

C1 1673

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 45566

ST/CO USE ONLY DATE Received 10/28/99

DATE WELL COMPLETED 10/13/99

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

OWNER Fletcher last name, Dwyer first name, STREET OR RFD 4205 Buckskin Lake Drive, TOWN Edicott City 21045, SUBDIVISION Buckskin woods SECTION LOT 38

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES [Y] NO [N]. TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC]. NO. OF BAGS 62 NO. OF POUNDS 5828. GALLONS OF WATER 372. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 106 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 150. OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole [ST] [BR] [HO] [PL] [OT]. insert appropriate code below.

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, C, R, E, N. Rows for depth intervals (1-21, 22-36, 37-51) and slot size, diameter of screen.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED YES [Y] NO [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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MSD 224. DRILLERS SIGNATURE [Signature]. LIC. NO. D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

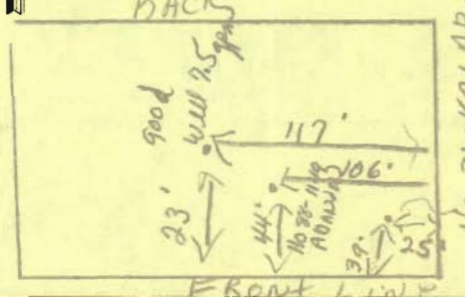
PUMPING TEST

HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 7.5. METHOD USED TO MEASURE PUMPING RATE air. WATER LEVEL (distance from land surface) BEFORE PUMPING 28 ft. WHEN PUMPING 91 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [X] NO [O]. 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. PUMP HORSE POWER 37. PUMP COLUMN LENGTH (nearest ft.) 49. CASING HEIGHT (circle appropriate box and enter casing height) [X] above [] below LAND SURFACE (nearest foot) 1

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 14370

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-2459 fill in this form completely

OWNER INFORMATION Date Received (APA) 10/12/99 8 MM DD YY 13 In Letcher Dwight 15 Last Name Owner First Name 34 4205 Buckskin Lake Drive 36 Street or RFD 55 Ellicott City Md. 21045 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Buckskin Woods 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78

DRILLER INFORMATION Joseph L. Mayne MS D 24 76 Driller's Name License No. 81 Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt Airy Md. 21771 Address Joseph L. Mayne 10/8/99 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 4205 Buckskin Lake Dr. 11 NEAR WHAT ROAD 30 NORTH SOUTH 34 35 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

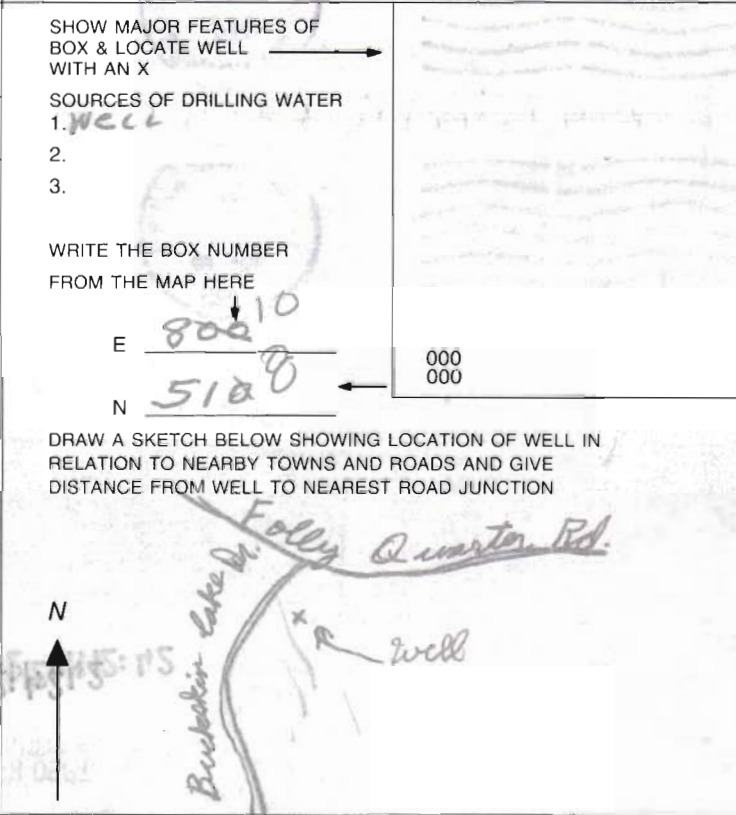
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A336604 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 10/8/99 43 MM DD YY 48 CO SIGNATURE EXP. DATE 10/7/00 NORTH GRID 50 08 00 0 EAST GRID 57 08 10 00 0

APPROXIMATE DEPTH OF WELL 280 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 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 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. 10-94-2459 70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

-REPLACEMENT WELL-
SITE INSPECTION SHEET *

OWNER: _____

DATE REQUESTED: 10/8/99 (insp request not in sch. book)

ADDRESS: 4205 Buckskin Lake Dr.
Ellicott City, MD

DRILLER: J. Mayne

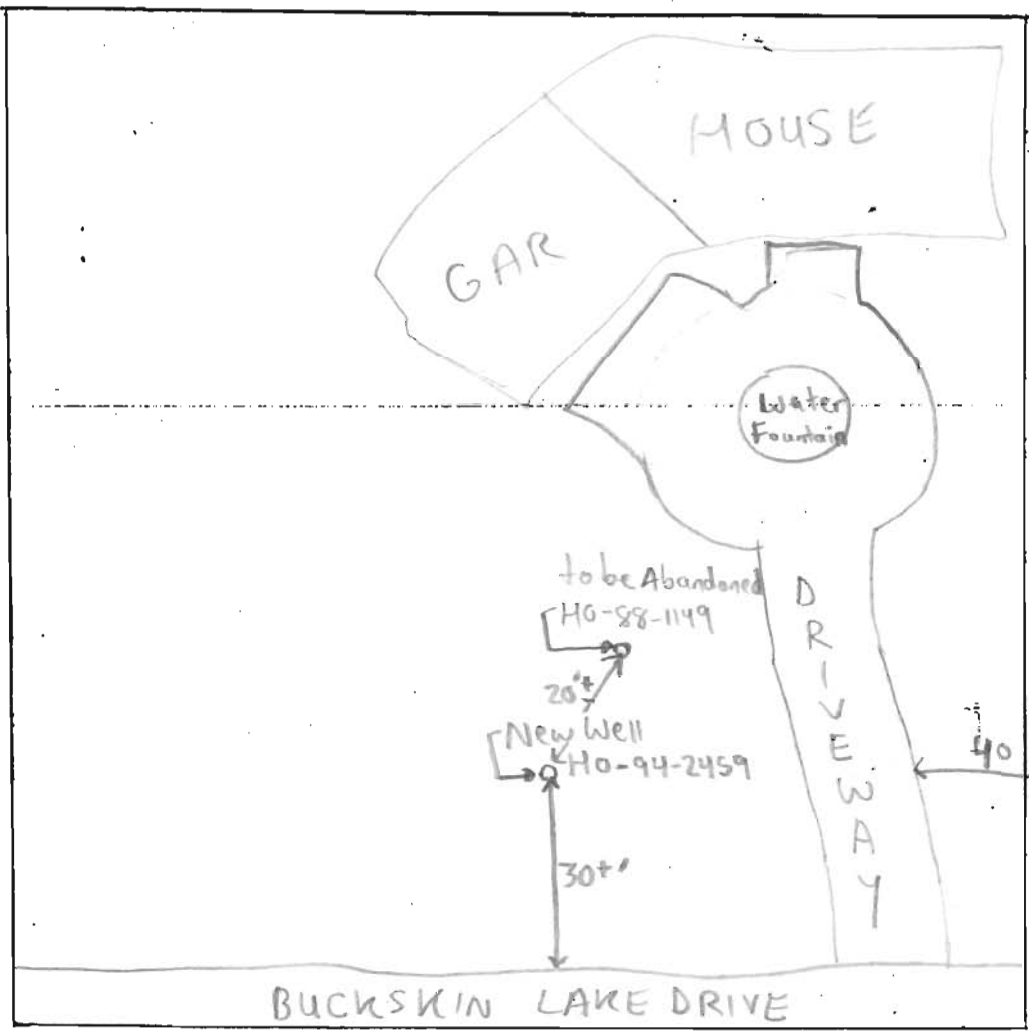
WELL TAG # HO-94-2459

COUNTY # A33664

PROPOSAL: to replace 2 failing drilled wells (both failing wells shall be abandoned)

SEPTIC
SYSTEM

LOCATION DIAGRAM



COMMENTS: Spoke to driller - insp request made by phone, but no record made - I gave verbal approval to drill repl well w/o inspection. OK to proceed. 10/13/99 - Observed end of grout - 62 Bags, 100 open hole - (SRW) * REPLACES PRIOR REPL. WELL SITE INSP SHEET DATED 1/16/90 - (SRW)

DATE: 10/8/99

INSPECTOR: [Signature]

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/27/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) Ho - 88 - 1149

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 94 - 2459

* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Dwight Fletcher

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Duxton
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: Buckskin Woods
 SECTION: _____ LOT: 38
 NEAREST ROAD: 4205 Buckskin Lake Dr.

	x
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 500
 N 510 ←

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 3/8 INCHES IN DIAMETER

* DEPTH OF WELL: 55 FEET DEEP

* WAS ANY CASING REMOVED? YES NO 1230 DC 50 BH IS: 23
 if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>0</u>	<u>40</u>
<u>Washed gravel</u>	<u>40</u>	<u>55</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph P. Mayne LICENSE # MSD024 MWD/MSD/MGD 10/27/99
 CIRCLE ONE DATE