

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG. ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

SEQUENCE NO. (WRADER ONLY) 8242 DATE RECEIVED (WRA USE ONLY) DATE WELL COMPLETED 11/1/79

DEPTH OF WELL 135 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" 17-19-9107 DRILLERS IDENTIFICATION NO. 138

OWNER: LAST NAME, STREET OR RFD, POST OFFICE, FIRST NAME

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: Brown shale, Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: INSERT APPROPRIATE CODE BELOW, MAIN CASING TYPE, NOMINAL DIAMETER TOP (MAIN) CASING, TOTAL DEPTH OF MAIN CASING.

OTHER CASING (IF USED): DIAMETER (INCH), DEPTH (FEET) FROM TO

SCREEN RECORD: INSERT APPROPRIATE CODE BELOW, SCREEN TYPE OR OPEN HOLE, DIAMETER OF SCREEN, DEPTH OF SCREEN.

SCREEN RECORD (continued): DEPTH (NEAREST WHOLE FOOT) FROM TO, DIAMETER OF SCREEN, GRAVEL PACK.

IF WELL DRILLED WAS A FLOWING WELL - CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING, LOG INDICATOR, OTHER DATA AVAILABLE.

PUMPING TEST: HOURS PUMPED, PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMPED USED.

PUMP INSTALLED: TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX), DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX), CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON), PUMP HORSE POWER, PUMP COLUMN LENGTH (NEAREST FOOT), CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT).

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME, SIGNATURE, (PLEASE PRINT)

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

DNR-131 (7-77)

EMERGENCY NO. (If any) -

B 1	0580	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER FILL IN THIS FORM COMPLETELY
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				

DATE RECEIVED (WRA USE ONLY)	<i>6/4/79 9:30a.m.</i>	OWNER	<i>Blanton</i>
		COL 15 LAST NAME	FIRST NAME COL. 34
		STREET OR RFD	COL 36 COL. 55
		POST OFFICE	COL 67 COL. 76
		<i>16805 Rt. 144</i>	<i>Mount Airy Md - 21771</i>

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	MAY 14, 1979	LICENSE NUMBER
		77 80
SIGNATURE	<i>Joseph L. Wayne</i>	
	FIRST NAME	DRILLER LAST NAME

B 3	CONTINUED	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6		
COUNTY	<i>Howard</i>	
	(DO NOT ABBREVIATE COUNTY NAME)	
SUBDIVISION	23 42	
SECTION	44 46 48 50	
NEAREST TOWN	<i>Poplar Springs</i>	
	MILES FROM TOWN (ENTER 0 IF IN TOWN)	
	<i>1/10</i>	71 76 77 78

B 2	CONTINUED	WELL INFORMATION
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	<i>5</i>	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	<i>750</i>	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION		
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		
<input type="checkbox"/> MUNICIPAL WATER SUPPLY		
<input type="checkbox"/> PRIVATE WATER COMPANY		
<input type="checkbox"/> TEST		

B 4	CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		
N NORTH	E EAST	NE NORTHEAST SE SOUTHEAST
S SOUTH	W WEST	NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD		
<i>St. Michaels Rd.</i>		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)		
<i>45</i>		

APPROXIMATE DEPTH OF WELL	<i>140</i>
APPROXIMATE DIAMETER OF WELL	<i>6</i> (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
OTHER (DESCRIBE)		

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	<input type="checkbox"/> 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 (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS
WRITE INITIALS IN BOX	A E N S G W Q C L U

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX)	<i>Howard</i>	
	W29866	
DATE	<i>052479</i>	
	APPROVED BY <i>Donald W. Monaghan</i>	
	Donald W. Monaghan, Sanitarian	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

Existing house on property.

MD 144

6/4/79

WELL OK

SEE OTHER SIDE

Poplar Springs

RH

St. Michaels Rd.

3/10 mi. Well

BOX NUMBER	E	760	W	760
	N	540	S	540

B 5	CONTINUED	SPECIAL CONDITIONS (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6		

B 1 **0580** SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 4 5 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 OWNER COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD COL 36 COL. 55
 POST OFFICE COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 4
 DATE LICENSE NUMBER 77 80
 FIRST NAME DRILLER LAST NAME
 SIGNATURE *Joseph H. Mayne*

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 4
 COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION 23 42
 SECTION 44 46 LOT 48 50
 NEAREST TOWN 52 *Poplar Springs* 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

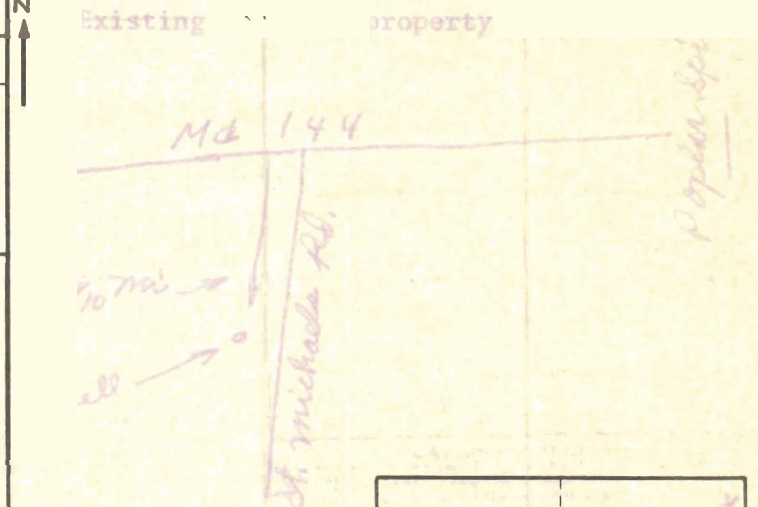
B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 4
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

APPROXIMATE DEPTH OF WELL 24 26 FEET
 APPROXIMATE DIAMETER OF WELL (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
 41 52

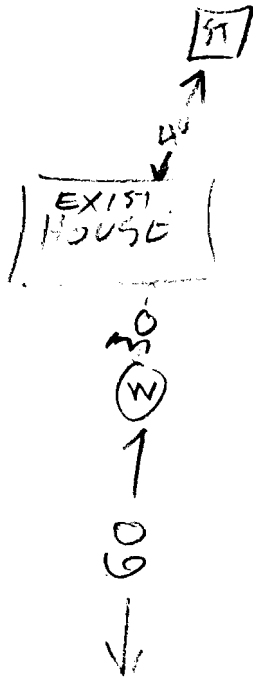


NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 63 65
 FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79
 ENGINEER REVIEW DISTRICT NO.

BOX NUMBER
 NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/5 5/5
 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 4
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME COUNTY NO.
 DATE 03 24 79 APPROVED BY Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 4



ST MICHAEL'S

RT TORR 144 →

- 6/4/79
- ① 41 FT CASING 2 FT OUT OF GROUND
 - ② 39 FT OPEN HOLE
 - ③ 9 BAGS
 - ④ WELL 2L