

C 1 1579 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 A39244

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

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

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

Check if water bearing

Table with columns for description, feet from, and feet to. Includes handwritten entries like 'SANDstone' and 'CORNY MICR Rock'.

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)

C 3

PUMPING TEST

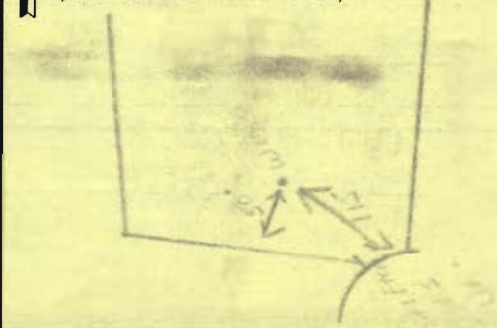
HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other jet submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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 below 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)

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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 **3731** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

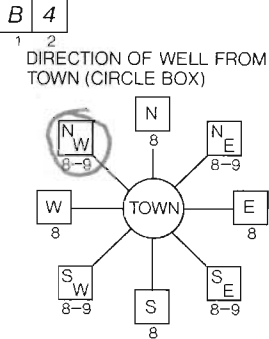
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1350**  
 fill in this form completely

Date Received (APA) **032890**  
**OWNER INFORMATION**  
 Last Name **RAO** Owner **BOB** First Name  
 Street or RFD **6590 RT32**  
 Town **CLARKSVILLE** State **72** Zip **MO 21029**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **Westside**  
 SECTION **44** LOT **9**  
 NEAREST TOWN **CLARKSVILLE**  
 MILES FROM TOWN (enter 0 if in town) **1 3/4** M I

**DRILLER INFORMATION**  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Rillee Rd. Mt. Airy 21771**  
 Signature **Joseph L. Mayne** Date **3/28/90**



**CLIFTON OAKS DR.**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  SOUTH  
 WEST  EAST   
 DISTANCE FROM ROAD **100** ENTER FT OR MI **FT**

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

**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)

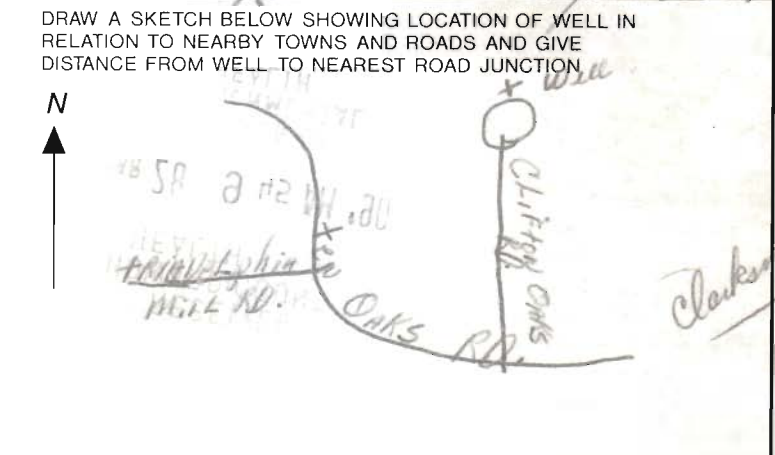
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **A39244**  
 STATE SIGNATURE **Mark E. Riffkin** DATE ISSUED **11/16/90**  
 NORTH GRID **503000** EAST GRID **0812000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **812**  
 N **503**  
 (Tag on site)

**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) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER **G A P**  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT NO. **40-88-1350**

SPECIAL CONDITIONS

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-1350  
 Location of property (road) Clifton Oaks Dr  
 Subdivision WESTSIDE Lot 9 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller J Mayne Owner Leo, Bob

Depth of well 385'  
 Distance of measuring point (M.P.) above ground 1'  
 Static water level (S.W.L.) below M.P. 29'

**I. High rate pumping -- reservoir drawdown**

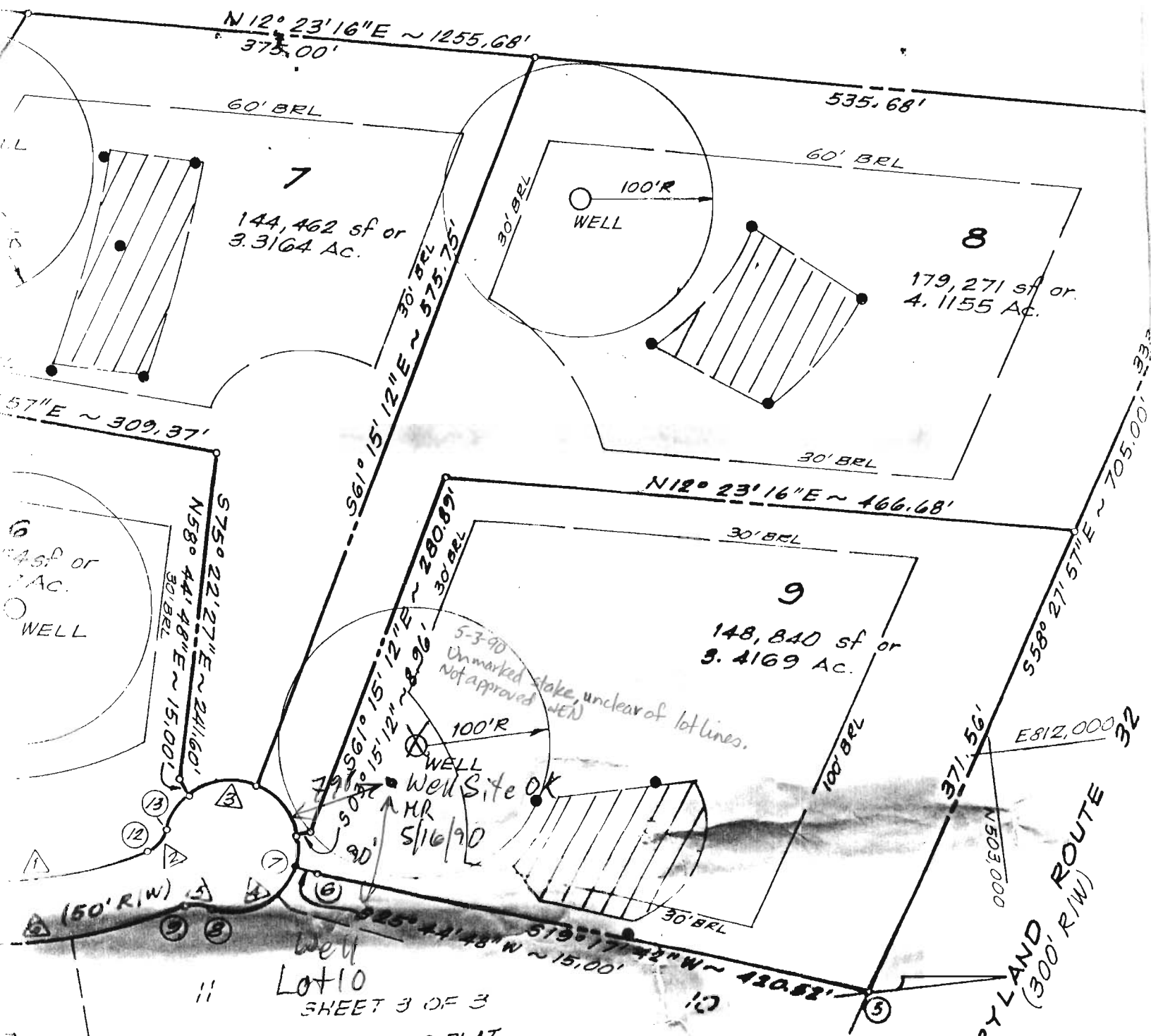
Time pump started 8:00 Pumping rate 15 gpm.  
 Total time 30 min. to reach pumping water level 241 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	147'	4 sec.		15
8:30	241	4		15
8:45	241	35		1.7
9:00	241	35		1.7
9:15	241	35		1.7
9:30	241	35		1.7
9:45	241	35		1.7
10:00	239	35		1.7
10:15	240	35		1.7
10:30	240	35		1.7
10:45	240	35		1.7
11:00	240	35		1.7
11:15	240	35		1.7
11:30	241	35		1.7
11:45	240	35		1.7
12:00	240	35		1.7
12:15	239	35		1.7
12:30	239	35		1.7
12:45	239	35		1.7
1:00	239	35		1.7
1:15	239	35		1.7
1:30	239	35		1.7
1:45	239	35		1.7
2:00	239	35		1.7



N 12° 23' 16" E ~ 1255.68'  
375.00'



WELL Lot 10  
SHEET 3 OF 3

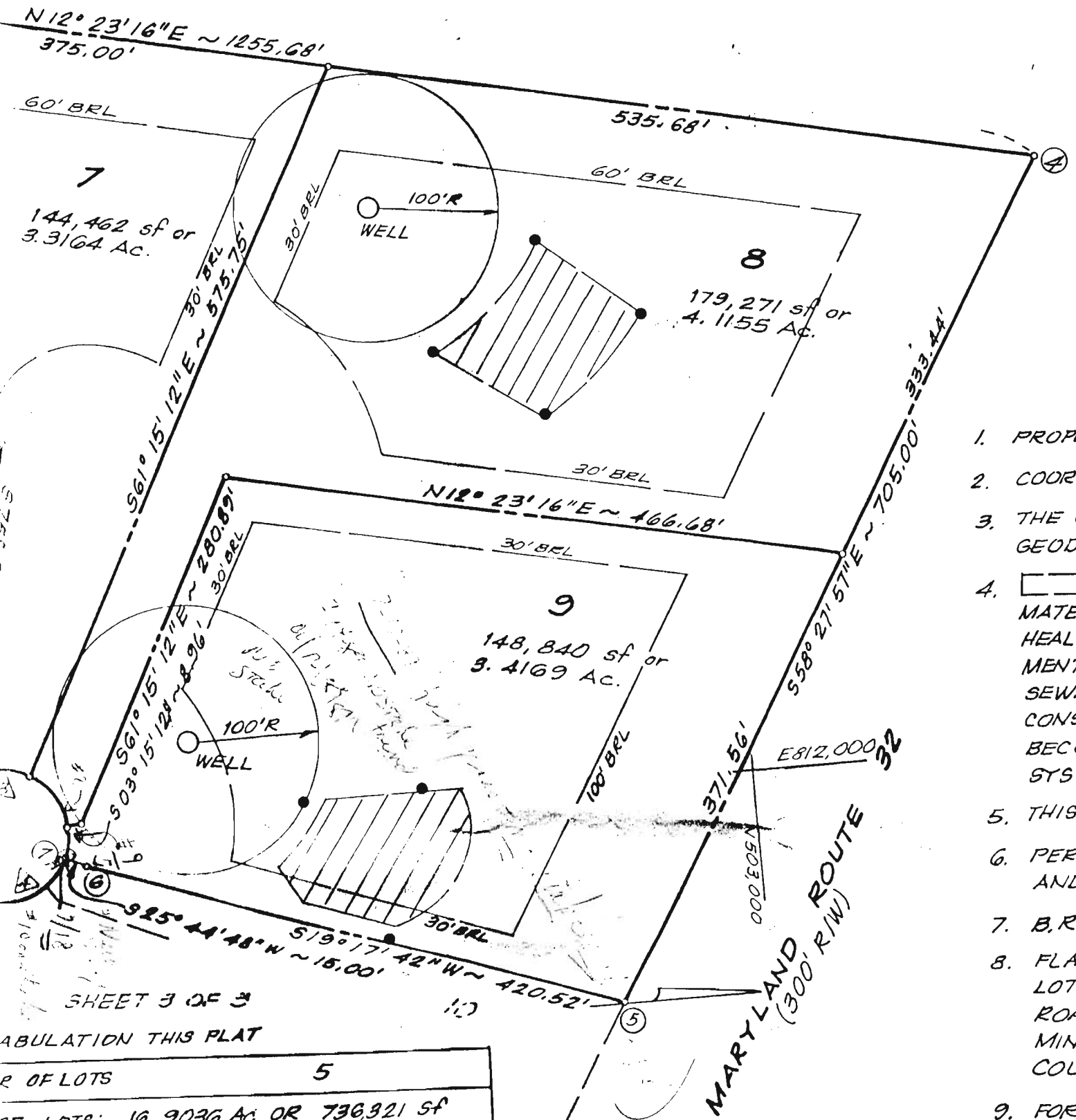
AREA OF TABULATION THIS PLAT

TOTAL NUMBER OF LOTS	5
TOTAL AREA OF LOTS:	16.9036 Ac OR 736,321 sf
TOTAL AREA OF ROAD DEDICATION:	0.8395 Ac OR 36,668 sf
TOTAL AREA OF SUBDIVN:	17.7431 Ac OR 772,889 sf

ATION  
A MARYLAND CORPORATION BY KOTTAPALLI B. RAO, AUTHORIZED AGENT  
SECRETARY, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON,  
PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL  
ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES



ADAMS  
L1224 / F608



1. PROPERTY
2. COORDINATE
3. THE COORDINATE GEODETIC
4.  TO THE STATE DEPARTMENT OF HEALTH FOR SEWAGE CONSTRUCTION BECOME A SYSTEM.
5. THIS SITE
6. PERCOLATION AND SH
7. B.R.L.
8. FLAG C
9. FOR F

SHEET 3 OF 3  
SUBDIVISION THIS PLAT

NUMBER OF LOTS	5
TOTAL AREA OF LOTS:	16.9036 Ac OR 736,321 SF
AREA OF LOT 9	3.4169 Ac OR 148,840 SF