

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C 1</b> 3413	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A 5 9 8 9 8 - C</u>

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 2 16 04	Depth of Well 22 300 26 (TO NEAREST FOOT)	FARM PERMIT NO. FROM "PERMIT TO DRILL WELL" H0 - 94 - 3883 28 29 30 31 32 33 34 35 36 37
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OWNER PULTE HOMES  
STREET OR RFD 14709 MCCANN FARM RD TOWN WOODBINE  
SUBDIVISION MCCANN ESTATES SECTION \_\_\_\_\_ LOT 3

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	
Brown Shale	0	65	
Gray Limestone	65	85	
Brown	85	86	✓
Gray Limestone	86	260	
White	260	261	✓
Gray Limestone	261	300	

**GROUTING RECORD**    yes  no

WELL HAS BEEN GROUTED (Circle Appropriate Box)    **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 TOP 61 ft. to 61 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL    **CO** CONCRETE  
**PL** PLASTIC    **OT** OTHER

MAIN CASING TYPE    Nominal diameter top (main) casing (nearest inch)    Total depth of main casing (nearest foot)

ST    06    71

60 61    63 64    66    70

**OTHER CASING (if used)**

diameter    depth (feet)  
inch    from    to

E A C H I N G

**SCREEN RECORD**

screen type or open hole    insert appropriate code below

**ST** STEEL    **BR** BRASS    **HO** OPEN HOLE  
**PL** PLASTIC    **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED    yes  no

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 26.04.04 "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 LIC. NO.: M 5 D 009

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: D

**C 2**    DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
E	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
A	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
C	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
H	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
S	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
R	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127
E	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148
S	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169
R	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190
E	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211
S	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232
R	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253
E	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274
S	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295
R	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316
E	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337
S	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358
R	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379
E	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400
S	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421
R	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442
E	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463
S	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484
R	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505
E	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526
S	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547
R	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568
E	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589
S	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610
R	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631
E	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652
S	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673
R	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694
E	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715
S	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736
R	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757
E	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778
S	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799
R	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820
E	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841
S	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862
R	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883
E	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904
S	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925
R	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946
E	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967
S	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988
R	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009
E	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023							

B 1 Q983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO - 94 - 3883 fill in this form completely

Date Received (APA) 01-15-04

OWNER INFORMATION

Pulte Homes, 1501 S. Edgewood St. Suite K, Baltimore Md 21227

B 3

LOCATION OF WELL

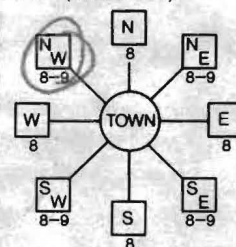
Howard County, McCann Estates, Section 44, Lot 3, Nearest Town: Cooksville, 4 miles from town

DRILLER INFORMATION

Allen Compton, Eagle Well Drilling, 580 Obrecht Rd, 1-15-03

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14709 McCann Farm Rd, Near What Road, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 90 FT, TAX MAP: 8 BLK: 16 PARCEL 38

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, STATE SIGNATURE, DATE ISSUED 2/2/04, CO SIGNATURE, EXP DATE 2/2/05, NORTH GRID 545 000, EAST GRID 792 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTary, AIR-PERcussion (circled), ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTary, DRIVE-POINT

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 (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, 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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G, PERMIT No. HO - 94 - 3883

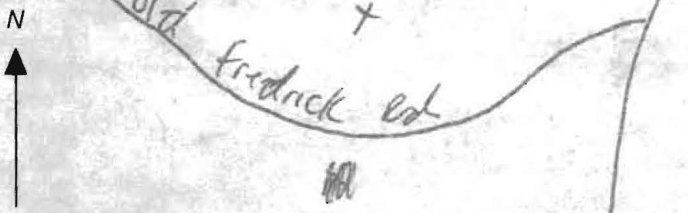
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 792, N 545

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

47,500 Sq.Ft. ± w/o PIPESTEM AREA

9040

#3-262 (good)

#3-264 (good)

*Signed  
Perce Cole  
8/1/00*

Existing Barn

**LOT 3**

41,907 Sq.Ft. ±

**LOT 5**

43,757 Sq.Ft. ±

**LOT 4**

42,179 Sq.Ft. ±

9039

#4-261 (good)

9042

#4-260 (good)

9043

#4-261 (good)

9038

#4-258 (good)

816

5000 (good)

818

5002 (good)

5003 (good)

9044

#6-255 (good)

9037

#5-259 (good)

9036

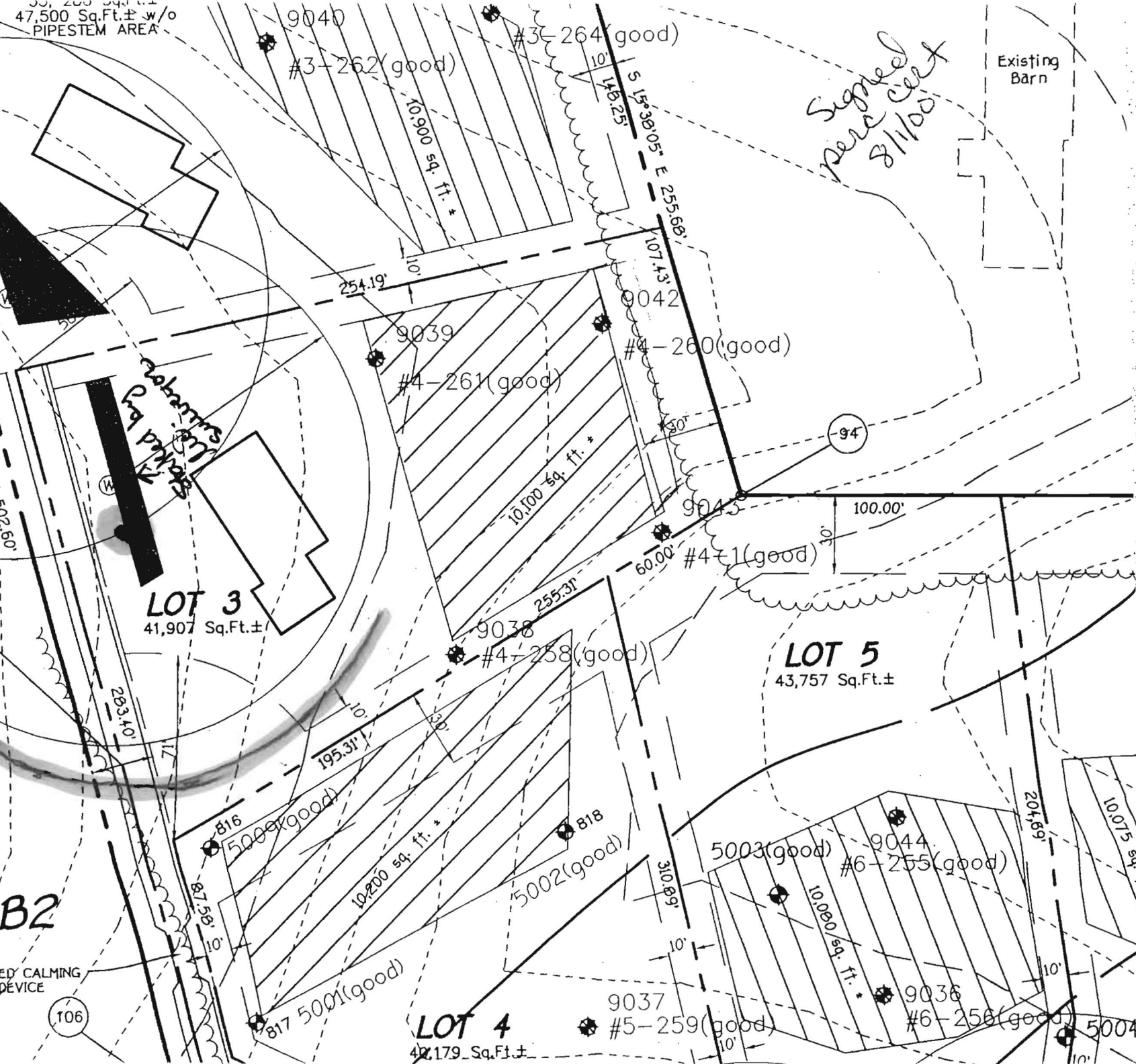
#6-258 (good)

5004

**GIB2**

SPEED CALMING DEVICE

106



Penny E. Borenstein, M.D., M.P.H., Health Officer

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by \_\_\_\_\_,  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health  
Department to schedule a time to meet in the field to verify the  
proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

1/28/04 - well to close to lot 2 SRA. Well box  
40' of either side of ex. well. Bitte to restake  
well location (SO)

2/2/04 - New well location 20' off ex. well (SO)  
Location OK (SO)

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2640

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Licensed Company approval.

Company Name: Eagle Well Drilling Telephone #: 410-795-5670  
Address: 582 Abrecht Rd  
Sylkesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License#: MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Pulte Homes Telephone #: \_\_\_\_\_  
Subdivision: McCann Estates Lot #: 3 Well Tag #: HO 94-3331  
Site Address: 14709 McCann Farm Rd

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Goulds      Make: Campbell      Two piece watertight cap: yes  
Model #: 75B05422      Model #: NA      Screened, vented well cap: yes  
Pump Capacity: 7 GPM      Depth: 42 (36" min)      Cap secured to casing: yes  
Well Yield: 10 GPM      NSF/WSC approved: yes      Conduit min 1 1/2" B.C.: yes  
Depth of well encountered at time of pump installation: 180 (feet)      Conduit secured to well cap: yes  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.1  
Torque arrestors, Cable guards, or other acceptable method used—Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing: NA

Piping to house      House Connection  
Type: 1" Black Plastic      PVC sleeve to undisturbed soil at wall penetration: yes  
PSI: 160 (160 psi min)      Approximate length of sleeve: 5  
Depth of supply line: 42 (36" min)      Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton      3/11/02  
Signature of company representative responsible for installation      date

For Health Department Use Only - Not to be completed by Installer

Date Insp Requested: 3/10/03 Date Insp. Approved: 3/10/03 Inspector: (50) SRK  
Inspection Data: Pitless adapter watertight & water supply line at least 30" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

*logged*

\*\*\*\*\*  
 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: 4-10-04 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) HO - 94 - 3331

\* PERMIT NUMBER OF REPLACEMENT WELL HO - 94 - 3883

\* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: PULTE Homes

\* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: WOODBINE

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_

SUBDIVISION: McLANN ESTATES

SECTION: \_\_\_\_\_ LOT: 3

NEAREST ROAD: 14709 McLann Farm Rd.

	X
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 790  
 N 540

\* TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGURED  HAND DUG
- OTHER (specify) \_\_\_\_\_

\* USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION

\* TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6" INCHES IN DIAMETER

\* DEPTH OF WELL: 180' FEET DEEP

\* WAS ANY CASING REMOVED?  YES  NO  
 if yes, length removed, in feet: 2'

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	80
WELL collapsed		
15 bags		

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**(Must circle one)** Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: 3 Well Tag #: HO-94-3802  
Site Address: 14709 McCann Farm Rd

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u> _____		

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

**The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.**

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only – Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/20/04 Inspector: (SO)  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope not seen outside of well cap/casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

*old well needs to be abandoned*  
↓  
*done on 4/11/04*      (SO)

B 1	8937	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> 516494 please print or type	STATE PERMIT NUMBER <u>HO-94-3331</u> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 01 28 02

8 MM DD YY 13

15 Last Name Fisher-Collins-Carter Inc Owner First Name 34

36 Street or RFD 10272 BALT. NATIONAL PIKE 55

57 Town ELlicott City MD. 70 State MD. 72 Zip 21042 76

**LOCATION OF WELL**

8 COUNTY Howard 21

23 SUBDIVISION MCCANN PROP 42

SECTION 44 46 LOT 3 50

52 NEAREST TOWN COOKS VILLE 71

MILES FROM TOWN (enter 0 if in town) I 73 M I 76 77 78

**DRILLER INFORMATION**

Driller's Name RALPH E. MAYNE 76 License No. M S D 117 81

Firm Name RALPH E. MAYNE well drilling

Address 17024 Handy Rd. Mt Airy MD. 21771

Signature Ralph E. Mayne Date 1-24-02

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 NEAR WHAT ROAD MCCANN FARM RD. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 400 37 DISTANCE FROM ROAD ft.

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 16 PARCEL 78

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard (13) COUNTY NO. A59898

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 2-14-02 Kacie Goodly 2-14-03

43 MM DD YY 48 CO-SIGNATURE EXP. DATE

NORTH GRID 545 000 EAST GRID 792 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

N = 55045

E = 7902

000 000

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED 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

39  S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

well

1400'

MCCANN FARM RD.

OLD Fred Rd

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER HO 20 02 G 001

PERMIT No. HO-94-3331

70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEQUENCE NO. (MDE USE ONLY) 14422

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 13 A59878

DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 07 02 02

DEPTH OF WELL 180 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3331

OWNER Fisher-Collins-Carter STREET OR RFD McCann Farm Rd TOWN Woodburne SUBDIVISION McCann Property SECTION LOT 3

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Rows include Top Sol, Brown Shale, Blue Slate, Flint Rock, etc.

GROUTING RECORD

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

CASING RECORD

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (6) Total depth of main casing (58)

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

SCREEN RECORD screen type or open hole (HO) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N) CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M S D 1112 DRILLERS SIGNATURE (Must match signature on application)

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

DEPTH (nearest ft.) 180

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 62 ft. WHEN PUMPING 63 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 2 (nearest foot)

