

C1 **5112** SEQUENCE NO. (DENV. 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 **# 41371**

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **05/09/94**

Depth of Well
 22 **305** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0090
 28 29 30 31 32 33 34 35 36 37

OWNER **ROMERO JAMES** last name first name
 STREET OR RFD **APPLEBY COURT** TOWN **GLENELE**
 SUBDIVISION **SHARP-FERMS** SECTION **17** LOT **17**

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	
SAND Stone	0	100	
GRAY MICH Rock	100	305	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **21** NO. OF POUNDS **1974**
 GALLONS OF WATER **176**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **90** 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) **6** Total depth of main casing (nearest foot) **100**

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 OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **40** **104** **305**
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []
 SLOT SIZE [] [] [] [] [] [] [] []
 DIAMETER OF SCREEN [] [] [] [] [] (NEAREST INCH)
 from [] to []

GRAVEL PACK 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.) W Q
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **400**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **30** WHEN PUMPING **241**
 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 (CIRCLE) (YES or NO) **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: []
 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 **3** (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 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 IDENT. NO. **24**
 DRILLERS SIGNATURE *James E. Wagner*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
See Attached well location

B 1 **09817** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0070
 fill in this form completely

Date Received (APA) **042294**

OWNER INFORMATION

8 COUNTY **HOWARD** 21
 15 Last Name **ROMERO** Owner First Name **JAMES** 34
 38 Street or RFD **PARSON GROVE CT** 55
 57 Town **DEWEY** 70 State 72 **MD** Zip 76 **20832**

DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** 77 License No. 80 **24**
 Firm Name **Joseph L. Mayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy MD. 21771**
 Signature **Joseph L. Mayne** Date **4/21/94**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 OTHER 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
 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) _____

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

APPROX. PERMIT NUMBER **GAP**

FORCE WRITE INITIALS IN BOX PERMIT No. **HO-94-0070**

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

8 COUNTY **HOWARD** 21
 23 SUBDIVISION **SHARP FARMS** 42
 SECTION **44** LOT **17** 50
 52 NEAREST TOWN **GLENECK** 71
 MILES FROM TOWN (enter 0 if in town) **50** MI 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Applesby Ct.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 **235** 37 DISTANCE FROM ROAD ENTER FT or MI **FF** 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HOWARD** COUNTY NO. **A# 41271**

DATE ISSUED **042694** Charles Bryan Street 4/26/95
 CO. SIGNATURE EXP. DATE

NORTH GRID **522000** EAST GRID **0797000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

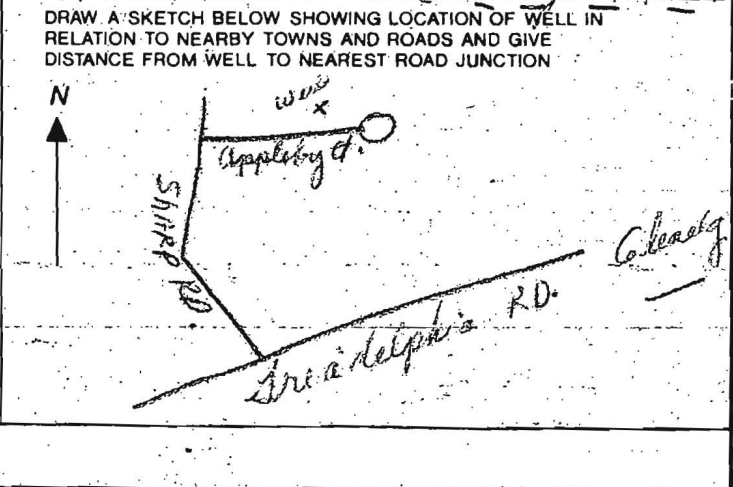
SOURCES OF DRILLING WATER

1. well
2. 21st Bay of cement
3. 90' open gravel
- 107' casing
- 2 1/2' casing above ground

WRITE THE BOX NUMBER FROM THE MAP HERE

790 ?
520 ?

000 OK
 000 (W on top of site)



REICH SUBDIVISION
LOTS 1-4
FLAT NO. 3858

Signed Final Plat

Property of
BRUNO & BRUNO V. REICH
928/323

MARVIN

LOT 4

588°26'25"E 1694.14'

1061.00'

APPLEBY

LOT 17
3.254 AC.

COURT

LOT 25
3.029 AC±

LOT 24
3.301 AC

LOT 23
3.098 AC

MATCH LINE W

