

C1 6737 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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.
 COUNTY NUMBER **WV 43473**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **010689** Depth of Well **340** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **60-09-0370**

OWNER **SWARTZBECK** last name first name TOWN **MT. AIRY**
 STREET OR RFD **1210 LONG CORNER RD**
 SUBDIVISION **HYDE** SECTION **4** LOT **6**

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		Check if water bearing
	FROM	TO	
Brown shale	0	52	
Blue slate	52	90	
Brown shale	90	93	
blue slate	93	340	X

WATER @ 127, 220

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **120**
 GALLONS OF WATER **172**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **58** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth (nearest foot) **40**

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**
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 **10** **58** **340**
 2 [] [] [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN **4** (NEAREST INCH)
 from [] to []

A CIRCLE APPROPRIATE LETTER 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.

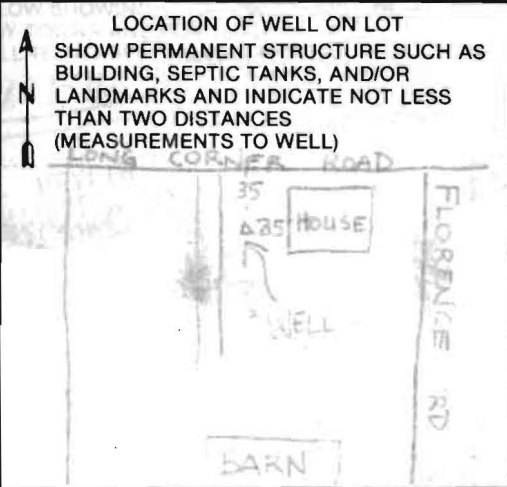
DRILLERS IDENT. NO. **103**
 DRILLERS SIGNATURE **WJZ**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **11**
 METHOD USED TO MEASURE PUMPING RATE **Air**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **62**
 WHEN PUMPING **22**
 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 EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **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 }



B 1 4700

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

70 10-88-0370 79

fill in this form completely

Date Received (APA)

1 2 3 4 5 6 7 8 9 10 11 12 13 123088

OWNER INFORMATION

15 Last Name SWARTZBECK 16-22 PAUL 23-29

36 Street or RFD 1210 LONG CORNER RD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name WM QUINN 77 License No 80 303

Firm Name QUINN-CROMWELL WELL DRILLING

Address 6030 KEYSER LN - FREDERICK, MD.

Signature WJ Quinn 1/3/89 Date

B 3

LOCATION OF WELL

1 2 HOWARD 8 COUNTY 21

23 SUBDIVISION SNYDER 42

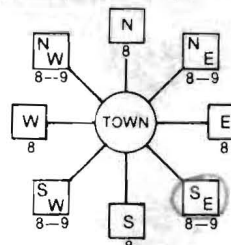
SECTION 44 46 LOT 48 50

52 NEAREST TOWN RIDGEVILLE 71

MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 LONG CORNER ROAD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 35 36 37 38 39 40 DISTANCE FROM ROAD ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. 43473-2

STATE SIGNATURE INSERT S

DATE ISSUED 12308897 CO SIGNATURE Charles Quinn 1/30/89 EXP. DATE

NORTH GRID 548000 EAST GRID 0758000

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)

- 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 300 24 28 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
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 (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

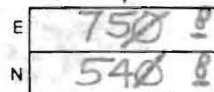
FORCE 67 68 WRITE INITIALS IN BOX PERMIT NO. 10-88-0370 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
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



12-30-88

Howard Health Dept.

To whom it may concern
the emergency well will be 30 ft.
plus ^{from} any part of the house. The present
block foundation will be taken down
and filled in.

Sincerely
Paul Schwarzhof
Son in law of Mr. Snyder

Emergency well.

P.M. 12/30 Received at site. c.B.S.

For file - 2 well sites located 100'+ up
hill from septic area per above person
and Mr. Snyder at site. 30'+ off entry
wing siding home. c.B.S.