

C1 6422  
 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

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

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED: 10 03 89  
 Depth of Well: 300 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL": 40-88-1028

OWNER: GOULD (last name) CALEB (first name)  
 STREET OR RFD: 8640 MISSION RD TOWN: JESSUP  
 SUBDIVISION: SECTION: LOT:

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 CLAY	0	5	
GREEN CLAY + SAND	5	10	
SAND STONE	10	13	
GREEN CLAY, SAND, SHALE	13	20	
BROWN + GREEN CLAY, SAND + SHALE	20	30	
BROWN + GREEN CLAY	30	34	
HARD STONE	34	38	
GABRO ROCK	38	100	WATER STRUCK IN GABRO
GABRO ROCK	100	200	
GABRO ROCK	200	300	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  Y NO  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS: 21 NO. OF POUNDS: 1974  
 GALLONS OF WATER: 126  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from [ ] [ ] [ ] [ ] ft. to [ ] [ ] [ ] [ ] ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST CO STEEL CONCRETE  
 PL OT PLASTIC OTHER  
 MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 4 Total depth of main casing (nearest foot): 38  
 OTHER CASING (if used) diameter inch: depth (feet) from to

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

DEPTH (nearest ft.)  
 1 40 38 300  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] [ ] (NEAREST INCH)  
 GRAVEL PACK from to  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3 16064 OK 10/12/89  
 PUMPING TEST  
 HOURS PUMPED (nearest hour): 3  
 PUMPING RATE (gal. per min. to nearest gal.): 10  
 METHOD USED TO MEASURE PUMPING RATE: 56 GAL BURET  
 WATER LEVEL (distance from land surface) BEFORE PUMPING: 23 WHEN PUMPING: 17  
 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: S  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon): 5  
 PUMP HORSE POWER: 1.5  
 PUMP COLUMN LENGTH (nearest ft.): 300  
 CASING HEIGHT (circle appropriate box and enter casing height): + above LAND SURFACE (nearest foot): - below

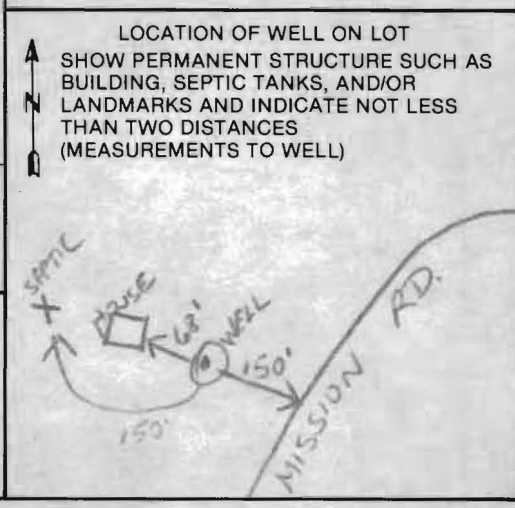
CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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. 467  
 DRILLERS SIGNATURE: Michael H. Frank  
 (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **6287** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1028**  
 fill in this form completely

Date Received (APA) **072889**  
**OWNER INFORMATION**  
**GOULD** Last Name **CALEB** Owner First Name  
**8640 MISSION RD** Street or RFD  
**JESSUP** Town **MD 20794** State Zip

B 3 **LOCATION OF WELL**  
**HOWARD** COUNTY  
 SUBDIVISION  
 SECTION **SAVAGE** LOT  
 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **3 MI**

**DRILLER INFORMATION**  
**MICHAEL G FRANK** Driller's Name **467** License No.  
**FRANK'S WELL DRILLING, INC.** Firm Name  
**7014 FT SMALLWOOD RD BALTO 21226** Address  
**Michael G Frank** Signature **8-29-89** Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
**MISSION RD** NEAR WHAT ROAD  
 DISTANCE FROM ROAD **150** ENTER FT or MI **FT**

B 2 **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **10**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1000**

**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)

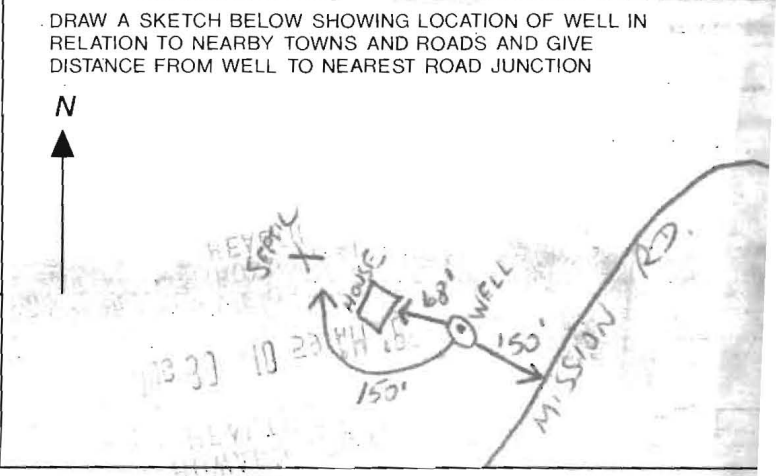
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME **13** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **082989** CO SIGNATURE **C. W. O'Brien** EXP. DATE **2/25/90**  
 NORTH GRID **484000** EAST GRID **0859000**

APPROXIMATE DEPTH OF WELL **60** FEET  
 APPROXIMATE DIAMETER OF WELL **4** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 N **850**  
 E **480**

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other \_\_\_\_\_

**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) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **5** WRITE INITIALS IN BOX PERMIT No. **40-88-1028**

REPLACEMENT WELL SITE INSPECTION

OWNER \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRILLER \_\_\_\_\_

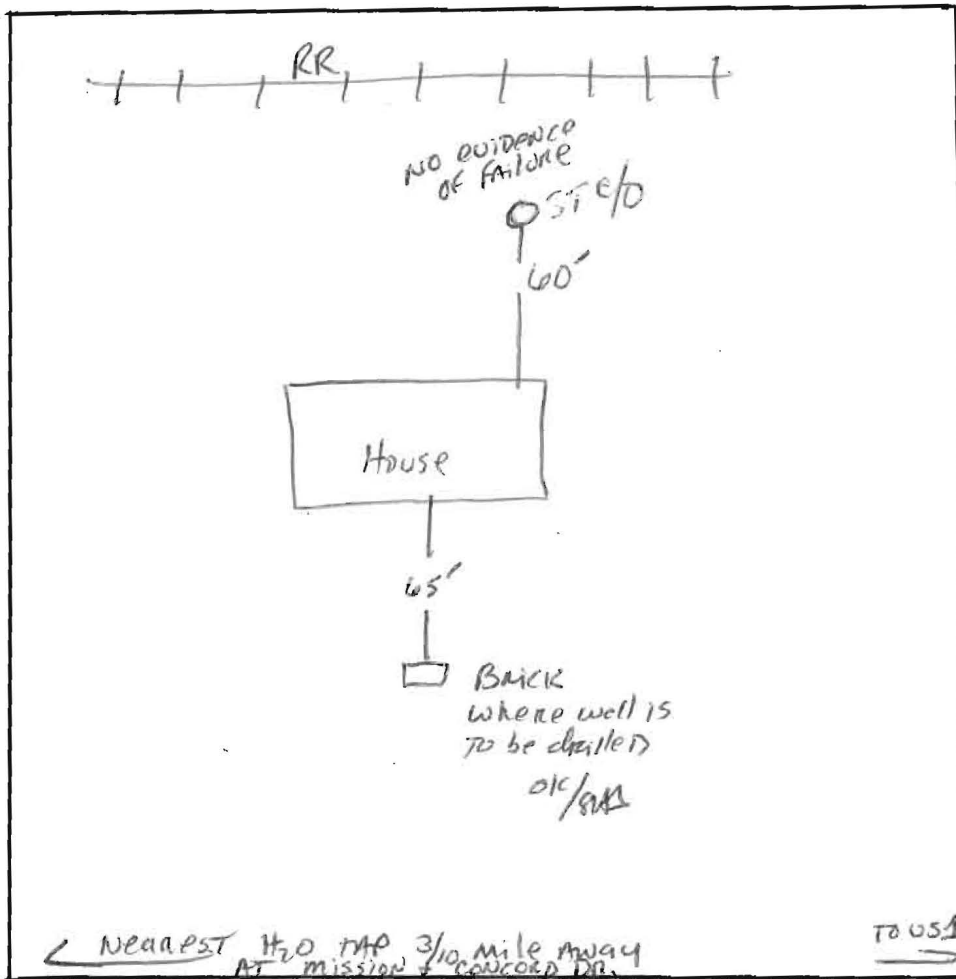
\_\_\_\_\_

WELL TAG# \_\_\_\_\_

\_\_\_\_\_

COUNTY# \_\_\_\_\_

LOCATION DIAGRAM



Mission Rd.

COMMENTS:

Public H<sub>2</sub>O is NOT available to this property within reason - nearest hydrant is 3/10 mile away. SAL

REPLACEMENT WELL SITE INSPECTION

OWNER \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRILLER \_\_\_\_\_

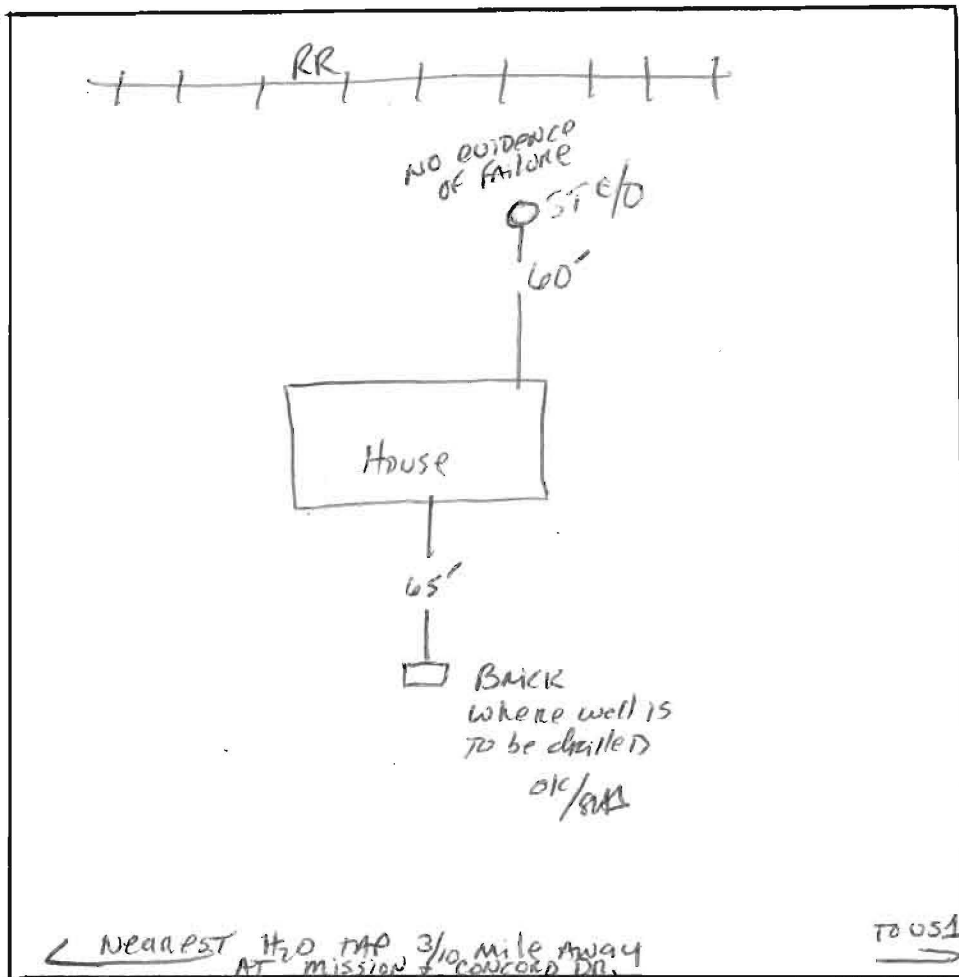
\_\_\_\_\_

WELL TAG# \_\_\_\_\_

\_\_\_\_\_

COUNTY# \_\_\_\_\_

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Mission Rd.

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Reason - Nearest hydrant is 3/10 mile away. SAL