

C 1 4231 SEQUENCE NO. (WRA USE ONLY)

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) 3/13/78 DATE WELL COMPLETED 15 20

DEPTH OF WELL 180 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 7-1-1-1-1-1-1-1-1-1

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER DAVIS, GARTH LAST NAME FIRST NAME STREET OR RFD 5839 HUNTHILL ROAD POST OFFICE ELKRIE, MD. 21227

WELL LOG

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

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: Top soil, SANDY SAND Stone, MICA, SAND Stone, MICA.

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT (C M) BENTONITE CLAY (B C) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 57 FT.

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW) INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE (S T) STEEL (C O) CONCRETE (P L) PLASTIC (O T) OTHER NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 62

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW) INSERT APPROPRIATE CODE BELOW (S T) STEEL (B R) BRASS OR BRONZE (H O) OPEN HOLE (P L) PLASTIC (O T) OTHER

DEPTH (NEAREST WHOLE FOOT)

Table with columns: DEPTH (NEAREST WHOLE FOOT) FROM TO. Includes handwritten entries: 1 70 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

DIAMETER OF SCREEN 56 60 (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)

TELESCOPE CASING (T) LOG INDICATOR (E.R.O.S.) OTHER DATA AVAILABLE (W Q)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 40 (NEAREST FOOT) WHEN PUMPING 17 20 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) (A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

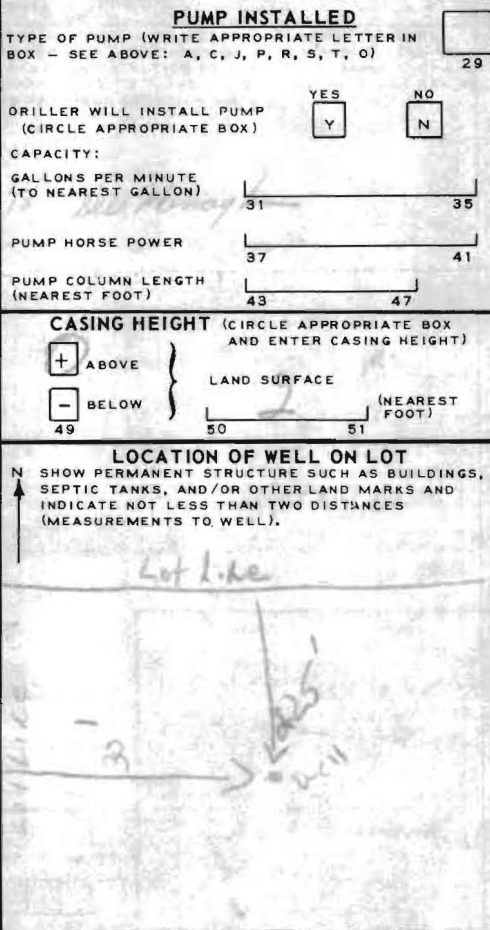
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

(+) ABOVE (NEAREST FOOT) (NEAREST FOOT) (-) BELOW (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



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) L. F. FASTERDAY SIGNATURE L. F. FASTERDAY

B 1 0576 SEQUENCE NO. (WRA USE ONLY) 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 1073 2612 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 3/31/78 9:30 A.M. 1st

OWNER: DAVIS GARTH COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD: 5839 Kant Hill Dr. COL 36 COL. 55 POST OFFICE: Elbridge Md. 21727 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE: Feb 21 78 LICENSE NUMBER: 42 77 80 FIRST NAME: J. F. Easterday DRILLER LAST NAME: J. F. Easterday SIGNATURE: J. F. Easterday

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

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 10 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD: New Cut Rd. 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 F T DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 34 37 M I 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

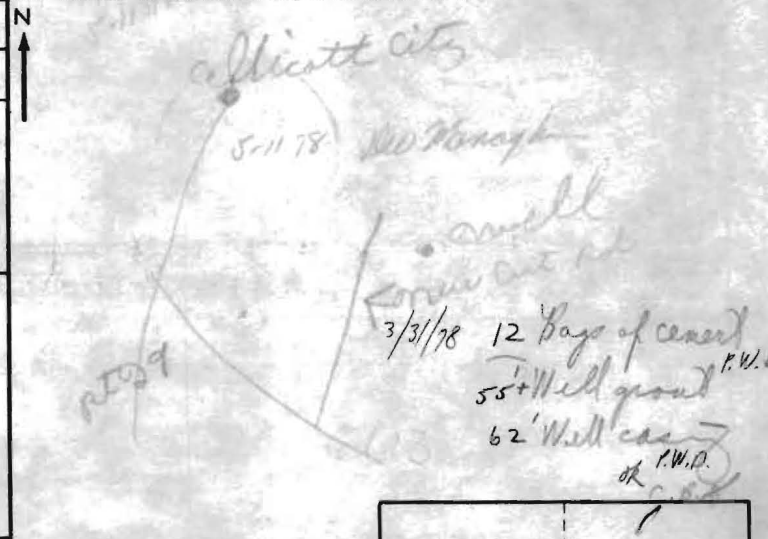
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE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

APPROXIMATE DEPTH OF WELL: 24 28 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63 FORCE: 67 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 050 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

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 HOWARD W27590 COUNTY NAME: Howard COUNTY NO.: W27590 DATE: 02 23 78 APPROVED BY: Fred Frommelt, Sanitarian

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

No other papers with this date (Well in woods) No septic No house No house plans Well on 5/0

Health Truck stuck in lane 2 1/2 casing out of ground