

C1 09483

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 COLUMNS ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A585650C

ST/COM USE ONLY DATE Received

DATE WELL COMPLETED

MM 02 DD 03 '98

MM 01 DD 31 '98

DEPTH OF WELL 200

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1309

OWNER Selfridge Bldrs last name first name STREET OR RFD Triadelphia Rd TOWN Glenelg SUBDIVISION TRIADELPHIA RD PROP SECTION LOT PPA

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Sal, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1400 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 65

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT) DEPTH (nearest ft.) 140 65 200

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 35 ft. WHEN PUMPING 50 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) below LAND SURFACE 50 51 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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.

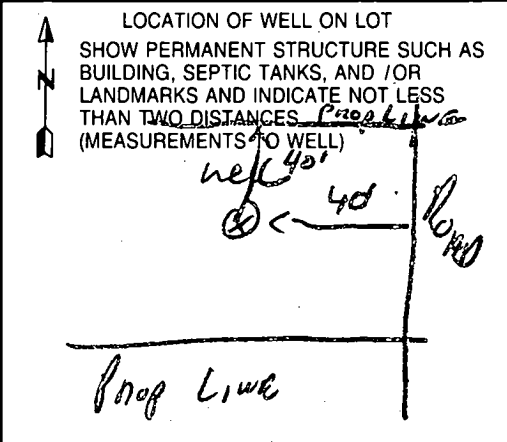
DRILLERS LIC. NO. MS D 17 G DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MS D 11 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





WATER WELL ABANDONMENT SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8-12-98 (month/day/year)

HO-94-1304

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO-94-1633

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Ralph Mayne

WELL DRILLERS LICENSE NUMBER: 117  
 CIRCLE: MWD MSD /MGD

\* OWNER'S NAME: SELFRIDGE Builders

\* WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: GLENELG  
 TAX MAP 27 BLOCK 4 PARCEL 43  
 SUBDIVISION: TRIDEPHIN REL PROP  
 SECTION: \_\_\_\_\_ LOT: PPA  
Preservation Parcel A

MARYLAND GRID COORDINATES

E 793  
 BOX NUMBER N 514

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SHOW WELL LOCATION BY X WITHIN BOX

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

MATERIAL	FEET	
	FROM	TO
<u>#2 BLUE STONE</u>	<u>20</u>	<u>25</u>
<u>#2 Cement</u>	<u>25</u>	<u>0</u>

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 1/4 INCHES IN DIAMETER

\* DEPTH OF WELL: 60 FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 2 ft

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE: Ralph Mayne  
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 117

CIRCLE ONE MSD /MGD DATE 8-12-98