

C 1 6539 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A522021

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

DATE WELL COMPLETED MM DD YY 05 24 05 Depth of Well 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4192

OWNER Schisler Howard STREET OR RFD 750 Middletrail Court TOWN Mount Airy SUBDIVISION Middle Trail SECTION LOT 15A

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Slate, Blue Slate, Flint Rock, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 13 NO. OF POUNDS 1300

CASING RECORD (S) (C) (P) (O) MAIN CASING TYPE PL Nominal diameter 6 Total depth 48

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (S) (B) (H) (P) (O) screen type or open hole (S) (B) (H) (P) (O)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M S D 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

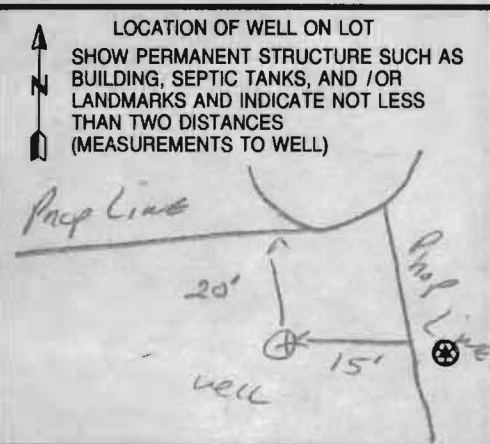
DEPTH (nearest ft.) Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52, 53-54, 55-56, 57-58, 59-60, 61-62, 63-64, 65-66, 67-68, 69-70, 71-72, 73-74, 75-76, 77-78, 79-80

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 62 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (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. 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 (S) below LAND SURFACE 2 (nearest foot)



B 1 **8995** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-4192**
 1 2 3 6 4/22/05 522418 please type **fill in this form completely**

Date Received (APA) **4/22/05**

OWNER INFORMATION

8 MM DD YY 13
 15 Last Name **Land Marketing Inc** Owner First Name **34**
 36 Street or RFD **3060 Rt. 97** 55
 57 Town **Glenwood MD** 70 State **21738** 72 Zip 76

B 3 **Howard** LOCATION OF WELL
 8 COUNTY 21
 23 SUBDIVISION **MIDDLE TRAIL** 42
 SECTION **-** 44 46 LOT **15A** 48 50
 52 NEAREST TOWN **LISBON** 71
 MILES FROM TOWN (enter 0 if in town) **I** 73 M 76 77 78

DRILLER INFORMATION

Driller's Name **Ralph E. MAYNE MS D 117** 76 License No. 81
 Firm Name **Ralph E. MAYNE INC**
 Address **17024 Handy Rd, Mt Airy MD 21071**
 Signature **Ralph E. Mayne** Date **4-15-05**

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD **750 MIDDLE TRAIL Ct** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH NORTH
 WEST EAST
 SOUTH SOUTH
 34 **300** 37 DISTANCE FROM ROAD **14** 38 39
 ENTER FT OR MI
 TAX MAP: **2** BLK: **23** PARCEL **196**

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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **(13)** **A522021**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S →
 DATE ISSUED **5/13/2005** **Bruce Baker** **5/13/2006**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **552** 0 0 0 EAST GRID **776** 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET 24 28
 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)

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)

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. **HO-94-4192**
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE
 E **550776** 000 000
 N **552**

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

Frederick Rd
Middle Trail Ct
 well 30'
 X

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE THIS SPACE IF APPLICABLE
Well Must Be Drilled A Minimum of 15' From Driveway

DENV-Permit 97



Howard County
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

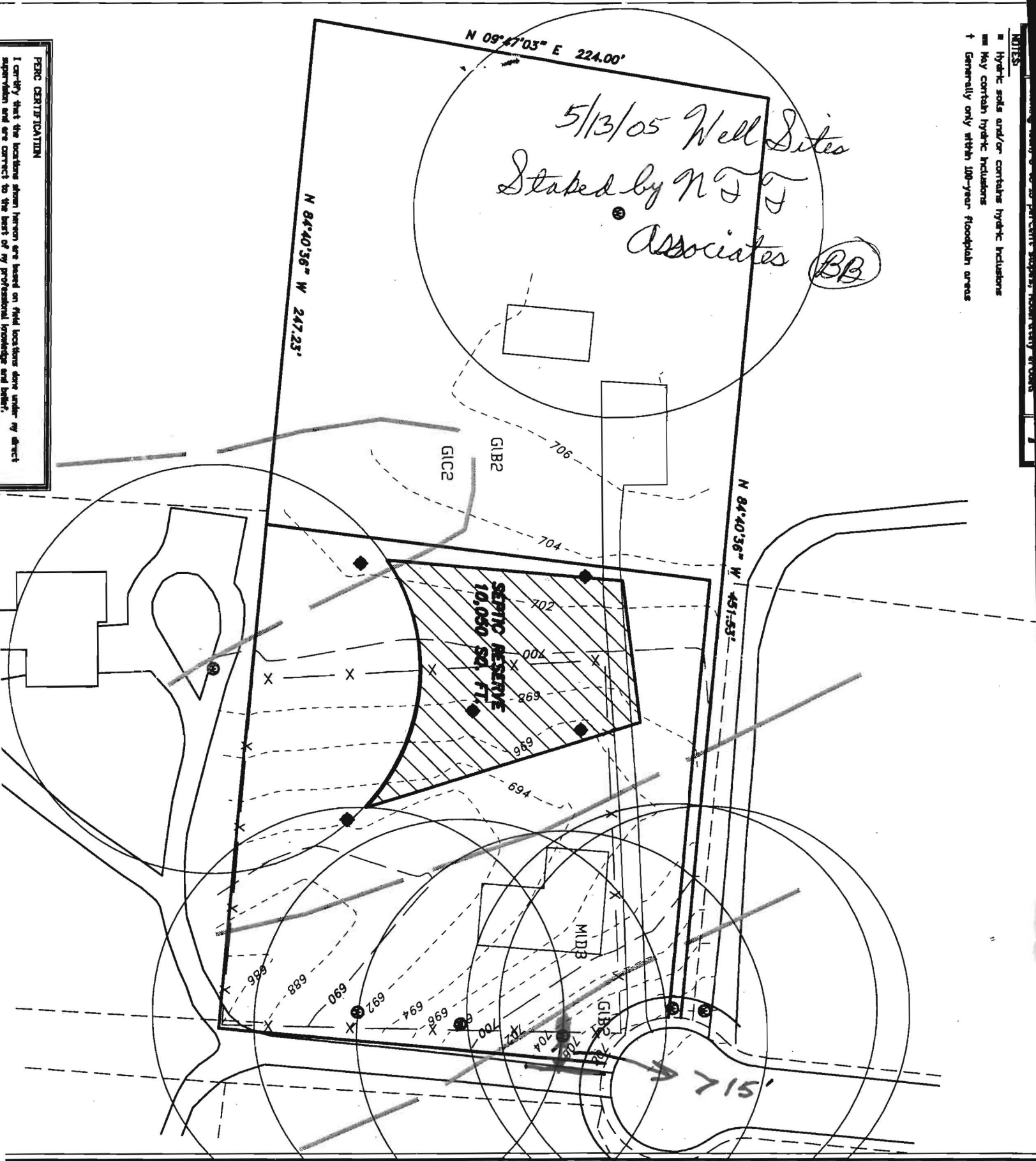
- The well site has been staked by NTT Associates
on _____ and is ready for site inspection.
- _____ will call the Health Department
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

PERC CERTIFICATION
 I certify that the locations shown herein are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

NOTES
 ■ Hydric soils and/or contains hydric inclusions
 ■ May contain hydric inclusions
 † Generally only within 100-year floodplain areas



Well Must Be at Least 15' From Driveway