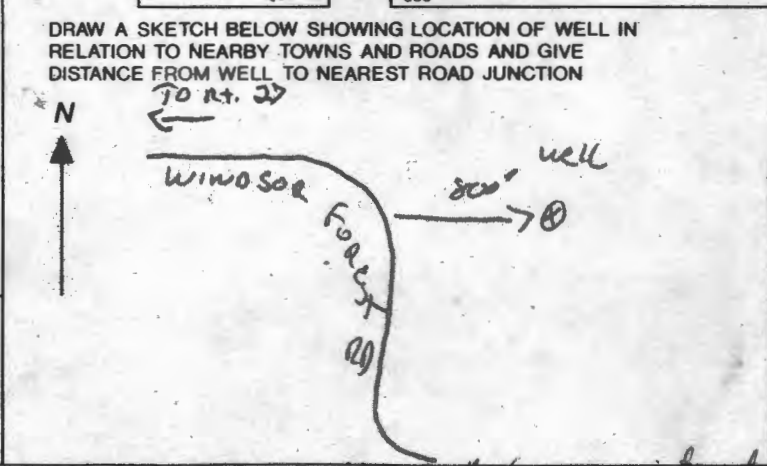
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING** (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTARY DRIVE-POINT  
 other

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 750  
 N 5405  
 000 000

**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  
 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)



Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE INITIALS IN BOX PERMIT No. HO-99-0818

SPECIAL CONDITIONS  
 FOR CATTONSVILLE BUILDERS H-410-250-2207 well sites approximate only  
 W-410-250-1200