

C 1 345.7

SEQUENCE NO.
(WRA USE ONLY)1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401

WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBER **A23776**DATE RECEIVED
(WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER
LAST NAME

FIRST NAME

STREET OR RFD

POST OFFICE

WELL LOG

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION
(USE ADDITIONAL SHEETS
IF NECESSARY)FEET
FROM TOCHECK IF
WATER
BEARING

Top Soil
Shaley
SANDY.
MICA

0 2
2 25
25 35
35 100 ✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 44 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING
TYPES
INSERT
APPROPRIATE
CODE
BELOWSTEEL ☒ CONCRETE ☐PLASTIC ☐ OTHER ☐MAIN
CASING
TYPENOMINAL DIAMETER
TOP (MAIN) CASING
(NEAREST INCH)TOTAL DEPTH
OF MAIN CASING
(NEAREST FOOT)

57 6 46

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

SCREEN TYPE OR OPEN HOLE

INSERT
APPROPRIATE
CODE
BELOWSTEEL ☒ BRASS OR BRONZE ☐ OPEN HOLE ☐PLASTIC ☐ OTHER ☐

DEPTH (NEAREST WHOLE FOOT)

FROM TO

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 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING 70 ☐ LOG INDICATOR 72 ☐ OTHER DATA AVAILABLE 74 75 76 ☐

CIRCLE APPROPRIATE BOXES

☐ A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED☐ E ELECTRIC LOG OBTAINED☐ P TEST WELL CONVERTED TO PRODUCTION WELLI HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL
CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT
TO DRILL WELL", AND THAT INFORMATION CONTAINED
IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND
BELIEF.

DRILLERS NAME

(PLEASE
PRINT)

SIGNATURE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE
(GALLONS PER MINUTE TO NEAREST GALLON) 20METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)

WHEN PUMPING 100 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
(FOR PUMPING TEST)A AIR ☐ P PISTON ☐ T TURBINE ☐C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW) ☐J JET ☐ S SUBMERSIBLE ☐

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN
BOX - SEE ABOVE: A, C, J, P, R, S, T, O)DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX) YES ☐ NO ☐CAPACITY:
GALLONS PER MINUTE
(TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(NEAREST FOOT) 43 47CASING HEIGHT (CIRCLE APPROPRIATE BOX
AND ENTER CASING HEIGHT)+ ABOVE } LAND SURFACE (NEAREST FOOT)
- BELOW } 50 51

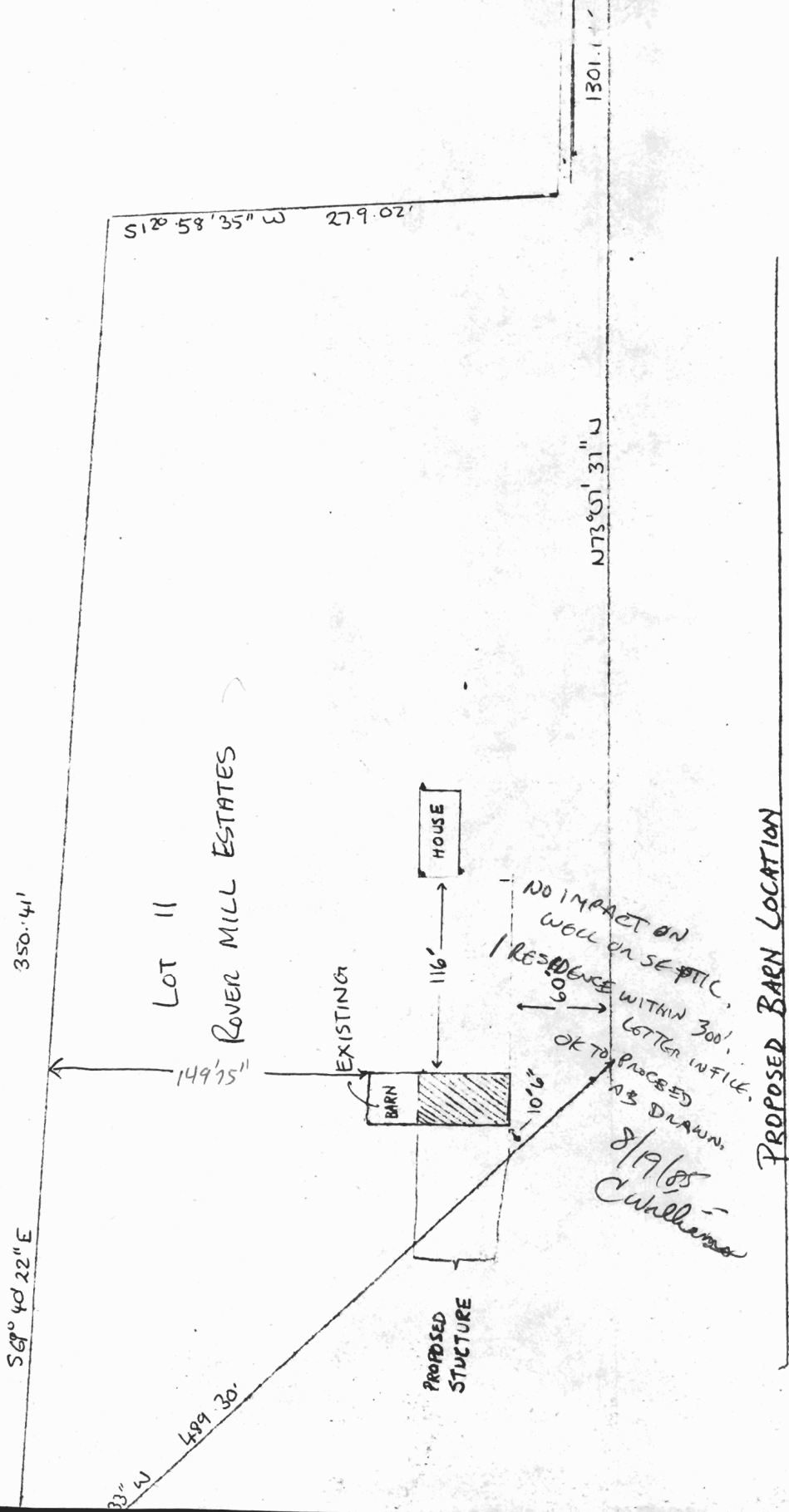
LOCATION OF WELL ON LOT

N SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS,
SEPTIC TANKS, AND/OR OTHER LAND MARKS AND
INDICATE NOT LESS THAN TWO DISTANCES
(MEASUREMENTS TO WELL).

House

B 1		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER 40-73-1731	
						FILL IN THIS FORM COMPLETELY	
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) 12/6/76 9:30 A.M.		OWNER COL 15 LAST NAME COL 36 COL 57 COL 76		FIRST NAME COL. 34 COL. 55 COL. 76	
B 1		CONTINUED		DRILLER INFORMATION		B 3	
1 2 3 (SEQ. NO.) 6		DATE 10/20/76		LICENSE NUMBER 42		LOCATION OF WELL	
						1 2 3 (SEQ. NO.) 6	
						COUNTY Howard	
						SUBDIVISION 23	
						SECTION 44	
						LOT 48	
						NEAREST TOWN 52	
						MILES FROM TOWN (ENTER 0 IF IN TOWN) 73	
						M I 76 77 78	
B 2		WELL INFORMATION		B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14		1 2 3 (SEQ. NO.) 6	
						N NORTH E EAST	
						S SOUTH W WEST	
						NE NORTHEAST SE SOUTHEAST	
						NW NORTHWEST SW SOUTHWEST	
						NEAR WHAT ROAD 11	
						ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
						DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	
						DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DIS- TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.	
						N	
						47 ft Casing	
						43 Open Hole	
						2 above Std	
						20 Bags of Cement	
						100 Deep	
						RAB 6 Dec 76	
30-37		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)		NORTH COORDINATE	
		BORED (OR AUGERED) JETTED DRIVEN		N THIS WELL WILL NOT REPLACE AN EXISTING WELL		50 51 52 53 54 55	
		AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)		Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		EAST COORDINATE	
		CABLE REVERSE-ROTARY DRIVE-POINT		S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		57 58 59 60 61 62 63	
		OTHER (DESCRIBE)		D THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		ELEVATION AT WELL HEAD (FEET)	
		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		HEALTH DEPARTMENT APPROVAL		0/0 5/0	
		APPROPRIATION PERMIT NUMBER		ENGINEER REVIEW DISTRICT NO.		0/0 5/0	
		FORCE		CONDITIONS		0/0 5/0	
		WRITE INITIALS IN BOX		APPROVED BY		0/0 5/0	
		DATE		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		0/0 5/0	
		43 48		8 63		0/0 5/0	
		B 4		B 5		0/0 5/0	
		CONTINUED		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		0/0 5/0	
		1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6		0/0 5/0	
		41		41		0/0 5/0	
		STATE HEALTH (CIRCLE BOX)		COUNTY NAME		0/0 5/0	
		MO. DAY YR.		COUNTY NO.		0/0 5/0	
		DATE		APPROVED BY		0/0 5/0	
		43 48		APPROVED BY		0/0 5/0	
		B 5		B 5		0/0 5/0	
		CONTINUED		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		0/0 5/0	
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A23716



SCALE 1" = 75'