

C1 9883 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

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

COUNTY NUMBER A2559636

Date Received (WRA use only) 7/22/80 DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-7B-3635

OWNER WAI-TECH CONST. last name first name STREET OR RFD 13904 BAUER DR TOWN Rockville, MD. 20853 SUBDIVISION ROSALIE RUSS SECTION LOT#3 LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, SHALE, BROWN SLATE, SAND STONE, MICA, FLINT, MICA.

WELL HAS BEEN GROUTED YES (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST 6 38 Nominal diameter top(main)casing (nearest inch) Total depth of main casing (nearest foot)

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

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

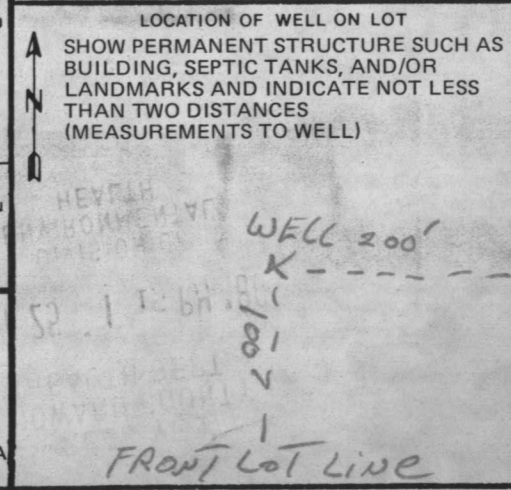
DEPTH (nearest ft.) 36 300 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA 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) 2 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 45 WHEN PUMPING 300 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 (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.)



- CIRCLE APPROPRIATE BOX A 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". DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Charles R. Filleria SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73 3635  
FILL IN THIS FORM COMPLETELY

B 1 7632  
SEQUENCE NO. (WRA USE ONLY)  
1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN C.E.S. 250 OR WELL CARDS)

DATE RECEIVED (WRA USE ONLY)  
8-13

OWNER: WAT-TECH CONSTRUCTION  
COL 15 LAST NAME COL 34 FIRST NAME  
STREET OR RFD: 13904 BAUER DRIVE  
COL 36 COL 55  
POST OFFICE: ROCKVILLE, MD. 20853  
COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION  
1 2 3 (SEQ. NO.) 6  
DATE: 6/17/80 LICENSE NUMBER: 040  
77 80  
FIRST NAME: George F. Easterday DRILLER LAST NAME  
SIGNATURE: George F. Easterday

B 3 LOCATION OF WELL  
1 2 3 (SEQ. NO.) 6  
COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21  
SUBDIVISION: ROSALIE KISS 42  
SECTION: 44 LOT: 3 48 50  
NEAREST TOWN: Fulton 52 71  
MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 73 76 77 78

B 2 WELL INFORMATION  
1 2 3 (SEQ. NO.) 6  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 20  
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 PRIVATE WATER COMPANY  
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
1 2 3 (SEQ. NO.) 6  
N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
NEAR WHAT ROAD: RESERVOIR  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 200 34 37 38 39

APPROXIMATE DEPTH OF WELL: 150 FEET  
24 26

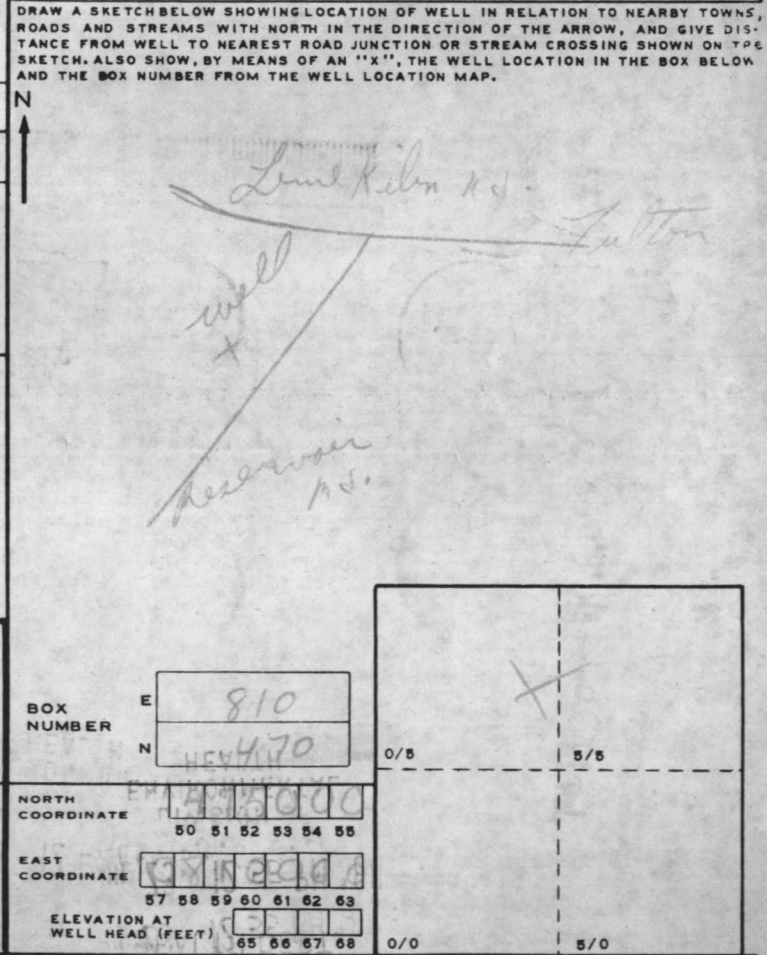
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
BORED (OR AUGERED) JETTED DRIVEN  
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE-ROTARY DRIVE-POINT  
OTHER (DESCRIBE):

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)  
APPROPRIATION PERMIT NUMBER: [ ] ENGINEER REVIEW DISTRICT NO.: [ ]  
FORCE: [ ] WRITE INITIALS IN BOX: [ ] CONDITIONS: [ ]  
67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL  
1 2 3 (SEQ. NO.) 6  
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: A25596  
DATE: 070280 APPROVED BY: Fred Fromme, Sanitarian  
43 48



NORTH COORDINATE: 498000 50 51 52 53 54 55  
EAST COORDINATE: 0812000 57 58 59 60 61 62 63  
ELEVATION AT WELL HEAD (FEET): 3 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)  
1 2 3 (SEQ. NO.) 6