

C1 9837 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
COUNTY NUMBER **A 58533**

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
02 09 99

Depth of Well
22 **400** 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2043
28 29 30 31 32 33 34 35 36 37

OWNER **Mitchell & Best**
STREET OR RFD **Folly Quarter Rd** TOWN **Ellicott City**
SUBDIVISION **Blockskin Lake Overlook** SECTION **5** LOT **5**

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	
TOP SOIL	0	2	
Sand Silt clay	2	75	
boulders	75	85	
Sand Silt clay	85	160	
Mica	160	175	
Sand Silt clay	175	200	
Mica	200	210	
Sand Silt clay	210	220	
Mica	220	325	
Sand Silt clay	325	328	
Mica	328	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
CM BENTONITE CLAY **BC**

NO. OF BAGS **42** NO. OF POUNDS **7200**

GALLONS OF WATER **210**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **60** ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST **CO**
STEEL CONCRETE

PL **OT**
PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **228**

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

E A C H I N G

SCREEN RECORD

screen type or open hole insert appropriate code below

ST **BR** **HO**
STEEL BRASS OPEN HOLE

PL **OT**
PLASTIC OTHER

C 2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
C	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
S	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
R	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
E	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126
N	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147

SLOT SIZE 1 **40** 2 **226** 3 **400**

DIAMETER OF SCREEN (NEAREST INCH)
56 60

from to

NUMBER OF UNSUCCESSFUL WELLS: _____

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.

DRILLERS LIC. NO. **MWD 040**
Henry F. Emstouley
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MWD 501**
Charles R. Fuller

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) **15:22**

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **8**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **54** ft.

WHEN PUMPING **168** 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 INSTALLED PUMP (CIRCLE) (YES OR NO) 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 **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

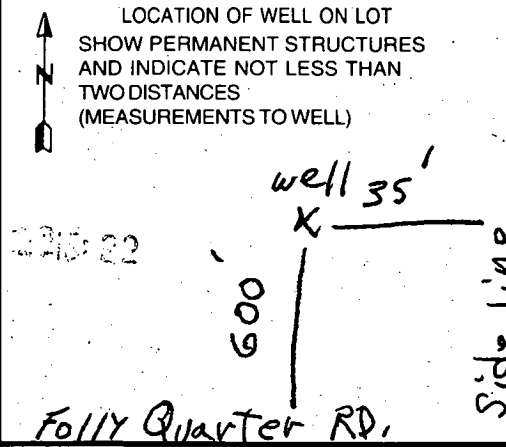
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE

- below **2** (nearest foot)



B 1 8637

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2043 fill in this form completely

Date Received (APA) 12/24/98

OWNER INFORMATION RN 7703

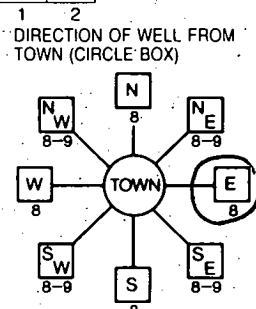
Mitchell & Best 1686 E. Gude Dr., Rockville, Md 20850

LOCATION OF WELL HOWARD COUNTY Buckskin Lake Overlook ELLICOTT CITY

DRILLER INFORMATION

George F. Easterday M D/ 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Folly Quarter Rd 600 F. ON WHICH SIDE OF ROAD EAST



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

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY A58533

APPROXIMATE DEPTH OF WELL 300 FEET

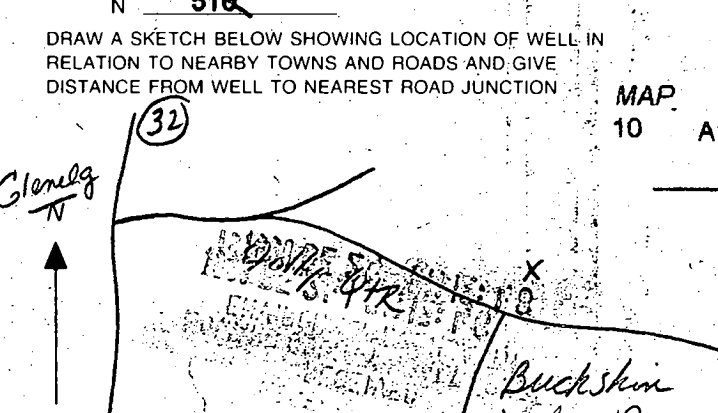
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-ROTARY

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 PERMIT No. HO-94-2043

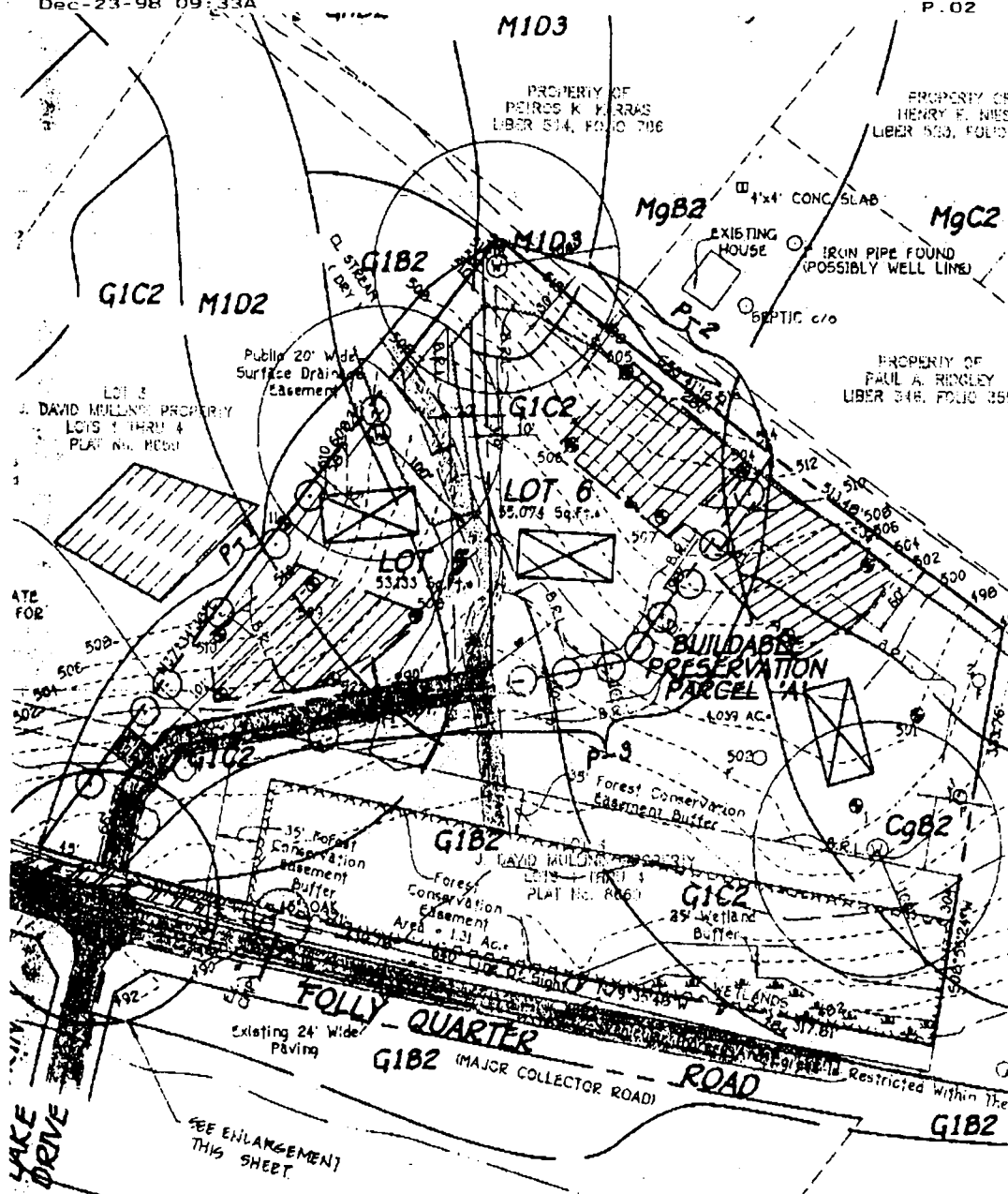


SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

M103

PROPERTY OF
PEIRES K. YARRAS
LIBER 514, FOLIO 706

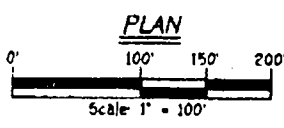
PROPERTY OF
HENRY E. WISE
LIBER 530, FOLIO



LAKE DRIVE

SEE ENLARGEMENT
THIS SHEET

1/17/99
well site
OK as staked
JCS



Eastarday
fax 301-879-2667