

C1	0581	SEQUENCE NO. (DENV 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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER	A-40055

DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	090988	22 245 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" HO-88-0091

OWNER	WARFIELD	KEN		
STREET OR RFD	last name WHITE WOOD CT.	first name	TOWN	POPLAR SPRINGS
SUBDIVISION	WHITE WOOD CT	SECTION	LOT	3

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 FROM TO	Check if water bearing
Top Soil	0 2	
Brown Shale	2 40	
Brown Slate	40 45	✓
Blue Slate	45 85	
Brown Slate	85 90	✓
Blue Slate	90 245	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes	no
Y	N
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS	NO. OF POUNDS
10	1000
GALLONS OF WATER	
45 60	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
0	50
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER
MAIN Casing TYPE	
Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
8 1	1 3
60 61	63 64
OTHER CASING (if used)	
diameter inch	depth (feet) from to

SCREEN RECORD		
screen type or open hole insert appropriate code below		
ST	BR	HO
STEEL	BRASS	OPEN HOLE
PL	OT	
PLASTIC	OTHER	
DEPTH (nearest ft.)		
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	
40	47	245
23 24	26 27 28 29 30 31 32 33 34 35 36	
38 39	41 42 43 44 45 46 47 48 49 50 51	
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
56 60		

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
70	72	74 75 76
TELESCOPE CASING		LOG INDICATOR
		OTHER DATA

PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
6		
METHOD USED TO MEASURE PUMPING RATE		
Puck		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
45		
WHEN PUMPING		
20		
TYPE OF PUMP USED (for test)		
A	P	T
air	piston	turbine
C	R	O
centrifugal	rotary	other (describe below)
J	S	
jet	submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	
YES NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
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	
2 (nearest foot)	

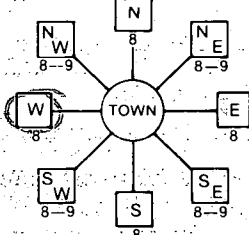

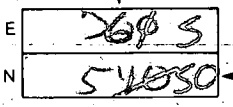
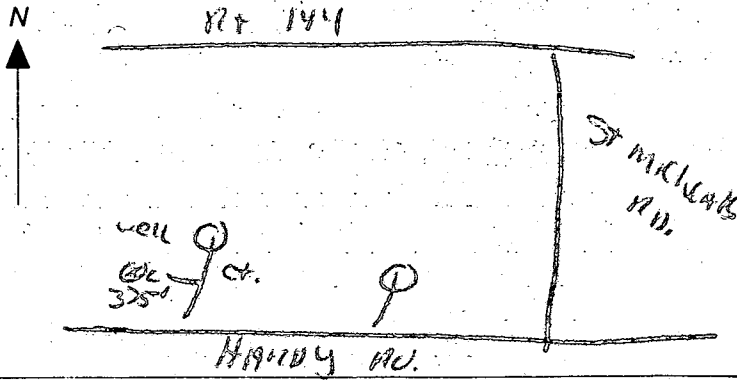
CIRCLE APPROPRIATE LETTER	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	
E ELECTRIC LOG OBTAINED	
P TEST WELL CONVERTED TO PRODUCTION WELL	

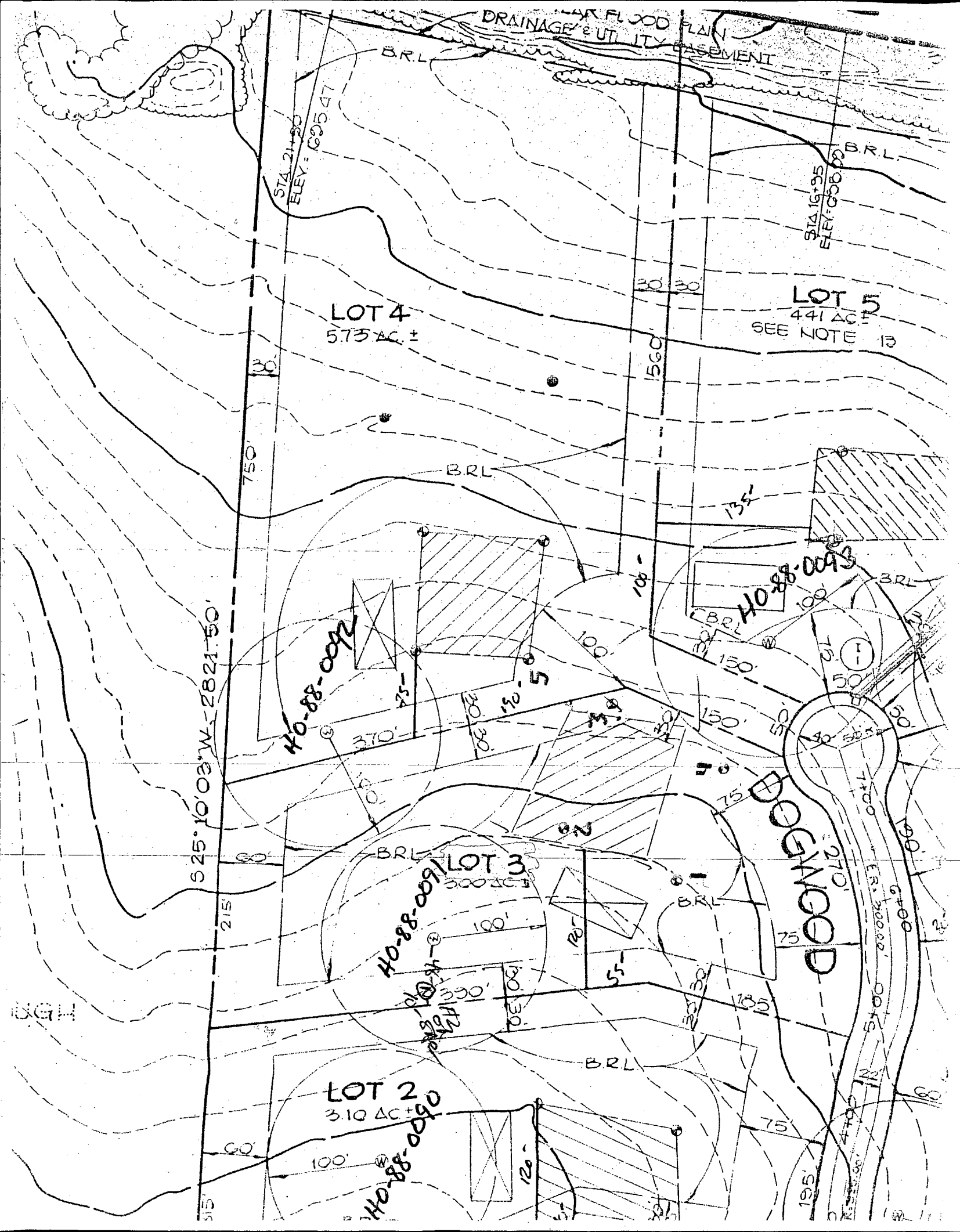
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.	273
DRILLERS SIGNATURE	Mark Mayne
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Drop Hole 375'	
Well 375'	
Drop Line 30'	
Drop Line	

COUNTY

B 1 3613 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-88-0091 <small>fill in this form completely</small>
Date Received (APA) 080488		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION WHITE WOODS EST SECTION 4 LOT 3 52 NEAREST TOWN POPULAR SPRINGS MILES FROM TOWN (enter 0 if in town) 1 MI	
OWNER INFORMATION 15 Last Name MARFIELLO Owner First Name KEN 36 Street or RFD. 14663 TRL DELPHIA RD 57 Town BLENES 70 State 72 MD Zip 76 21732		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD WHITE DOG WOOD CT. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 375 ENTER FT or MI FT	
DRILLER INFORMATION Driller's Name Ralph Mayne 77 License No. 80 223 Firm Name Ralph Mayne Well Drilling Address 9120 Brown Church Rd Mt Airy Signature Ralph Mayne Date 7/30/88		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 150 FEET APPROXIMATE DIAMETER OF WELL 6" INCH METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT other _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A-40055 STATE SIGNATURE _____ DATE ISSUED 081788 CO SIGNATURE Rich. Abel EXP. DATE 02-16-89 NORTH GRID 550000 EAST GRID 0765000 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  DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE SA WRITE INITIALS IN BOX PERMIT No. 10-88-0091 SPECIAL CONDITIONS	



- ① Location probably of middle
of Field
- ② Any Hole on this lot already
filled & Well already grouted
- ③ 50 FT casing
- ④ 40 FT open hole
- ⑤ 10 Bags
- ⑥ Well OK
- ⑦ I received 9/9/88 J.B. Brady
information from R. Mayne

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUN 2 8 50 AM 1988