

C1 3078
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 **A 33231**

DATE RECEIVED: [] [] [] [] [] []
 DATE WELL COMPLETED: [] [] [] [] [] []
 Depth of Well: **160** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **46-81-0572**

OWNER: **BROWN** (last name) **MIKE** (first name)
 STREET OR RFD: **BROWN BRIDGE ROAD** TOWN: [] [] [] [] [] []
 SUBDIVISION: **HERITAGE Woods** SECTION: **B** LOT: **4**

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	
Silt + clay	2	40	
Sand stone	40	72	
Mica	72	78	
Sand Stone	78	80	✓
Mica	80	91	
Sand stone + Quartz	91	92	✓
Mica	92	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (Yes) **N** (No)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **9** NO. OF POUNDS: **900**
 GALLONS OF WATER: **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch): **5**
 Total depth of main casing (nearest foot): **75**

OTHER CASING (if used)
 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

C2
 DEPTH (nearest ft.)
 1 **40** 73 160
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)

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.): [] WQ: [] [] []
 TELESCOPE CASING: [] LOG INDICATOR: [] OTHER DATA: [] [] []

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE: **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: **17**
 WHEN PUMPING: **50**
 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 } LAND SURFACE [] (nearest foot)
 below }

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: *George J. Easterday*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *Charles P. []*

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 25'
 100'
 Brown Bridge Rd.
 Right of Way

B 1 **623** SEQUENCE NO. (OEP USE ONLY)

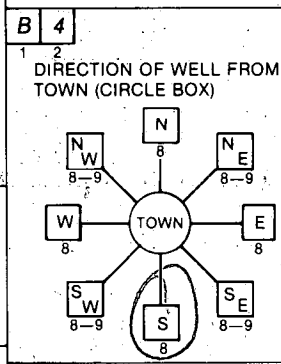
2nd STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER **40-81-0572** fill in this form completely

Date Received **4/26/84** 9:00
OWNER INFORMATION
Brown Mike
15 Last Name Owner First Name 34
1200 Baker Ave
36 Street or RFD 55
Baltimore Md 21207
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 **Howard** 8 COUNTY 21
Heritage Woods 23 SUBDIVISION 42
SECTION **B** 44 LOT **34** 48 50
Highland-Baltimore-RN 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** 73 **M** 76 77 78

DRILLER INFORMATION
George Easterday 77 License No. **HD** 80
Driller's Name
H.F. Easterday Inc
Firm Name
9265 Brown Church Rd Mt Airy
Address
George F Easterday 4-17-84
Signature Date



Brown Bridge Rd 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **1000** 37 DISTANCE FROM ROAD
ENTER FT or MI **FF** 38 39

B 2 WELL INFORMATION
1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600** 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A33231 COUNTY NO.
OEP SIGNATURE DATE ISSUED **053184** **Frank Shum** 2/1/84
43 CO SIGNATURE 48 EXP. DATE
NORTH GRID **486000** 50 55 EAST GRID **0816000** 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)

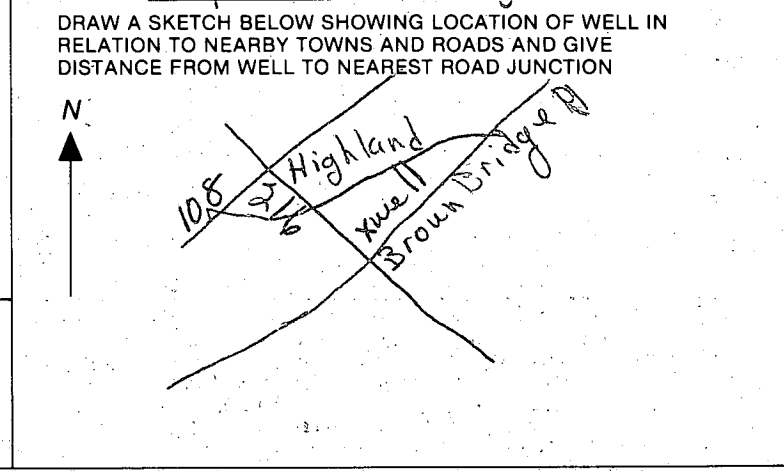
APPROXIMATE DEPTH OF WELL **150** 24 FEET 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
30 CABLE REVerse-ROTary Drive-POINT
37 other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. Location OK
2. 75' casing
3. 30' jet
9' bag cement
Papers & tag given to Easterday crew
6/26/84
WRITE THE BOX NUMBER FROM THE MAP HERE
E 810 6
N 480 6
000 000

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP** 54 63
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0572** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

WELL PUMP INSPECTION

Owner's Name: Mr. & Mrs. John R. Kopp

Address: 7301 Brown Bridge Rd.
Fulton, Md. 20759

Location of Property: 7301 Brown Bridge Rd.
Fulton, Md. 20759

Plumber or Certified Pump Installer: Robert L. Feezer

Phone Number: 781-4655

License Number: M2122

Receipt Number:

R 35828

Date:

7/30/85

Comments:

Inspection:

Date Well Pump Inspection was approved:

Inspector: