

C1 8572 SEQUENCE NO. (OEP 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 A 39336

DATE Received [ ] DATE WELL COMPLETED 07/14/82 Depth of Well 22 140 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-88-0021

OWNER DEVELOPMENT CORP. LAND last name first name STREET OR RFD HALL SHOP ROAD TOWN HIGHLAND SUBDIVISION FOX PAUSSE SECTION 2 LOT 20

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	1	
BR. MICA	1	6	
TAN MICH	6	60	
BLUE MICA	60	70	
BR. MICA	70	75	
GRAY MICA	75	140	

GROUTING RECORD  
 WELL HAS BEEN GROUTED. (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 CEMENT 45 46 BENTONITE CLAY 45 46  
 NO. OF BAGS 12 NO. OF POUNDS 1200  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 35 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) 16  
 Total depth of main casing (nearest foot) 37

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

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

DEPTH (nearest ft.)  
 HO 37 140  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN 56 60 (NEAREST INCH)

GRAVEL PACK from to  
 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

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 12  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 34 WHEN PUMPING 50  
 TYPE OF PUMP USED (for test) 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:  
 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)

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)  
 30' → well hole  
 L.T. LOT LINE R.T. LOT LINE

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 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. 40  
 DRILLERS SIGNATURE [Signature]  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **8520** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

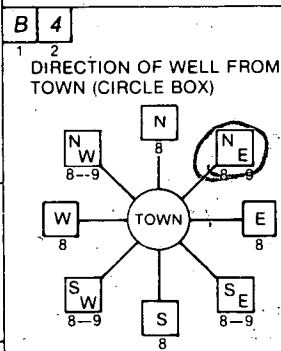
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-0021**  
 fill in this form completely

Date Received (APA) **052388**  
 OWNER INFORMATION  
**LAND DEVELOPMENT**  
 Last Name: **BOK** 386 Street or RFD: **SANDY SPRINGS** MD 20860  
 Town: **SANDY SPRINGS** State: **MD** Zip: **20860**

B 3 LOCATION OF WELL **R 41829**  
 COUNTY: **HOWARD**  
 SUBDIVISION: **FOX PAUSE**  
 SECTION: **2** LOT: **20**  
 NEAREST TOWN: **HIGHLAND**  
 MILES FROM TOWN: **2** MI

DRILLER INFORMATION  
 Driller's Name: **George F. Easterday** License No. **40**  
 L. Franklin Easterday, Inc.  
 Firm Name: **9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Signature: **George F. Easterday** Date: **5-12-88**



NEAR WHAT ROAD: **HALL SHOP RD**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**  
 DISTANCE FROM ROAD: **900** FT

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **560**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME: **HOWARD** COUNTY NO.: **A-39336**  
 STATE SIGNATURE: \_\_\_\_\_ DATE ISSUED: **12-22-88**  
 CO SIGNATURE: **John (Chap)** EXP. DATE: \_\_\_\_\_  
 NORTH GRID: **493000** EAST GRID: **0818000**

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

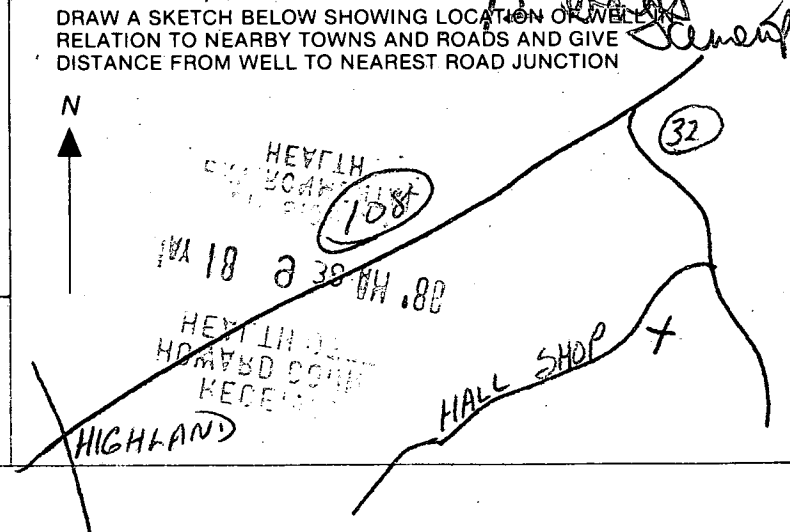
APPROXIMATE DIAMETER OF WELL: **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  DRive-POINT

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  
 E: **8108**  
 N: **4903**

7/14/88 6:06 AM  
 ground on time  
 Arrived after  
 some info left  
 location OK  
 casing (Water)  
 35' open  
 Cement

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 SA WRITE INITIALS IN BOX PERMIT NO. **HO-88-0021**

SPECIAL CONDITIONS