

C1 9580

SEQUENCE NO. (MDE USE ONLY)

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 A 50617N

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 10/4/97

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1272

OWNER Trinity Homes STREET OR RFD Barley Field Way SUBDIVISION Woodford's Grant TOWN Marriothsville SECTION LOT 12

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: TOP SOIL, MICA, Sandstone, Blue Rock, GOT WATER AT 230, 380.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF ROUNDS (11/28), GALLONS OF WATER (72), DEPTH OF GROUT SEAL (40 ft).

CASING RECORD Form: casing types (ST, CO, PL, OT), MAIN CASING TYPE (DL), Nominal diameter (6 3/4"), Total depth (42 ft).

OTHER CASING (if used) Form: diameter, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (HO), STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y, N)

CIRCLE APPROPRIATE LETTER A, E, P

TYPE: MWD(MSD)MGD DRILLERS LIC. NO. 143

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

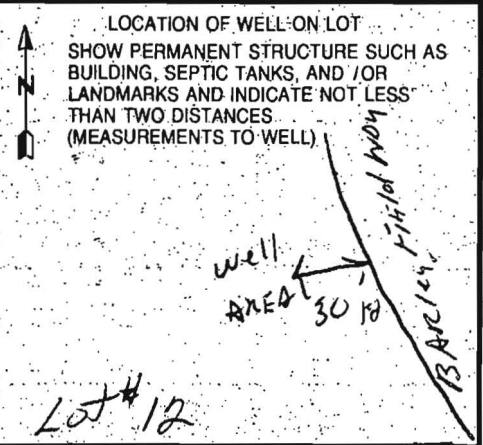
DEPTH (nearest ft.) Table with columns for depth intervals (8-21, 23-36, 38-51) and slot size diameter of screen.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (4.6 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (138 ft. before, 275 ft. when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below) LAND SURFACE (2 ft. nearest foot).



EMERGENCY/TEMP NO. IF ANY

9

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-94-1272 fill in this form completely

Date Received (APA)

082297

OWNER INFORMATION

TRINITY HOMES

2212 BEVON DRIVE

0146018 MD21044

LOCATION OF WELL

HOWARD

WOODFORD GMBH

SECTION F LOT 12

MARRIOTTSVILLE

MILES FROM TOWN (enter 0 if in town) 3 MI

DRILLER INFORMATION

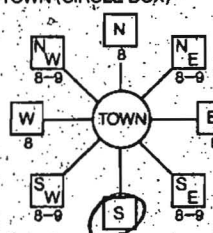
Perry Harley

Harley Drilling & Pump System

Box 160 Walkersville, MD 21797

Perry Harley 8-20-97

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Banley Field way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

30

DISTANCE FROM ROAD

ENTER FT OR MI F0

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 3

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO A 50617N

STATE SIGNATURE DATE ISSUED

090897 A Mc Mellon 9/8/98

NORTH GRID 545000 EAST GRID 827000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6" 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

REPLACEMENT OR DEEPEMED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D 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)

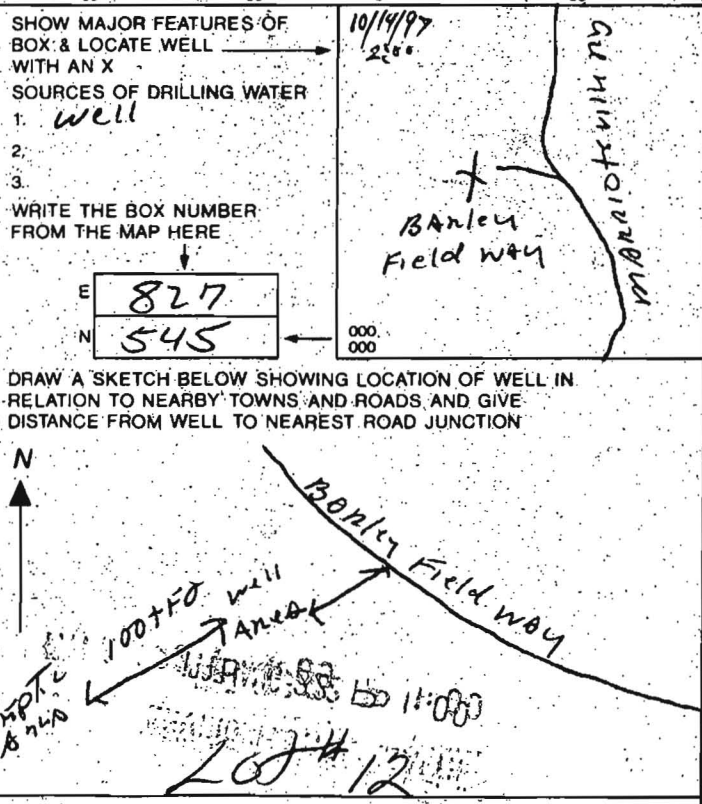
APPROX. PERMIT NUMBER GAP

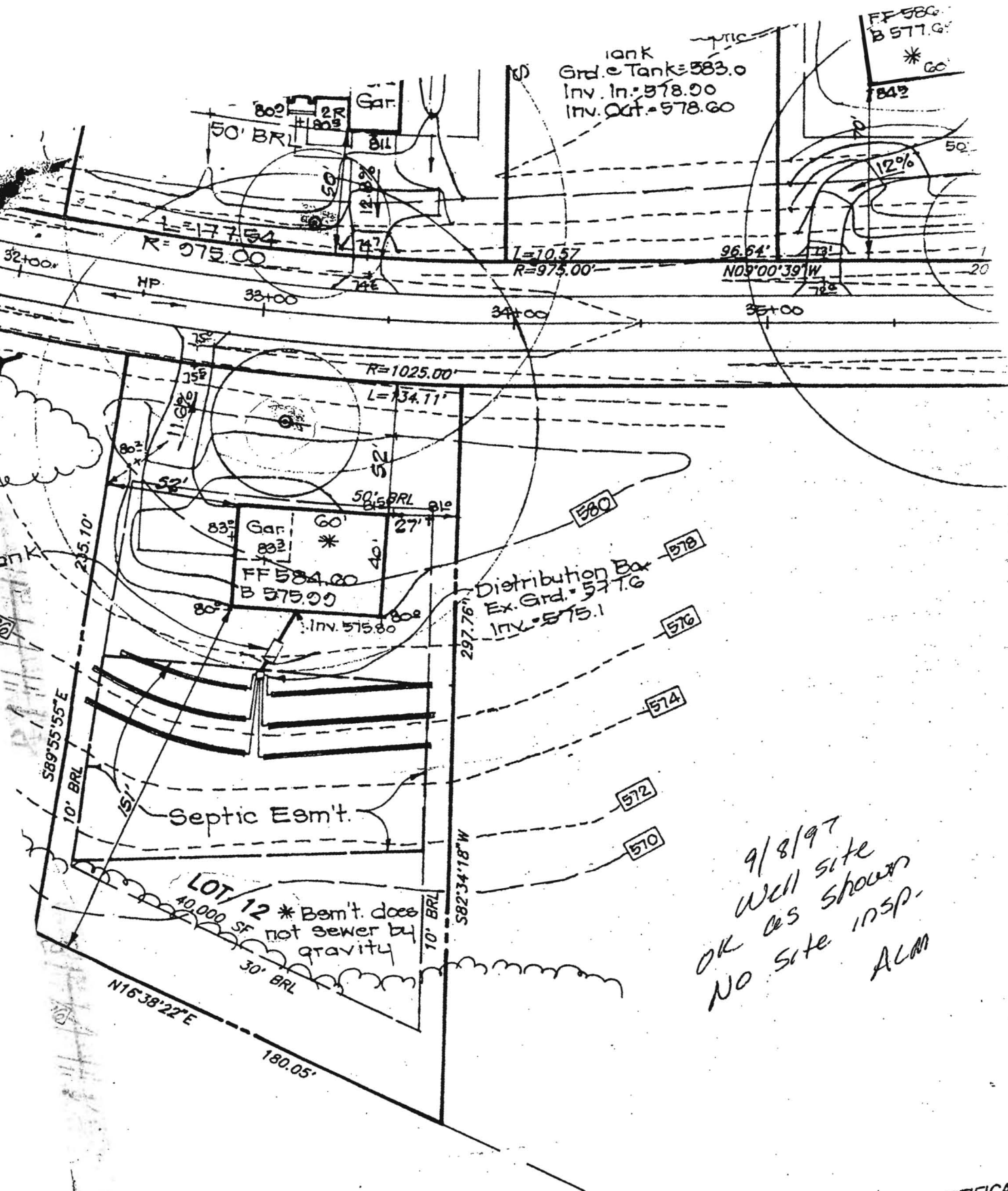
FORCE AM PERMIT No. 40-94-1272

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

COUNTY





9/8/97  
 Well site  
 OK as shown  
 No site insp.  
 ACM

**ENGINEER'S CERTIFICATE**

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conserv. District.