

C1 3047 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 1-6 ON ALL CARDS)

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

COUNTY NUMBER A34313
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-81-0795

DATE Received: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: 112684
 Depth of Well: 180 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-81-0795

OWNER: REUWER DON last name FOLLY QUINTER RD first name TOWN GLENELG
 SUBDIVISION GLENELG MANOR SECTION II LOT 25A

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	2	
Sandy	2	30	<input checked="" type="checkbox"/>
Sand Stone	30	35	
Micka	35	150	
Sand Stone	150	155	<input checked="" type="checkbox"/>
Micka	155	180	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 8 NO. OF POUNDS 800
 GALLONS OF WATER 48
 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 STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE PL
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 40

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN: 1 40 37 180
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 7
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 72
 WHEN PUMPING 59
 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) [] [] [] [] [] [] [] []
 PUMP HORSE POWER [] [] [] [] [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } 3

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.

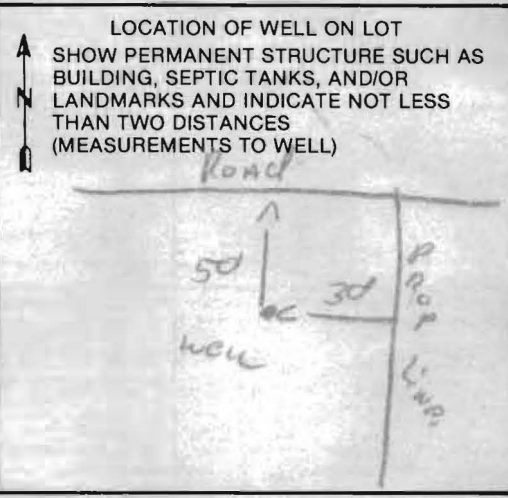
DRILLERS IDENT. NO. 223
Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne

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

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.) 70 72
 WQ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 : 5195

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0795

fill in this form completely

Date Received

11/28/84 - 9:30 AM

OWNER INFORMATION

8 KEENEK DONALD 13
15 Last Name Owner First Name 34
36 JORDAN BALT WATL PIKE 55
57 ELLICOTT CITY MD 21093 76

B 3

LOCATION OF WELL

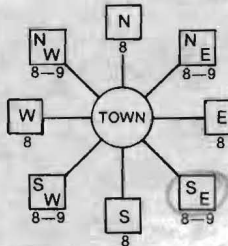
1 2 HOWARD 21
8 COUNTY
3 CLEVELAND MAROK 42
23 SUBDIVISION
SECTION 44 46 LOT 48 50
4 GLENELG 71
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 73 MI 76 77 78

DRILLER INFORMATION

Ralph MAYNE 873
Driller's Name 77 License No. 80
Ralph Mayne Well Drilling
Firm Name
5120 Brown Church Rd. Mt. Airy
Address
Ralph Mayne 11/31/84
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Folley Quarter Rd. 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [] WEST [] EAST [] SOUTH []
34 2000 37 DISTANCE FROM ROAD
ENTER FT or MI 38 39

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)

- 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A34313
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S 41
DATE ISSUED 5/19/85
CO SIGNATURE EXP. DATE
NORTH GRID 50 55 EAST GRID 57 63

APPROXIMATE DEPTH OF WELL 250 24 28 FEET

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 Rotary)
CABLE REVERSE-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 9
N 510 7

Location OK
Folley Quarter Rd
40' - casing
35' - open
8 - bags cement
11/28/84
JS

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

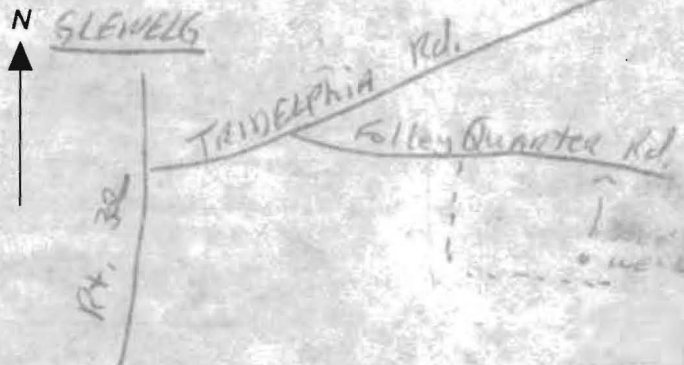
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER 54 GAP 63

FORCE 30 WRITE INITIALS IN BOX PERMIT No. 40-81-0795 67 68 70 71 72 73 74 75 76 77 78 79

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

5/6/85 -

WELL PUMP INSPECTION

Owner's Name: Steve Neffert

Address: 12102 Frederick Rd
Ellicott City Md
21043

Location of Property:
12847 Folly Quarter Rd
Ellicott City Md 21043

Well Tag Number:
H0810795

Plumber or Certified Pump Installer:
MIAWO P & N, Inc
303 Academy Rd
Baltimore Md 21228
Phone Number: 747-5613

License Number: M 3095

Receipt Number:
35395

Date: 5-6-85

Comments:
ok to proceed with pump installation
Fromme et

- Inspection: 5/6/85
- ① Puller adapter OK
 - ② Wires OK
 - ③ Pipe OK
 - ④ Pressure tank OK
 - ⑤ NO WELL TAG TALKED TO BUILDER
HE SAID NO WELL TAG EVER!

Date Well Pump Inspection was approved: 5/6/85

Inspector: Raymond Hodger