

C1 9769

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 A58565

ST/CO USE ONLY DATE RECEIVED 3/20/98

DATE WELL COMPLETED 3/16/98

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1303

OWNER Selbridge Bldrs, STREET OR RFD Madalphia Rd., TOWN Calverly, SUBDIVISION Madalphia Rd. Prop, SECTION, LOT 1

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

PUMPING TEST HOURS PUMPED 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Sand (0-45), Gray Mica (45-55), Sand (55-72), Gray Mica (72-225)

TYPE OF GROUTING MATERIAL (Cement CM, Bentonite Clay BC), NO. OF BAGS 25, NO. OF POUNDS 2350, GALLONS OF WATER 150, DEPTH OF GROUT SEAL 70

PUMPING RATE 12.9, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL BEFORE PUMPING 33, WHEN PUMPING 87

CASING RECORD Casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE ST, Nominal diameter 6, Total depth 80

TYPE OF PUMP USED (for test): A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO)

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

WELL HYDROFRACTURED (Y) (N)

SCREEN RECORD screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

PUMP HORSE POWER 37, PUMP COLUMN LENGTH 41

CIRCLE APPROPRIATE LETTER: A (ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL)

DEPTH (nearest ft.) table with rows 1-3 and columns 8-11, 15-17, 23-24, 30-32, 38-39, 45-47, 51

LAND SURFACE 2 (nearest foot)

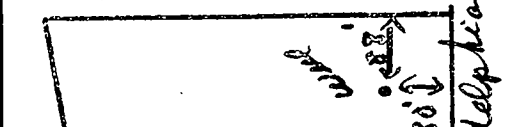
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS

DRILLERS LIC. NO. MSD024, DRILLERS SIGNATURE [Signature]

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



LIC. NO. MSD027, SITE SUPERVISOR [Signature]

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 8781

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

410-94-1303 fill in this form completely

Date Received (APA)

092397

OWNER INFORMATION

SELLER, DGE BUILDERS

14045 GARET DR.

GLENWOOD MD 21738

DRILLER INFORMATION

CIRCLE: MSD MGD/MW 24

Ralph Mayne Joe Mayne 116

Ralph Mayne (well Drilling)

9120 Brown Church Rd. Mt Airy

Signature Date

B 3

LOCATION OF WELL

HOWARD COUNTY

TRIDELPHIA RD. PROP.

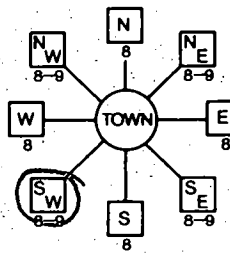
SECTION 44 46 LOT 48 50

GLENELG 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



TRIDELPHIA RD. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST

DISTANCE FROM ROAD 40 ENTER FT OR MI 40

TAX MAP: 27 BLK: 4 PARCEL 43

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

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 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 MR PERMIT No. 410-94-1303

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

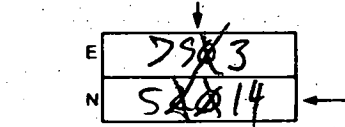
Howard COUNTY NAME A58565A COUNTY NO.

STATE SIGNATURE DATE ISSUED 10/17/97 Mark E. Riffin 10/17/98

NORTH GRID 514000 EAST GRID 0793000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

Handwritten notes: 11/13/97 9:30 GROUT 3-16-98 - GROUT 9:00 AM NO INSP



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Howard County Health Department

To: File

3/12/98

Mrs. Betty Mayne called to accept transfer of this well permit from Ralph Mayne.

3/13/98

Ralph Mayne called to request transfer of well permit to Joe Mayne Drilling.

Transfer ok.

From: \_\_\_\_\_

Kim Maiste

Date: \_\_\_\_\_

3/13/98

HD-170

103 MAR 20 A 11:55