

3501

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER 4-3100

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

DATE Received
8 13

DATE WELL COMPLETED
15 070587 20

Depth of Well
22 205 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
28 40-81-0598 37

OWNER BURROUGHS last name RICHARD first name
STREET OR RFD PENN SHOP BLDG CORNER TOWN LONG CORNER
SUBDIVISION FRACK AND SCHMIDT PROP SECTION _____ LOT _____

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	2	
Brown Shale	2	11	
Brown Slate	11	30	✓
Blue Slate	30	40	
Brown Shale	40	50	✓
Blue Slate	50	205	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 5 NO. OF POUNDS 500
GALLONS OF WATER 30
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 18 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

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

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

DEPTH (nearest ft.)
EACH SCREEN 1 110 2 17 3 205
8 9 11 15 17 21
23 24 25 30 32 36
38 39 41 45 47 51
SLOT SIZE 1 _____ 2 _____ 3 _____
DIAMETER OF SCREEN _____ (NEAREST INCH)

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 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. 253
DRILLERS SIGNATURE Ralph E. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) 70 72
WQ 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 0
PUMPING RATE (gal. per min. to nearest gal.) 5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 28
WHEN PUMPING 205
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
DRILLER WILL INSTALL PUMP YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 } LAND SURFACE (nearest foot)
 - below } 24 49 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
well
20'
250'
PROP LINE

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY **A-3100**
 NUMBER

DATE WELL COMPLETED
070589

Depth of Well
 22 **205** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-81-0598

OWNER: **BURROUGHS** **RICHARD**
 last name first name
 STREET OR RFD: **PENN SHOP & CHURCH**
 TOWN: **LONG CORNER**
 SUBDIVISION: **FRACK AND SCHMIDT PROP** SECTION **1** LOT **1**

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	2	
Brown Silty	2	11	
Brown Silty	11	30	✓
Blue Silty	30	40	
Brown Silty	40	50	✓
Blue Silty	50	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **38** NO. OF POUNDS **500**
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

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

MAIN CASING Nominal diameter Total depth
 TYPE top (nearest inch) of main casing (nearest foot)
 PL **G** **21**
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST **BR** **HO**
 STEEL BRASS OPEN HOLE
 PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 HO **19** **205**
 8 9 14 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

A 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 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. **253**
Ralph Mayne

DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne

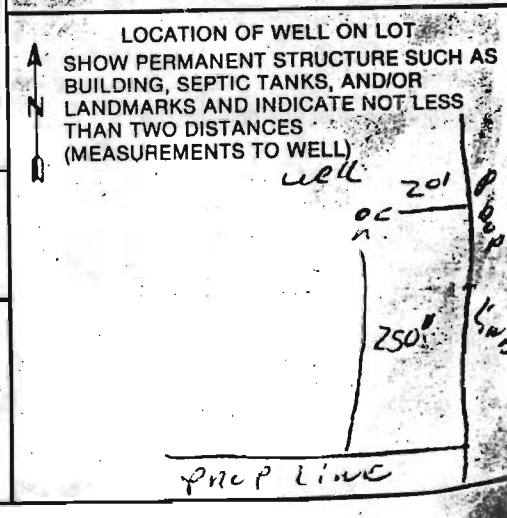
SITE SUPERVISOR (sign. of driller or journeyman
 responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 58 60
 GRAVEL PACK from to
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **28**
 WHEN PUMPING **205**
 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
 DRILLER WILL INSTALL PUMP/ YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION
 MUST BE COMPLETED FOR ALL WELLS
 EXCEPT HOME USE
 TYPE OF PUMP INSTALLED
 PLACE (A,C,J,P,R,S,T,O)
 IN BOX - SEE ABOVE:
 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 } LAND SURFACE: (nearest foot)
 below } 50 51



B 1 3075 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-0598

fill in this form completely

Date Received 7/10/84 - 4:00 P.M.

OWNER INFORMATION
8 060484
15 Last Name SURROUGHS Owner RICHARD First Name 34
36 BOX 510 Street or RFD 55
57 T AIRY Town 70 State 72 MD 76 Zip 76

B 3 LOCATION OF WELL
8 COUNTY BALTO 21
23 SUBDIVISION 42
SECTION 44-46 LOT 45-50
52 NEAREST TOWN LONG CORRIDOR 71
MILES FROM TOWN (enter 0 if in town) 0 MI 73 76 77 78

DRILLER INFORMATION
Driller's Name RALPH MAYNE 77 License No. 80 273
Firm Name RALPH MAYNE (WELL DRILLING)
Address 9120 BROWN CHURCH RD. N.H. AIRY
Signature RALPH MAYNE Date 5/30/84

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD PENN SHOP RD. 11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
DISTANCE FROM ROAD 1200 34 37
ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A31700
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S 41
DATE ISSUED 06/28/84
CO SIGNATURE Frank Kimmer 12/12/84
EXP. DATE
NORTH GRID 549000 EAST GRID 0757000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

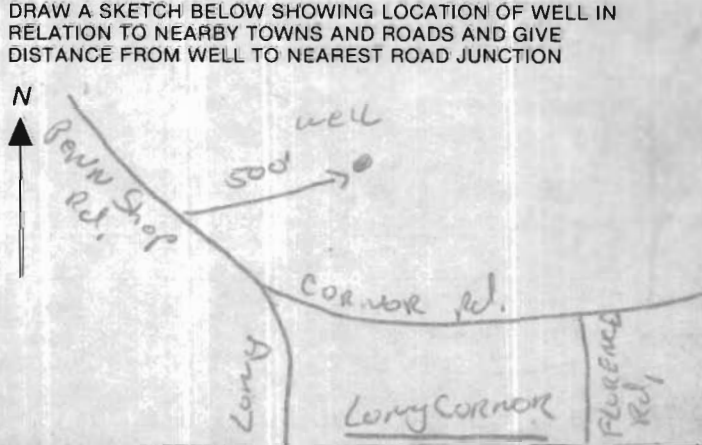
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROtary DRive-POINT
other

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
39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 G A P 63
FORCE FS WRITE INITIALS IN BOX PERMIT No. 40-81-0598 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

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 750
N 540
000 000



9/26/95

We request the commission of
well # H-81-0598 for agricultural
use to home and farm use.

Paul J. Buz

ACCEPTED

9/26/95

Chris Wilton
HARRIS COUNTY HEALTH

95 SEP 26 PM 1:52

HEALTH DEPT.
HARRIS COUNTY
HEALTH DEPT.