

C1 **6663** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 **W-18658**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
12/16/92

Depth of Well
 22 **425** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-92-0250

OWNER **Land Design Development**
 STREET OR RFD **Buckskin Lake Dr** TOWN **Glenn**
 SUBDIVISION **BUCKSKIN FARMS** SECTION _____ LOT **52**

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	
Sandy	2	16	
Sand Stone	16	23	
MICKA	23	40	
Sand Stone	40	45	✓
MICKA	45	330	
Sand Stone	330	335	✓
MICKA	335	425	

GROUTING RECORD
 WELL HAS BEEN GROUTED yes no
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **36**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **24** ft.
 (enter 0 if from surface)

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

MAIN CASING
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **26**

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

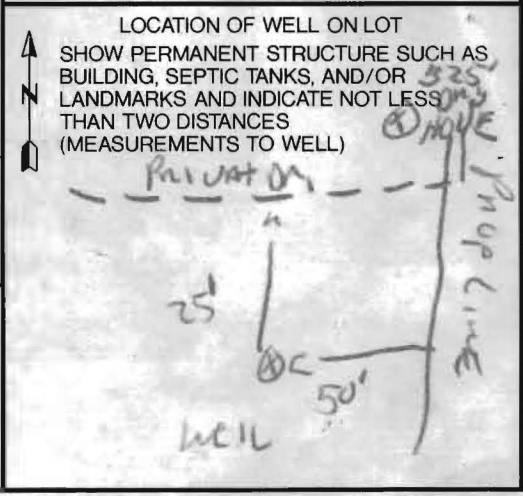
C2
 DEPTH (nearest ft.)
 1 **H0** 2 **34** 3 **425**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **49**
 WHEN PUMPING **188**
 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:
 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 (nearest foot)
 - below } **2**



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. **273**
Ruth Mays
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 00210

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0250 fill in this form completely

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

please print or type

Date Received (APA) 11/02/92

OWNER INFORMATION

LAMO DESIGN DEVELOP. 10805 HICKORY RIDGE COLUMBIA MO 20041

B 3

LOCATION OF WELL

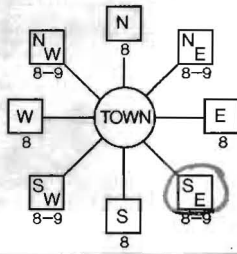
HOWARD COUNTY BUCKSKIN FARMS SECTION 44 LOT 9 GLENELB MILES FROM TOWN 1 MI

DRILLER INFORMATION

Ralph Mayne 273 Driller's Name License No. 80 Ralph Mayne Well Drilling Firm Name 9120 Brown Church Rd. Mt Airy Address Signature Date 10/29/92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD BUCKSKIN DR. DISTANCE FROM ROAD 1500 FT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 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 COUNTY NAME W-48658 COUNTY NO. STATE SIGNATURE DATE ISSUED 11/23/92 Mark E. Ruffin 5/23/93 EXP. DATE NORTH GRID 517000 EAST GRID 0810000

APPROXIMATE DEPTH OF WELL 150 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) CABLE REVerse-ROTary DRive-POINT

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 D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

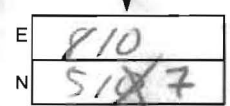
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP FORCE MR WRITE INITIALS IN BOX PERMIT No. 40-92-0250

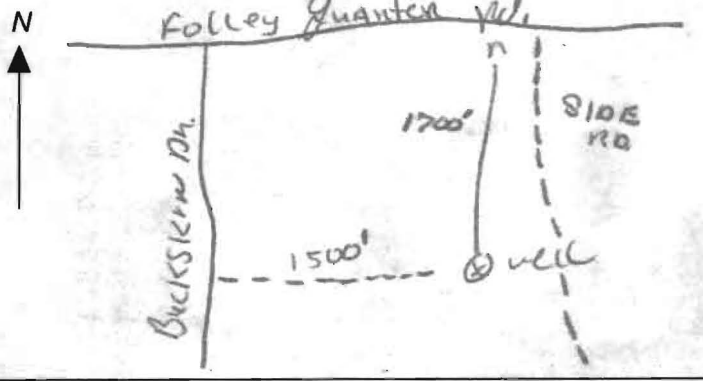
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



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



12/16/92 9:30 LOC INCORRECT SEE PLAT 26' CASING GROUT 24' OPEN OK 6 BAGS OBS'D 2' CASING A.G. MR 12/16/92

SPECIAL CONDITIONS 240-2100 % MARK REICH FARM WELL: PUMP TEST SUGGESTED FOR PASS. FUTURE RES. USE

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0250
 Location of property (road) Buckskin Lake Dr
 Subdivision BUCKSKIN FARMS Lot 9 Block Plat Sec.
 Well Driller R. Mayne Owner L & D

Depth of well 425^{ft}
 Distance of measuring point (M.P.) above ground 2^{ft}
 Static water level (S.W.L.) below M.P. 44^{ft}

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 GPM
 Total time 30 min to reach pumping water level 188 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	188 ft	30 Sec		2 GPM
9:15	188 ft	30 Sec		2 GPM
9:30	188 ft	30 Sec		2 GPM
9:45	188 "	30 "		2 "
10:00	188 "	30 "		2 "
10:15	188 "	30 "		2 "
10:30	188 ft	30 Sec		2 GPM
10:45	188 ft	30 Sec		2 GPM
11:00	188 ft	30 Sec		2 GPM
11:15	188 "	30 "		2 "
11:30	188 "	30 "		2 "
11:45	188 "	30 "		2 "
12:00	188 ft	30 Sec		2 GPM
12:15	188 ft	30 Sec		2 GPM
12:30	188 ft	30 Sec		2 GPM
12:45	188 "	30 "		2 "
1:00	188 "	30 "		2 "
1:15	188 "	30 "		2 "
1:30	188 ft	30 Sec		2 GPM
1:45	188 ft	30 Sec		2 GPM
2:00	188 ft	30 Sec		2 GPM
2:15	188 "	30 "		2 "
2:30	188 "	30 "		2 "
2:45	188 ft	30 Sec		2 GPM
HD-2243:00	188 ft	30 Sec		2 GPM

2 1/2" casing 24' open
 24' open