

C 1 0060 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.

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

COUNTY
NUMBER

ST/CO USE ONLY
DATE Received
MM DD YY
8 - 13

DATE WELL COMPLETED
MM DD YY
12 12 96

Depth of Well
22 400 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0 - 94 - 0999
28 29 30 31 32 33 34 35 36 37

OWNER Billey Stone
STREET OR RFD 13949 BRIGHTON DAM TOWN CLARKSVILLE
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	
Top Soil	0	2	
Brown shale	2	30	
Tan Mica	30	60	
Gray Mica	60	80	
Brown Mica	80	81	✓
Gray Mica	81	170	
Brown Mica	170	171	
Gray Mica	171	280	
Brown Mica	280	281	
Gray Mica	281	340	
Gray Mica and Flint	340	360	
Gray Mica	360	400	

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS ⁴⁵ ⁴⁶ 11 NO. OF POUNDS ⁴⁵ ⁴⁶ 1100
 GALLONS OF WATER 55
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 33 ft.
 48 TOP 52 54 BOTTOM 58
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch!) Total depth of main casing (nearest foot)
ST 6 40
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 A C A S I N G

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

C 2 DEPTH (nearest ft.)
 1 2
 H0 38 400
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 S L O T S I Z E 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60
 from to

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
 8 9
 PUMPING RATE (gal. per min.) 2.5
 11 15
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 50 ft.
 17 20
 WHEN PUMPING 400 ft.
 22 25
 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**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 35
 PUMP HORSE POWER _____ 37 41
 PUMP COLUMN LENGTH (nearest ft.) _____ 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } 2 (nearest foot)
 49 50 51

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)

NUMBER OF UNSUCCESSFUL WELLS: _____
 WELL HYDROFRACTURED **Y** **N**

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 LIC. NO. 1 M WD 640
 DRILLERS SIGNATURE Bruce Thompson
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 1 M D 038

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q

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

70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

B 1 **2124** SEQUENCE NO. (MDE 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
HO-94-0999
fill in this form completely

Date Received (APA) **12/05/96** RN **6964**

OWNER INFORMATION

Billiey Steve
15 Last Name Owner First Name 34

13949 Brighton Dam Rd
36 Street or RFD 55

Clarksville, Md. 21029
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

8 COUNTY 21
HAVILAND HILLS
23 SUBDIVISION 42

SECTION **29** LOT **29**
44 46 48 50

Clarksville
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I I
73 76 77 78

DRILLER INFORMATION

George F. Easterday MW D **040**
76 Driller's Name License No. 81

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday **12/4/80**
Signature Date

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

13949 Brighton Dam Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 75
34 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **34** BLK: **13** PARCEL **221**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A57587-A COUNTY NO.

STATE SIGNATURE **Mark E. Palkin** INSERT S →

DATE ISSUED **12/06/96** EXP DATE **12/6/97**
43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID **496** 000 EAST GRID **0801** 000
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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)

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **MR** G A P **HO-94-0999**
54 63

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-94-0999**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8001**
N **4906**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

LINKYTHAN **FRET HORN** **Clarksville**
BRIGHTON DAM Rd

12/12/96
2:30 Grout
inspection called in late - wanted to do grout while not raining - OK
ALM

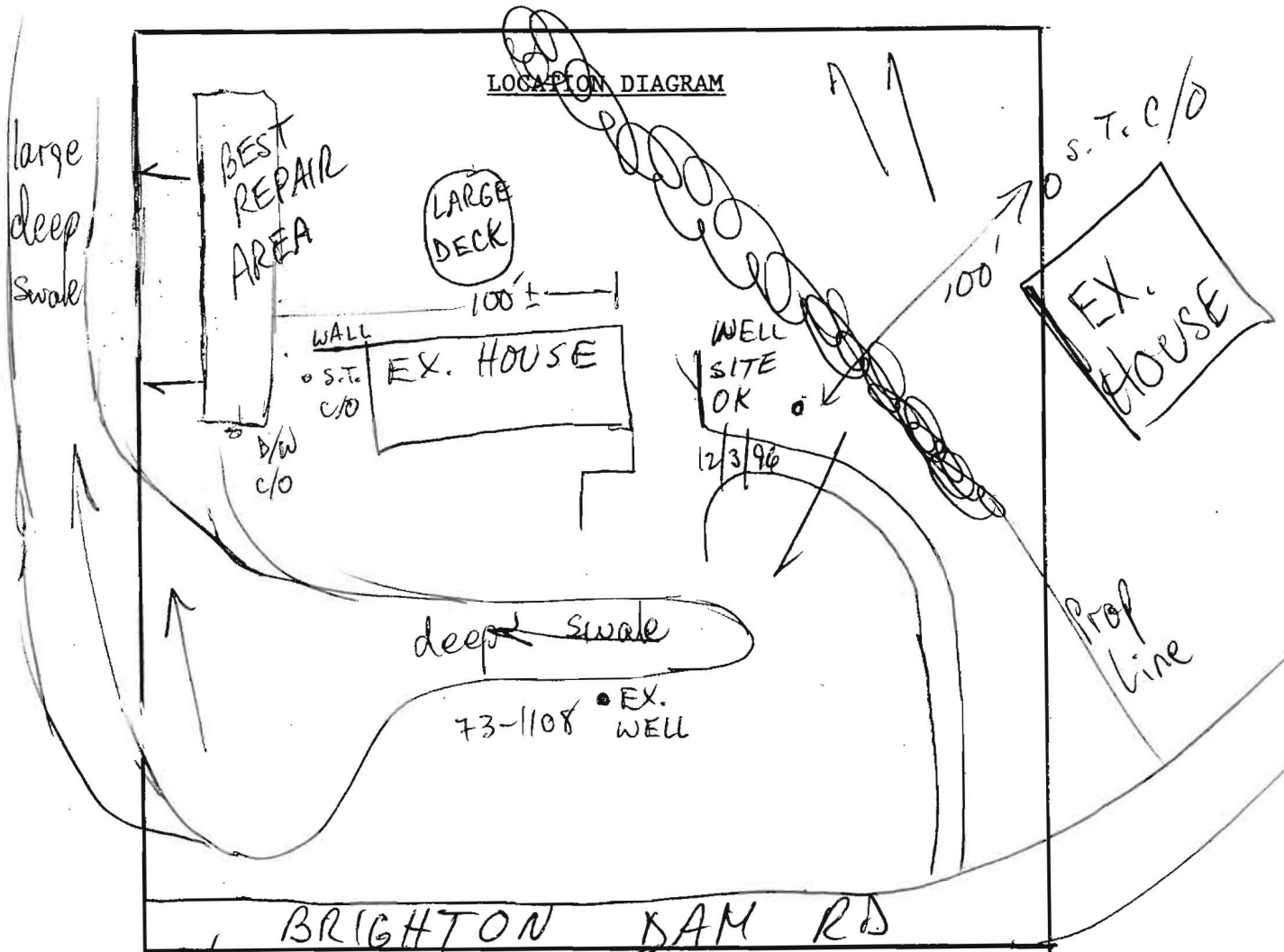
12/3/96
after 2:00

SITE INSPECTION SHEET

OWNER: Stephen Billey
PHONE #: 13949 Brighton Dam Rd
ADDRESS: Haviland Hills Lot 29

DATE REQUESTED: 12/3/96
CONTRACTOR: Easterday
WELL TAG #: HO-94-0999
COUNTY #: Ex: A09411 New A57587A

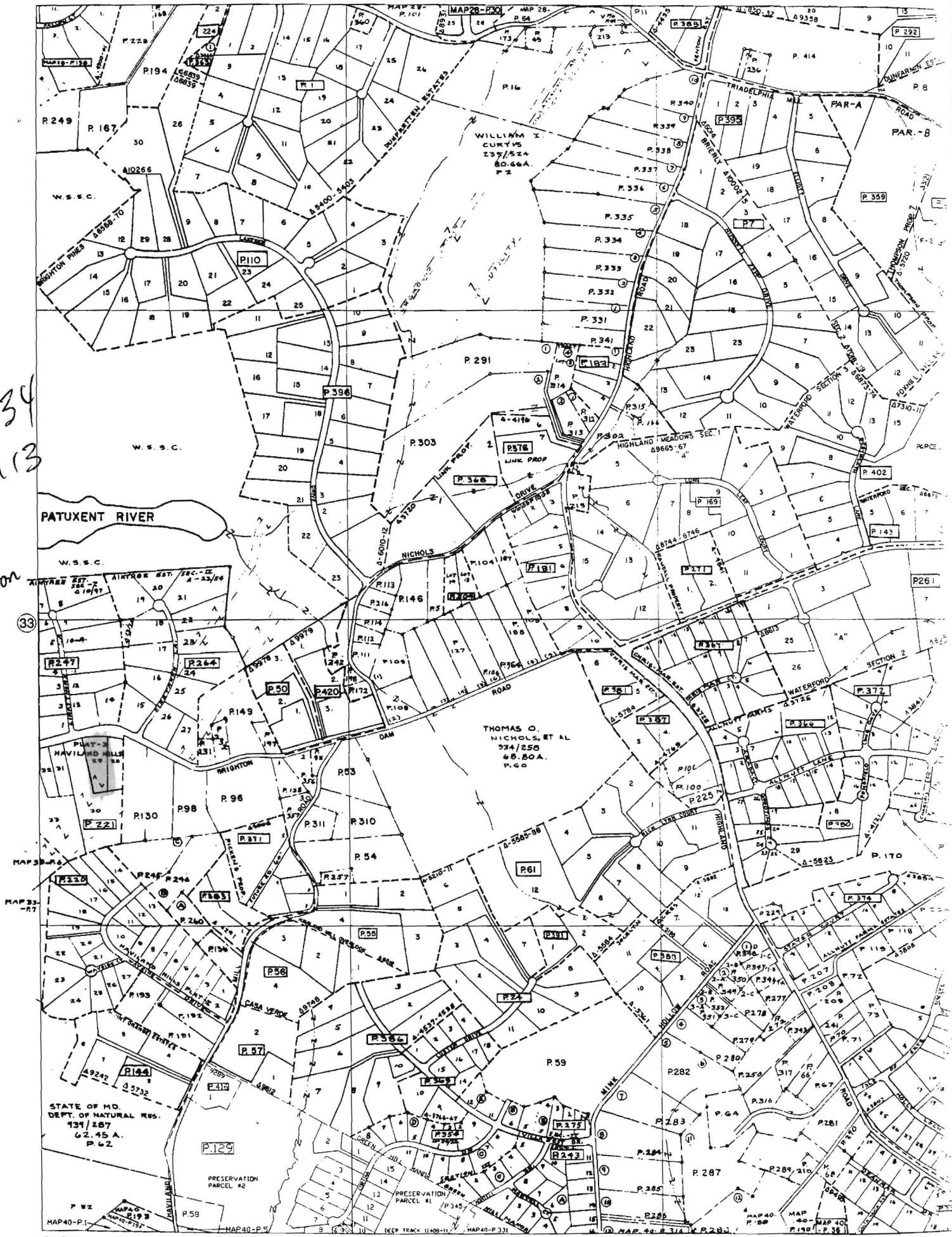
PROPOSAL: replacement well site requested due to low flow



COMMENTS: 12/3/96 WELL SITE OK AS STAKED MR

DATE: _____ INSPECTOR: _____

Map 34
Grid 13
13949
Brighton
Dam
Rd



168478.1mN
400026.0mE

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