

C-1 8243 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CROS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A26092

Date Received (WRA use only) DATE WELL COMPLETED

Depth of Well 283 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILLWELL" 40-73-3872

OWNER last name first name MEADOW WOOD WAY TOWN FULTON

STREET OR RFD SUBDIVISION SIMPSON WOODS SECTION 3 LOT 19

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand 0-47, Gray mica rock 47-283.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 11 NO. OF POUNDS 634 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 53

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

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

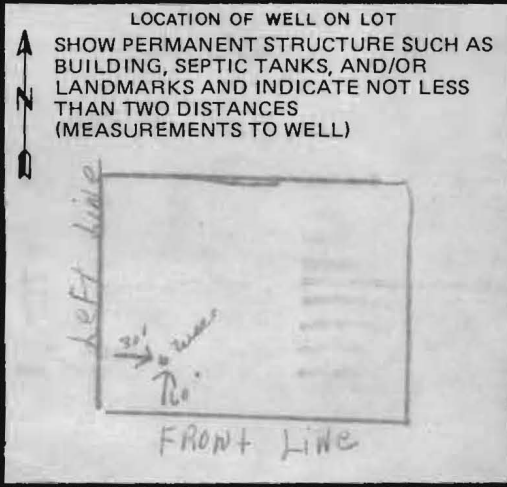
DEPTH (nearest ft.) 51 283 EACH SCREEN 1 40 2 3 3 SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 (seq no) 6 HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE air WATER LEVEL (distance from land surface) BEFORE PUMPING 63 WHEN PUMPING 220 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 YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)



CIRCLE APPROPRIATE BOX 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 IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 7931

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

40-73-3872

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

DATE RECEIVED 4/7/81
7/27/81 8 (WRA USE ONLY) 13
9:30 OWNER INFORMATION

Landberg Inc.
 LAST NAME 15 OWNER FIRST NAME 34
Suite 304 Lockman Building
 36 STREET OR RFD 55
Columbia Md - 21044
 TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL

COUNTY Howard 21
 SUBDIVISION Maple Woods 42
 SECTION 3 44 46 LOT 19 48 50
 NEAREST TOWN Fulton 52
 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

B 1 CONTINUED DRILLER INFORMATION

Joseph L. Mayne 238
 DRILLER'S NAME 77 LICENSE NO. 80
Joseph L. Mayne 4/2/81
 SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Meadow Wood Way 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH

34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 60 37 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 250 12 14 20

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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

7/27/81 - WELL OK
SEE OTHER SIDE RH

WRITE THE BOX NUMBER FROM THE MAP HERE

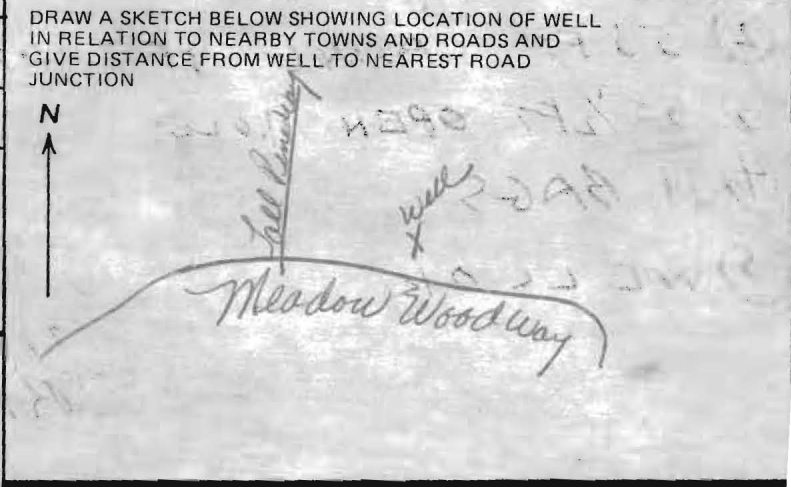
E 8304
 N 4901

APPROXIMATE DEPTH OF WELL 200 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

Method of Drilling (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE-POINT ROTARY
 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 DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A26092 COUNTY NO.
 EHA SIGNATURE Frank Skinner, Sanitarian STATE HEALTH CIRCLE BOX 5 41
 MO 4 DAY 10 YR 81 CO SIGNATURE Frank Skinner DATE 4/1/81
 NORTH 4901 EAST 0824 ELEV. (FT.) _____
 GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)

APPROP. PERMIT NUMBER GAP 54 63
 FORCE INITIALS IN BOX GA WRITE INITIALS IN BOX 67 68
 CONDITIONS _____ A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

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

1 2 3 6

WRA USE ONLY

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER A 26092

DATE WELL COMPLETED
[] [] [] [] [] [] [] []

Depth of Well 283
[] [] [] [] [] [] [] []
(TO NEAREST FOOT)

PERMIT NO.
FROM PERMIT TO DRILL WELL
HU-713-13872

OWNER: [Signature] last name first name
STREET OR RFD: [Signature] TOWN: _____
SUBDIVISION: STRAPSON WOODS SECTION: _____ LOT: 19

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>Top of [unclear]</u>	<u>0</u>	<u>47</u>	
<u>[unclear]</u>	<u>47</u>	<u>283</u>	

WELL HAS BEEN GROUTED Y N

TYPE OF GROUTING MATERIAL
CEMENT M BENTONITE CLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (to nearest foot)
from _____ ft to _____ ft
(enter 0 if from surface)

C 3

PUMPING TEST 6

HOURS PUMPED (nearest hour) _____

PUMPING RATE (gal per min. to nearest gal.) _____ 4

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)
BEFORE PUMPING 13

WHEN PUMPING 270

TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

CASING RECORD

insert appropriate code below

<input checked="" type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> CO
STEEL	CONCRETE	
<input type="checkbox"/> PL	<input type="checkbox"/> OT	
PLASTIC	OTHER	

MAIN CASING TYPE: S 4

Normal diameter top/main casing (nearest inch): _____

Total depth of main casing (nearest foot): _____

OTHER CASING (if used)

EACH CASING	diameter inch	depth feet from
[]	_____	_____
[]	_____	_____

SCREEN RECORD

screen type or openhole

insert appropriate code below

<input checked="" type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> HO
STEEL	BRASS	OPEN HOLE
<input type="checkbox"/> PL	<input type="checkbox"/> OT	
PLASTIC	OTHER	

C 2

DEPTH (nearest ft.) 51 283

EACH SCREEN	diameter inch	depth feet from
<u>A C</u>	_____	_____
[]	_____	_____
[]	_____	_____

PUMP INSTALLED YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
 + above _____ (LAND SURFACE)
 - below _____ (nearest foot)

CIRCLE APPROPRIATE BOX

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

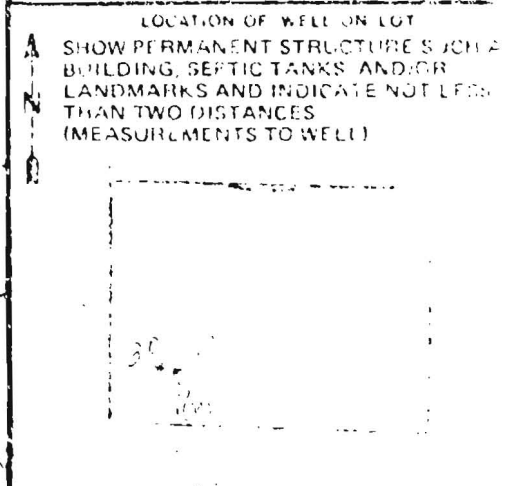
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SLOT SIZE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

GRAVEL PACK _____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F



DRILLERS IDENT NO. _____

DRILLERS SIGNATURE _____
MUST MATCH SIGNATURE ON APPLICATION

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

T (E.R.O.S.) _____ W O _____

TELESCOPE CASING LOG INDICATOR OTHER DATA _____

(I) SUPERVISOR - sign of driller or journeyman responsible for sitework if different from permittee

A=2.140
C=.33

100%
Rural

A=0.540
C=.33

100%
Rural

TRAP #3 (SOST)
Drainage Area: 1.3 Ac
Storage Req'd: 2352 CF
Storage Provided: 2400 CF
Bottom Dimensions: 20' x 40' x 3' Deep
Top Elev: 437.0
Crest Elev: 436.0
Bot. Elev: 432.0

Limit of Submission

LIT: Q10 = 39 cfs

LIT: Q10 = 0.9 cfs

470'
Easement

TRAP #4

Restriction

Lot 20
46,400 sq ft
3.36 Acres

Unrouted
Rip Rap

20' storm Drain Easement
Lot 19
133,600 sq ft
3.07 Acres

H13/8
Well Site
OK 9/8

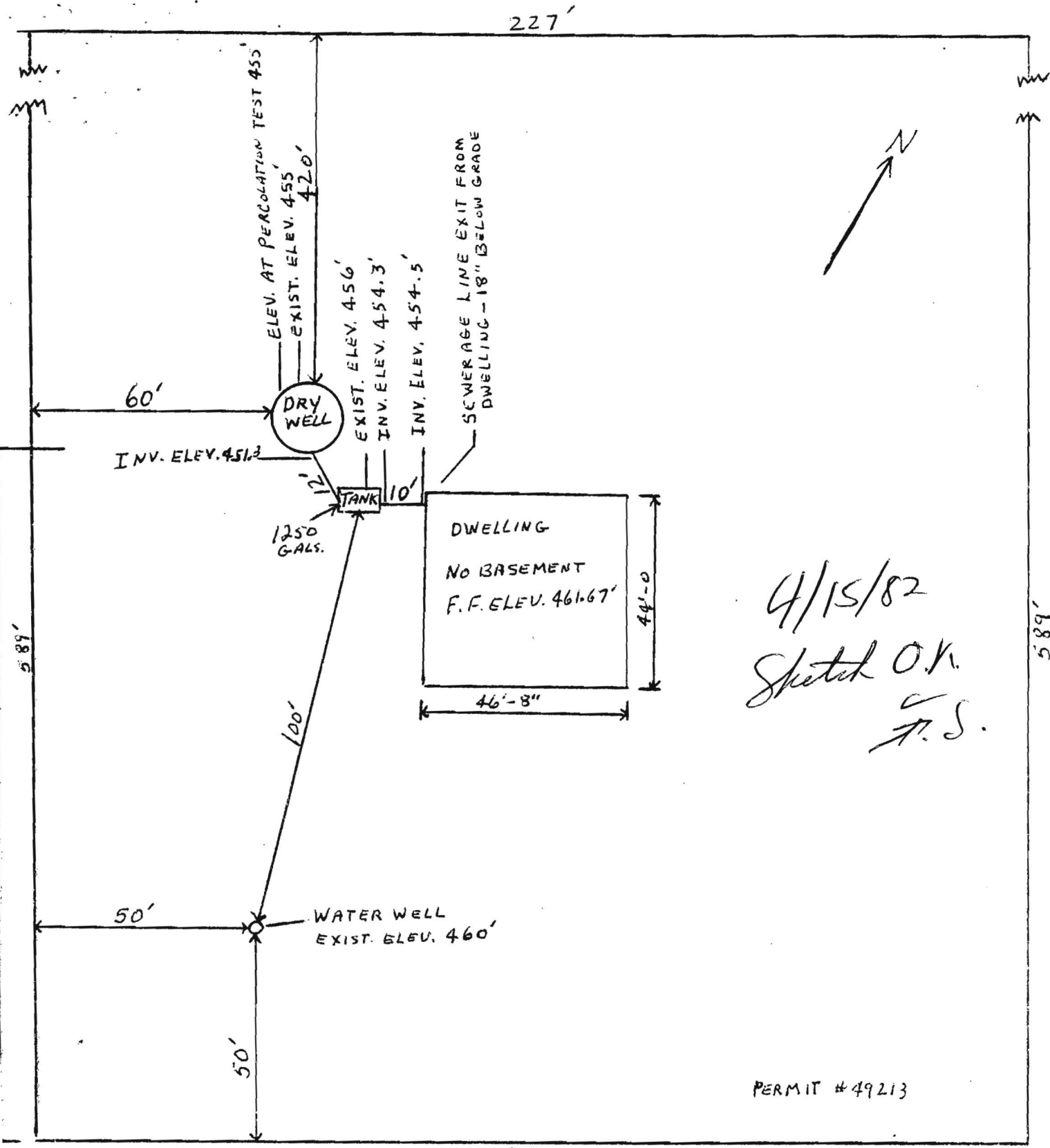
A=5.100
C=.33

100%
Rural

WAY

"A"

SEE SHEET 2



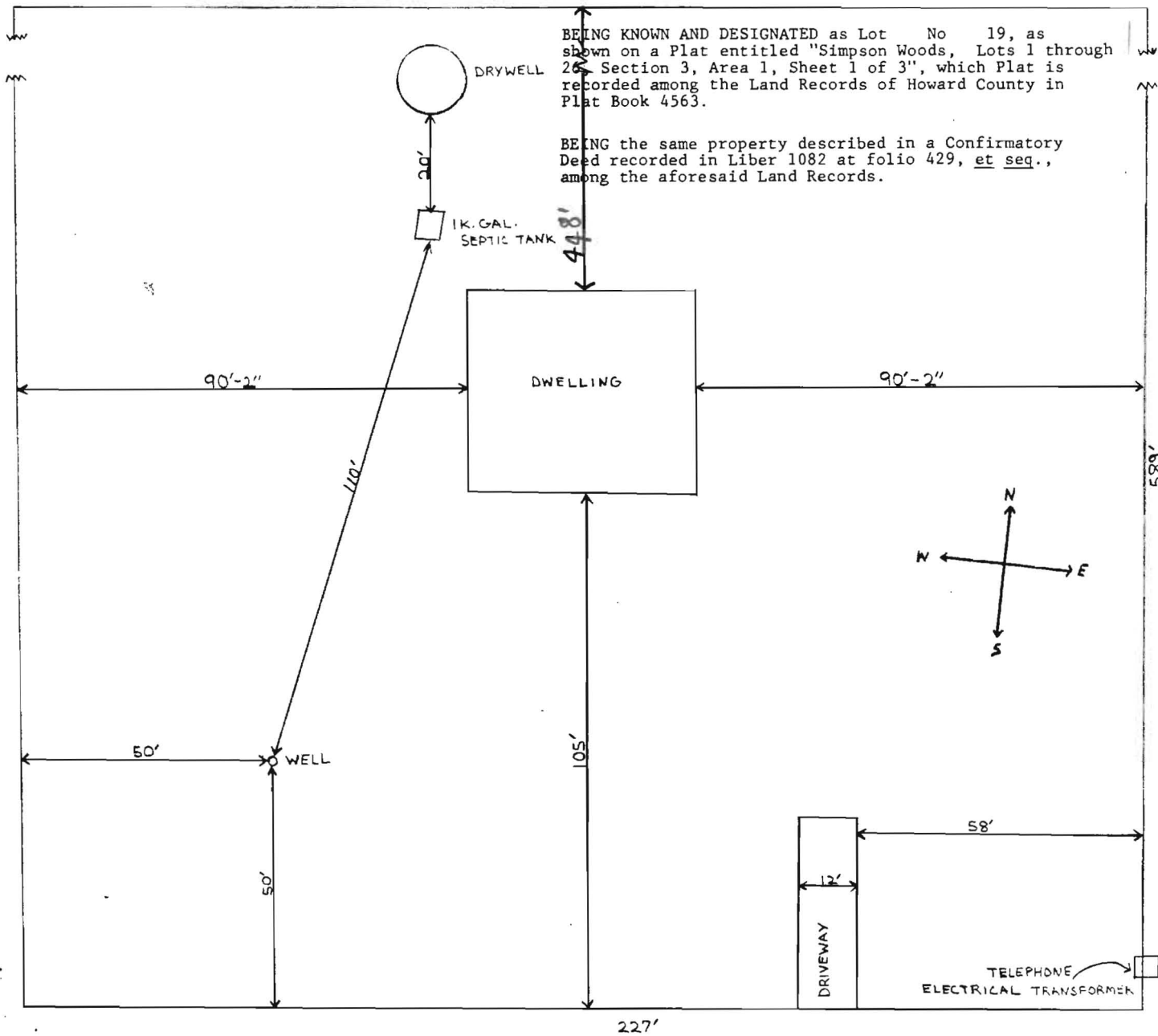
4/15/82
 Sketch O.K.
 J.S.

PERMIT #49213

227'
 7302 MEADOWWOOD WAY - LOT 19 SIMPSON WOODS
 SEWERAGE DISPOSAL
 ELEVATION

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

Lucy A. Walker



PLOT PLAN - LOT 19
SIMPSON WOODS