

C1 9985 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

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 107152

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 042888 Depth of Well 300 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HA-811-2690

OWNER RANSOME, HARRY last name first name  
 STREET OR RFD 15979 A.E. MILLINEX RD TOWN LISBON  
 SUBDIVISION RIVER FARMS SECTION 7 LOT 7

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	
Clay	2	4	
Shale x	4	10	
Sand Stone	10	55	
Mica	55	65	
Sand Stone	65	70	✓
Mica	70	230	
Flint	230	235	✓
Mica	235	300	

*F. Cost / Potability  
 Dec 13, 1989, CBS, 12-7-89 for sample*

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 16 NO. OF POUNDS 1600  
 GALLONS OF WATER 80  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD  
 casing types insert appropriate code below  
 ST  CO  
 STEEL CONCRETE  
 PL  OT  
 PLASTIC OTHER  
 MAIN CASING TYPE S7 Nominal diameter 6 Total depth 63  
 (nearest inch) (nearest foot)

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

DEPTH (nearest ft.)  
 1 40 2 61 3 300  
 4    5    6     
 7    8    9     
 10    11    12     
 13    14    15     
 16    17    18     
 19    20    21     
 22    23    24     
 25    26    27     
 28    29    30     
 31    32    33     
 34    35    36     
 37    38    39     
 40    41    42     
 43    44    45     
 46    47    48     
 49    50    51   

SLOT SIZE 1    2    3     
 DIAMETER OF SCREEN    (NEAREST INCH)  
 from    to     
 GRAVEL PACK 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.) WQ   
 70  72  74  75  76   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 4  
 METHOD USED TO MEASURE PUMPING RATE Buckett  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 70 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 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:   
 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  - below LAND SURFACE 4 (nearest foot)

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)  
 10-46-11-12 30' well X  
 35'  
 A.E. Millenex RD.

CIRCLE APPROPRIATE LETTER  
 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 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. 40  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Harry A. Ransome  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Charles R. Allen

A# 07152

H065-W-248

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in. o.d., 35 ft.
2. Total depth of well 66 ft.
3. Type, diameter and length of strainer \_\_\_\_\_ Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 45'
7. Yield of well in gallons per minute 7; elevation of water surface when pumped at the designated rate 50.
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from forty ft.
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 4 ounces of \_\_\_\_\_ % Chlorine (Brand name Clorox)

Property Owner Souther Builders Inc Address \_\_\_\_\_

Location of property Daisy Road off on Mullins Road on South Side

Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. \_\_\_\_\_

H065 W 248

Date: Oct. 20, 1964. Daisy Brown  
Signature of Well Driller # 56

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.