

1335

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 21593**

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

Date Received
(OEP use only)

DATE WELL COMPLETED

11 20 87

Depth of Well

460
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

10-73-4051

OWNER McCollam last name George first name

STREET OR RFD Rte 108 TOWN Highland

SUBDIVISION Fox Haven SECTION LOT 15

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	
Brown MICA	2	45	
GREEN MICA	45	60	
BLUE MICA	60	260	✓
GRAY MICA	260	405	✓
BLUE MICA	405	460	✓

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 22 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST
Nominal diameter top(main)/casing (nearest inch) 6
Total depth of main casing (nearest foot) 55

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

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BRASS, BRONZE OPEN HOLE
PLASTIC OTHER
C 2 (seq. no.)

DEPTH (nearest ft.)
1 40 2 33 3 460

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

CIRCLE APPROPRIATE BOX
 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)
Blaine Lee Johnson

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

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min. to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL (distance from land surface)
BEFORE PUMPING 60
WHEN PUMPING 460

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 YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

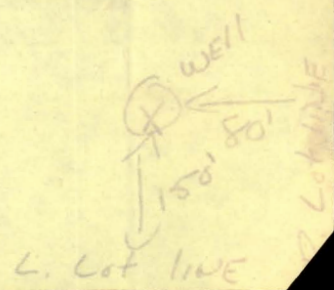
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

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
 - below } 5+ (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)



STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

10-73-4051

fill in this form completely

152

SEQUENCE NO. (OEP USE ONLY)

NUMBER IS TO BE PUNCHED (3-6 ON ALL CARDS)

Date Received
(3) 11-20-81

1 0 2 9 8 1
8 (OEP Use Only) 13

OWNER INFORMATION

Last Name 15
1019 HOLLEWOOD AVE
Street or RFD
SILVER SPRING MD 20904
Town 57 State 76 Zip

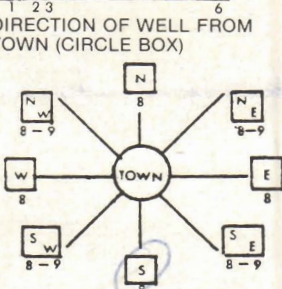
LOCATION OF WELL

COUNTY 8
Howard
SUBDIVISION 8
Fox Haven
SECTION 23
LOT 15
NEAREST TOWN 52
Highland
MILES FROM TOWN (enter 0 if in town)
2

DRILLER INFORMATION

Driller's Name
George F. Eastman
Firm Name
Franklin Eastman Inc.
Address
9365 Brown Church Rd.
Mt. Clay, Md. 21776
Signature
George F. Eastman
Date
10/29/81

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
RT 108

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST EAST
SOUTH NORTH
DISTANCE FROM ROAD
500
500 FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)
600

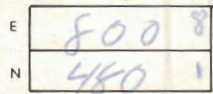
USE FOR WATER (CIRCLE APPROPRIATE BOX)

- 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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



55' - casing
2' - above
52' - open
12 - bags cement

No other papers with grant
000 11/20/81

APPROXIMATE DEPTH OF WELL
24 800 28 FEET

APPROXIMATE DIAMETER OF WELL
30 6 37 NEAREST INCH

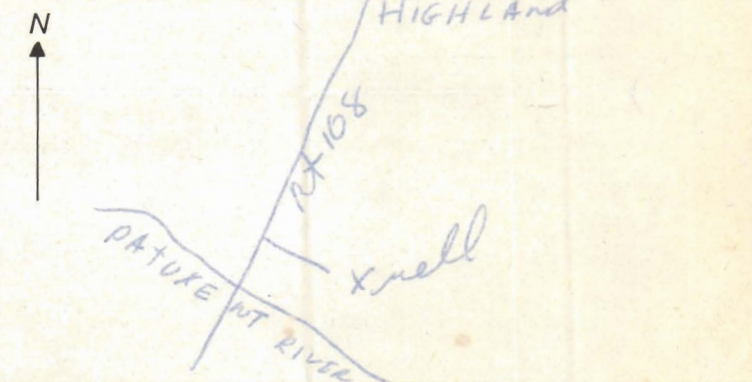
METHOD OF DRILLING (circle one)

- 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)

- 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A21593 COUNTY NO.

OEP SIGNATURE
DATE ISSUED
CO SIGNATURE
NORTH GRID
EAST GRID
EXPIRES

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER
FORCE
WRITE INITIALS IN BOX
PERMIT No. 10-73-4051

SPECIAL CONDITIONS 8-63

