

C1 0141

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 A518644

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

DATE WELL COMPLETED MM DD YY 12 28 05

Depth of Well 22 260 26 (TO NEAREST FOOT) 1/23/06

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0155

OWNER McKenzie Leo STREET OR RFD Guilford Road TOWN Clarksville SUBDIVISION McKenzie Property SECTION LOT 3

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (ST, CO, PL, OT) Nominal diameter, Total depth

MAIN CASING TYPE PL, 6, 80

OTHER CASING (if used) diameter, depth

SCREEN RECORD (ST, BR, HO, PL, OT) screen type or open hole

DEPTH (nearest ft.) table with rows A, C, H, S, R, E, N and columns 1-3

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

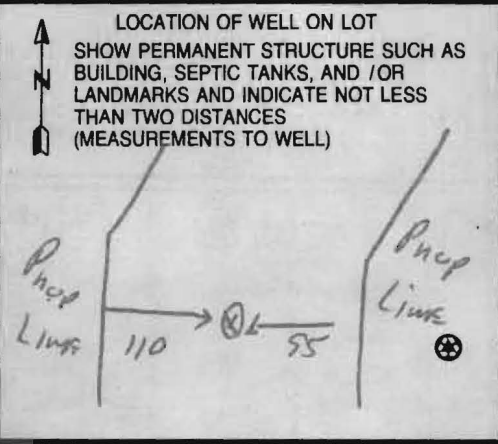
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3, 8 9 5 PUMPING RATE (gal. per min.) 7.5, 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 55 20 ft. WHEN PUMPING 85 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES 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, (-) below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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...

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

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

B 1 8970 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER HO-95-0155 fill in this form completely

Date Received (APA) 10/18/2005 OWNER INFORMATION MCKENZIE LEO 6950 Pindell School Rd Fulton MD 20759-9218

B 3 LOCATION OF WELL HOWARD COUNTY MCKENZIE Prop SECTION 44 46 LOT 48 50 SIMPSONVILLE

DRILLER INFORMATION RALPH E. MAYNE MS D 117 RALPH E. MAYNE INC 17024 Hardy Road Mt Airy MD 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 7390 Guilford Road NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 35 BLK: 21 PARCEL 83

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 13 A518644

APPROXIMATE DEPTH OF WELL 150 FEET

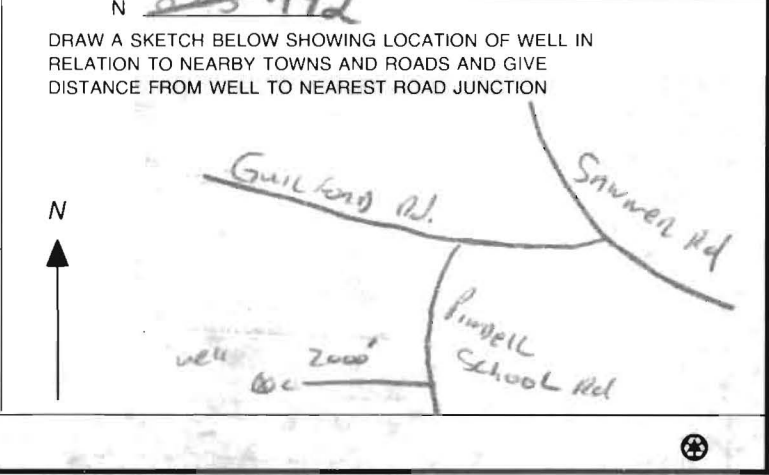
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well

METHOD OF DRILLING (circle one) BORED (or Augered) AIR-ROTary

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No HO-95-0155

SPECIAL CONDITIONS 410-531-5223



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0155
 Location of property (road) Guilford Road
 Subdivision McKenzie Property Lot 03 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayne Owner Leo McKenzie

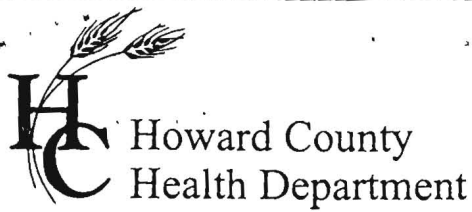
Depth of well 260 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 52 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 85 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	52 ft	6 sec		10 GPM
			TEST STARTED	
9:15	85 ft	8 sec		7.5 GPM
9:30	85 ft	8 sec		7.5 GPM
9:45	85 ft	8 sec		7.5 GPM
10:00	85 "	8 "		7.5 "
10:15	85 "	8 "		7.5 "
10:30	85 "	8 "		7.5 "
10:45	85 ft	8 sec		7.5 GPM
11:00	85 ft	8 sec		7.5 GPM
11:15	85 ft	8 sec		7.5 GPM
11:30	85 "	8 "		7.5 "
11:45	85 "	8 "		7.5 "
12:00	85 ft	8 sec		7.5 GPM
12:15	85 ft	8 sec		7.5 GPM



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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 SS.H. ASSOC on Sept 5 2005 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.

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