

1 2923  
 NUMBER IS TO BE PUNCHED  
 (S. 3-6 ON ALL CARDS)

SEQUENCE NO.  
 (OEP USE ONLY)

**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 A 33624

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 200784 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-0757

OWNER Maurer last name Scott first name STREET OR RFD Sharp Road TOWN Glenelg SUBDIVISION Gwenee Estates SECTION 3 LOT 31

**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	
<u>topsoil</u>	<u>0</u>	<u>2</u>	
<u>Br. Mica</u>	<u>2</u>	<u>66</u>	<input checked="" type="checkbox"/>
<u>Tan Mica</u>	<u>66</u>	<u>73</u>	
<u>Gray Mica</u>	<u>73</u>	<u>102</u>	
<u>Tan Mica</u>	<u>102</u>	<u>104</u>	<input checked="" type="checkbox"/>
<u>Gray Mica</u>	<u>104</u>	<u>300</u>	

*Handwritten notes:*  
 28 160  
 7 30  
 89 0

**GROUTING RECORD**  
 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 1200  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST  CO  
 STEEL CONCRETE  
 PL  OT  
 PLASTIC OTHER

**MAIN CASING**  
 Nominal diameter (nearest inch) Total depth (nearest foot)  
 ST  L  80  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 EACH CASING

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST  BR  HO  
 STEEL BRASS OPEN HOLE  
 PL  OT  
 PLASTIC OTHER

**SCREEN**  
 DEPTH (nearest ft.)  
 HO  78  300  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 56 60

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  
 70  72  74  75  76   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 3  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 37  
 WHEN PUMPING 181  
 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  below } (nearest foot) 49 50 51

**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)  
*Handwritten:* R. Not line 40  
 50' well

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. 41  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **4812** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
**PERMIT TO DRILL WELL**  
 please print or type

OEP PERMIT NUMBER  
**HC-81-0751**  
 fill in this form completely

Date Received **10/17/84 - 9:30 AM**  
 OWNER INFORMATION  
 MAUREN E. QUINN  
 15 Last Name 21 Owner 27 First Name 34  
 36 Street or RFD 42  
 57 Town 63 State 72 Zip 76

B 3 LOCATION OF WELL  
 8 COUNTY  
 23 SUBDIVISION  
 SECTION **3** LOT **21**  
 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION  
 Driller's Name **Daniel Castoroda** 77 License No. 80  
 Firm Name **Pian Plus Contracting Inc**  
 Address **2305 Brown Church Rd. P.O. Box No. 918**  
 Signature **Daniel Castoroda** Date **9/18/84**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 NEAR WHAT ROAD **Shore Rd.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  
 WEST 32 EAST  
 SOUTH  
 DISTANCE FROM ROAD **230**  
 ENTER FT or MI

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.)  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **HOWARD** COUNTY NO. **A 33624**  
 OEP SIGNATURE **Frank Shuman** STATE HEALTH INSERT S  
 DATE ISSUED **3/28/85**  
 NORTH GRID **531000** EAST GRID **080000**

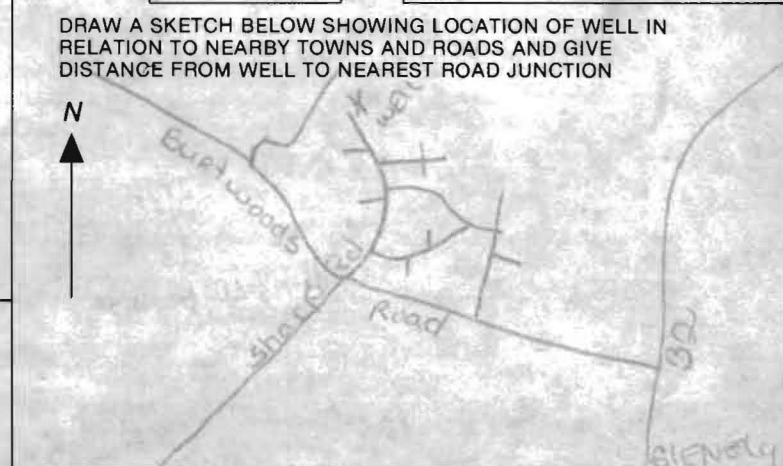
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST 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  
**800**  
**530**

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 **FS** WRITE INITIALS IN BOX PERMIT NO. **HC-81-0751**

SPECIAL CONDITIONS

Age of \_\_\_\_\_ of \_\_\_\_\_  
 Date 10/17/84

Review \_\_\_\_\_

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-0751  
 Location of property (road) Sharp Rd.  
 Subdivision GwenLee Estates Lot 3/ Block - Plat - Sec. 9  
 Well Driller L. David Eskridge Owner Scott Maurer

Depth of well 300ft 2 1/2 PM  
 Distance of measuring point (M.P.) above ground 2  
 Static water level (S.W.L.) below M.P. 39

High rate pumping -- reservoir drawdown

Time pump started 8:15 AM Pumping rate 10 Gpm  
 Total time 45 mins to reach pumping water level 195 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	195	30		2
9:30	190	30		2
9:45	180	30		2
10:00	179	20		3
10:15	179	20		3
10:30	179	20		3
10:45	179	20		3
11:00	179	20		3
11:15	179	20		3
11:30	179	20		3
11:45	179	20		3
12:00	180	20		3
12:15	180	20		3
12:30	181	20		3
12:45	181	20		3
1:00	181	20		3
1:15	181	20		3
1:30	181	20		3
1:45	181	20		3
2:00	181	20		3
2:15	181	20		3
2:30	181	20		3
2:45	181	20		3
3:00	181	20		3

Pump SET AT 280'  
 BLADE



WELL SITE PLAN FOR  
SCOTT T MAURER  
LOT 31 SECTION 3 AREA 2  
GWENLEE ESTATES

