

C 1 **06685** SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3017

DATE RECEIVED (DWR USE ONLY) Oct 23 1972 DEPTH OF WELL 160 PERMIT NO. FROM "PERMIT TO DRILL WELL" 256
 DATE WELL COMPLETED 15 22 (TO NEAREST FOOT) 26
 28 29 30 31 32 33 34 35 36 37

OWNER Washfield LAST NAME Julian FIRST NAME
 STREET OR RFD 10 Box 173 POST OFFICE Supermarket rd

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>dit</u>	0	6	
<u>Soft Be shale</u>	6	27	
<u>Shale</u>	27	28	<input checked="" type="checkbox"/>
<u>Be shale</u>	28	51	
<u>Coatz</u>	51	52	
<u>Blue mica</u>	52	98	
<u>Be shale</u>	98	119	
<u>Blue mica</u>	119	160	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46

NO. OF BAGS 20 NO. OF POUNDS 880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6" TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 112
 60 61 63 64 66 70

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O
 PLASTIC P L OTHER O T

SCREENS

C 2

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	8	9
2	23	24
3	38	39

SLOTS SIZE 1, 2, 3, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

TELESCOPE CASING T 70 LOG INDICATOR L 72 OTHER DATA AVAILABLE W Q 74 75 76

PUMPING TEST

C 3

HOURS PUMPED (TO NEAREST HOUR) 8
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6
 11 15

METHOD USED TO MEASURE PUMPING RATE Flowmeter

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 25 (NEAREST FOOT) 17 20
 WHEN PUMPING 152 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW } 49 51

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 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 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 Dina Bylight

(PLEASE PRINT) Dina Bylight

SIGNATURE Dina Bylight

Old Foundation
125'
well

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

SEQUENCE NO. (DWR USE ONLY) 05526 10/6/72

DWR PERMIT NUMBER 410-730-0027

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 1:30 p.m. 10/6/72

OWNER: WARFIELD COL 15 LAST NAME FIRST NAME JULIAN COL. 34

STREET OR RFD: Box 173 COL 36 BONNIE BRAE RD COL. 55

POST OFFICE: SUKESVILLE COL 57 MD COL. 76

B 1 CONTINUED DRILLER INFORMATION

DATE: SEP 24 1972 LICENSE NUMBER: 77 80

FIRST NAME: DANN DRILLER LAST NAME: OSKIE

SIGNATURE: DANN OSKIE

B 3 LOCATION OF WELL

COUNTY: HUMBERT 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: 23 42

SECTION: 44 46 LOT: 48 50

NEAREST TOWN: STACY 52 CANTON 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 73 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, 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: Old Frederick Rd 11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 34 37 38 39

APPROXIMATE DEPTH OF WELL: 36 24 28 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

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)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63 65

FORCE: 67 68 WRITE INITIALS IN BOX

CONDITIONS: 70 71 72 73 74 75 76 77 78 79

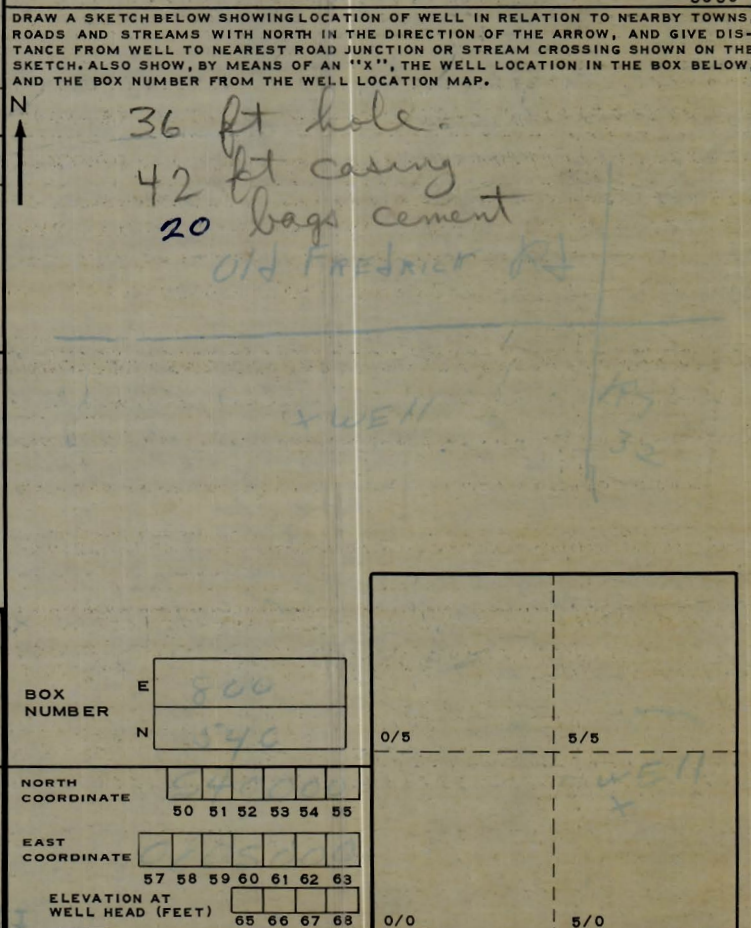
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): S

COUNTY NAME: Howard COUNTY NO.: 3017

DATE: 8/2 MO. DAY YR.

APPROVED BY: Ed Frame



B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

HEALTH

OKSRU

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: 10/26/2001 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) not a g

HO - 73 - 0077

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 3259

* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

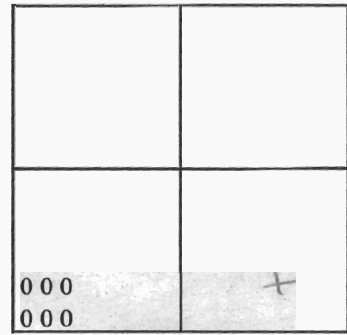
* OWNER'S NAME: Olivia Warfield

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: Eastonville
 TAX MAP 9 BLOCK 21 PARCEL 14
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 13235 Old Frederick Rd

MARYLAND GRID COORDINATES

E 800
 BOX NUMBER
 N 540



SHOW WELL LOCATION BY X WITHIN BOX

* 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 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 160 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 24 ft

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Concrete gravel</u>	<u>0</u>	<u>160</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne

LICENSE # 024

MWD/MSD/MGD CIRCLE ONE

DATE 11/19/01

