

C1 3295 SEQUENCE NO. (OEP USE ONLY) **STATE OF MARYLAND**
WELL COMPLETION REPORT
 THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A19188**

DATE RECEIVED (OEP USE ONLY) DATE WELL COMPLETED **12/27/82** Depth of Well **200** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-7352**

OWNER **Schulze** **John F.**
 STREET OR RFD **Mustang Path** TOWN **Glenwood**
 SUBDIVISION **Glenwood Estates** SECTION **1** LOT **13**

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 FROM TO Check if water bearing

Brown Shale 0 35
Chrysochlorite 35 200

RECEIVED HOWARD COUNTY HEALTH DEPARTMENT ELLICOTT CITY, MD. DEC 30 2 16 PM '82

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **8** NO. OF POUNDS **252**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **36** ft. (enter 8 if from surface)

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

MAIN CASING TYPE S+ **6** Normal diameter top (main) casing (nearest inch) **38** Total depth of main casing (nearest foot)

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

SCREEN RECORD
 screen type or opening (insert appropriate code below)
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C2 DEPTH (nearest ft.) **37** **200**

CIRCLE APPROPRIATE BOX
 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 10.17.13 "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. **238**
Joseph P. Mayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST** **3**
 HOURS PUMPED (nearest hour)
 PUMPING RATE (gal. per min. to nearest gal.) **8**
 METHOD USED TO MEASURE PUMPING RATE **ultrasonic**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **45** WHEN PUMPING **75**
 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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
 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 - below _____ (nearest foot)

