

C1 00455

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 A-35533

DATE RECEIVED

8 13

DATE WELL COMPLETED

15 20 050886

Depth of Well

22 26 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37 MO-81-1397

OWNER SCHULZE JOHN last name first name STREET OR RFD Holly Quarter Rd. TOWN Glenside SUBDIVISION Buckskin Lake SECTION LOT 9

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 FROM TO Check if water bearing

Table with 3 columns: Description, From, To. Rows: Overburden (0-30), Shale + Earth (30-60), Gray Rock (60-225) X

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 10 NO. OF BOUNDS 1000

GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 62 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot) ST 6 62

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

SCREEN RECORD ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

Table with 3 columns: Depth (nearest ft.), Slot Size, Diameter of Screen. Rows 1-3

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...

DRILLERS IDENT. NO. 120 DRILLERS SIGNATURE SITE SUPERVISOR

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 461 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE WATER LEVEL (distance from land surface) BEFORE PUMPING 3510 WHEN PUMPING 1393 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) LAND SURFACE (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)

NO MAP AVAILABLE

B 1 **5835** 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
40-81-1392
 fill in this form completely

Date Received **030680**
 OWNER INFORMATION
 Last Name **SCHULZE** Owner **VOHM** First Name
 Street or RFD **123 S BENSON BR. CT**
 Town **ELLICOTT CITY** State **MD** Zip **21043**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **BUEKSKI W LAKE** DALE MISEL Prop.
 SECTION **9** LOT **9**
 NEAREST TOWN **GLENELG**
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
 Driller's Name **B. Cochran** License No. **120**
 Firm Name **EDGAR HARR JONS CORP.**
 Address **12047 FALLS RD. Cockeysville 21030**
 Signature **[Signature]** Date **2-28-86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **FOLLY QUARTER RD**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **100** FT
 ENTER FT or MI **FC**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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

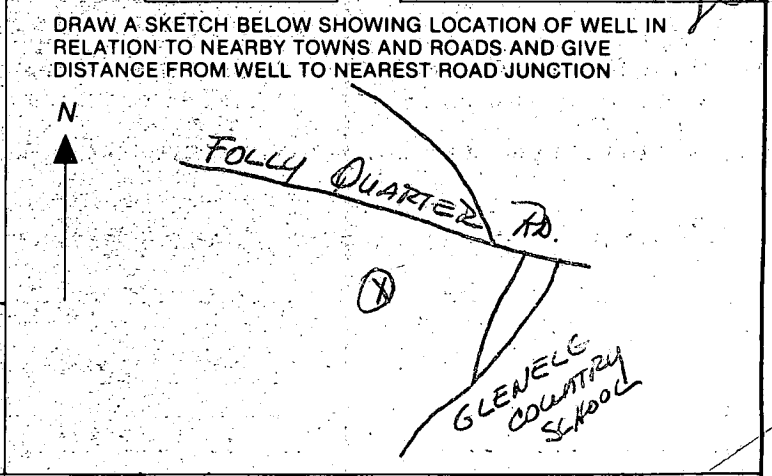
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A 35533**
 OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S
 DATE ISSUED **040186** CO SIGNATURE **Sidney Abel** EXP. DATE **10-1-86**
 NORTH GRID **519000** EAST GRID **0809000**

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** 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 _____

SHOW MAJOR FEATURES OF WELL **well pointed before I arrived**
 SOURCES OF DRILLING WATER
 1. **62' casing**
 2. **above 7'**
 3. **52' open**
 10' base
 5114/86
 WRITE THE BOX NUMBER FROM THE MAP HERE
 NORTH **8009**
 EAST **5197**

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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **5A** WRITE INITIALS IN BOX **5A** PERMIT No. **40-81-1392**

SPECIAL CONDITIONS

