

C 1 1122

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 43537

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-88-0999

OWNER last name first name TOWN SUBDIVISION SECTION LOT

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. Rows include Top Soil, Br Shale, Br Mica, Gray mica, Br Mica, Gray mica, Sand Stone, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

DEPTH (nearest ft.) SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other jet 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)

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 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 IDENT. NO. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **4701** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER  
**40-88-0999**  
 fill in this form completely

Date Received (APA)  
**08/01/89**

**OWNER INFORMATION**

**COUNTRY CONST**  
 15 Last Name Owner First Name 34

**9891 BROOKELAND PKWY**  
 36 Street or RFD 55

**COLUMBIA MD 21046**  
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL** **K-44810**

**HOWARD**  
 8 COUNTY 21

**CHAPEL WOODS**  
 23 SUBDIVISION 42

SECTION **44** 46 LOT **2** 48 50

**CLARKSVILLE**  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI  
 73 76 77 78

**DRILLER INFORMATION**

**George F. Easterday**  
 Driller's Name 77 License No. 80 **40**

**L. Franklin Easterday, Inc.**  
 Firm Name

**9265 Brown Church Rd., Mt. Airy, Md. 21777**  
 Address

**George F. Easterday** **7/31/89**  
 Signature Date

B 4 **Chapel Woods Ct**  
 11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**550**  
 34 DISTANCE FROM ROAD 37  
 ENTER FT or MI **FT**  
 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 1 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**  
 14 20

**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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** **A-43537**  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S

DATE ISSUED **08/14/89** **S. Calhoun** **021390**  
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID **508000** EAST GRID **0819000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET  
 24 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)

**CABLE**  **REverse-ROTary**  **DRive-POINT**

other \_\_\_\_\_

**REPLACEMENT OR DEEPEINED 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

**D** 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 (OEP USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ **G A P** \_\_\_\_\_  
 54 63

FORCE **54** WRITE INITIALS IN BOX PERMIT No. **40-88-0999**  
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**E 819**  
**N 508**

000  
000

9/28/89 2 PM **Shokey Well**

**16 Bags of cement**

**42' casing**

**44' open gravel**

**2' casing above ground**

**(V on tag - OK)**





