

**STATE OF MARYLAND
WELL COMPLETION REPORT**
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

45 DAYS AFTER WELL IS COMPLETED.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37
 (THIS NUMBER IS TO BE PUNCHED
 IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 37-13-220 *last 2-6*

DATE Received
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
 0 5 0 7 8 8

Depth of Well
 22 3 8 0 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-81-1499

OWNER BLAZEJAK, ERNIE
 STREET OR RFD last name, #2, Box 44N first name Ernie TOWN Denton, MD
 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		Check if water bearing
	FROM	TO	
Topsoil	0	1	
Tan Sand	1	12	
Shell	12	16	
Gray Clay	16	51	
Gray Sand & Shell	51	74	
Brown Clay	74	115	
Gray Sand & Shell	115	142	
Brown Clay	142	173	
Fine Gray Sand & Shell	173	212	
Gray Clay	212	249	
Gray Sand	249	263	
Fine Gray Sand & Gray Clay	263	331	
Soft Gray Clay	331	355	
Greenish Brown Sand	355	380	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 2 NO. OF POUNDS 100
 GALLONS OF WATER 50
 DEPTH OF GROUT SEAL (to nearest foot)
 from 5 ft. to 340 ft.
 (enter 0 if from surface)

CASING RECORD

screen type or open hole insert appropriate code below
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 4 160

SCREEN RECORD

screen type or open hole insert appropriate code below
 STEEL BRASS OPEN HOLE
 PLASTIC OTHER
 SLOT SIZE 1 20 2 _____ 3 _____
 DIAMETER OF SCREEN 2 (NEAREST INCH)
 from 350 to 380

SCREEN RECORD

DEPTH (nearest ft.)

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	5	0	3	3	0
8	9	11	15	17	21			
23	24	26	30	32	36			
38	39	41	45	47	51			

PUMPING TEST

HOURS PUMPED (nearest hour) 5
 PUMPING RATE (gal. per min. to nearest gal.) 50
 METHOD USED TO MEASURE PUMPING RATE BUCKET
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 38
 WHEN PUMPING 100
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 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)
 above below
 LAND SURFACE 1 (nearest foot)

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

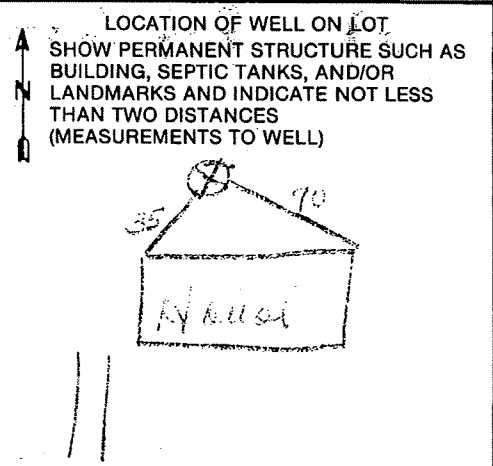
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 70
 DRILLERS SIGNATURE [Signature]
 (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK from 350 to 380
 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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



2009
 PERMIT # T-3641

8072 Martin Lane
 Subdivision name (or 911 address) Lot #

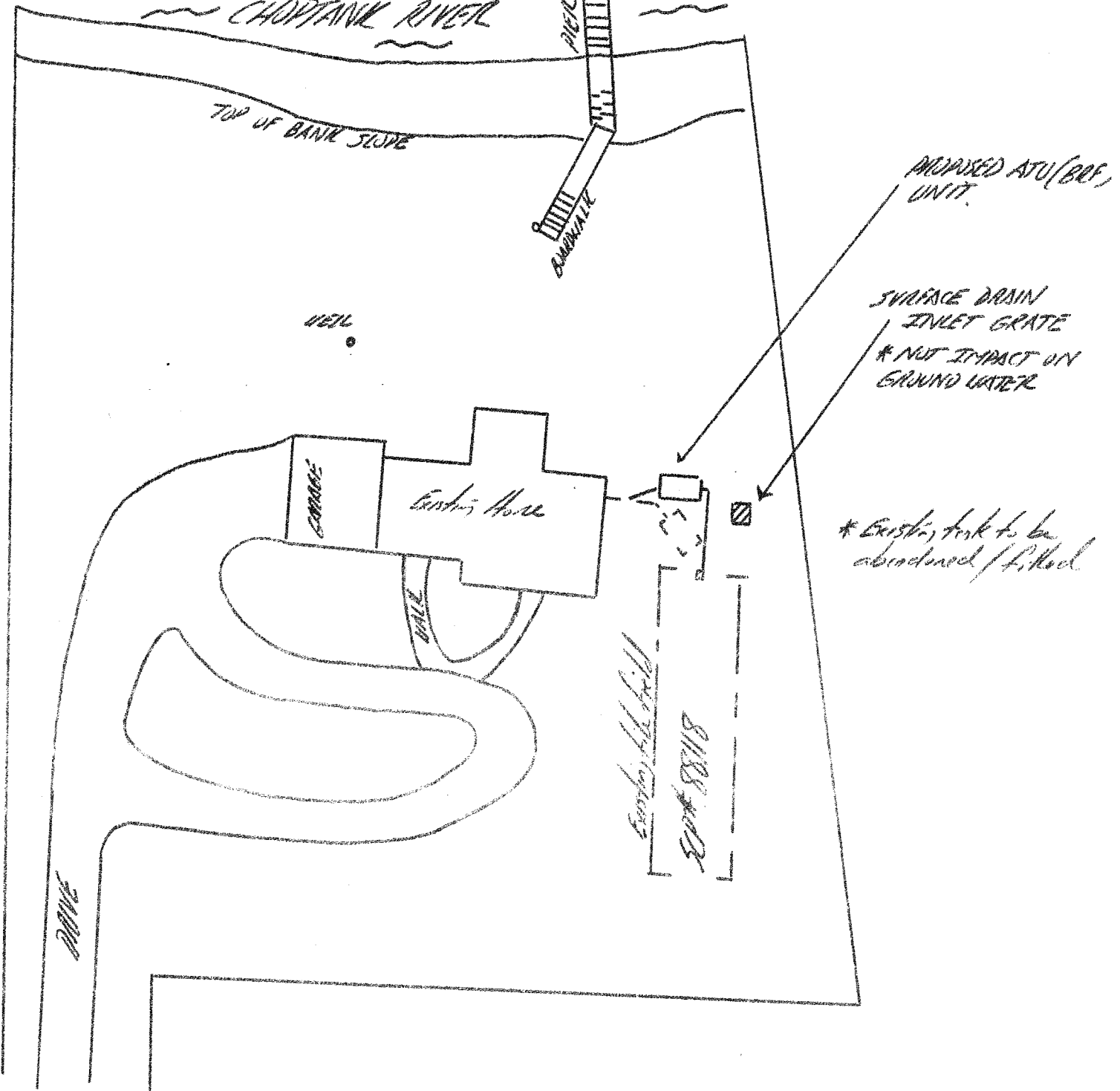
SANITARY CONSTRUCTION PERMIT for: BLAZEJAK
 Property Owner

37 13 220
 Map Block Parcel

SCALE
 1" = 40'

This sketch is used as a sanitary construction guide only. Permit dimensions and property lines are based on best available information.

Key: = 2-compartment septic tank; = distribution box; — = 4 inch solid pvc; = = 4" perforated pvc & seepage trench



HEALTH DEPARTMENT USE ONLY: notes regarding final inspection
7/31/09
 Environmental Sanitarian
 REV 9/05

Fitz

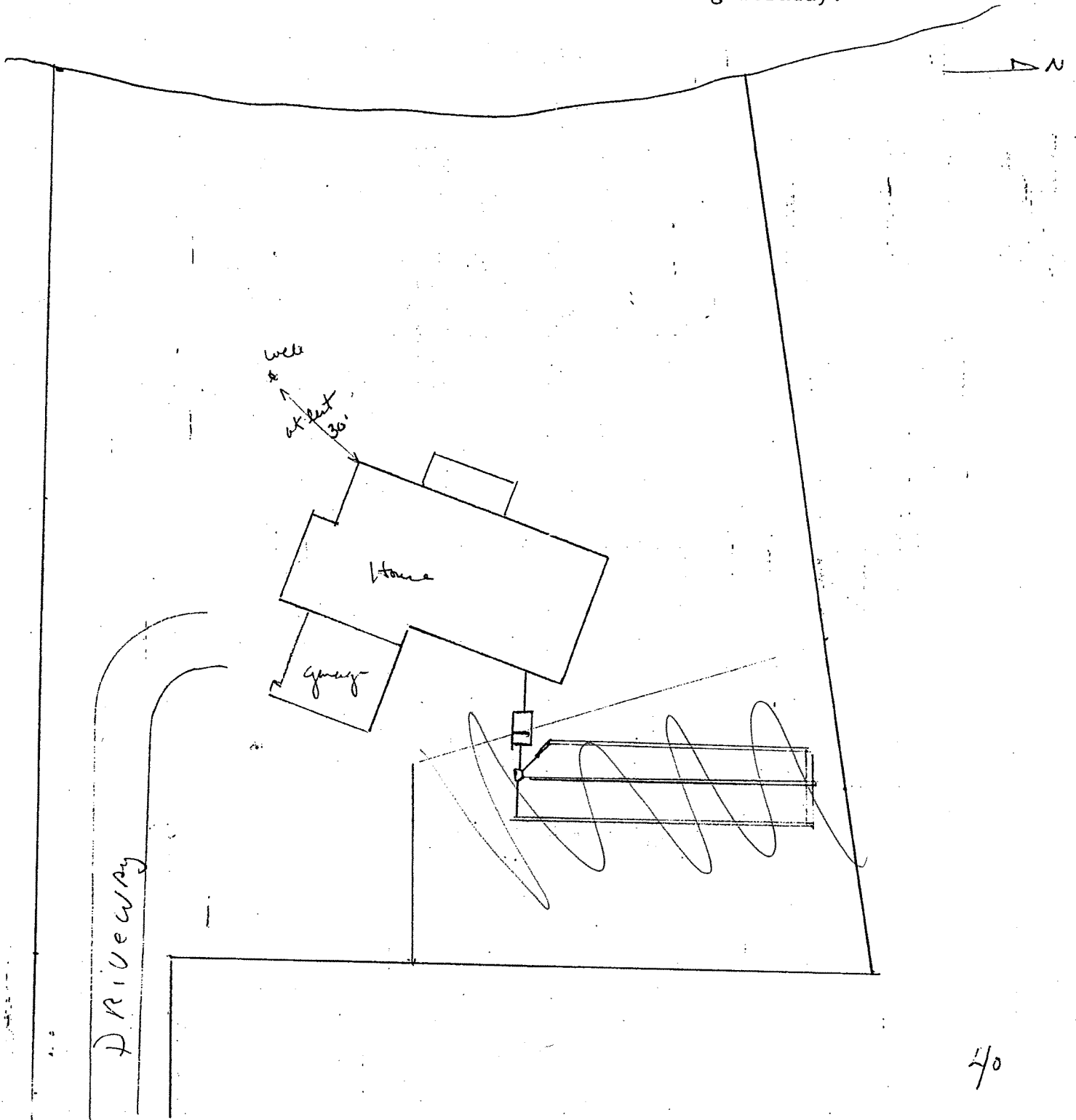
7/24/09
7/2/09
 Inspection Date

APLATO N/SF CONVULS
TO FIRM

- KEY**
- = septic tank
 - = distribution box
 - = 4 solid pvc
 - ▭ = 4 perforated pvc & seepage trench

SANITARY IMPROVEMENTS SKETCH

Contact the Health Dept. by 9:00a.m. on the date of completion of construction for required final inspection. Calls for closure received after 9:00a.m. may be scheduled the following workday.



THIS PERMIT EXPIRES Nov 30 1989

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this system and connect to the community system when available.

Issued by J. Manuel Vargas date 11-30-87 Fin.

date _____

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