

C1 9576 SEQUENCE NO. (OEP 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 COES. 3 ON ALL CARDS)

COUNTY NUMBER A31739

DATE RECEIVED

DATE WELL COMPLETED 040783

DEPTH OF WELL 105 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-81-0723

OWNER NICHOLS JAMES S MEADOW GLENN DAYTON

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. Includes entries for Brown Shale and Gray mica shale.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 35 NO. OF POUNDS 110

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter 4 inch Total depth 23 feet

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 1 10 2 23 3 23

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 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE Joseph S. Morgan

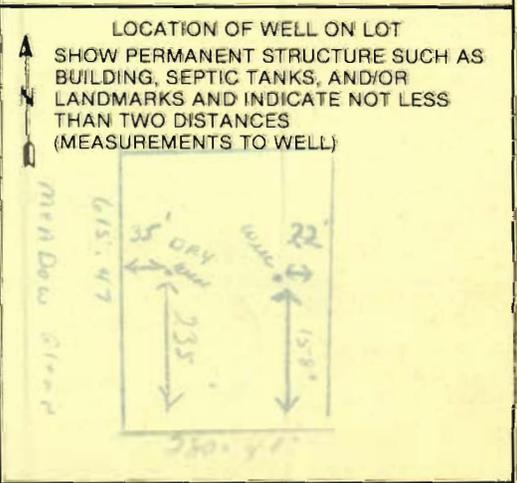
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 70 PUMPING METHOD Bucket WATER LEVEL BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED Centrifugal

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE



B 1 **3286** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

**70-81-0723**

fill in this form completely

Date Received **3/29/85**

OWNER INFORMATION

8 **7733** 13

15 Last Name **MAYNE** Owner First Name **JOSEPH** 34

36 **7733 HIGHLAND RD** 55 Street or RFD

57 **THURGOOD** Town 70 State **72** Zip **21163** 76

B 3 LOCATION OF WELL

8 COUNTY **HOWARD** 21

23 SUBDIVISION **WATERGATE** 42

SECTION **44** 46 LOT **24** 50

52 NEAREST TOWN **DAYTON** 71

MILES FROM TOWN (enter 0 if in town) **MI** 73 76 77 78

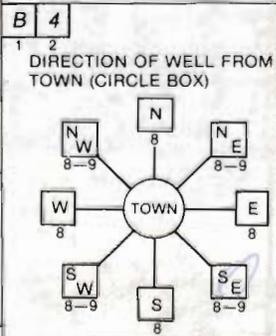
DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** 77 License No. **80**

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 R. U.S. RD. NIT. DING MD. 21114**

Signature **Joseph L. Mayne** Date **3/21/85**



11 **Meadow Glenn** 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 **214** 37 DISTANCE FROM ROAD

ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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

COUNTY NAME **HOWARD** COUNTY NO. **A 31739**

OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S  41

DATE ISSUED **03/28/85** CO SIGNATURE **[Signature]** EXP. DATE **9/12/85**

NORTH GRID **803000** 50 55 EAST GRID **0803000** 57 63

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

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 DEEPEINED 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

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ 54 **G A P** 63

FORCE **15** WRITE INITIALS IN BOX PERMIT No. **70-81-0723** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**8003**

**5003**

000 000

Location of **23'-casing**  
**20'-open**  
**5-bags cement**  
**Filled dry hole**  
**3/29/85**

