

C1 4821 SEQUENCE NO. 5 (WRA USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COPS. 3.0 ON ALL CARDS)
 Date Received (WRA use only) 12/19/80
 DATE WELL COMPLETED

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE
 Depth of Well 145
 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
 COUNTY NUMBER A26895
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3754

OWNER Bockmiller Richard D.
 last name first name
 STREET OR RFD 1073 Wilda Way TOWN Westminster Md 21157
 SUBDIVISION Heatherwood SECTION LOT 6

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	4	
Brown Shale	4	38	
Brown Slate	38	41	
Brown Mica	41	52	
Brown Mica	52	56	JL
Blue Mica	56	110	
Brown Mica	110	120	J6
Blue Mica	120	145	

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 9 NO. OF POUNDS 752
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft. (enter 0 if from surface)

CASING RECORD
 Casing types: Insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE: STEEL
 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

SCREEN RECORD
 screen type or open hole: E
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER

DEPTH (nearest ft.) 145
 CASING HEIGHT (circle appropriate box and enter casing height) above below
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 4

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL

C 3 (Seq. no.)
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 18
 WHEN PUMPING 145
 TYPE OF PUMP USED (for test):
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 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)
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31
 PUMP HORSE POWER 41
 PUMP COLUMN LENGTH (nearest ft.) 47
 CASING HEIGHT (circle appropriate box and enter casing height) above below
 LAND SURFACE 112 (nearest foot)

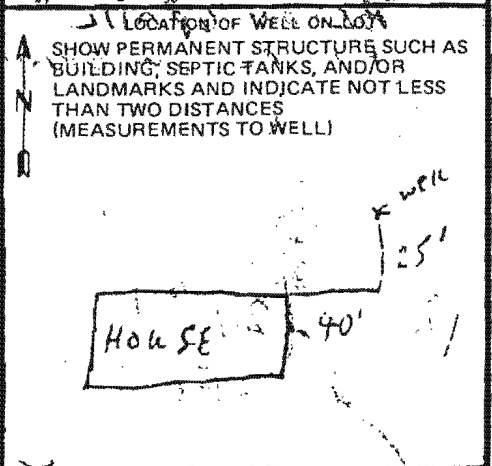
CIRCLE APPROPRIATE BOX
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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 IDENT. NO. 708
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)

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

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.)
 TELESCOPE CASING LOG INDICATOR OTHER DATA



HEALTH

B 1 1426 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	<small>SEQUENCE NO. WRA USE ONLY</small> <small>8 (WRA USE ONLY) 13</small> OWNER INFORMATION <i>Bock Miller Richard B.</i>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>please print or type</i>	<small>WRA PERMIT NUMBER</small> HO-73-3754 <small>fill in this form completely</small>
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DATE RECEIVED 12/8/80 p.m. 1:30 12/8/80

OWNER INFORMATION
 LAST NAME Bock Miller OWNER FIRST NAME Richard B.
 STREET OR RFD 1073 Wilda Way
 TOWN Westminster Md. STATE Md. ZIP 21157

B 3 LOCATION OF WELL

COUNTY Howard
 SUBDIVISION HEATHWOOD
 SECTION 6 LOT 6
 NEAREST TOWN Sykesville
 MILES FROM TOWN (enter 0 if in town) 4 MI

B 1 CONTINUED DRILLER INFORMATION

DRILLER'S NAME Stanley W. Bollinger Jr. LICENSE NO. 908
 SIGNATURE Stanley W. Bollinger Jr. DATE 11/28/80

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

LOCATION OF WELL NEAR WHAT ROAD
Old Frederick Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) S
 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 210'

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

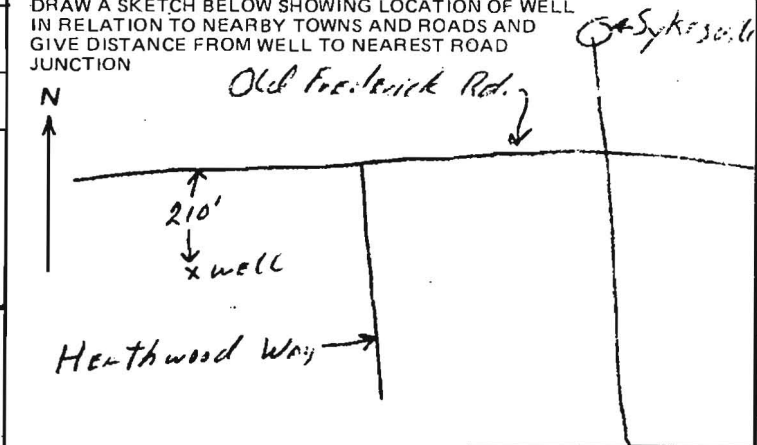
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

WRITE THE BOX NUMBER FROM THE MAP HERE 800

E 870
N 540

42' - casing
 2' - above gr
 36' - open
 8' - large cement
 12/8/80

APPROXIMATE DEPTH OF WELL 100 FEET
 APPROXIMATE DIAMETER OF WELL 6 INCH



Method of Drilling (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT ROTARY
 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
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 226895
 EHA SIGNATURE Fred Frommelt, Sanitarian STATE HEALTH CIRCLE BOX S
 MO 7 DAY 12 YR 8 8 CO SIGNATURE Fred Frommelt DATE _____
 NORTH 542 EAST 0808 ELEV. (FT.) _____
 GRID 57 GRID 57 GRID 63 GRID 65 GRID 68

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

APPROX. PERMIT NUMBER GAP
 FORCE INITIALS CONDITIONS _____

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20