

C1 4559 SEQUENCE NO. (DENV 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 A38444

ST/CO/USE ONLY DATE Received

DATE WELL COMPLETED 060697

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-38-1701

OWNER Olinger, Ron last name first name TOWN Harriottsville SUBDIVISION SWIFT SUB SECTION LOT

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 Top soil, Clay, Shaley, Sand Stone, Mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 8 NO. OF POUNDS 800

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)

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.) H0 23 900

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.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

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) well 275'

B 1 **7308** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1901
 fill in this form completely

Date Received (APA) **RONALD DLINGER**
042491 OWNER INFORMATION
QUALITY ROOFING
 Last Name Owner First Name
4110 NEEDS AVENUE
 Street or RFD
BALTIMORE MD 21229
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
SULIFT SUB SUBDIVISION
 SECTION **44** LOT **1**
MARRIOTTSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2.1** MI

DRILLER INFORMATION
George F. Easterday License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday Signature
4-22-91 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD **MARRIOTTSVILLE RD**
 DISTANCE FROM ROAD **100** FT
 ENTER FT or MI **FT**

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)
 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)

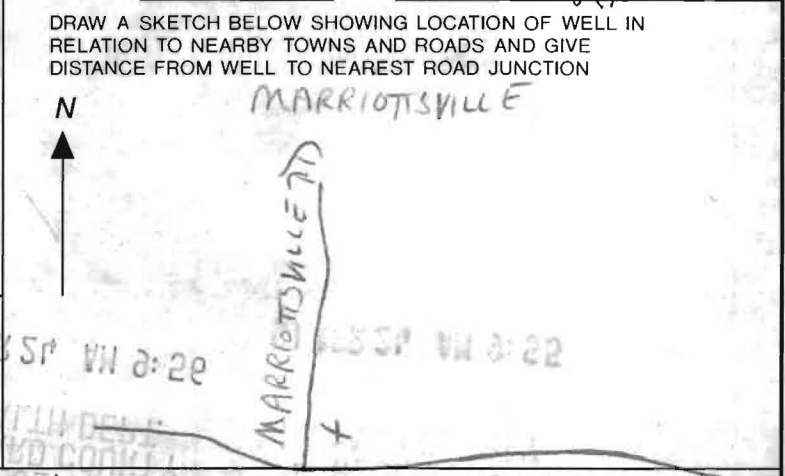
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A38444 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
052091 DATE ISSUED
Mark E. Reppin CO SIGNATURE
 NORTH GRID **540000** EAST GRID **0829000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

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
829
540
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MT** WRITE INITIALS IN BOX PERMIT No. **40-88-1901**

SPECIAL CONDITIONS

preliminary test - 6/6/91

Review MR 9/18/91
 REVIEWED
 < 1 GPM

Page of
 Date

FIELD DATA SHEET
 COUNTY WELL YIELD TEST

Well Permit No. BA- 140-88-1901 Election District
 Location of property (road) Rt 99 + Mammothville Rd
 Subdivision Swift Lot 1 Block Plat Sec.
 Well Driller Estel Day Owner Quality Const

Depth of well 400
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 38 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:45 AM Pumping rate 12 GPM
 Total time 20 min to reach pumping water level 130 ft. below M.P.

II. Recovery pump test date - observations to be recorded every 15 minutes.

TIME	WATER LEVEL below M.P.	PUMPING RATE time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15 AM	130 ft	60 sec.	Flow meter not used	1 GPM
9:30 AM	130 ft	60 sec.	Flow meter not used	1 GPM
9:45 AM	130 ft	60 sec.	Flow meter not used	1 GPM
10:00 AM	130 ft	60 sec.	Flow meter not used	1 GPM
10:15 AM	130 ft	60 sec.	Flow meter not used	1 GPM
10:30 AM	130 ft	60 sec.	Flow meter not used	1 GPM
10:45 AM	130 ft	60 sec.	Flow meter not used	1 GPM
11:00 AM	130 ft	60 sec.	Flow meter not used	1 GPM
11:15 AM	130 ft	60 sec.	Flow meter not used	1 GPM
11:30 AM	130 ft	60 sec.	Flow meter not used	1 GPM
11:45 AM	130 ft	60 sec.	Flow meter not used	1 GPM
12:00 PM	130 ft	72 sec.	Flow meter not used	.83
12:15 PM	130 ft	72 sec.	Flow meter not used	.83
12:30 PM	130 ft	72 sec.	Flow meter not used	.83
12:45 PM	130 ft	72 sec.	Flow meter not used	.83
1:00 PM	130 ft	72 sec.	Flow meter not used	11
1:15 PM	130 ft	72 sec.	Flow meter not used	11
1:30 PM	130 ft	72 sec.	Flow meter not used	11
1:45 PM	130 ft	72 sec.	Flow meter not used	11
2:00 PM	130 ft	72 sec.	Flow meter not used	11
2:15 PM	130 ft	72 sec.	Flow meter not used	11
2:30 PM				
2:45 PM				
3:00 PM				
3:15 PM				
3:30 PM				
3:45 PM				

Howard County Health Department

To: File

Well drilled HO-88-1901
< 1 GPM; per driller,
owner not building at
this time; NEED WELL
w/ 1 GPM ± for lot approval

From: MD

Date: 9/23/91

HD-170