

C1	9582	SEQUENCE NO. (OEP 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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER		A 34881	
DATE RECEIVED		DATE WELL COMPLETED		PERMIT NO.		
[] [] [] [] [] []		042485		FROM "PERMIT TO DRILL WELL"		
8 13		15 20		H0-81-0928		
28 29 30 31 32 33 34 35 36 37		22 23 24 25 26				
(TO NEAREST FOOT)						

OWNER	CUSTOM CONCEPTS				
STREET OR RFD	last name		first name		TOWN
6761		HAYLAND MILL RD		HIGHLAND	
SUBDIVISION	TAX MAP 34		PARCEL 139 12		SECTION LOT

WELL LOG Not required for driven wells			GROUTING RECORD			C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL			HOURS PUMPED (nearest hour)		
CEMENT <input checked="" type="checkbox"/> CM			BENTONITE CLAY <input checked="" type="checkbox"/> BC			PUMPING RATE (gal. per min. to nearest gal.)		
NO. OF BAGS 8			NO. OF POUNDS 800			METHOD USED TO MEASURE PUMPING RATE		
GALLONS OF WATER			DEPTH OF GROUT SEAL (to nearest foot)			WATER LEVEL (distance from land surface)		
from 0 ft. to 32 ft.			(enter 0 if from surface)			BEFORE PUMPING		
48 52 54 58			TOP BOTTOM			17 20		
casing types insert appropriate code below			CASING RECORD			WHEN PUMPING		
<input checked="" type="checkbox"/> ST <input checked="" type="checkbox"/> CO			STEEL CONCRETE			22 25		
<input checked="" type="checkbox"/> PL <input checked="" type="checkbox"/> OT			PLASTIC OTHER			TYPE OF PUMP USED (for test)		
MAIN - Nominal diameter			Total depth			<input checked="" type="checkbox"/> A air <input checked="" type="checkbox"/> P piston <input checked="" type="checkbox"/> T turbine		
CASING top (main) casing			of main casing			<input checked="" type="checkbox"/> C centrifugal <input checked="" type="checkbox"/> R rotary <input checked="" type="checkbox"/> O other		
TYPE (nearest inch)			(nearest foot)			(describe below)		
<input checked="" type="checkbox"/> 5 1/2			<input checked="" type="checkbox"/> 6			<input checked="" type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		
60 61 63 64 66 70								
EACH CASING			OTHER CASING (if used)			PUMP INSTALLED		
diameter inch			depth (feet)			DRILLER WILL INSTALL PUMP YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
from to						(CIRCLE) (YES OR NO)		
screen type or open hole			SCREEN RECORD			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
insert appropriate code below			<input checked="" type="checkbox"/> ST <input checked="" type="checkbox"/> BR <input checked="" type="checkbox"/> HO			TYPE OF PUMP INSTALLED		
<input checked="" type="checkbox"/> STEEL <input checked="" type="checkbox"/> BRASS <input checked="" type="checkbox"/> OPEN HOLE			<input checked="" type="checkbox"/> PL <input checked="" type="checkbox"/> OT			PLACE (A,C,J,P,R,S,T,O)		
<input checked="" type="checkbox"/> PLASTIC <input checked="" type="checkbox"/> OTHER						IN BOX - SEE ABOVE:		
C 2			DEPTH (nearest ft.)			CAPACITY:		
1 2			40 32 300			GALLONS PER MINUTE		
8 9 11 15 17 21						(to nearest gallon)		
23 24 26 30 32 36						PUMP HORSE POWER		
38 39 41 45 47 51						37 41		
EACH SCREEN			SLOT SIZE 1 2 3			PUMP COLUMN LENGTH		
DIAMETER OF SCREEN			(NEAREST INCH)			(nearest ft.)		
56 60						43 47		
from to						CASING HEIGHT (circle appropriate box and enter casing height)		
						<input checked="" type="checkbox"/> Above <input type="checkbox"/> below		
						LAND SURFACE		
						2 (nearest foot)		
						50 51		

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			LOCATION OF WELL ON LOT		
E ELECTRIC LOG OBTAINED			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
P TEST WELL CONVERTED TO PRODUCTION WELL			HAYLAND mill Rd		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.			100' well		
DRILLERS IDENT. NO. 41			R 200		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)					
Robert K. Hubner					
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 (E.R.O.S.)			WQ		
70 72 74 75 76					
TELESCOPE CASING			LOG INDICATOR		
			OTHER DATA		

Date _____

County File No.

Review OK 11/15/85 CWB

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-81-0928 Election District 6

Location of Property (road) 6761 Highland Mill Rd.

Subdivision	Lot	Block	Plat	Sec.
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Well Driller Eastenders Owner Custom Concepts

Depth of Well 300'

Distance of Measuring Point (M.P.) above ground 18"

Static Water Level (S.W.L.) below M.P. 43'

I. High Rate Pumping -- reservoir drawdown

Time pump started 12:10 Pumping rate 8.6 gpm

Total time 50 min to reach pumping water level 130' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes. Pump 280'

[illegible]

Date _____

County File No.

Review OK 11/15/85 CW

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. H0-81-0928 Election District 16

Location of Property (road) 6761 Hurland Mill Rd.

Subdivision	Lot	Block	Plat	Sec.
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Well Driller Eastenders Owner Custom Concepts

Depth of Well 300' 0

Distance of Measuring Point (M.P.) above ground 18"

Static Water Level (S.W.L.) below M.P. 43'

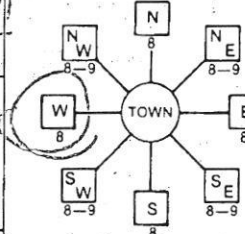

I. High Rate Pumping -- reservoir drawdown

Time pump started 12:10 Pumping rate 8.6 P.M.

Total time 50 min to reach pumping water level 130' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes. Pump 280'

[illegible]

B 1 7879 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) 4/23/85 12:30 P.M. OWNER INFORMATION CUSTOM CONCEPTS 15 Last Name Owner First Name 3001-3081 BETHANY LN ELLIOTT CITY MD 21013 Town State Zip	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type OEP PERMIT NUMBER 40-81-0928 <small>fill in this form completely</small>
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 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 _____ REPLACEMENT OR DEEPEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEPENED (IF AVAILABLE) _____ Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE _____ WRITE INITIALS IN BOX PERMIT NO. 40-81-0928 SPECIAL CONDITIONS	B 3 LOCATION OF WELL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 23 SUBDIVISION _____ 42 SECTION _____ LOT _____ 52 NEAREST TOWN _____ MILES FROM TOWN (enter 0 if in town) 3 MI B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD 1261 Laurel Road Mill Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 1000 FT NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME COUNTY NO. _____ OEP SIGNATURE _____ STATE HEALTH INSERT S _____ DATE ISSUED 031885 CO SIGNATURE _____ EXP. DATE 9/18/85 NORTH GRID 492000 EAST GRID 0801000 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 800 1 N 490 2 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 