

STATE OF MARYLAND
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

SEQUENCE NO. (MDE USE ONLY)

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER **A49993-P**

(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 . 13

15 **041696** 20

22 **300** 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
H0-94-0707

OWNER **Carman Associates**

STREET OR RFD **Janney Court**

SUBDIVISION **Easternview**

TOWN **Fulton**

SECTION

LOT **13**

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Sand	0	80	
Gray mica rock	80	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **30** NO. OF POUNDS **2820**
GALLONS OF WATER **180**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **70** ft.
(enter 0 if from surface)

CASING RECORD

main casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **84**
STEEL CONCRETE
PLASTIC OTHER

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 BRONZE OPEN HOLE
PL **OT**
PLASTIC OTHER

DEPTH (nearest ft.)

H0	82	300
8 9 11 15 17 21	23 24 26 30 32 36	38 39 41 45 47 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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

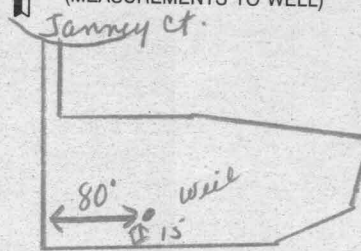
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min.) **6**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **68** ft.
WHEN PUMPING **196** ft.
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
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 } LAND SURFACE (nearest foot) **2**
- below }

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)



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

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 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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. **24**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **1500-1002-10**

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

B 1 1937 SEQUENCE NO. (MDE 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

STATE PERMIT NUMBER
 H0-94-0707
 fill in this form completely

B 2 OWNER INFORMATION
 Date Received (APA) _____
 CARMAN ASSOCIATES
 PO BOX 122
 ELK COTT CITY MD 21047

B 3 LOCATION OF WELL
 HOWARD
 EASTERN VIEW
 SECTION 44 46 LOT 13
 FULTON
 MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 Joseph L. Mayne
 Driller's Name
 Joseph L. Mayne Well Drilling Co
 Firm Name
 5512 RIDGE RD. Mt. Airy 21777
 Address
 Joseph L. Mayne 2/29/96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD
 Janney Court
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 380
 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 TAX MAP: 41 BLK: _____ PARCEL 143

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

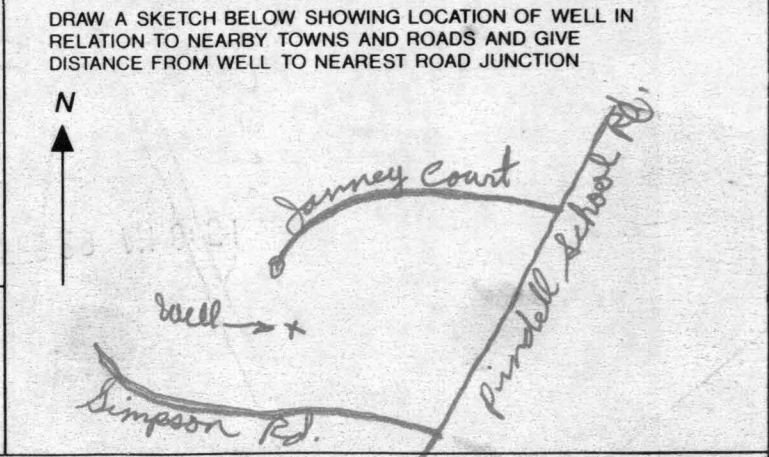
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard County
 COUNTY NAME
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED 031396
 CO SIGNATURE Amy McMeeler 3/13/97
 EXP. DATE
 NORTH GRID 486000 EAST GRID 0822000

APPROXIMATE DEPTH OF WELL 260 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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
 8022
 4806
 4/16/96 12:00
 No Insp
 Dan

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)
 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE AM WRITE INITIALS IN BOX PERMIT No. H0-94-0707

 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: July 24, 1996 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

N/A							
-----	--	--	--	--	--	--	--

* PERMIT NUMBER OF REPLACEMENT WELL

H	0		9	4		0	7	0	7
---	---	--	---	---	--	---	---	---	---

* PERSON ABANDONING WELL: Dian Ketterman

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: John Jancy

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Fulton
 TAX MAP 4 BLOCK _____ PARCEL 143
 SUBDIVISION: Easternview
 SECTION: _____ LOT: 13

0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 822
 N 486 ←

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: ≈ 167 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
concrete	0	167

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN _____ LICENSE # _____ DATE _____

DENV 828 JULY 1993 Amy McMullen

7/24/96