

DNR-214 (7-77)
 C 1 **0740** SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER 067-951

DATE RECEIVED (WRA USE ONLY) June 13, 1978 DEPTH OF WELL 26 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-83-2772
 DATE WELL COMPLETED 26 (TO NEAREST FOOT) 22 26
 8-13 15 20
 DRILLERS IDENTIFICATION NO. 23

OWNER SPRANO LAST NAME Michael FIRST NAME
 STREET OR RFD 7827 Mink Hollow Rd. * POST OFFICE Highland

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Sandy	2	30	
Small Stone	30	40	✓
Small Ka	40	55	✓
Small Stone	55	60	✓
Small Ka	60	258	✓
Small Stone	258	240	✓
Small Ka	240	265	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 NO. OF BAGS 10 NO. OF POUNDS 1000
 GALLONS OF WATER 60
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 39 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO
 1 40 37 265
 2 8 9 11 15 17 21
 3 23 24 26 30 32 36
 4 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3, 4

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO 60
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 30
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT)
 WHEN PUMPING 265 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47
 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE BELOW LAND SURFACE (NEAREST FOOT) 50 51



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Ralph MAYNE
 (PLEASE PRINT) Ralph Mayne
 SIGNATURE Ralph Mayne

* now 6892 Mink Hollow Road
 CA 4/16/02

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

B 1 8037 SEQUENCE NO. (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 6/13/78 9:30 A.M.

OWNER SPARACINO MICHAEL COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD 7027 Mink Hollow RD COL 36 * ret. to Mr. Dodge COL. 55 POST OFFICE HIGHLAND COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION 1 2 3 (SEQ. NO.) 6 DATE 4/1/78 LICENSE NUMBER 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE

B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 MI 76 77 78

B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 MI 37 38 39

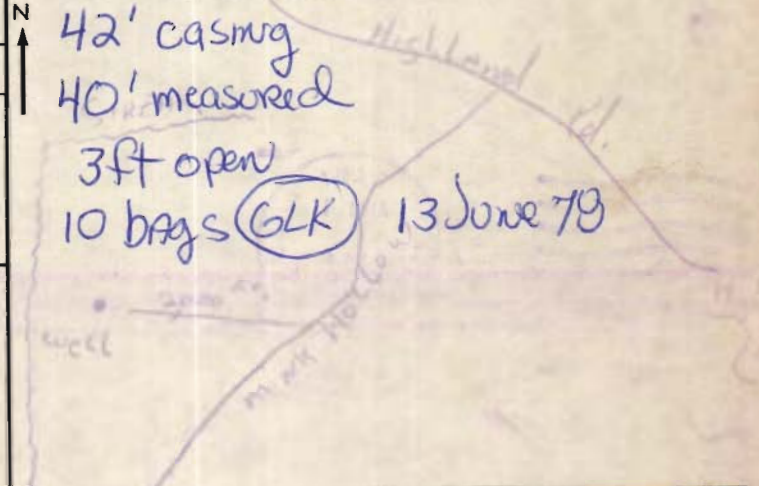
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING, AGRICULTURE, IRRIGATION I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. M MUNICIPAL WATER SUPPLY P PRIVATE WATER COMPANY T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 24 150 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)



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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 63 65 ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 500 N 490 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 HOWARD W27984 COUNTY NAME COUNTY NO. DATE MO. DAY YR. APPROVED BY Donald W. Monahan, Sanitaria

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6

HEALTH

* now 6892 Mink Hollow Road apt 4/1/03