

C 1 5668
 SEQUENCE NO. (WRA USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 5/6/80
 DEPTH OF WELL 145
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-77-57
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 308

OWNER Woodmark Inc. LAST NAME 12150 MT. ALBERT CT. FIRST NAME FELICOTT CITY, MD.
 STREET OR RFD _____ POST OFFICE _____

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	8	
Brown Slate	8	20	
Granite	20	28	
Brown Sandstone	28	34	J1
Granite	34	40	
SEAMS	40	41	J3
Granite	41	54	
SEAMS	54	55	J6
Granite	55	145	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 44 44
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 45 46 45 46
 NO. OF BAGS 6 NO. OF POUNDS 570
 GALLONS OF WATER 36
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 19 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 22
 60 61 63 64 66 70

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
1	21
2	36
3	51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA 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 AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 8 9
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 11 15
 METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)
 17 20
 WHEN PUMPING 145 (NEAREST FOOT)
 22 25
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 27 27 27
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 27 27 27
 JET SUBMERSIBLE
 27 27

PUMP INSTALLED

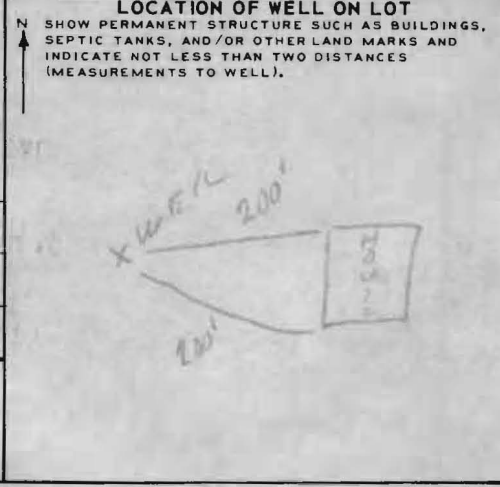
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35
 PUMP HORSE POWER _____ 37 _____ 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 _____ 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } _____ 49 _____ 50 _____ 51



CIRCLE APPROPRIATE BOXES

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 NAME

(PLEASE PRINT) Stanley W. Dollinger, Jr.
Stanley W. Dollinger, Jr.
 SIGNATURE

B 1 4332
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 5/6/80
 9:30 AM
 B.M.

OWNER: Woodmark Inc.
 COL 18 LAST NAME FIRST NAME COL. 34
 STREET OR RFD: 12150 Mt. Robert Ct.
 COL 36 COL. 55
 POST OFFICE: ELICOTT CITY, MD 21049
 COL 57 COL. 76

B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
 DRILLER INFORMATION
 DATE: 4/9/80
 LICENSE NUMBER: 308
 77 80
 FIRST NAME: Stanley W. Bell
 DRILLER LAST NAME: Bell
 SIGNATURE: Stanley W. Bell

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: Howard
 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: Farside
 23 42
 SECTION: LOT: 25
 44 46 48 50
 NEAREST TOWN: Columbia
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 9
 73 76 77 78

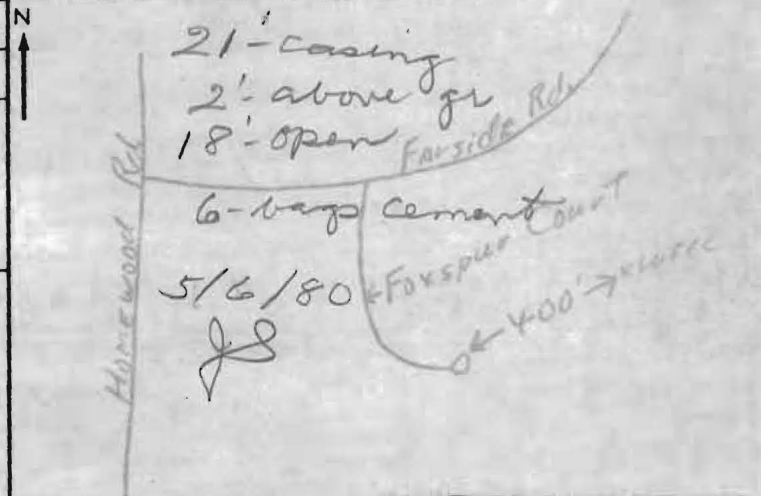
B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500
 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NE NORTHEAST SE SOUTHEAST
 SOUTH WEST NW NORTHWEST SW SOUTHWEST
 8 8 8 9 8 9
 NEAR ROAD WHAT: Foxspur Court
 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 300
 34 37 38 39

APPROXIMATE DEPTH OF WELL: 100 FEET
 24 26
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE):

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
 41 52



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: 54 63 65
 G A P ENGINEER REVIEW DISTRICT NO.
 FORCE: WRITE INITIALS IN BOX CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 820, N 510
 NORTH COORDINATE: 50 51 52 53 54 55
 EAST COORDINATE: 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET): 65 66 67 68
 0/5 5/5
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX)
 COUNTY NAME: 220704
 COUNTY NO.:
 DATE: MO. DAY YR.
 APPROVED BY: Donald N. Monahan, Sanitari

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6